Integrated Care System Board
Meeting in Public

Thursday 2 September 2021 15:30 – 17:30
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	Interim Exec Lead, ICS and Accountable Officer, Nottingham and Nottinghamshire CCG
Claire Ward	Non-Executive Director, Sherwood Forest Hospitals NHS Foundation Trust
Eric Morton from 16:20	Chair, Nottingham University Hospitals NHS Trust
Fran Steele	Director of Strategic Transformation, 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 Foundation Trust
Jon Towler	Non-Executive Director, Nottingham and Nottinghamshire CCG
Kathy McLean	ICS Independent Chair
Louise Bainbridge	Chief Executive, Nottingham CityCare Partnership
Mel Barrett	Chief Executive, Nottingham City Council
Melanie Brooks	Corporate Director Adult Social Care and Health, Nottinghamshire County Council
Michael Williams	Chair, Nottingham CityCare Partnership
Nicole Atkinson from 15:55	GP, Nottingham and Nottinghamshire ICS Clinical Lead and South Nottinghamshire ICP Clinical Lead
Paul Devlin from 15:50	Chair, Nottinghamshire Healthcare NHS Foundation Trust
Paul Robinson	Chief Finance Officer, Deputy Chief Executive and SIRO, Sherwood Forest Hospitals NHS Foundation Trust
Richard Henderson	Chief Executive, East Midlands Ambulance Service
Rosa Waddingham	Chief Nurse, Nottingham and Nottinghamshire CCG and ICS
Rupert Egginton	Director of Finance and Deputy Chief Executive, Nottingham University Hospitals NHS Foundation Trust
Stuart Poynor	ICS Finance Director, and Chief Finance Officer and Deputy Accountable Officer, Nottingham and Nottinghamshire CCG
Thilan Bartholomeuz	GP and Clinical Lead for Mid Nottinghamshire ICP (representing Mid Nottinghamshire ICP)
Tim Heywood	GP Lead (representing PCNs in South Nottinghamshire ICP)

In attendance

Name	Organisation
Chris Packham (Item 7)	Associate Medical Director, Nottinghamshire Healthcare NHS Foundation Trust
Joanna Cooper	Assistant Director, Nottingham and Nottinghamshire ICS
Hayley Barsby	Chief Executive Officer, Mansfield District Council
Kinsi Clarke	Partnerships Manager, Healthwatch Nottingham and Nottinghamshire
Rebecca Larder	Programme Director, Nottingham and Nottinghamshire ICS
Tim Guyler from 15:55	Assistant Chief Executive, Nottingham University Hospitals Trust

Apologies

Name	Organisation
Boyd Elliott	Councillor, Nottinghamshire County Council
John Doddy	Chair of Health and Wellbeing Board, Nottinghamshire County Council
Mike Crowe	GP and PCN Clinical Director (representing PCNs in Nottingham City ICP)
Richard Mitchell	Chief Executive, Sherwood Forest Hospitals NHS Foundation Trust
Tracy Taylor	Chief Executive, Nottingham University Hospitals Trust

1. Welcome and introductions

KM welcomed colleagues to the meeting.

On behalf of the Board, KM thanked RM for contributions to the Nottingham and Nottinghamshire system. CW to pass on best wishes from the ICS Board to RM.

2. Conflicts of Interest

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

3. Minutes of 1 July 2021 meeting, action log and ICS Board workplan

The minutes of the meeting held on 1 July 2021 were agreed as an accurate record of the meeting by those present.

The action log and updates were noted. AS updated that Covid-19 lessons learned will be built into a future agenda item to showcase the good practice and learning from the programme.

4. Representing what matters to local people in the Nottingham City Place Based Partnership

HP introduced the item. KC attended the meeting to present on the work undertaken in Nottingham City on citizen engagement.

Board noted the work undertaken in partnership by Healthwatch Nottingham and Nottinghamshire and Nottingham Community Voluntary Service to ensure that what matters to local people is represented. Board discussed how the ICS can demonstrate transparency that feedback from citizens is influencing decisions and how will this be communicated to communities to support building trust.

KM thanked colleagues for their work and this presentation. Board discussed the presentation and noted:

- MW highlighted the importance of the workforce and their contact with communities, and whether these natural networks were being maximised to engage disconnected communities.
- AB highlighted that the system engagement approach will be discussed during a Board development session later this month. Stakeholder sessions are currently taking place to inform this approach. A paper will be presented to the November ICS Board meeting. KM suggested that the questions posed by KC are incorporated into the development session discussion.
- AS emphasised the collective approach being taken to engagement across all parts of the system. A systematic approach is needed to maximise natural networks. AS observed that engagement is a partnership endeavour which is not removed from teams in the places.
- AW highlighted that all parts of the system are key to engagement: Health and Wellbeing Boards are integral, how this works at PCN and threaded through all parts of the system. AW emphasised the importance of PCNs coproducing approaches with communities.

5. Report from the Independent Chair and Executive Lead

KM presented the circulated report from the Independent Chair and Executive Lead, in particular the requirements to meet national expectations and the ICS boundary change. KM welcomed colleagues in Bassetlaw to the system.

AS highlighted that following the decision about the ICS boundary, colleagues from Bassetlaw are now engaged in the ICS transition programme and positive working relationships are being established. AS also highlighted that KM has been confirmed as the Chair Designate for the system.

Focus is being given to developing the role of the Quality Assurance Improvement Group (QAIG) to improve whole system visibility and ownership of quality. AS highlighted the pressures on NHT and NUH services at this time and that there are some quality concerns which are being addressed and supported by all system partners. NHT are sharing and learning on open cultures. NUH are transforming

maternity services after concerns highlighted in relation to culture, incident reporting and safety and staffing.

Board discussed and noted the following:

- JB emphasised the significant system challenges and work underway across the system to support. Workforce is currently a concern and is being managed on a day to day basis.
- AW gave support to the work underway across the system and recognised the workforce challenges. AW emphasised the need to focus on challenges collectively to address the wider determinants of health.

KM highlighted that CEO and other senior roles recruitment will commence imminently.

6. Our transition to becoming a Statutory ICS

AS presented the circulated paper on the transition to becoming a statutory ICS. KM highlighted that this work will be the start of the journey.

Board noted the contents of the report and supported the proposal for the additional ICS Board development sessions.

7. Implementation of the Health Inequalities Strategy

JB presented the circulated paper on the implementation of the Health Inequalities Strategy. JB highlighted that addressing health inequalities is a national priority, and as the approach develops, it will be essential to use data and intelligence. A system Health Inequalities Group has been established to lead and oversee this work.

Board discussed the report and noted the following:

- CW highlighted the growing reliance on digital solutions and asked for clarification on how digital inclusion is being addressed and the support available. CW also asked how addressing health inequalities is being built into longer term plans with schools and young people. CW also highlighted that some of the more deprived communities have less availability/access of primary care services and suggested that the resources that are available to communities be used creatively and maximised to join up health and care. CP advised that mapping prevention activity across primary care is critical and that work is underway to develop an approach. Digital inclusion work is underway through a systemwide programme of work, in particular in partnership with Local Authorities. The Directors of Public Health have been engaged to support work on the wider determinants beyond the health and care sector.
- MW highlighted that there isn't a read across from the Health Inequalities Strategy and how resources are invested. TB and HP supportive of this and ensuring a read across between resources and capacity across the system. CP advised that the System Analytics Unit will be important to support this developing approach for the system.

- JT shared an observation that ICS Board are not sighted on what is happening at neighbourhood / PCN level. During ICS Board development time in September it would be helpful to discuss how places are enabled to work best. JT suggested using development session time to understand the level of engagement on the ground level, is this health or broader with other partners, what are the levels of variation within the system, and are there good processes for sharing good practice.
- TH supportive of JT's proposal as being core to all levels of the system. TH expressed concern that issues have been known for some time but are yet to be addressed. TH asked where the novelty is for meaningfully engaging with citizens. JB supportive of this and highlighted that similar observations have been shared in relation to the vaccine programme that has helped moved it forward. RW supportive and highlighted that work is underway to co-create an ICS co-production strategy and toolkit to ensure that system work actively involves citizens in developing the solutions and approach.
- HB highlighted that there are some great examples of work at a place level to understand the wider determinants of health and the implications of these at a place level. The bigger challenge is the co-production of the solution. This should be the work and ask of the Place Based Partnership to do this.
- AW highlighted that partners do interact with citizens, and there are opportunities to innovate to ensure that all resource and funding works to the benefit of citizens and employees. City Health and Wellbeing Board are looking to co-produce solutions within citizens. Suggested changes to the Partnership Agreement would support this approach to address inequalities.
- MBa emphasised that the role of system partners as anchor institutions shouldn't be lost in what partners can do. The use of supply chains and employment decisions can all be contributors to addressing the wider determinants of health. There are opportunities to build on the work done to date, and to work differently and experiment with approaches in the future.

KM emphasised the importance of addressing health inequalities and this being core to the role of the ICS. KM proposed that how resources are used and how the collective workforce is distributed across the system need further consideration.

KM suggested measuring the impact of the strategy and approach. KM supportive of developing the system approach to anchor organisations, ensuring that citizens are engaged in co-creating solutions and the role of primary care in addressing health inequalities.

Board endorsed the next steps.

8. Provider Collaboratives at Scale

TG attended the meeting to present the circulated paper on the developing Provider Collaboratives at Scale further to discussions at an ICS Board development session in June. A work-stream has been established and NHSEI guidance has been published to support the development of provider collaboratives.

PR advised that the SFH Board have received the report and endorsed at the 2 September 2021 meeting. PR emphasised that place based working is key alongside this.

JB advised that the NHT Board will discuss at its meeting w/c 6 September. Similar support is anticipated.

RE advised that NUH are enthusiastic about the opportunities that the provider collaborative will bring.

KM highlighted that Doncaster and Bassetlaw Hospitals will be included in future discussions now that a decision had been made on the ICS boundary. TG advised that early discussions are under way.

Board discussed and noted the following:

- TH is not supportive of the provider collaborative at scale proposal. TH shared concerns that the largest providers of health and care are excluded from the arrangements, i.e. primary care. TH observed that with this gap, solutions will be artificial and primary care won't be an equal partner in the system. AS advised that provider collaboratives at scale are one element of the future working arrangements for the system. General practice are an equal partner within the system, and the Integrated Care Board role will be to ensure that the key parts of the system are working collegiately. AS agreed that primary care has a critical role to play, but that it should interface into a different part of the system.
- CW highlighted that the proposal for the provider collaborative at scale has been developed with a clear view that there will be lots of other relationships across the wider system, and that the provider collaborative at scale will be just one of those. Primary care will be a significant influence in other parts of the system that rightly need to influence the thinking.
- HP advised that discussions are underway to explore having primary care as a virtual trust, which may create a better mechanism for primary care to sit properly at all key tables

Board endorsed the next steps.

9. Improving population outcomes through our Signature Schemes: progress update

AS presented the circulated paper on improving population outcomes through our Signature Schemes. Board noted the routes being taken to embed an outcomes approach across all areas of planning, commissioning, service transformation and prevention, and the additional support to be provided through the System Analytics Unit.

JT asked for clarification on how the impact of schemes will be demonstrated. JT suggested that ICS Board support the establishment of ways of working which give clarity on who is doing what and evidencing the impact of schemes. JT suggested that

the paper to the November meeting be used as an opportunity to ensure processes and resource are in place.

Board endorsed the intention to refresh the system ambition for improved Healthy Life Expectancy.

10. Integrated Performance Report

AS presented the Integrated Performance Report and highlighted the pressures on services during the third wave of Covid-19. Despite the success of the vaccination programme, there are a significant number of Covid-19 positive people being admitted to hospital. AS highlighted that the system has been identified as a national planned care accelerator site, which is bringing benefits to the population. Early learning from the programme is being embedded.

The system financial position is £7.5m adverse to plan in relation to elective rule changes made in year. People and culture challenges to the system are critical and adding to the pressure on services. The substantive numbers have remained static, and there is a focus on retaining GP trainees.

Inequalities data highlights higher A&E presentations in the more deprived populations, and lower planned care activity. This is reflected across the place based partnerships.

Board discussed and noted the challenges and progress made during 2021/22, and the approach to NHS Planning for 2021/22:

- HP highlighted the substantial waiting lists for citizens to access services and suggested discussing this with citizens to manage expectations. KM suggested working with primary care colleagues with a focus on reducing harm to those on waiting lists and bringing something back to a future meeting on how best to communicate these messages.
- AW advocated being honest and transparent with citizens about the challenges being faced by organisations.

11. Report from the Finance Group

SP presented the circulated report from the Finance Group. SP advised that the Finance Group are taking forward a number of actions, including development of an ICS Financial Strategy, Financial Framework, H2 and longer term plans, 21/22 reporting including impact of Elective Recovery Fund (ERF) and supporting the statutory development of the ICS.

Board discussed and noted the following:

- TB highlighted that primary care mechanisms are not reflected in the system costing. When thinking about left shift, and provider collaboratives, there may not be a net reduction in cost. It will be important to focus on how to approach funding across the system, which is not necessarily based on activity within acute providers. KM highlighted that there are opportunities for the system as

part of on-going development. SP highlighted that structures have been set up, and links made with the Clinical Executive Group to ensure wider system engagement. The focus of the Financial Framework is on managing the control totals for the statutory organisations, however there are opportunities for transformation across the whole system and SP will look to strengthen the approach.

- PD welcomed the references to Citycare and the third sector in the Financial Framework. PD highlighted that there is a need to better understand collective finances and challenges, and the wider resources available to support doing things differently. PD suggested that ICS Board be sighted on more granular detail in the public domain to demonstrate the scale of the challenge, and where there has been an impact. KM suggested an item on finance at a future meeting.
- PR highlighted that discussions at the Finance Group did include other partners in the development of the strategy. PR emphasised that this will be important for how partners will work together going forward.

ICS Board members expressed a desire to be involved in the planning work developed over the period prior to its submission. SP will produce a timetable once the planning guidance has been received. The timetable will highlight possible touch points where ICS Board members could be involved and shape the draft plan prior to ICS Board approval.

ICS Board approved the ICS Financial Framework.

12. Report from the Quality Group

RW highlighted that the key issues from the Quality Group report have been raised and discussed earlier in the meeting.

AW asked if further actions could be put in place to support quality concerns, and support improvement. RW advised that the Quality Assurance Improvement Group (QIAG) has representation from all partners. Additionally, for areas of enhanced surveillance, the system have a number of mechanisms to ensure that partners are working collaboratively to deliver improvements.

EM endorsed the approach and support offered to NUH at this time from system partners.

Board supported the proposed governance structure which enables QAIG to work on behalf of the ICS Quality Committee, and the development of a single system view of quality.

13. Report from the Transition and Risk Committee

JT presented the circulated report from the Transition and Risk Committee. JT emphasised that the transition programme is on track, and that upcoming ICS Board development sessions will be key to progressing the transition.

JT highlighted that place needs to be a focus of the upcoming development sessions.

JB welcomed the focus on the People and Culture function.

14. Questions from members of the public relating to items on the agenda

Members of the public are welcome to submit questions related to items on the agenda. No questions were received for this meeting.

15. Review of Meeting against Partnership Agreement

KM highlighted that a feedback questionnaire will be circulated to Board members and asked for support in completing and returning this.

KC highlighted concerns from Healthwatch about the ICS boundary change and ensuring that Bassetlaw citizens are not unduly disadvantaged by the change. KC welcomed the citizen stories at ICS Board, but highlighted that it would be helpful to hear from citizens who are struggling to access services. KM confirmed that Bassetlaw colleagues are being engaged and Bassetlaw citizens will continue to be supported. Plans for engagement are being developed and this feedback will be taken into consideration. KM suggested rotating the order of the agenda for future meetings.

Time and place of next meeting:
Thursday 4 November, 15:30 – 17:30

ICS Board 4 November: Item 3. Enc A2

ICS Board Meeting Log 2020/21	Active Actions

Completed
Ongoing
Outstanding

Reference Number	Discussion/Rationale	Date	Action	Update/Comment	Action Owner	Deadline	Status
B291							

ICS Board Meeting Log 2020/21	Completed Actions

Completed
Ongoing
Outstanding

Reference Number	Discussion/Rationale	Date and time	Action	Update/Comment	Action Owner	Deadline	Status
B278	Item 6.Reshaping health services in Nottinghamshire; Tomorrow's NUH, and Clinical Services Strategy	10 December 2020	NA to circulate an update document on the Clinical Services Strategy to Board.	Clinical Services Strategy update on January 2021 agenda	Nicole Atkinson	31 March 2021	Completed
B279	Item 6.Reshaping health services in Nottinghamshire; Tomorrow's NUH, and Clinical Services Strategy	10 December 2020	RL to include the Board forward plan with future meeting papers.	ICS Board forward plan included with meeting papers.	Rebecca Larder	21 January 2021	Completed
B275	Item 5.Moving from CCG Commissioning Intentions to System Prioritisation and Strategic Planning	12 November 2020	AS to reflect ICS Board feedback into the proposed System Prioritisation and Strategic Planning approach; and update Board on next steps for embedding this new approach.	Feedback incorporated. ICS Board to be updated at the 21 January meeting during confidential discussion.	Amanda Sullivan	21 January 2021	Completed
B277	Item 6.Reshaping health services in Nottinghamshire; Tomorrow's NUH, and Clinical Services Strategy	10 December 2020	AB to ensure clear messaging that differentiates TNUH objectives with ICS objectives.	Incorporated into teams way of working.	Alex Ball	31 March 2021	Completed
B276	Item 4.Patient Story: Supporting Rough Sleepers in Nottingham	10 December 2020	AS to work with the CCG/ICP Group ensure learning and best practice on the different care approaches for rough sleepers; and with the System Executive Group ensure ICP plans for 2021/22 include a programme approach for this population group.	Actions being progressed through the CCG / ICP Group.	Amanda Sullivan	31 March 2021	Completed
B281	Item 4.Patient Story: Acute Home visiting Service in Mid Nottinghamshire	21 January 2021	HP share evaluations of the City acute home visiting service with TB.		Hugh Porter	18 February 2021	Completed
B280	Item 7.ICS System Level Outcomes Framework – Stock Take and Progress Update	10 December 2020	AH/System Executive Group to agree next steps in enabling the ICS to be accountable for achieving progress against the Outcomes Framework.	Item on the Board agenda for 6 May meeting	System Executive Group	30 April 2021	Completed
B282	Item 4.Patient Story: Acute Home visiting Service in Mid Nottinghamshire	21 January 2021	System Executive Group to consider how real time evaluation and analysis of pilots and initiatives can be embedded and shared across the system.	Item on the Board agenda for 6 May meeting	System Executive Group	31 March 2021	Completed
B284	Item 6.Clinical and Community Services Strategy Update	21 January 2021	System Executive Group to give further consideration to CCSS process for agreeing reviews, funding, and workforce implications as part of the work on system prioritisation and strategic planning.	Process incorporated as part of the work on system prioritisation and strategic planning.	System Executive Group	31 March 2021	Completed
B286	Item 6.People and Culture: Update on the delivery of the ICS People Plan 2020/21	18 February 2021	KM to consider with Chairs and Elected Members the non-executive/elected member involvement in assurance groups supporting the work of the ICS Board.	Item on the Board agenda for 6 May meeting	Kathy McLean	31 March 2021	Completed
B287	Item 7.ICP Updates	18 February 2021	Longer discussion on City ICP to be scheduled for the next meeting.	Item superceded	Hugh Porter	30 April 2021	Completed
B283	Item 4.Patient Story: Acute Home visiting Service in Mid Nottinghamshire	21 January 2021	System Executive Group to give consideration to widening access to the service across the system.	Acute home visiting will be considered as part of the community transformation review and development of a care model.	System Executive Group	31 March 2021	Completed
B285	Item 6.People and Culture: Update on the delivery of the ICS People Plan 2020/21	18 February 2021	KM to give consideration to a future Board development session on People and Culture.	Work is underway to develop a programme for the ICS Board development sessions.	Kathy McLean	30 June 2021	Completed
B288	9. Integrated Performance Report	01 July 2021	Lessons learned on the Covid-19 vaccination programme to be captured and circulated to ICS Board members.	Covid 19 Lessons learned will be built into a future agenda item to showcase the good practice and learning from the programme.	Amanda Sullivan	31 July 2021	Completed

ICS Board Meeting Log 2020/21	Completed Actions

Completed
Ongoing
Outstanding

Reference Number	Discussion/Rationale	Date and time	Action	Update/Comment	Action Owner	Deadline	Status
B289	9. Integrated Performance Report	01 July 2021	SROs for the nine performance standards to consider barriers to progress and support needed from the ICS Board to improve performance.	The System Executive Group have considered and arrangements are being put in place to establish a monthly System Oversight Review Meeting to provide oversight of system performance. Issues will be escalated to the ICS Board as required.	SROs for the nine performance standards	02 September 2021	Completed
B290	13. ICS Transition Governance	01 July 2021	AS to revise the transition governance arrangements to reflect the discussion at the ICS Board meeting.	The transition governance arrangements have been updated in line with the discussion at the ICS Board and groups are being operationalised in line with this.	Amanda Sullivan	31 July 2021	Completed

ICS Board Meeting Log 2020/21	Decisions

Completed
Ongoing
Outstanding

Reference Number	Discussion/Rationale	Decision	Date	Update/Comment	Decision Owner	Deadline	Status
ICSB - D023	Item 3. Minutes of previous meeting/Action log and ICS Board workplan	The minutes of the meeting held on 18 February 2021 were agreed as an accurate record of the meeting by those present. The action log and updates were noted.	06/05/2021		Joanna Cooper		Completed
ICSB - D024	Item 3. Minutes of previous meeting/Action log and ICS Board workplan	The minutes of the meeting held on 6 May 2021 were agreed as an accurate record of the meeting by those present. AW highlighted that City Council are not able to sign up to the Partnership Agreement until it has been through formal governance processes. AW has some suggested amendments and will share with RL. The action log and updates were noted.	01/07/2021		Joanna Cooper		Completed
ICSB - D025	7. Future development and alignment of the Nottingham and Nottinghamshire Joint Strategic Needs Assessments with the Nottingham and Nottinghamshire ICS	Board acknowledged the joint and statutory responsibilities of the JSNA that falls to ICS partners. Board agreed that in this financial year ICS partners will contribute to the production of the JSNA, including by giving an on-going strategic steer for the future JSNA approach (such as prioritising work programmes areas and products to be developed). In future years, oversight of this work will become a responsibility of the ICS Partnership. Board members are supportive of the next steps and raised no issues in relation to this item. KM is keen for the golden thread to connect through all levels of the system on this work.	01/07/2021		Melanie Brooks and Mel Barrett	31/12/2021	Ongoing
ICSB - D026	10. Report from the Transition and Risk Committee	ICS Transition and Risk Committee proposed that it might take on assurance for the transition elements for People and Culture, Data, Analytics and Information Technology (DAIT) and Finance for three months whilst ICS governance is agreed. ICS Board supported this recommendation.	01/07/2021	Arrangements have been put in place for the three SROs to attend upcoming Transition and Risk meetings to provide assurance.	Jon Towler	31 July 2021	Completed
ICSB - D027	13. ICS Transition Governance	Board agreed the ICS transition governance arrangements for 2021/22 presented at the 1 July meeting with the addition of establishing a People and Culture Committee. Board approved the Terms of Reference for both the ICS Transition and Risk Committee and the ICS Clinical Executive Group, and the proposed strategic risks to enable the full development of an ICS Board Assurance Framework.	01/07/2021	Arrangements are underway to establish the agree transition governance structure for 2021/22.	Amanda Sullivan	31 July 2021	Completed

ICS Board Meeting Log 2020/21	Decisions

Completed
Ongoing
Outstanding

Reference Number	Discussion/Rationale	Decision	Date	Update/Comment	Decision Owner	Deadline	Status
ICSB - D028	Item 3. Minutes of previous meeting/Action log and ICS Board workplan	The minutes of the meeting held on 1 July 2021 were agreed as an accurate record of the meeting by those present. The action log and updates were noted.	06/05/2021		Joanna Cooper		Completed
ICSB - D029	Item 7. Implementation of the Health Inequalities Strategy	Board endorsed the next steps.	02/09/2021		John Brewin		Completed
ICSB - D030	Item 8. Provider Collaboratives at Scale	Board endorsed the next steps.	02/09/2021		John Brewin		Completed
ICSB - D031	Item 9. Improving population outcomes through our Signature Schemes: progress update	Board endorsed the intention to refresh the system ambition for improved Healthy Life Expectancy.	02/09/2021		John Brewin		Completed
ICSB - D032	Item 11. Report from the Finance Group	ICS Board approved the ICS Financial Framework.	02/09/2021		Stuart Poynor		Completed
ICSB - D033	Item 12. Report from the Quality Group	Board supported the proposed governance structure which enables QAIG to work on behalf of the ICS Quality Committee, and the development of a single system view of quality.	02/09/2021		Rosa Waddingham		Completed
ICSB - D034							
ICSB - D035							

ICS Board Meeting Log 2020/21 **Register**

Attendees/Loggist	Meeting Dates											
	16/01/2020	13/02/2020	12/03/2020	17/09/2020	15/10/2020	12/11/2020	10/12/2020	21/01/2021	18/02/2021	06/05/2021	01/07/2021	02/09/2021
NUH												
Chair	A	A	A	A	A	A	A	A	A	A	A	A
Chief Executive	A	A	A	A	A	A	A	A	A	A	D	D
SFH												
Chair	Apols	A	A	D	D	A	A	D	D	A	A	A
Chief Executive	D	A	A	A	A	A	A	A	A	A	A	D
NHCT												
Chair	A	A	A	A	A	A	A	A	A	A	Apols	A
Chief Executive	Apols	A	A	D	A	A	A	A	A	A	A	A
CCGs												
Accountable Officer	D	A	A	A	A	A	A	A	A	A	A	A
Non-Executive Director	A	Apols	A	A	A	A	A	A	A	A	A	A
City Council												
Chair, Health and Wellbeing Board	A	Apols	A	A	A	A	A	A	A	A	A	A
Chief Executive's Representative	A	Deputy	A	A	Apols	A	Apols	A	A	A	D	A
Councillor	A	A	Apols	A	A	A	A	A	A	N/A	N/A	N/A
County Council												
Chief Executive's Representative	A	A	Apols	A	Apols	A	A	Apols	Apols	Apols	A	A
Councillor	Apols	Apols	A	A	Apols	A	A	A	Apols	Apols	A	Apols
Chair, Health and Wellbeing Board	A	Apols	Apols	Apols	Apols	A	A	A	A	Apols	A	Apols
EMAS												
Chief Executive	D	Apols	A	A	A	A	A	A	A	A	A	A
NHSEI												
Director of Strategic Transformation, North Midlands					A	A	Apols	A	A	A	A	A
Nottingham CityCare Partnership												
Chief Executive	A	A	A	A	A	A	A	A	A	A	A	A
Chair	Apols	A	A	A	A	A	A	A	A	A	A	A
MN ICP												
Representative of Mid Notts ICP	A		A	A	Apols	A	A	A	Apols	A	A	A
Representative of Mid Notts ICP on behalf of PCNs	Apols	A	A			A	A	Apols	A	A	Apols	A
City ICP												
Representative of Nottingham City ICP	A	A	A	A	Apols	A	A	A	A	A	Apols	A
Representative of Nottingham City ICP on behalf of PCNs	Apols	Apols	A	A	A	Apols	A	Apols	A	A	A	Apols
South ICP												
Representative of South ICP	A	A	A	A	A	A	A	A	A	A	A	A
Representative of South ICP PCN on behalf of PCNs	A	A	A	A	A	A	A	A	Apols	A	Apols	A
Supporting roles												
ICS Director of Communications and Engagement	A	A	A	A	A	A	A	A	A	A	A	A
Clinical Director	A	A	A	A	A	A	A	A	A	A	A	N/A
ICS Independent Chair	A	A	A	A	A	Apols	Apols	A	A	A	A	A
Chief Nurse	A	A	Apols	A	A	A	A	A	A	A	A	A
ICS Finance Director	A	A	A	D	A	A	A	A	A	A	A	A
ICS Assistant Director	A	A	A	A	A	A	Apols	A	A	A	A	A
ICS Executive Lead	A	A	A	A	A	A	A	A	A	A	A	A

Item Number:	4	**Enclosure Number:**	B
Meeting:	ICS Board		
Date of meeting:	4 November 2021		
Report Title:	Primary Care Psychological Medicine in South Nottinghamshire		
Sponsor:	John Brewin, Chief Executive, Nottinghamshire Healthcare NHS Foundation Trust		
Place Lead:	Helen Smith, Interim Programme Director, South Nottinghamshire Place Based Partnerships		
Clinical Sponsor:	Nicole Atkinson, GP. South Nottinghamshire Place Based Partnership Clinical Lead		
Report Author:	Helen Smith, Interim Programme Director, South Nottinghamshire Place Based Partnerships and Chris Schofield, Lead Consultant Psychiatrist, Nottinghamshire Healthcare NHS Foundation Trust		
Enclosure / Appendices:	Annex 1: Patient Reported Outcome Measures Annex 2. The use of secondary care services before, during and post intervention		

Summary:

Since presenting a Patient Story to the ICS Board in June 2019, Primary Care Psychological Medicine (PCPM) has been rolled out across South Nottinghamshire and has expanded to include a Physiotherapist, Occupational Therapist and Community Support Worker to compliment the Liaison Psychiatry and Mental Health Liaison Nursing roles.

Primary Care Psychological Medicine (PCPM), despite the pandemic, has continued to demonstrate delivery of significant improvements in patient reported outcome measures (PROMs) and meet the needs of people with complex persistent physical symptom presentations who don't fit condition specific pathways. Recurrent funding for this service is not confirmed.

There have been two independent reports published by the Centre for Mental Health endorsing the approach and validating the outcomes of PCPM:
A new approach to complex needs (September 2019) and Now or Never (July 2021).

This report will summarise the continued impact of the service since June 2019 and how it aligns to the ICS aims:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

The citizen story, which will be shown by video in the meeting, will illustrate the impact and value of the service, through working in a person centred, bio

psychosocial way, helping the citizen understand the interplay of her physical and mental health, support her own self-management and return to a productive role.

The service reflects South Nottinghamshire Place Based Partnership's ambition to support people in South Nottinghamshire to live healthier lives with the equal emphasis on physical and mental wellbeing and the appreciation of the interdependency of each.

Actions requested of the ICS Board

See recommendations.

Recommendations:

1.	Note the work of the Primary Care Psychological Medicine (PCPM) service in South Nottinghamshire and impact that this service has on citizens.
2.	Note the need for further discussion and agreement on how as an ICS Places and Neighbourhoods will be supported to adopt innovative approaches.

Presented to:

Board	Partnership Forum	Clinical Executive Group	System Executive Group	Finance Directors Group
☒	☐	☐	☐	☐
Quality Group	Transition and Risk Committee	Mid Nottingham-shire Place	Nottingham City Place	South Nottingham-shire Place
☐	☐	☐	☐	☐

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
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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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Primary Care Psychological Medicine in South Nottinghamshire

4 November 2021

Introduction

1. Primary Care Psychological Medicine (PCPM) is a service delivered across South Nottinghamshire by Nottinghamshire Healthcare NHS Foundation Trust's Community Health Division for people with complex persistent physical symptoms (PPS) which includes people with Complex Long-Term Physical Conditions and Medically Unexplained Symptoms (MUS), often affecting multiple organ systems and with multiple symptoms.

2. This paper provides supporting information regarding the service the citizen presenting her story is receiving and the impact it has on the four ICS aims.

The service

3. The team is a community based multi- disciplinary team with combined mental health and physical health expertise. They provide biopsychosocial assessment and care plans for people with complex persistent physical symptoms where:

    - Their presentations are too complex for Increasing Access to Psychological Therapy (IAPT) providers
    - The physical nature of their main presenting symptoms and complex diagnoses make them unsuitable for core mental health services
    - The lack of a medical explanation for their symptoms makes it difficult for physical health specialists to provide effective interventions

4. PCPM forms part of the assessment and rehabilitation pathway for post-Covid-19 service. This fulfils the specific NICE guidelines on rehabilitation services that should be available to people with post-COVID syndrome.

Alignment to ICS aims

Improve outcomes in population health and healthcare

5. Patient reported outcome measures (PROMs) have been used to understand the impact of the service and support the patient in assessing their own symptoms and progress (Annex 1).

6. In all domains of the outcome measures, statistically significant improvements have been seen and sustained despite COVID and after discharge.

7. This can be summarised by:

Initial symptoms:	Symptoms at 6 months:
Severe somatic symptoms Severe/ moderate depression Severe anxiety Severe whole system Leaving house 2.5 days per week	Moderate somatic symptoms Mild depression Moderate anxiety Moderate whole system Leaving house 5.5 days per week

Tackling inequalities in outcomes, experience and access

8. Primary Care Psychological Medicine (PCPM) is a service for people with an unmet need who had no previous access to a holistic service taking into account all their symptoms. They are often housebound, isolated and chronically unwell.

9. Primary Care Psychological Medicine (PCPM) is having a significant impact on the health inequalities agenda. For the localities covered people on PCPM's caseload:

    - Represent double the Black, Asian and Minority Ethnic (BAME) population percentage expected for the demographics
    - Are from areas of South Nottinghamshire that are 21% lower on Index of Multiple Deprivation scores than the average
    - Have double the rate of unemployment at 49.9%

10. Feedback regarding experience of the service benchmarks highly from patients, carers and GPs.

Enhance productivity and value for money

11. As reported in 2019, the Centre for Mental Health, through analysis of **actual** patient data showed:

    - Savings due to a reduction in secondary physical healthcare admissions, Emergency Department attendance and outpatient appointments
    - Savings due to a reduction in ambulance conveyance
    - Savings due to a reduction in onward referrals from primary care
    - a reduction in the number of sick notes issued

12. This positive impact has been shown to last for at least 3 years post discharge.

Help the NHS support broader social and economic development.

13. The return to productive roles has been a key outcome for people seen by PCPM. E.g. Two case examples:

- Teacher entitled to benefits of £17 498 per annum
- Civil Servant entitled to benefits £12 438 per annum

- Both are now back in fulltime employment contributing via PAYE.

Summary:

14. Primary Care Psychological Medicine (PCPM):

- Serves an otherwise unmet patient group who fall through the traditional service gaps
- Assists in reducing health inequalities
- Has a proven record of patients improving using outcome measures
- Supports sustained and long-term improvement
- Delivers a sustained reduction in acute trust activity with associated savings.
- Has excellent patient and GP feedback
- Impact on reducing Primary Care workload
- Delivers MDT care in the community which impacts on physical and mental health and wellbeing as well as societal benefits
- Integrates across physical/mental health and tertiary/secondary & primary care and works closely with social care.

Next steps

15. Continue to monitor and evaluate service.

16. Ensure current service remains sustainable within financial constraints.

17. Translate learning across the system.

Recommendations

18. ICS Board are asked to note the work of the Primary Care Psychological Medicine (PCPM) service in South Nottinghamshire and impact that this service has on citizens.

References

Joint Commissioning Panel for Mental Health (2017) Guidance for commissioners of services for people with medically unexplained symptoms [online] available at : https://www.jcpmh.info/wp-content/uploads/jcpmh-mus-guide.pdf Accessed March 2018

Kings Fund (2016) Bringing together physical and mental health: A new frontier for integrated care [online] available at: https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Bringing-together-Kings-Fund-March-2016_1.pdf Accessed May 2019

Kings Fund (2017) Mental health and new models of care Lessons from the Vanguards [online] available at: https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/MH_new_models_care_Kings_Fund_May_2017_0.pdf Accessed October 2018

https://www.centreformentalhealth.org.uk/sites/default/files/2019-09/CentreforMH_A_New_Approach_To_Complex_Needs_0.pdf

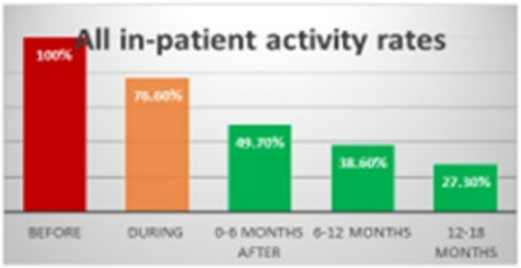
https://www.centreformentalhealth.org.uk/sites/default/files/publication/download/CentreforM H_NowOrNever_PDF.pdf

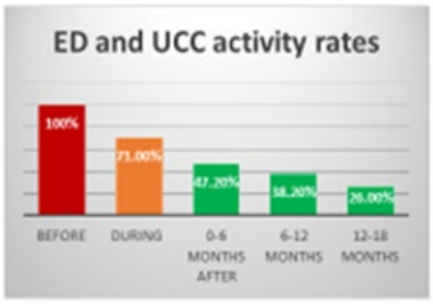
Annex 1: Patient Reported Outcome Measures

1. Patient Reported Outcome measures used are:

- Patient Health Questionnaire 15-Item Somatic Symptom Severity Scale (PHQ-15) is used to assess the impact of physical symptoms
- Patient Health Questionnaire-9 (PHQ-9): A measure of depression
- Generalized Anxiety Disorder 7 (GAD-7): A measure of anxiety
- EQ-5D-5L: A measure of physical and mental well-being
- Thermometer: A measure of general well being
    - Number of days leaving the house per week

Annex 2. The use of secondary care services before, during and post intervention





- Inpatient activity reduced by 72.7%
- Emergency Department (ED) and Urgent Care Centre (UCC) activity reduced by 74.0%
- Outpatient Department (OPD) activity reduced by 51.3%

Item Number:	5	**Enclosure Number:**	C
Meeting:	ICS Board		
Date of meeting:	4 November 2021		
Report Title:	Report from the ICS Independent Chair and ICS Executive Lead		
Sponsor:	Kathy McLean, ICS Chair and Amanda Sullivan, Interim ICS Executive Lead		
Place Lead:			
Clinical Sponsor:			
Report Author:	Joanna Cooper, Assistant Director, ICS		
Enclosure / Appendices:	None		

Summary:

The report provides an update on key messages relating to work across the ICS.

Actions requested of the ICS Board

To note the contents of the report.

Recommendations:

1.	None

Presented to:

Board	Partnership Forum	Clinical Executive Group	System Executive Group	Finance Directors Group
☒	☐	☐	☐	☐
Quality Group	**Transition and Risk Committee**	**Mid Nottingham-shire Place**	**Nottingham City Place**	**South Nottingham-shire Place**
☐	☐	☐	☐	☐

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	☒

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Is the paper confidential?

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Integrated Care System
Nottingham & Nottinghamshire

Nottingham City Council | Nottinghamshire County Council | NHS

Report from the ICS Independent Chair and ICS Executive Lead

4 November 2021

1. We are at a key point in our development, making excellent progress in many areas whilst maintaining a focus on the breadth and depth of work to do over the next few months. The challenge for us is to continue to work with our communities to bring about the changes we know will improve health and reduce inequalities, deliver on operational challenges, notably treating people who are waiting for operations and other forms of care, maintaining our Covid-19 vaccination programme and developing our systems and processes to support integration. We recognise that this is a challenging time for partners. Our transition as an ICS is not isolated from winter and recovery, and we acknowledge this and the pressure that the system is under, in particular our acute, social care and primary care colleagues.

2. Our report this month highlights some key areas for Board members to note. In particular, that this will be the final formal meeting of the ICS Board as we transition to becoming a statutory Integrated Care Board by April 2022. The Board will convene for a final development session in December before the statutory arrangements are operational in shadow form from January 2022.

3. Thank you to colleagues for their support to the ICS Board and system working over the years. Work is underway to develop and confirm the new structures for the ICS and map out people, and points of influence in the new system to maintain the good work of recent years. Proposal for other parts of the architecture are being prepared in Quarter 4.

4. As we develop as an ICS, we are keen to keep our shared purpose in mind - *Every citizen enjoying their best possible health and wellbeing.* It is important that as a partnership we come back to collectively reflect on our values and behaviours. Colleagues are undertaking some important work on our approach to OD which will support us with our journey.

ICS Development

5. On 6 July the Health and Care Bill was introduced to Parliament and is an important step on our journey to becoming a statutory ICS by April 2022. This Bill formalises policies set out by NHSEI, in particular the Long Term Plan and White Paper 'Integration and Innovation: Working together to improve Health and Social Care for all' published in February 2021.

6. NHSEI have published further guidance to support transition to becoming a statutory ICS. Guidance and supporting materials to support legal establishment and operational readiness for 1 April 2022 are now available. ICS Transition work-streams have continued to develop in line with the Health and Care Bill and national guidance.

7. Work has been completed to ensure that the requirements of the Health and Care Bill and ICS Design Framework are covered in the scope of our ICS Transition Programme. Legislation and guidance is very permissive, in parts, with lots of opportunity for us to co-design our future arrangements.

8. Work is also underway to shape organisational development arrangements to support shadowing operating. A series of interviews, a survey and focus groups have been conducted to gain views on what will be important. Our intention is to agree the development plan in November 2021 in readiness to support shadow operating.

Leadership

9. On 1 September the recruitment process started for the ICB Chief Executive.

10. Recruitment processes for other executive and non-executive roles will follow shortly in line with national guidance and timescales.

ICS Development Progression Tool Self-Assessment

11. NHSEI published a System Development Progression Tool in July. This tool replaces the ICS Maturity Matrix tool that the system previously self-assessed against. The Progression Tool is intended to sit alongside the ICS Design Framework and other guidance documents currently under development and is intended to support system planning and development throughout 2021/22. Use of the tool is not mandatory, however, is considered to be best practice and a self-assessment has been completed.

System Buddying Arrangements

12. Within the Midlands region, Nottingham and Nottinghamshire ICS have been matched with Herefordshire and Worcestershire ICS for peer buddying. Colleagues leading key aspects of ICS transition have been linked with their counterparts and informal discussions are underway to share and learn.

13. Regular meetings are in place with the ICB Chair Designate, ICS Executive Lead, ICS Programme Director and Assistant Director and their counterparts in Herefordshire and Worcestershire. We have found these discussions helpful to sense check our development and progress.

System Development Plan

14. During this transition year, the system is required to submit a System Development Plan (SDP) to NHSEI on a quarterly basis. The last iteration was submitted on 29 October 2021.

15. In advance of submission, a meeting was held with NHSEI to gain feedback on a draft shared prior to this iteration of the SDP being finalised. In summary,

the draft plan was considered to be well developed: the breadth of coverage and articulation of the work-in-progress areas were commendable and the plan has again improved since the June iteration.

16. At this time, the ICS has also completed and submitted progress against the NHSEI Readiness to Operate Statement (ROS) checklist. Specifically, the ICS has confirmed readiness to meet all transition requirements in the lead up to 1 April 2022, with no red RAG rated risks to delivery at this stage.

Covid-19 Vaccination Programme

17. Roll out of the Covid-19 vaccination programme has delivered more than 740,000 first doses and 685,000 second doses up until October 2021. All sites are offering first and second dose walk ins to those aged over 18. Selected sites are offering walk-ins to those aged 16 and 17. All sites are on the National Booking System. All over 16 year olds and those aged 12-15 with identified vulnerabilities have been invited for their vaccine. Covid-19 booster programmes are underway, and letters are being sent reminding those eligible to book in for a booster vaccination. Those who are eligible and not yet received an invite, can walk into certain sites to receive a booster.

ICS Green Plan

18. In its Net Zero Strategy, published in October 2020, the NHS set out a vision to become the world's first net zero carbon health service and respond to climate change, improving health now and for future generations. There are three priorities of the national programme:

    - Meeting the NHS's net zero targets.
        - An 80% reduction in the emissions we control directly (NHS Carbon Footprint) by 2028-2032, and net zero by 2040.
        - An 80% reduction in our entire emissions profile (NHS Carbon Footprint Plus) by 2036-2039, and net zero by 2045.
    - Improving health and patient care and reducing health inequalities.
    - Building a more resilient healthcare system that understands and is responding to the direct and indirect threats posed by climate change.

19. We are required to develop and approve our own Green Plan by March 2022 which will describe our contribution to the delivery of these priorities. To develop this Plan, and to support the 2021/22 delivery requirements, the Greener ICS has been introduced as an additional Programme as part of the ICS System Transformation approach and will have the remit to support, monitor and coordinate the planning and delivery of the ICS against the commitments made in Delivering a Net Zero NHS, as well as the specific NHS Long Term Plan (LTP) commitments relating to sustainable development and its connections to public health. The remit includes:

- Providing local coordination for the achievement of the carbon reduction targets against both the NHS Carbon Footprint and the NHS Carbon Footprint Plus, as specified in Delivering a Net Zero NHS, as well as monitoring progress against expected trajectories.
- Developing the Nottingham and Nottinghamshire ICS Green Plan by March 2022.
- Ensuring that clear and credible plans are developed maintained, and reported against, by each provider and for the ICS as a system – reporting through to the Regional Greener Board.

20. We welcome this focus on sustainability for the system and the benefits that it will bring to our citizens.

Feedback on key meetings

21. Over the coming period, Kathy is having a further round of one-to-one engagement meetings with ICS Board members as well as visiting partner organisations and visiting front-line services.

22. Mark Cubbon, Interim Chief Operating Officer, NHSE/I will be visiting the system on Thursday 16 December 2021. Arrangements are being made to showcase the innovative work in our system.

Feedback from the Quarterly System Review Meeting on 16 September 2021

23. On 16 September the quarterly ICS stocktake meeting took place chaired by Dale Bywater, Regional Director, NHSEI. Key issues for Nottingham and Nottinghamshire arising out of the meeting include:

- Covid-19: Critical care pressure has been significant and has required support from critical care network to reduce pressure.
- Rise in demand on some GP practices.
- Reduction in elective activity in recent weeks due to pressures from non-elective and Covid-19.
- High cancer referral rates and increasing backlog numbers.
- Concerns across the region related to challenges with Mental Health and Learning, Disability and Autism.
- Workforce capacity, staff health and wellbeing and pressures being felt in the wider care system.

ICS Board development sessions

24. The ICS Board held a number of development sessions in September and October to support the design of the ICS:

- 15 September focussed on developing plans for the Integrated Care Partnership and approach to Citizen Engagement.

- 20 September was specifically focussed on shaping the development of the Integrated Care Board with a number of decisions to be taken and on Place Based Partnerships.
- 7 October session was focussed on proposals for the ICS People and Culture function and developing a Digital and Information Technology (DAIT) function.

25. Further detail is available on these sessions in the report for Item 6. Enc D. Building the ICS.

Item Number:	6	**Enclosure Number:**	D
Meeting:	ICS Board		
Date of meeting:	4 November 2021		
Report Title:	Building the ICS		
Sponsor:	Kathy McLean, ICS Chair and Amanda Sullivan, ICS Executive Lead		
Place Lead:			
Clinical Sponsor:			
Report Author:	Rebecca Larder, Programme Director, ICS and Joanna Cooper, Assistant Director, ICS		
Enclosure / Appendices:	None		

Summary:

Further to the 2 September meeting and discussion on our transition to becoming a statutory ICS, this paper provides ICS Board with a summary of the latest position.

ICS Transition work-streams are well established and continue to develop in line with the Health and Care Bill and national guidance. Further guidance is awaited. This paper provides ICS Board with a summary of the work underway on the transition to becoming a statutory ICS, subject to legislation, by April 2022.

As discussed at previous ICS Board meetings, the ICS Transition and Risk Committee are assuring these transition work-streams, alongside the three areas of the ICS Design Framework identified at the July 2021 meeting which ICS Board agreed to delegate to Committee initially for three months (Digital, People and Culture and Finance). It is proposed that these assurance arrangements continue at this time to support the transition.

By 14th November 2021, the ICS needs to confirm its naming conventions for the Integrated Care Board (ICB), Integrated Care Partnership (ICP) and the ICS from April 2022 subject to legislation.

A separate report from the Transition and Risk Committee is presented under item 14 of the Board agenda.

Actions requested of the ICS Board

To note the contents of the report.

Recommendations:

1.	Note the contents of the report
2.	To ratify the proposed naming conventions for the Integrated Care Board (ICB), Integrated Care System (ICS) and Integrated Care Partnership (ICP) that are subject to passage of the Health and Care Bill.

Presented to:

Board	Partnership Forum	Clinical Executive Group	System Executive Group	Finance Directors Group

☒	☐	☐	☐	☐
Quality Group	Transition and Risk Committee	Mid Nottingham-shire Place	Nottingham City Place	South Nottingham-shire Place
☐	☐	☐	☐	☐

Contribution to delivering System Level Outcomes Framework ambitions

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Integrated Care System
Nottingham & Nottinghamshire

Nottingham City Council | Nottinghamshire County Council | NHS

Building the Integrated Care System (ICS)

4 November 2021

Introduction

1. On 6 July the Health and Care Bill was introduced to Parliament and is an important step on the journey to becoming a statutory ICS by April 2022. This Bill formalises policies set out by NHSEI, in particular the Long Term Plan and White Paper 'Integration and Innovation: Working together to improve Health and Social Care for all' published in February 2021. NHSEI have published further guidance to support this transition.

2. ICS Transition work-streams are well established and continue to develop in line with the Health and Care Bill and national guidance.

3. This paper provides ICS Board with a summary of the work underway on the transition to becoming a statutory ICS, subject to legislation, by April 2022.

4. As discussed at previous ICS Board meetings, the ICS Transition and Risk Committee are assuring these transition work-streams, alongside the three areas of the ICS Design Framework identified at the July 2021 meeting which ICS Board agreed to delegate to Committee initially for three months (Digital, People and Culture and Finance). It is proposed that these assurance arrangements continue at this time to support the transition.

5. A separate report is presented from Committee under item 14 of the Board agenda.

ICS Transition Work-streams

6. ICS Transition Programme work-streams have been established and are summarised in Annex 1 alongside reported progress to date:

Work-stream	Executive SRO	Programme Director
Integrated Care Partnership Work-stream	Melanie Brooks, Corporate Director Adult Social Care and Health, Nottinghamshire County Council	Rebecca Larder, ICS Programme Director
Integrated Care Board Establishment Accountability and Governance (including CCG Disestablishment and Transition)	Amanda Sullivan, CCG Accountable Officer / Interim ICS Executive Lead	Rebecca Larder, ICS Programme Director Lucy Branson, Associate Director of Governance, CCG
Joint Commissioning for Integrated Care (NHS/LA)	Lucy Dadge, Chief Commissioning Officer, CCG	Iain Stewart, Programme Director, CCG

Work-stream	Executive SRO	Programme Director
Integrated Commissioning with NHSEI	Lucy Dadge, Chief Commissioning Officer, CCG	Sarah Fleming, Head of Joint Commissioning, CCG
Provider Collaboratives at Scale	John Brewin, Chief Executive, NHT	Tim Guyler, Assistant Chief Executive, NUH Sarah Furley, Director of Partnerships NHT
Place Work-stream	Hugh Porter, Interim Lead and Clinical Lead, City	Lorraine Palmer, Interim Programme Director, Mid Nottinghamshire
Communications and Engagement	Amanda Sullivan, CCG Accountable Officer / Interim ICS Executive Lead	Alex Ball, Director of Communications and Engagement, ICS / CCG
Clinical Leadership and Engagement Work-stream	Stephen Shortt CCG Clinical Chair / Rosa Waddingham ICS Chief Nurse	Rebecca Larder, ICS Programme Director

7. Work has been completed to ensure that the requirements of the Health and Care Bill and ICS Design Framework are covered in the scope of the ICS Transition Programme. Legislation and guidance is very permissive, in parts, with lots of opportunity for to co-design the future arrangements.

8. The leads for the Transition Programme work-streams meet every other week to ensure progress at pace and alignment of these complex work-streams.

9. Transition work-streams are well established and plans are aligned to national guidance where this is available.

10. Whilst the transition is on track with no red RAG rated risks to report at this time, the sheer volume of work, ambitious timescales, interdependencies between work-streams and fact that some national guidance is awaited means that the transition remains a complex programme with issues/risks being kept under review and mitigating actions being put into place when needed.

ICS Board Development Sessions on ICS Design in September and October

11. The ICS Board held a number of development sessions in September and October to consider and collectively shape the future operating model, and agree the decision making/sign off requirements for each component:

    a. 15 September focussed on developing plans for the Integrated Care Partnership and approach to Citizen Engagement.
    b. 20 September was specifically focussed on shaping the development of the Integrated Care Board with a number of decisions to be taken and on Place Based Partnerships.

c. 7 October session was focussed on proposals for the ICS People and Culture function and developing a Digital, Analytics and IT (DAIT) function.

12. The outputs from these sessions are summarised below:

Topic	Next Steps
Integrated Care Partnership	A paper is being further developed on the Integrated Care Partnership. Next steps from this session were identified as: a. Output of the session will inform plans for the Integrated Care Partnership (for shadow and day 1 operating); b. The plan might need to be refined in accordance with further national policy expected; c. Sign off will be through Local Authority structures and the Integrated Care Board designate appointees.
Approach to Citizen Communications and Engagement	A paper is presented to the 4 November ICS Board meeting under item 7.
Integrated Care Board	Engagement underway through the ICS Board development session, with formal communications to stakeholders forming part of the ICB membership. Work has commenced to develop the ICB Constitution (and other supporting governance documentation, including the map of decisions) - First draft required November 2021. Work continues to confirm ICB Board designate appointments - Aim to be completed end Q3 in readiness for shadow operation from January 2022. Further consideration being given to executive members of the ICB, mechanisms for Partner Member nomination and appointment processes, and ensuring the voice of the citizen, people and culture and public health are well placed in the developing governance.
People and Culture, and Digital functions	Principles to be Day One ready from April 2022 endorsed. Governance Proposals endorsed and to be incorporated into the emerging ICS governance, including separate assurance and delivery functions. Further work to take place to develop proposals for delivery and resources, and an SRO drawing on resources from within the system.

13. In addition, a programme of work is underway to support transition organisation development (OD) with a focus on augmenting activities already underway including for:

    - The Integrated Care Partnership during shadow operating.
    - The Integrated Care Board governing body/board during shadow operating.
    - The integration of Bassetlaw into the ICS.
    - The development of the ICS Provider Collaboration at Scale in the early stages of operation.
    - The further development of Place-based Partnerships to support the next stage and end stage vision.

14.. An external provider has been commissioned to support understanding of the requirements to shape our organisation development (OD) plan. This work has taken place in three phases:

    a. From August onwards interviews took place with 30 colleagues from across the system to share thoughts on progress to date, areas of challenge and focus needed over the coming period.
    b. A targeted survey was circulated to colleagues from across the system to provide a wider range of responses.
    c. Focus groups were held with colleagues from across the system to explore the interview and survey responses in greater depth.

15. The outputs are now being drawn together to agree the development plan in November 2021 in readiness to support shadow operating from Quarter 4 of 2021/22.

Naming Convention

16. Guidance has been received on naming conventions for Integrated Care Boards (ICBs), Integrated Care Systems (ICSs) and Integrated Care Partnerships (ICPs) that are subject to passage of the Health and Care Bill.

17. There are specific requirements for the legal name of the ICB, however, some flexibility for ICS and ICP. It is expected that naming conventions are confirmed to NHSEI by 18 November.

18. The following naming conventions are proposed which ICS Board are asked to ratify:

Current ICS geographical descriptor	Integrated Care Board (ICB) legal name	Proposed public name of ICB if known	Proposed name of integrated care System (ICS) if known	Proposed description/name of Integrated Care Partnership (ICP) if known

Nottingham and Nottinghamshire	NHS Nottingham and Nottinghamshire Integrated Care Board	NHS Nottingham and Nottinghamshire	Nottingham and Nottinghamshire Integrated Care System	Nottingham and Nottinghamshire Integrated Care Partnership

External Assurance

ICS Development Progression Tool Self-Assessment

19. NHSEI published a System Development Progression Tool in July. This tool replaces the ICS Maturity Matrix tool that the system previously self-assessed against. The Progression Tool is intended to sit alongside the ICS Design Framework and other guidance documents currently under development and is intended to support system planning and development throughout 2021/22. Use of the tool is not mandatory, however, is considered to be best practice and a self-assessment has been completed.

System Buddying Arrangements

20. Within the Midlands region, Nottingham and Nottinghamshire ICS have been matched with Herefordshire and Worcestershire ICS for peer buddying. Colleagues leading key aspects of ICS transition have been linked with their counterparts and informal discussions are underway to share and learn.

21. Regular meetings are in place with the ICB Chair Designate, ICS Executive Lead, ICS Programme Director and Assistant Director and their counterparts in Herefordshire and Worcestershire. The latest discussion focussed on the respective approaches to establishing the ICB unitary Board and the ICP.

System Development Plan

22. During this transition year, the system is required to submit a System Development Plan (SDP) to NHSEI on a quarterly basis. The last iteration was submitted on 29 October 2021.

23. In advance of submission, a meeting was held with NHSEI to gain feedback on a draft shared prior to this iteration of the SDP being finalised. In summary, the draft plan was considered to be well developed: the breadth of coverage and articulation of the work-in-progress areas were commendable and the plan has again improved since the June iteration.

24. At this time, the ICS has also completed and submitted progress against the NHSEI Readiness to Operate Statement (ROS) checklist. Specifically, the ICS has confirmed readiness to meet all transition requirements in the lead up to 1 April 2022, with no red RAG rated risks to delivery at this stage.

Annex 1

Work-stream	Summary	Overall rating against national requirements	Tasks and Milestones	Resources for Delivery
Integrated Care Partnership Work-stream	Enable the statutory establishment of the Integrated Care Partnership functions and accountability and governance requirements informed by legislative requirements of ICSs and NHSEI policy.	G – On Track	G – On Track	G – On Track
Integrated Care Board Establishment, Accountability and Governance Work-stream (including CCG Disestablishment and Transition)	Enable the ICS statutory establishment in support of ICS functions including but not limited to the accountability and governance requirements of ICSs informed by legislative requirements of ICSs and NHSEI policy. To enable the disestablishment of NHS Nottingham and Nottinghamshire CCG in line with NHSEI and legislative/technical requirements of this process.	G – On Track	G – On Track	G – On Track
Joint Commissioning for Integrated Care (NHS/LA)	To achieve the vision of Integrated Health and Care within the ICS, joining up strategic leadership and the transformation of health and care to improve outcomes for our population, ensuring decision making is led and integrated at the appropriate population level, with an emphasis on subsidiarity.	N/A	A - Off track (minor)	G- On track
Integrated Commissioning with NHSEI	To achieve the vision of Integrated Care, to join up strategic leadership, transformation and improvement approaches to ensure decision making is led and integrated at the appropriate population level, with an emphasis on subsidiarity. To enable NHSEI commissioning and CCG commissioning to come together for the populations they serve and see the development of accountable speciality networks (ASNs) to break down organisational barriers and improve the quality of health and care for patients.	G – On Track	G – On Track	G – On Track

Work-stream	Summary	Overall rating against national requirements	Tasks and Milestones	Resources for Delivery
Provider Collaboratives at Scale	Support the development of provider collaboratives, specifically providers working at scale across multiple places, to achieve the benefits of collaborative working for people within the Nottingham and Nottinghamshire ICS and beyond.	G – On Track	G – On Track	G – On Track
Place Work-stream	Further oversee and support the development of Places within Nottingham and Nottinghamshire, ensuring they are a key pillar of the local integrated care model enabling decisions to be taken as close to the local population as possible.	G – On Track	G – On Track	G – On Track
Communications and Engagement	1. To describe to citizens, stakeholders and staff the benefits of working in a more integrated way across health and care 2. To ensure that staff and stakeholders are informed and involved in the development and establishment of the statutory ICS. 3. To establish the structures and approach required for citizen and patient involvement in the ICS from April 2022. 4. To ensure that citizens are informed about the establishment of the statutory ICS	G – On Track	G – On Track	G – On Track
Clinical Leadership and Engagement Work-stream	Develop and mobilise the clinical leadership and engagement; quality improvement, governance and assurance arrangements in support of ICS statutory status.	G – On Track	G – On Track	A - Off track (minor)

Item Number:	7	**Enclosure Number:**	E1
Meeting:	ICS Board		
Date of meeting:	4 November 2021		
Report Title:	Working with People and Communities		
Sponsor:	Amanda Sullivan, Interim Executive Lead, Nottingham and Nottinghamshire ICS		
Place Lead:	N/A		
Clinical Sponsor:	N/A		
Report Author:	Alex Ball, Director of Communications and Engagement, Nottingham and Nottinghamshire ICS		
Enclosure / Appendices:	Enc E2. Detailed Plan for Working with People and Communities		

Summary:

This paper proposes a comprehensive approach for working with people and communities in the new ICS from April 2022. It responds to the NHSE/I guidance issued in September 2021 and sets out the proposed approach for Nottingham and Nottinghamshire as well as outlining the way that the specific requirements within that guidance are to be addressed.

The overall approach can be summarised under five headings;

- Governance and Structures
- Embedding Community Engagement
- Generating and Utilising Intelligence from Communities
- Integrating Community Involvement Work and Resources
- Developing Our Culture

The Board is asked to approve this overall approach and agree to a number of associated steps to confirming the detailed arrangements.

Actions requested of the ICS Board

To note the paper, endorse the overall direction of travel and confirm agreement to the next steps.

Recommendations:

1.	ICS Board is asked to endorse the overall approach described in the 'Proposed Approach' section.
2.	All organisations within the ICS are asked to commit to the expectations outlined in the 'Requirement for System-Wide Resources and Activity'.
3.	ICS Board is asked to endorse the approach to resolving the 'Interdependencies' section.
4.	ICS Board is asked to endorse the 'Next Steps' listed including the writing of the required Strategy being taken forward by the ICS's Director of Communications and Engagement in line with the proposed approach.

Presented to:

Board	Partnership Forum	Clinical Executive Group	System Executive Group	Finance Directors Group
☒	☐	☐	☐	☐
Quality Group	Transition and Risk Committee	Mid Nottingham-shire Place	Nottingham City Place	South Nottingham-shire Place
☐	☐	☐	☐	☐

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	
N/A							

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.

Working with People and Communities

4 November 2021

Context and Background

1. The move to statutory ICSs and the establishment of a new Integrated Care Board (ICB) and a wider Integrated Care Partnership (ICP) as heralded in the Government's White Paper *Integration and innovation: working together to improve health and social care for all*[1] (February 2021) means there needs to be a different approach taken to involving People and Communities in the work of the health and care system.

2. The overall policy context and detail of the detailed guidance from NHSE/I can be found in Enc E2 and this paper outlines how Nottingham and Nottinghamshire ICS will be delivering in line with that guidance.

3. However, it should be noted that it is the intent of the ICS to be ambitious beyond these standard national requirements and make the way that we involve people and communities in our work a real beacon of best practice and exemplary delivery.

4. This includes the opportunity to develop our relationship with people and communities to create advocates and promoters of the great work being delivered throughout Nottingham and Nottinghamshire. This will enable the system to explain, share and promote the work of the ICS as well as to hear clearly from citizens their feedback on our work. This aligns with our ambition to raise the profile of the ICS locally with citizens and stakeholders.

5. Much of the work described in this paper will take place at the level of the Place Based Partnerships but will be co-ordinated and supported at a System level.

Proposed Approach

6. The proposed approach to involving Citizens and Communities for Nottingham and Nottinghamshire ICS from April 2022 is found in Enc E2. The following is a high-level summary.

7. The approach has benefited from the input of engagement and involvement experts from across Nottingham and Nottinghamshire throughout September 2021 and from the discussion at the ICS Board Development Session on 15 September 2021. This work to share and co-create the emerging approach means that the proposals below have a broad base of support across the system.

[1] https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version

8. As indicated in 'Next Steps' below, this is an aspirational approach and will take time to build in its entirety. There will therefore be some elements which will be in place in early 2022, some which will go live for 1 April 2022 and some which will come on stream later in 2022 and beyond.

9. The proposed approach can be summarised under five headings as follows.

Governance and Structures:

- Establish an Advisory Committee to champion working with people and communities in all locations and levels of the ICS.
- Ensure that the ICP has a broad-based membership with a focus on wider-determinants and that the Place Based Partnership Boards have a similar breadth and benefit from a similar Advisory Committee.
- Agree that the ICP should receive regular reports summarising the Citizen Intelligence and Insights gathered over the preceding period in order to inform the ICP's role as the 'guiding mind' of the system.

Embedding Community Engagement:

- Refresh the ICS Outcomes Framework to reflect how community engagement will feature in the metrics used.
- Refresh the prioritisation and business planning cycle to ensure that the voice of the citizen is clearly heard in that work.

Generating and Utilising Intelligence from Communities:

- Continue and strengthen our work with elected members and through our statutory involvement duties, ensuring that these activities are two-way and generate meaningful insights.
- Establish a Citizens Panel to complement other activities within our engagement spectrum, to ensure that our work is representative and has a broad base that can be drilled-down into Places and Neighbourhoods.
- Continue and deepen our work with Healthwatch and the VCSE, including agreeing specific roles within our governance structures (at both Place and System) and transformation programmes.

Integrating Community Involvement Work and Resources:

- Establish an Engagement Practitioners Forum to bring together and coordinate all the work being delivered across the system – ensuring that it is complementary and maximises our limited resources.
- Create a Community Insights Hub which will develop a database of data and information from within and outside of our system to inform our work with the richest possible citizen insights.

Developing Our Culture:

- Develop a community engagement training and development programme for all relevant staff across the system including supporting Places to grow and develop their expertise in this work area.
- Ensure that there is a championing of the importance of listening and involving citizens and communities at Integrated Care Board (ICB).

Interdependencies

10. The proposed approach outlined in this paper has a number of interdependencies which need to be resolved over the coming months ahead of 1 April 2022.

11. These interdependencies and the proposed approach to ensuring alignment are as follows:

    a. Interface with the emerging Integrated Care Partnership (ICP)
        i. It is evident that for the ICP to be able to successfully discharge its duty to produce a Strategy for the ICS, it will require a way for the voice of the citizen to be loudly heard.
        ii. Noting expectations within the guidance referenced in Paragraph 4 that it will be important to, "Avoid creating isolated independent voices. An inclusive approach to representation is recommended to enable balance and diversity of perspective to improve decision-making", it is not proposed to attempt to include a "Citizen Representative" as a sole voice for the 1.3m population of Nottingham and Nottinghamshire.
        iii. Instead it should be assumed that a strong set of inputs from a variety of sources will inform the work of the ICP. This should include, but is not limited to, a regular report summarising the intelligence and insights gathered from citizens and communities over the period preceding each meeting of the ICP.
        iv. Therefore, whilst the precise composition, membership and format of the ICP are yet to be decided, it is proposed that a standing agenda item for each ICP meeting would be a report of *Citizen Intelligence and Insights*.
        v. The ICS's Communications and Engagement team would provide secretariat support for the production of this report which would draw from intelligence from across the system.
    b. Inclusion within the Constitution of the Integrated Care Board
        i. Within the Guidance linked at Paragraph 4 above is the expectation that, "ICB constitutions are expected to include principles and arrangements for how the ICB will work with people and communities".
        ii. The development of the ICB Constitution is currently underway and it is proposed that the CCG's Associate Director of Governance and the ICS's Director of Communications and Engagement agree the appropriate form of words to be included in the Constitution, in line

with the model constitution. The overall approach will be in line with that outlined in Paragraph 10 above.

c. Working with the Voluntary and Community Sector
   i. Further guidance, *ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector*[2] was published in September 2021.
   ii. The ICS has been awarded £25k to accelerate the process of ensuring that the VCSE sector is integrated into the structures and activities of the ICS.
   iii. A further report will be brought to the Board in due course to outline the proposed approach once it has been co-created with VCSE partners.

Requirement for System-Wide Resources and Activity

12. As clearly indicated in the guidance document[3] issued in September 2021, responsibility for involving citizens and communities is a shared one across the whole ICS, involving all partners.

13. Furthermore, the approach outlined in this paper is explicitly predicated on the full involvement and commitment of all organisations within the ICS.

14. The resources required to deliver the totality of this ambition are within our grasp across the whole landscape of the ICS but are not contained within one single organisation.

15. Therefore, whilst the future ICB will play a "system-coordination" role for the delivery of this work, it needs the full commitment of all system partners, in particular to commit to participation in the proposed Engagement Practitioners Forum as outlined above.

Next Steps

16. Continuing the co-creation approach of this piece of work so far, the detailed implementation of this approach will be commenced from November 2021 in partnership with all ICS organisations.

17. The detailed implementation will include the development of a Strategy for working with people and communities, as required in the Guidance issued 2 September 2021. The Strategy will be based on the 'Proposed Approach' above and it is proposed that the writing of this Strategy be taken forward by the ICS's Director of Communications and Engagement.

18. The detailed implementation will also include the establishment of the bodies and groups outlined in the 'Proposed Approach' section to work in shadow form

[2] https://www.england.nhs.uk/wp-content/uploads/2021/06/B0905-vcse-and-ics-partnerships.pdf
[3] https://www.england.nhs.uk/wp-content/uploads/2021/06/B0661-ics-working-with-people-and-communities.pdf

up to 1 April 2022 and to be refined and "course-corrected" over the period beyond that formal commencement date.

19. Detailed work to ensure that all the interdependencies outlined above will continue over the coming months as the wider elements become more clearly established.

20. The CCG's Internal Audit programme includes a final sense check of the proposed approach outlined above and the detailed delivery plan in February 2022, ensuring an increased level of assurance of compliance against the NHSE/I Guidance and wider expectations for this area of work.

Recommendations

21. ICS Board is asked to endorse the overall approach described in the 'Proposed Approach' section.

22. All organisations within the ICS are asked to commit to the expectations outlined in the 'Requirement for System-Wide Resources and Activity'.

23. ICS Board is asked to endorse the approach to resolving the 'Interdependencies' section.

24. ICS Board is asked to endorse the 'Next Steps' listed including the writing of the required Strategy being taken forward by the ICS's Director of Communications and Engagement in line with the proposed approach.

Integrated Care System
Nottingham & Nottinghamshire

Nottingham City Council
Nottinghamshire County Council
NHS

ICS Board 4 November 2021:
Item 7. Enc E2.

Working with People and Communities

- detailed plan

Contents

1. Introduction and Context

The move to statutory ICSs and the establishment of a new Integrated Care Board (ICB) and a wider Integrated Care Partnership (ICP) as heralded in the Government's White Paper *Integration and innovation: working together to improve health and social care for all*[1] (February 2021) means there needs to be a different approach to taken to involving People and Communities in the work of the health and care system.

The White Paper includes the expectation that, "ICSs can be powerful drivers of patient centred approaches that provide greater choice and control to patients by transforming services around the specific needs of their populations."

Whilst the Bill[2] that followed from this White Paper is still progressing through its Parliamentary Scrutiny, the NHS has issued guidance to support the anticipated progression of the Bill to an Act, starting with the *ICS Design Framework*[3] in June 2021. This Design Framework includes the clear expectation that, "The parties in an ICS … will be expected to agree how to listen consistently to, and collectively act on, the experience and aspirations of local people and communities".

This overall Design Framework was followed in September 2021 by further detailed guidance on citizen and community involvement: *ICS implementation guidance on working with people and communities*[4]. This detailed guidance includes the following expectations:

1. "A strong and effective ICS will have a deep understanding of all the people and communities it serves".

2. "The insights and diverse thinking of people and communities are essential to enabling ICSs to tackle health inequalities and the other challenges faced by health and care systems".

3. "The creation of statutory ICS arrangements brings fresh opportunities to strengthen work with people and communities, building on existing relationships, networks and activities".

In advance of the publication of this detailed guidance document, but in knowledge of their emerging content, planning has been underway since spring 2021 to

[1] https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version
[2] https://bills.parliament.uk/bills/3022
[3] https://www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-framework-june-2021.pdf
[4] https://www.england.nhs.uk/wp-content/uploads/2021/06/B0661-ics-working-with-people-and-communities.pdf

establish a new way of working to place the aspirations, ambitions and needs of the residents of Nottingham and Nottingham at the heart of the work of the ICS.

This planning and co-create included a series of workshops during September 2021 with participants from across the health and care landscape. Feedback from these workshops that is reflected in this expanded set of proposals includes but is not limited to;

- An expectation to work collaboratively, across the whole health and care landscape, maximising our collective resources.
- Clarification that any proposed citizens panel would be part of an overall range of activities, not the only way that insights would be gathered.
- Confirmation that the majority of activity to engage with citizens would take place at the level of Place but that this would need to be joined up at all levels of the system.
- An ambition to maintain a level of consistency in the way that the work is deployed within Places but to retain an appropriate level of flexibility and customisation as appropriate to each Place.
- Strive to make activities as simple as possible for citizens to get involved in to maximise our reach.

The richness of the feedback from the workshops and the ICS Board Development Session discussion will help to inform and improve the implementation process which will now take place between November 2021 and April 2022.

It is clear that to deliver on the expectations of the guidance referenced above and also to meet our own levels of ambitions, we need to work differently with our communities to understand their needs and how to meet them. This means going beyond asking our communities what they think of our existing services and changes we may want to make to them and doing more work to generate insights from local people that we can use to make lasting changes to people's health.

Nottingham and Nottinghamshire has many examples of good practice that reflect these principles but has not yet fully embedded them within the system. This paper proposes an approach that delivers on that ambition.

2. Principles for Working with People and Communities

The following principles will guide the work of the system from April 2022. These principles are based on the guidance (*ICS implementation guidance on working with*

people and communities[5]) released September 2021 but adjusted to reflect the Nottingham and Nottinghamshire context.

1. We will work with, and put the needs of, our citizens at the heart of the ICS.
2. We will prioritise reaching out to those communities affected by inequalities who are less likely to be heard.
3. We will use community development approaches that empower people and communities, making connections to social action.
4. We will work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key transformation partners.
5. We will redesign models of care and progress system priorities in partnership with staff, people who use health, care and support services and unpaid carers
6. We will understand our community's experience and aspirations for health and care.
7. We will systematically capture and report community intelligence that includes findings drawn from a citizen's panel, VCSE partners, statutory sector partners and networks at place and neighbourhood level.
8. We will use insight gathered through a range of engagement approaches to inform decision-making.
9. We will develop a culture that enables good quality community engagement to be embedded
10. We will systematically provide clear and accessible public information about vision, plans, progress and outcomes to build understanding and trust amongst our citizens.

In order to deliver on these principles there are five areas where change needs to take place. They are;

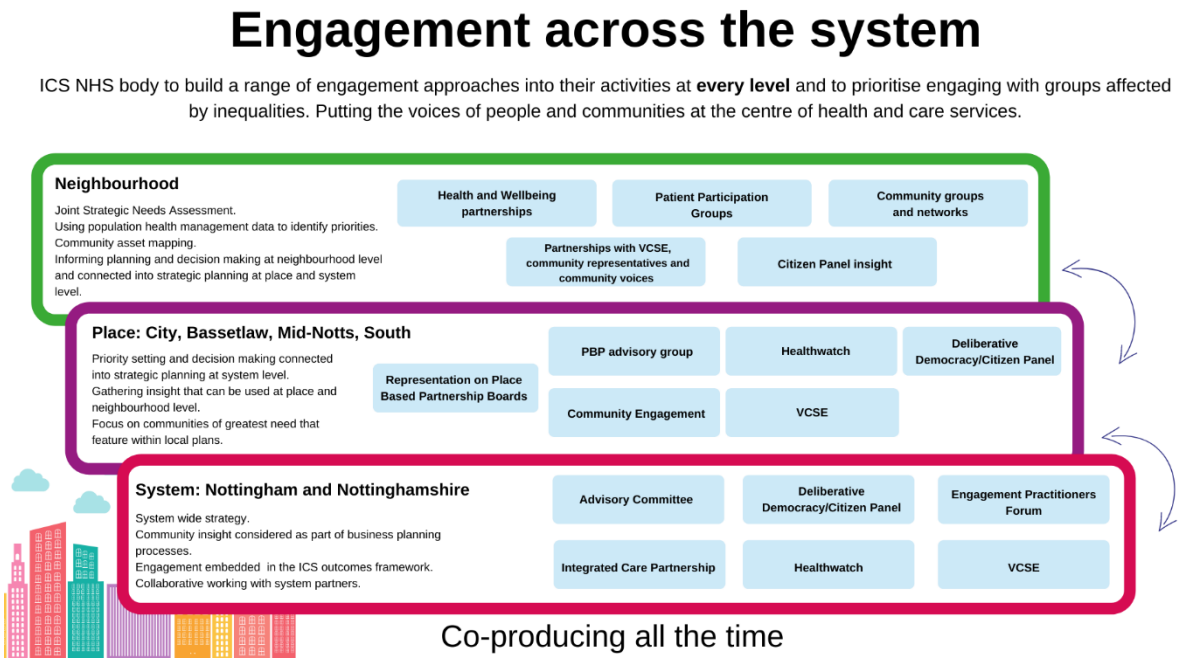
- Governance and Structures – Establishing systems and structures to capture and respond to community intelligence and feedback that are aligned to ICS governance
- Embedding Community Engagement – Making community engagement a core part of business planning and commissioning
- Generating and Utilising Intelligence from Communities – Establishing ways of systematically capturing insight and changing how we work with our communities
- Integrating Community Involvement Work and Resources – Joining up engagement insights, channels and resources across the ICS to tackle our biggest challenges
- Developing Our Culture – Ensuring that community engagement is understood and valued across the ICS and seen as a key part of our work.

[5] https://www.england.nhs.uk/wp-content/uploads/2021/06/B0661-ics-working-with-people-and-communities.pdf

This paper sets out the proposed framework approach to be taken under each of those headings.

The framework (see diagram below) for working with people and communities was developed through defining the core functions required to support the ICB for Nottingham and Nottinghamshire to deliver on its legal duties to make arrangements to involve patients, unpaid carers and the public in planning and commissioning arrangements.

Figure 1.



The ICS is committed to working with people and communities and this is evidenced by the current work on engagement and coproduction taking place across the system.

This paper specifically focuses on generating and utilising citizen intelligence which is defined as;

A process of actively listening to citizens to understand their experiences of health and care services to enable a focus on areas that need improvement or changes. An ongoing cycle of activities that generate genuine citizen insights to guide the work of transformation and commissioning.

In parallel a programme of work is taking place across the ICS to develop a system-wide approach to co-production which is defined as:

A way of working that includes people who use health and care services, carers and communities in equal partnership; and which does this at the earliest (and all) stages of service design, development and evaluation.

As part of this programme of work, a system-wide co-production strategy will also be developed.

The two system-wide strategies for engagement and coproduction strategy will form our collective system approach to working with people and communities. It is implicit in all of this that co-production should be taking place at all levels of the system at all times.

The framework also reflects the principle of subsidiarity in that decisions should be taken as close to local communities as possible, and across a large footprint where there are benefits from economies of scale. It describes a range of functions for delivery at neighbourhood, place and system level through a range of engagement approaches.

This means that much of the work described in this paper will take place at the level of the Place Based Partnerships.

3. Governance and Structures

Focus: Establishing systems and structures to capture and respond to community intelligence and feedback that are aligned to ICS governance

Statutory functions, like those currently exercised by CCGs are expected to transfer to ICBs from 1 April 2022. This will mean the ICB will have a legal duty to make arrangements to involve patients, unpaid carers and the public in planning and commissioning arrangements. Existing NHS trust and foundation trust duties in relation to patient and public involvement, including the role of foundation trusts governors will also continue.

Establishing governance for citizen intelligence aligned to the system's governance through an advisory committee will enable the ICB to listen and respond to communities.

Advisory Committee

The establishment of an Advisory Committee would support the ICB in the discharge of its legal duty to involve patients, unpaid carers and the public in planning, transformation and commissioning arrangements and assuring effective engagement in places, neighbourhoods and system-wide workstreams.

The Advisory Committee would have a remit for championing working with people and communities at ICB level. The detail of how the Advisory Committee would be chaired and how it would connect to the governance of the ICB is still to be determined but there would need to be a clear formal link between the Committee and the Board. It is also expected that members of the ICB Board would attend the advisory committee on a rotational basis to provide updates on the work of the Board and also to receive updates from the committee to inform the work of the Board.

The membership of the Advisory Committee would be diverse and reflect the population demographics, four places and have a strong focus on health inequalities and the wider determinants that impact on health and wellbeing. Representation would also include the voluntary and community sector and Healthwatch Nottingham and Nottinghamshire. The Advisory Committee should draw on the expertise and learning from the establishment and operation of the CCG's Patient and Public Engagement Committee since April 2020.

However, this Advisory Committee would need to draw on the wider set of connections represented by the new Integrated Care Partnership for the ICS.

Interface with Integrated Care Partnership

In support of the establishment of the system's Integrated Care Partnership, it is clear that there is an integral role for involving people and communities. Alongside the expected measures such as public meetings and published minutes, consideration must also be given to the composition and operating model of the ICP. In order to support this development, the experience of the ICS's Partnership Forum can be drawn upon.

The ICS's Partnership Forum has a broad membership representing the wider public sector and organisations and groups that influence on the wider determinants of health. This includes Police, Fire, Public Health, VCSE, the built environment, community pharmacy and others. The Forum therefore enables a "wide-angle" lens view of the health and care services within Nottingham and Nottinghamshire. The current Partnership Forum is in abeyance during the transition to the new system from April 2022.

The detailed design of the Integrated Care Partnership (ICP) for April 2022 onwards is still under discussion, but it is proposed that the approach of the Partnership Forum be taken into this new Partnership, creating a broad-based membership with a focus on wider determinants.

It is also proposed that the ICP should, as part of its role as the 'guiding mind' of the ICS in line with the expectation that "a strong and effective ICS will have a deep understanding of all the people and communities it serves", receive regular reports summarising intelligence and insights gathered from citizens and communities over the period preceding each meeting of the ICP. A standing agenda item of 'Citizen Intelligence and Insights' would therefore be received at each meeting of the ICP.

Place Based Partnerships

As described in Figure 1, it is also expected that each Place Based Partnership will have representatives from communities on their Board and that Place-level Advisory Groups be established also. These will need to be established by each Place according to their own contexts and preferences and will be able to connect to the proposed advisory committee as appropriate.

4. Embedding Community Engagement

Focus: Making community engagement a core part of business planning and commissioning

To enable communities to influence the work we do, community engagement needs to be part of our structures and process for decision making.

This means embedding community engagement in our prioritisation and business planning processes so that we systematically consider and use community feedback and intelligence in everything we do. To achieve this we must;

- Embed community engagement within the ICS outcomes framework
- Establish community engagement and consideration of community intelligence as part of our prioritisation and business planning processes
- Integrate equality, diversity and inclusion considerations into our community engagement work so that it is properly inclusive and takes account of the diversity of our population
- Establish community engagement as part of how we 'do' commissioning at every stage.
- Ensure that community engagement is considered as part of our business planning processes

The detailed design of this aspect of the work will need to take place between November 2021 and March 2022 and will continue to be refined in the period following 1 April 2022.

5. Generating and Utilising Intelligence from Communities

Focus: Establishing ways of systematically capturing insight and changing how we work with our communities

Systematic Listening

In Nottingham and Nottinghamshire we can build on our experience of engaging with our communities as an ICS over the last two years. This includes working collaboratively with our partners to engage communities on system-wide programmes such as the vaccine roll out and moving toward more strategic, insight-based forms of engagement such as our work to understand the impact of Covid-19 on our communities.

Covid-19 Recovery Engagement

To learn about the impact of service changes introduced during the first wave of the pandemic, this project drew on multiple sources of insight to synthesise a complete view. The benefits of combining qualitative discussions, quantitative surveys, desktop research and community conversations are strongly demonstrated in the quality and breadth of the outputs of this work and will be a model for the future.

Our framework (see Figure 1) incorporates a range of functions to gather citizen intelligence at neighbourhood, place and system level through new and existing approaches.

At neighbourhood level every GP practice should have a Patient Participation Group in place, VCSE have strong networks with community groups including vulnerable and marginalised groups, community champions have emerged during Covid-19 and Community Forums have been established in some areas. District and Borough Councils have in place Health and Wellbeing Partnerships and have associated strategies that identify key priority places and groups they will be working. They will focus on areas of greatest need for health improvement in order to have a greater impact on reducing the health inequalities.

Within our four places – City, Bassetlaw, Mid Notts and South Notts – there is VCSE representation on each Place Based Partnership Board and the VCSE is supporting delivery of the priority objectives through the community engagement work they are commissioned to deliver. The work taking place at neighbourhood level by District and Borough Councils is informing the work of Place Based Partnerships and feeds into Health Inequalities Groups and Health and Wellbeing Partnerships. Foundation Trust Governors and elected members have a key role to play in connecting with communities. All of these activities should be retained and developed.

A great deal is happening on the ground but there is a need for better co-ordination, collaboration and reporting of citizen insight. This will be supported through the Engagement Practitioners Forum and Community Insight Hub described below.

Statutory Engagement and Elected Members

At a system level, led by the CCG and also prioritised by individual partners within the ICS, considerable effort is dedicated to ensuring that the requirements to engage and consult on major service change is fully delivered. This is linked to ongoing work to ensure that Councillors, Health Scrutiny Committees and Members of Parliament are fully involved and updated on the work of the system and its members.

It is expected that the ICB will continue to regularly proactively brief and update (both verbally and in written form) Members of Parliament on system-wide topics as the CCG does currently. This will be complementary to the work of the Place Based Partnerships and partners within the ICS and would be co-ordinated through the Engagement Practitioners Forum. It is also expected that the ICB will continue to respond in writing to formal MP enquiries on system-wide matters.

The ICB will also continue to lead the formal process of involvement and consultation with Health Scrutiny Committees regarding Major Service Change as well as continuing an informal dialogue with HSC Chairs and providing updates and presentations to Committee on other topics. This goes alongside the usual responses and discussions with elected Councillors regarding service provision in their communities.

Both of these sets of dialogue with public representatives are two-way processes and will involve the capturing of intelligence about the concerns and aspirations of communities in a systematic way.

The role of elected members at Place level will continue to be of critical importance and Place Based Partnerships will continue to work with elected representatives at Borough/District level as well as Members of Parliament as appropriate.

Citizens Panel

The establishment of a Citizens Panel will be an addition to the range of approaches to involvement. Research undertaken by the University of Nottingham considered the application of deliberative democracy in Nottingham and Nottinghamshire ICS – in particular Citizens Panels and Citizens Juries. Further desktop research looking in depth at Citizens Panels has been undertaken to inform our framework for working with people and communities.

Citizens' Panels are a consultative body of residents who are representative of the local population. Panel members are part of an on-going engagement process whereby members opt-in and agree to engage on a regular basis. The size of Citizens' Panels can often range from hundreds to several thousand members however not everyone may be invited to participate in activities at the same time. In larger Panels, it is often possible to identify sub-groups of Panel members who can be consulted on their areas of interest or according to their needs.

The benefits of running a Citizens Panel include:

- Gaining broad, representative and balanced input from our citizens to inform strategy and planning at system level
- Analyse insight via geographies to support place based partnerships and primary care networks
- Engage on areas/services of interest to support planning, commissioning and service provision
- Allowing for engagement to be conducted at relatively short notice
- Potentially higher survey responses than one-off surveys
- Allowing for the tracking of local views and sentiment over time

When establishing a Citizens Panel it is important to recognise the level of resource required to properly establish and maintain the panel both in terms of representation and interest. A clear communication and work programme will be established to maintain momentum and interest.

Furthermore, it is important to be clear that the Citizens Panel is just one part of the framework. Other approaches are of equal value and will be essential to ensure we are fully inclusive and have a strong focus on health inequalities. A good example of this arises from the rollout of the largest ever vaccination programme that has

involved working closely with groups who might usually be furthest from accessing healthcare. Through a series of engagement events and activities, not only have communities been enabled and encouraged to access their vaccination but stronger links between community leaders and clinicians have been established and this provides strong foundations for us to build upon.

Engagement with Nottingham Muslim Women's Network

To promote uptake of Covid-19 vaccinations across Nottingham and Nottinghamshire, opportunities were promoted to talk to community groups about the vaccine and address any concerns.

Through reaching out to diverse groups and where possible, gaining support from bilingual clinicians to lead these sessions accurate messages have been conveyed around the Covid-19 vaccinations.

As part of this, the Nottingham Muslim Women's Network expressed an interest in hosting a COVID-19 vaccination information session in Arabic for community members. The session was lead by Dr Ban Alazzawi, who speaks Arabic, who addressed concerns around the vaccine. During this session, Dr Ban built a rapport with the group and addressed concerns around the vaccine. As a result, community members felt confident and comfortable in communicating their health concerns with a female clinician in Arabic.

Following this session, Dr Ban was added to the network for Arab women, Heya, and has supported in sharing further information with the group via WhatsApp. The group have worked with Dr Ban to share concerns their members have on receiving information on other health issues, particularly diabetes. As a result of this further information sessions have been arranged.

VCSE

The VCSE should be embedded as an essential part of how the system operates at all levels. This will include involving the sector in governance structures and system workforce, population health management and service redesign work, leadership and organisational development plans. In support of this a programme of work is commencing to create a system level VCSE alliance/leadership group that will:

- Encourage and enable the sector to work in a coordinated way;
- Provide the ICS with a single route of contact and engagement with the sector and links to communities;

- Better position the VCSE sector in the ICS and enables it to contribute to the design and delivery of integrated care and have a positive impact on heath priorities, support population groups or reduce health inequalities

In addition, the CCG has a longstanding contract with the VCSE for the delivery of community insights. There is no intention to defund this work as it transitions to being owned by the ICB but it will need to be reshaped in 2022, as the contract reaches its end date, to fit the new system context.

The work to develop and establish a systematic way of working with the VCSE sector is currently underway and will mature over the coming months to April 2022.

Healthwatch

The ICS will continue its close partnership work with Healthwatch Nottingham and Nottinghamshire. The system has benefited for a number of years from having a single Healthwatch organisation, following the merger of Healthwatch Nottingham and Healthwatch Nottinghamshire, albeit commissioned by the two local authorities separately. With the confirmation that Bassetlaw will be part of the Nottingham and Nottinghamshire system from April 2022, a completely coterminous relationship now exists between Healthwatch Nottingham and Nottinghamshire and Nottingham and Nottinghamshire ICS. This means that a system-wide approach can be further embedded. Alongside membership of the Advisory Committee outlined above, it will also need to confirm how Healthwatch will formally be part of the ICP. The system already benefits from Healthwatch membership of Place Based Partnership Boards and also the two Health Scrutiny Committees. It is anticipated that these arrangements will continue.

The CCG has a long history of working collaboratively with Healthwatch on commissioned pieces of targeted outreach work – this has included work around the National Rehabilitation Centre, the Covid Recovery Engagement described above and some specific work around changes to primary care provision. It is expected that this mutually beneficial way of working will continue, alongside Healthwatch's statutory and formal governance roles.

As the system develops post April 2022 it is expected that the ICS and Healthwatch will want to discuss further an additional set of activities which enable a systematic feeding back of insights from potentially excluded or underserved communities – who might be subject to health inequalities – ensuring that the voice of these citizens is consistently and continuously heard. This work would require additional resource and would need further detailed discussions.

In addition, it will be important to ensure that the independent statutory role of Healthwatch is reflected into the ICS's governance arrangements. This may take the form of a regular report from Healthwatch to the ICB Board scrutinising the work of the system to engage and involve citizens, or there may be other ways that this independent scrutiny role could be discharged. This will need further discussions during the period between November 2021 and March 2022.

6. Integrating Community Involvement Work and Resources

Focus: Joining up engagement insights, channels and resources across the ICS to tackle our biggest challenges

Across the system there is much good work already taking place with people and communities and it is important to acknowledge this and build upon it. The key deliverables that will support integration of community involvement work across the system is the establishment of an Engagement Practitioners Forum and a Community Insights Hub whereby all system partners commit to sharing all insight gathered through working with people and communities.

Engagement Practitioners Forum

To provide a platform to all system partners working with people and communities an Engagement Practitioners Forum will be established. Membership will be inclusive of NHS, local government (District, Borough, City and County Councils), Healthwatch, VCSE sector and colleagues leading on patient experience and co-production. The forum will:

- Build trust with clear, regular and accessible communications that can be shared across the system.
- Support the sharing of resources, knowledge, channels and expertise available to the ICS for community engagement.
- Establish community engagement programmes around the ICS transformation priorities and make these programmes collaborative across the ICS with a clear focus on reducing health inequalities.
- Work collaboratively on focused, priority programmes of work, initially piloting an approach, evaluating that approach and updating it as required.
- Ensure that existing knowledge and insights are maximised, prioritising limited resources on areas where we have gaps in our knowledge rather than going over old ground.
- Establish a systematic way of capturing and reporting community intelligence that includes findings drawn from a citizen's panel, VCS partners, statutory sector partners and networks at place and neighbourhood level.

- Invest in targeted programmes of engagement that seek to understand communities' needs and aspirations for their health, and involve them in developing solutions focus on health inequalities.

Community Insights Hub

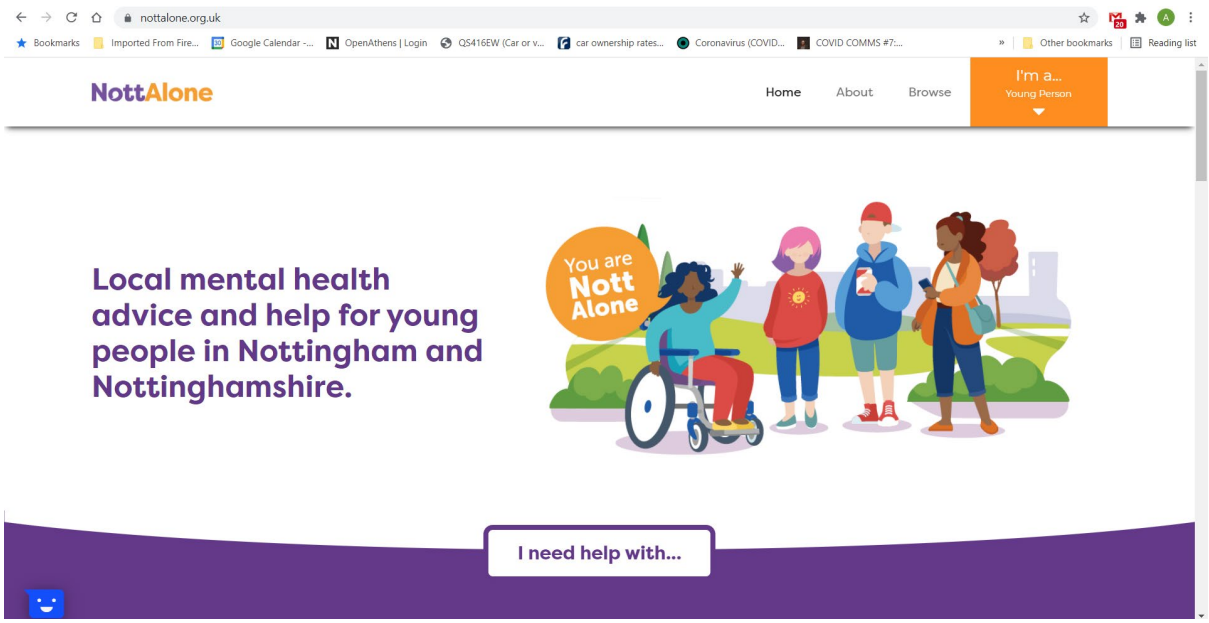
The Community Insights Hub will be a key resource for capturing and reporting community intelligence that includes findings drawn from all system partners including statutory sector, VCSE, Healthwatch, citizens panel and networks at place and neighbourhood level. It will also draw in data and insights created and published from outside our system, e.g., census data, ONS reports and wider public sector focussed reports and research. All of this will be captured and recorded in a database (to be developed over time) enabling a systematic record of what we know about certain communities or geographies. The Hub will be a key way that the primacy of Place will be delivered but that a system-wide view of our available insights would also be able to be produced.

The Community Insights Hub would be to be able to answer the question: *What do we already know about this community/demographic group/ patient group, and what more do we need to know?* It will enable partners to identify where insight is already available to avoid duplication and avoid unnecessary community engagement.

Insight reports will be systematically generated and presented to inform activity and decision-making at neighbourhood, place and system level.

Communication and Integration from a Citizen Perspective

Generally, our citizens see health and social care as a single entity and often don't differentiate between organisations. If we think about how our citizens would wish to receive information it may well be in relation to a specific service area. In support of this concept across Nottingham and Nottinghamshire the Nott Alone website provides an excellent example of how system partners can work collaboratively to deliver a product that is accessible and relevant to its target audience, in this instance local mental health advice and help for young people.



As a system we have a real opportunity to embrace this concept and think about the citizen as the end recipient of a system wide product and consider adopting this approach not only when sharing information about service provision but also as part of our approach to community engagement providing a central access point to our citizens to provide their feedback. We can do this in partnership across the system, harnessing existing routes to gather feedback and intelligence, including listening activities run by the Local Authorities such as 'The Big Notts Survey'.

In summary, the approach to be used is to *engage with citizens as citizens* – on their terms, going to where our audiences are rather than expecting them to come to us and not expecting citizens to navigate the complexities of the health and care system.

7. Developing Our Culture

Focus: Ensuring that community engagement is understood and valued across the ICS and seen as a key part of our work.

To ensure that community engagement is understood, valued and sought out across the ICS and seen as a key part of our work we will;

- Ensure that community engagement is championed at ICB level with a clear link between the ICB Board and the advisory committee.
- Establish a community engagement training programme for all staff
- Embed community engagement as part of our prioritisation and business planning processes
- Create a clear evaluation process to demonstrate the value of listening strategically to our citizens

We will also need to ensure that all of our Places are supported to develop skills and expertise in this area of work, in line with their relative maturity.

The detailed design of this aspect of the work will need to take place between November 2021 and March 2022 and will continue to be refined in the period following 1 April 2022.

Delivery Against Guidance

The above approach has been developed in response to: *ICS implementation guidance on working with people and communities*[6]. This guidance includes the following 'core requirements' and 'what good looks like' checklist – shown here with a self-assessment of delivery as at October 2021.

Core Requirements	Self-Assessment (October 2021)
ICBs are expected to develop a system-wide strategy for engaging with people and communities by April 2022, using the 10 principles in this document as the starting point. The strategy should describe: • the ICB's principles and methods for working with people and communities	The full strategy will be developed in line with this deadline using this paper as the basis. Described above in 'Principles for Working with People and Communities'

[6] https://www.england.nhs.uk/wp-content/uploads/2021/06/B0661-ics-working-with-people-and-communities.pdf

• the ICB's approach to working with partners across the ICS to develop arrangements for ensuring that ICPs and place-based partnerships have representation from local people and communities in priority-setting and decision-making forums • the ICB's arrangements for gathering intelligence about the experience and aspirations of people who use care and support and its approach to using these insights to inform decision-making and quality governance.	Also described above but will need more work to agree detail with the Place Based Partnerships Described above in 'Generating and Utilising Intelligence from Communities' and 'Interface with Integrated Care Partnership'.
ICB constitutions are expected to include principles and arrangements for how the ICB will work with people and communities.	Described above in 'Governance and Structures' and in 'Principles for Working with People and Communities'. Will need to be translated into the ICB constitution.

What Good Looks Like	Self-Assessment (October 2021)
Devising a clear plan for how system partners work together to engage people and communities, linked to agreed system priorities and evidenced in decision-making.	Described above in 'Principles for Working with People and Communities'
Agreeing a system approach to engagement with shared methods and principles, such as a system-wide citizens' panel, local health champions, working with people with lived experience, health and care experience profiles and co-production approaches.	Described above in 'Generating and Utilising Intelligence from Communities'
Encouraging 'engagement and experience' staff to work in an aligned way across all partners, including NHS, local government and the VCSE sector.	Described above in 'Engagement Practitioners Forum'
Creating regular opportunities to share practice and make connections and build on engagement already taking place.	Described above in 'Engagement Practitioners Forum' and 'Community Insights Hub'
Making full use of existing insights from national data sources and from place and neighbourhood-level engagement to inform activity and decision-making.	Described above in 'Community Intelligence Hub'

Building trust with clear, regular and accessible communications that can be shared across the system.	Described above in 'Principles for Working with People and Communities'
Maintaining proactive and systematic dialogue with public representatives, such as councillors and MPs.	Described above in 'Statutory Engagement and Elected Members'
Building from the current statutory place-based Healthwatch structures to agree a system-wide approach to working with Healthwatch.	Described above in 'Healthwatch'
Working through foundation trust governors, non-executive directors and elected members as key partners in connecting to communities.	Initial approach captured in 'Governance and Structures' and elsewhere
Agreeing how the ICB will demonstrate that it is meeting legal duties relating to public involvement in health, and assuring effective engagement in places, neighbourhoods and system-wide workstreams.	Described above in 'Advisory Committee' and elsewhere
Supporting place partnerships and primary care networks to work with people and communities to strengthen health prevention and treatment.	Initial approach described in 'Principles for Working with People and Communities'
Creating the right conditions for volunteering and social action that support health and wellbeing (e.g. by providing places to meet, small grants, community development support).	Initial approach described in 'VCSE'

Item Number:	8	**Enclosure Number:**	F
Meeting:	ICS Board		
Date of meeting:	4 November 2021		
Report Title:	Signature Schemes and embedding the ICS Outcomes Framework		
Sponsor:	Amanda Sullivan, Interim Executive Lead, ICS and Accountable Officer, Nottingham and Nottinghamshire CCG		
Place Lead:			
Clinical Sponsor:			
Report Author:	Rosa Waddingham, Chief Nurse, Nottingham and Nottinghamshire ICS and CCG Steven Smith, Programme Manager, Community Care, Nottingham and Nottinghamshire CCG Gemma West, Senior Integrated Commissioning Manager, NHS Nottingham and Nottinghamshire CCG Gary Eves, Head of Mental Health, Learning Disability and Children's Commissioning, NHS Nottingham and Nottinghamshire CCG		
Enclosure / Appendices:	None		

Summary:

At the ICS Board in September 2021, an update was provided on the ICS ambition to improve population outcomes. Three 'Signature Schemes' were identified to trial the approach to embedding the Outcomes Framework within service transformation:

- Community Care Transformation (CCT)
- Children and Young People (CYP)
- Integration of Person Centred Commissioning (IPCC)

Each area has undertaken significant engagement through programmes with system partners to ensure there is an aligned understanding and commitment to the delivery of these outcomes.

This paper provides further information on the work to date.

Actions requested of the ICS Board

To note the contents of the report and the recommendations.

Recommendations:

1.	**To NOTE** the continued work to develop the system approach to embed the transformation and prevention areas.
2.	**To NOTE** the routes being taken to embed an outcomes approach across all areas of planning, commissioning, service transformation and prevention.

3.	**To NOTE** the joint work being undertaken with the system analytics and intelligence unit to measure impacts of the signature schemes through the ICS outcomes framework.

Presented to:

Board	Partnership Forum	Clinical Executive Group	System Executive Group	Finance Directors Group
☒	☐	☐	☐	☐
Quality Group	**Transition and Risk Committee**	**Mid Nottingham-shire Place**	**Nottingham City Place**	**South Nottingham-shire Place**
☐	☐	☐	☐	☐

Contribution to delivering System Level Outcomes Framework ambitions

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

Conflicts of Interest

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

Risks identified in the paper

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

Is the paper confidential?

☐ Yes
☒ No
☐ Document is in draft form

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

Signature Schemes and embedding the ICS Outcomes Framework

4 November 2021

Background

1. At the ICS Board in September 2021, an update was provided against the three signature schemes:

    - Community Care Transformation (CCT)
    - Children and Young People (CYP)
    - Integration of Person Centred Commissioning (IPCC)

2. This paper provides further information on the work to date.

Signature Scheme – Community Care Transformation (CCT)

3. The programme has established a Community Care Co-Design Council with 30 key system stakeholders who will propose a design framework for community services that will be implemented across the system. The Co-Design Council has undertaken a series of 5 workshops during September and October 2021 to confirm a blueprint, i.e. the core design features, for delivery and community services. The service redesign will take place in 100-day transformation cycles beginning in January 2022.

4. The workshops build upon the engagement events that have been undertaken during May and June 2021 with system stakeholders, and an evidence review of local, national, and international practice.

5. The next steps are to summarise the outputs of the workshop and test these with a number of key forums, including Health and Scrutiny Committee, Patient and Public Engagement Committee (PPEC) and Primary Care Network (PCN) Directors.

6. Within the Community Co-Design Council Workshops, there has been a workshop dedicated to the development of outcomes for the programme. These will link to the core vision statements of the programme based on the original engagement and will be aligned to the System Outcomes Framework.

7. Themes emerging from the workshops are:

    - Outcomes need to be defined at a local level, informed by Population Health Management.
    - Citizens define the outcomes that are important to them and there is a need to recognise that these may deliver impact/benefits that are more relevant to the system benefits than standard performance metrics.
    - Less focus on inputs (activity) and more focus on outcome measures.

8. There are four phases to the placed based transformation aspect of the programme:

    - **Phase 1:** Stakeholder Engagement: May to July 2021.
    - **Phase 2:** Strategy and Development Phase: August to November 2021.
    - **Phase 3:** Wider engagement and testing: November – December 2021.
    - **Phase 4:** Co-Design of Place Based Transformation (including focussed Citizen Engagement) – January 2022 to May 2022.
    - There will be further planning around a focus on specialist services, commencing in summer 2022.

9. Within phase 4: Co-Design of Place Based Transformation, the community care programme will deliver practical changes and improved outcomes through:

Workforce integration:

- Beginning the **alignment of health and social care resources and workforce** to implement neighbourhood/placed based Community Teams, delivering a consistent model of care across the ICS whilst ensuring services are responsive to local population need.
- Removal of previous barriers and **increased use of collaborative data and information systems** - through shared organisational policy, access to shared notes and shared intelligence.
- The developed local approach will ensure **integrated working across wider services** (health and non-health) within the local community. Consideration will be given to how partners can support each other to have a positive impact on the wider determinants of health. This could include community pharmacy, third sector, education, fire service, housing and Public Health.
- It is expected that this will deliver an **increase in appropriate access** to primary and community-based health and care services.

Developing the community culture:

- Our ambition is that local teams will work in a **positive, supportive environment** and will be supported to further develop their skills and confidence to deliver high quality care and support to their populations. Local design teams will be supported by an organisational development manager to deliver the culture changes required.
- Teams will be developed at the correct geographical level, promoting increased **workforce loyalty to the local population** served.
- The programme will work with local design teams to develop closer and wider working relationships, and to **learn the culture and needs of local citizens**. This improved understanding of the local population will involve citizens and the existing local assets - delivering a key ethos of the

programme: "*We can't do to communities; we need to work with communities*".

- Staff will also be **empowered to take a flexible, holistic approach** to people's needs. Through training and removal of duplication, they will further develop the skills and be given the time to look after the whole person and not deliver single interventions, they will think about the whole family, not just citizens. This will lead to reduced 'hand-offs', a simpler system for citizens/workforce to navigate, and citizens only telling their story once.

***Tackling Health inequalities*:**

- The aim is to narrow the gap in health outcomes between the poorest and wealthiest sections of the population with levels of support and care driven by **population health data and intelligence**, and a focus on delivering outcomes that reduce inequalities in health and wellbeing.
- Through the Community Care Co-Design Council workshops, a shared vision and values across the system have been developed, with **colleagues committed to working together** to achieve improved outcomes. Within the design workshops, high level population health mapping has been undertaken to demonstrate the similarities and differences between then Primary Care Networks (PCNs) /Neighbourhoods and this will be utilised in this design phase.
- Outcomes measures will be tailored to **what is important to citizens** and the population served, ensuring that people feel that their needs are met.

Signature Scheme – Children and Young People (CYP)

10. This scheme aims to deliver improved outcomes for Children and Young People (CYP), with a particular focus on those with complex mental health and care / placement needs.

11. System partners have been working with CYP, carers and key stakeholders to develop options which describe a collaborative approach for assessing and agreeing levels of education, health and care needs for CYP with complex mental health presentations at risk of, or requiring, residential or secure placements, along with opportunities for addressing the current system gap in meeting those needs. An options paper is currently being prepared for agreement by system partners, with the ambition to implement new arrangements from April 2022.

12. This work aims to ensure equitable access to the right care, at the right time in the right place through increasing the number of CYP accessing community-based health and care services and, where required, being cared for in an appropriate care setting. This is expected to support longer-term improvements in health and wellbeing, educational and employment outcomes for this group of CYP.

13. In addition to the focus on those with the most complex needs, system partners have increased focus on prevention and early intervention of CYP mental health, for example:

    - A local mental health advice and help website for CYP, parents and professionals launched in October (www.nottalone.org.uk), developed jointly across NHS and Local Authority partners, providing improved access to self-care and self-management advice, along with simplified information on local support/referral pathways.
    - NHS and education partners have worked jointly to develop and roll out of Mental Health Support Teams (MHSTs) locally. By January 2022, seven teams will be operational covering c.25% of schools locally, while a further four teams are due to commence by March 2024, taking coverage to 47.8% (against the national target of 25%). The MHSTs are increasing early identification and early diagnosis of mental health needs and increasing access to early support in education and community settings, preventing escalation of needs which may otherwise require specialist care and supporting more CYP to maintain or improve their quality of life and educational outcomes.

14. Underpinning elements of the above is a shared ambition for the strategic commissioning of CYP health and care services across commissioning partners. Following an external review of current commissioning arrangements for CYP, partners have agreed to develop strengthened collaboration, supported through the establishment of strategic and executive groups to drive and oversee a systems approach to strategic planning and commissioning, supporting delivery of the triple aim.

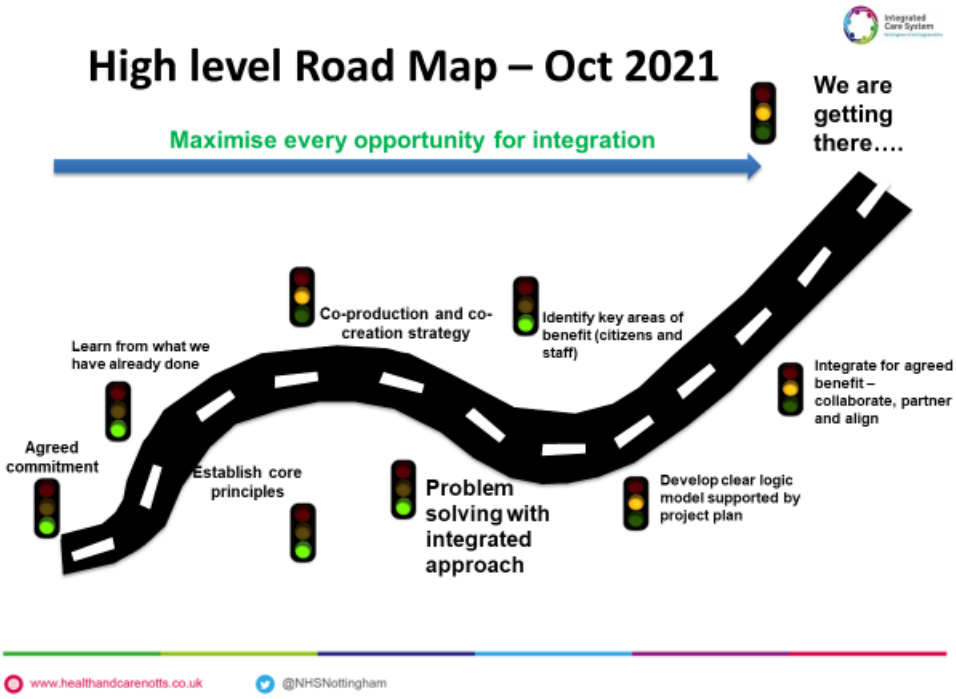
Signature Scheme – Integration of Person Centred Commissioning (IPCC)

15. System partners are committed to developing a shared integrated person centred approach (IPCC), developed through co-production working as a single system, improving outcomes and independence of citizens whilst making best use of resources given increasing demand and decreasing funding.

16. There is a commitment to developing a single approach for commissioning and funding improved outcomes for care users and key partners, which is aligned to and co-delivering with the aims of both of the other signature schemes to endure a focus on outcomes, through an integrated health and social care personalised, strengths and asset-based approach.

17. The Integration of Person Centred Commissioning (IPCC) road map builds upon that learning with agreed areas of work being accelerated to further increase shared learning and understanding. This is managed through a clear central Project Implementation Document and Logic Model which aligns and oversees milestones of individual projects and starts to articulate and

measure impacts. This is being linked to the development of the metrics supporting the shared outcomes framework.



18. Key learning from the work to date;

- Sharing information helps to make better decisions together.
- To do this a better understanding of respective roles is needed.
- Shared understanding of personalisation and the benefits of personalised support plans.
- Cultural and structural change takes time.
- Embedding genuine change in multi-disciplinary practice requires building the right conditions for change to support the workforce.
- Variation in delivery by providers.
- Financial pressures often result in short term approaches.
- Greater cohesion is needed across national policy areas and linking initiatives together across health and social care.
- Co-production needs to be a golden thread.

19. Current areas where work is being delivered include:

- Recruitment of a joint post across health and social care to lead the alignment of shared functions.
- Increasing the shared reviews of jointly commissioned placements.
- Cultural development - working with staff to increase integration and seek their feedback to determine what would improve the processes across the

system. This will be the start of co-creation of future work with shared staff groups.

- Development of a joint Quality Monitoring Framework across health and social care to be in place by April 2022.
- Co-production toolkit development to support using citizen voices in future areas of integration – this is in the final stages of development and has been co-created with partners from across the system.
- An 'our stories' resource to highlight the benefits of integrated person-centred care jointly with the ICS personalised care group.
- Focussed work to generate learning in key areas around integrated plans and budgets. Focus is on shared mental health S117 after care. In Q2 669 individual care budgets joint funded by health and social care, referred to as integrated personal budgets, have been developed with 365 of being provided to people eligible for S117 care.

Next steps

20. Each of the transformation and prevention areas will continue to iterate and develop, but the interdependencies across all three signature schemes are increasing as they all focus on an integrated person/child/citizen centred commissioning.

21. The ICS Board is asked to:

    NOTE the continued work to develop the system approach to embed the transformation and prevention areas.

    NOTE the routes being taken to embed an outcomes approach across all areas of planning, commissioning, service transformation and prevention.

    NOTE the joint work being undertaken with the system analytics and intelligence unit to measure impacts of the signature schemes through the ICS outcomes framework.

Item Number:	9	**Enclosure Number:**	G
Meeting:	ICS Board Meeting		
Date of meeting:	4 November 2021		
Report Title:	East Midlands Once Care (EMOC) approval process for entering into a partnership agreement		
Sponsor:	Andrew Fearn, Digital and Information Technology (DAIT) SRO, Director of ICT Services, Nottingham University Hospital Trust		
Place Lead:			
Clinical Sponsor:	Ian Trimble, Independent GP Advisor, Nottingham and Nottinghamshire CCG		
Report Author:	Jonathan Lee, Head of Finance, Nottingham and Nottinghamshire ICS		
Enclosure / Appendices:	None. Please note that the Business Case and Partnership agreement are available on request.		

Summary:

The briefing presents the progress towards entering a partnership agreement for a shared care record solution across the East Midlands along with the proposed final steps for sign off.

To date, briefings have been provided to ICS Finance Directors, Digital and Information Technology (DAIT) Stakeholder Board and the System Executive Group (SEG). All groups have given their support in principle pending the final business case. The approach has also been agreed by the Nottingham and Nottinghamshire CCG Associate Director of Procurement and Commercial Development who has provided a helpful steer.

The remaining steps towards approval are as follows:

22nd October 2021	EMOC Senior Responsible Officer (SRO) Board sign off (Andrew Fearn) – Approved in principle.
26th October 2021	Approval at ICS Finance Directors Group.
27th October 2021	Approval at Digital and Information Technology (DAIT) Stakeholder Board.
4th November 2021	This briefing presented including request to delegate final sign off to the System Executive Group (SEG).
3rd December 2021	Final Partnership Agreement and Business Case with covering paper presented to SEG for sign off.
Early December	CCG sign partnership agreement on behalf of ICS.
1st April 2022	Partnership Agreement transfers into Integrated Care Board (ICB).

All ICS's are working to a similar timetable for approval by late November / early December.

Actions requested of the ICS Board
The Board is asked to: • Note the content of the paper • Support the proposal to commit to partnership agreement, subject to the business case being supported by the ICS Finance Directors. • Agree to delegating final sign off to the System Executive Group (SEG).

Recommendations:	
1.	Support the proposal to commit to partnership subject to the final business case being supported by the ICS Finance Directors.
2.	Approve delegating sign off of the partnership agreement and business case by System Executive Group (SEG) at the 3rd December meeting.

Presented to:				
Board	Partnership Forum	Clinical Executive Group	System Executive Group	Finance Directors Group
☒	☐	☐	☒	☒
Quality Group	Transition and Risk Committee	Mid Nottingham-shire Place	Nottingham City Place	South Nottingham-shire Place
☐	☐	☐	☐	☐

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.

East Midlands Once Care (EMOC) approval for partnership agreement and business case

4 November 2021

Executive Summary

1. Being better informed enables our Clinicians to provide better care. Many patients cross our surrounding borders to receive care and the EMOC partnership will enable sharing of records for these patients. As well as improving the care provided it will make it more efficient.

Introduction

2. East Midlands OneCare (EMOC) is an established health and care collaboration across the East Midlands formed in September 2019, formally known as a Local Health Care Record (LHCR) programme. The programme took a slight pause during the Covid-19 pandemic as resources were redeployed. The programme is back on track to implement a regional cross border shared care record to provide clinicians and other key workers with accurate, accessible and up-to-date information about the person.

Progress to date

3. Hosted by Lincolnshire Partnership NHS Foundation Trust and supported by the NHS Arden and GEM East Midlands CSU and NHS South, Central and West CSU the Partnerships Technical Design Authority has agreed a technical solution and PMO approach for delivery of this. This was approved in principle by all the ICS Senior Responsible Officer (SRO) representatives on the 22nd October. The finance elements are still being finalised around NHSX funding and scope to capitalise and fund via a capital grant. The EMOC SRO Board will be writing out to the finance leads and systems to describe the commitment and support required now for next steps.

4. Locally, briefings have been provided to ICS Finance Directors, Digital and Information Technology (DAIT) Stakeholder Board and System Executive Group (SEG). All groups have given their support in principle pending the final business case. The approach has also been agreed by the Nottingham and Nottinghamshire CCG Associate Director of Procurement and Commercial Development who has provided a helpful steer.

Case for Support

5. The objective is to connect the existing shared care records held within the individual ICS's within the East Midlands One Care partnership by providing a platform for sharing between the partners. This will enable:

    - The joining of records from the various areas of care and geographies.

- Support information exchange across physical and organisational boundaries.
- Make information person-centred.

6. Pending sign off and the finalising of the business case the benefits in summary are:

    - Safer / more efficient care
    - Improved safeguarding
    - Clinicians better informed
    - Avoiding unnecessary tests
    - Reduce medication waste
    - Improved analytical intelligence
    - Safer / quicker discharge for OOA patients

7. The EMOC platform will complement the work locally on developing an eco-systems platform and provide further information to develop population health management. It will also delivery the Minimum Viable Solution (MVS2) regarding information sharing across regions which we know will be a standard set by NHSX for all Integrated Care Boards (ICBs) to comply with.

8. Economic benefits have been projected in the draft business case. Assuming these are proportionate to population size shows that the suggested benefits for the Nottingham and Nottinghamshire ICS are:

Nottinghamshire ICS Benefits	YEAR 1 £'000	YEAR 2 £'000	YEAR 3 £'000	YEAR 4 £'000	YEAR 5 £'000	YEAR 6 £'000	YEAR 7 £'000	Total £'000
Reduction in time - pre-op assessments	2.2	13.2	13.2	13.2	13.2	13.2	13.2	81.4
Reduction in unnecessary diagnostic imaging tests	11.3	68.0	68.0	68.0	68.0	68.0	68.0	419.3
Reduction in Mental Health Admissions	14.1	84.3	84.3	84.3	84.3	84.4	84.4	520.1
Reduction in A&E Attendances	75.2	451.3	451.3	451.3	451.3	451.3	451.3	2,783.0
Reduction in Ambulance Conveyances	56.8	340.5	340.5	340.5	340.5	340.5	340.5	2,099.8
Reduction in Pathology Tests	11.2	67.2	67.2	67.2	67.2	67.2	67.2	414.4
Reduction in Excess bed days	3.6	21.8	21.8	21.8	21.8	21.8	21.8	134.4
Reduction in Oncology outpatient time	0.5	2.7	2.7	2.7	2.7	2.7	2.7	16.7
Total	174.9	1,049.0	1,049.0	1,049.0	1,049.0	1,049.1	1,049.1	6,469.1

9. Whilst some of these may be non-cash releasing, they will remove some of the pressure on the system and help avoid future costs in managing these.

Financial Values

10. The table below presents the estimated costs. These are subject to change following SRO sign off, confirmation of any NHSX funding and the ability to deliver the solution via a capital grant funding route. Due to NHSX funding being capital only and the solution a likely revenue cost then funding has not been assumed:

Total Cost for EMOC	YEAR 1 £'000	YEAR 2 £'000	YEAR 3 £'000	YEAR 4 £'000	YEAR 5 £'000	YEAR 6 £'000	YEAR 7 £'000	Total £'000
IT Solution - agreed by DA / SROs	300	300	300	300	300	300	300	**2,100**
EMAS costs to integrate	125	-	-					**125**
EMOC PMO Central Team	716	570	206	206	206	206	206	**2,318**
Total Gross Cost	**1,141**	**870**	**506**	**506**	**506**	**506**	**506**	**4,543**
NHSX funding offset**	?	?	?	?	?	?	?	**-**
Total Net Cost (to share)	**1,141**	**870**	**506**	**506**	**506**	**506**	**506**	**4,543**

Cost split by ICS:

ICS	Population (ONS data)	Population %	YEAR 1 £'000	YEAR 2 £'000	YEAR 3 £'000	YEAR 4 £'000	YEAR 5 £'000	YEAR 6 £'000	YEAR 7 £'000	Total £'000
NHS Derby and Derbyshire CCG	1,026,426	21.99%	251	191	111	111	111	111	111	**999**
NHS Lincolnshire CCG	761,224	16.31%	186	142	83	83	83	83	83	**741**
NHS Nottingham and Nottinghamshire CCG	**1,043,665**	**22.36%**	**255**	**194**	**113**	**113**	**113**	**113**	**113**	**1,016**
NHS East Leicestershire and Rutland CCG / NHS Le	1,100,306	23.57%	269	205	119	119	119	119	119	**1,071**
NHS Northamptonshire CCG	736,219	15.77%	180	137	80	80	80	80	80	**716**
	4,667,840	**100.00%**	**1,141**	**870**	**506**	**506**	**506**	**506**	**506**	**4,543**

Next steps

11. The remaining steps to approval are as follows:

22nd October 2021	EMOC SRO Board sign off (Andrew Fearn) – Approved in principle.
26th October 2021	Approval at ICS Finance Directors including route to funding
27th October 2021	Approval at Digital and Information Technology (DAIT) Stakeholder Board
4 November 2021	**This briefing** presented to ICS Board including request to delegate final sign off to the System Executive Group (SEG).
3rd December 2021	Final Partnership Agreement and Business Case with covering paper presented to the SEG for sign off.
Early December	CCG sign partnership agreement on behalf of ICS.
1st April 2022	Partnership Agreement transfers into Integrated Care Board (ICB)

12. All ICS's are working to a similar timetable for approval by late November / early December. Assuming all partners commit procurement will commence immediately. This will be in accordance with Public Sector Procurement Regulations.

Governance

13. The Partnership Agreement which is based on an existing agreement used in Frimley includes full details around programme governance, open book accounting, partner representation, dispute resolution and limitation of liability. This has been reviewed by the Nottingham and Nottinghamshire CCG Associate Director of Procurement and Commercial Development and the System Finance lead for Digital.

14. It should be noted that the partnership is a commitment for 7.5 years for all partners. This ensures a stability from the outset to help ensure delivery as well as protect all partners and the host organisation.

15. Each of the five health and care systems making up the EAST MIDLANDS ONECARE Local Health Care Record (LHCR) footprint are represented on the Programme Board. Working groups are established as required and report into the Programme Board.

16. It is recommended that the programme is managed locally under the remit of the System SRO for Digital.

Recommendations and action requested

17. The Board are asked to:

.

- Note the content of the paper
- Support the proposal to commit to a partnership agreement, subject to the business case being supported by the ICS Finance Directors.
- Agree to delegating final sign off to the System Executive Group (SEG).

Item Number:	10	**Enclosure Number:**	H1
Meeting:	ICS Board		
Date of meeting:	4 November 2021		
Report Title:	ICS Executive Lead Report – Integrated Performance		
Sponsor:	Amanda Sullivan, Interim ICS Executive Lead, Accountable Officer, Nottingham and Nottinghamshire CCG		
Place Lead:			
Clinical Sponsor:			
Report Author:	Sarah Bray – Associate Director for System Assurance, Nottingham and Nottinghamshire CCG		
Enclosure / Appendices:	Enc H2 – ICS Delivery Dashboard Enc H3 – ICS Health Inequalities Access Dashboard		

Summary:

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

This report supports the ICS Board in discharging its four core purposes of

a. Improving population health and healthcare
b. Tackling unequal outcomes and access
c. Enhancing productivity and value for money
d. Helping the NHS to support broader social and economic development.

In addition, oversight is provided for the collective management of system resources and performance and delivery against the system plan.

Updates are provided for:

- System Vaccination
- 2021/22 Planning and Transformation.
- Integrated Performance (quality, service delivery, finance, people);
- ICS Development and Transition

Actions requested of the ICS Board

To note the challenges and progress made during 2021-22.
To note the approach to NHS Planning for 2021-22 and the years ahead.

Recommendations:

1.	To note the report
2.	To note the challenges and progress made during 2021-22
3.	To note the approach to NHS Planning for 2021 – 22 and the years ahead.

Presented to:

Board	Partnership Forum	Clinical Reference Group	System Executive Group	Finance Directors Group
☒	☐	☐	☒	☒
Quality Group	**Transition and Risk Committee**	**Mid Nottingham-shire Place**	**Nottingham City Place**	**South Nottingham-shire Place**
☐	☐	☐	☐	☐

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*

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ICS Executive Lead Report

27th October 2021

ICS Executive Overview

1. The increased pressures through emergency activity have continued throughout the first half of 2021/22, which has had an impact upon the system's ability to recover elective services and tackle the rising numbers of patients waiting for treatment by the system. Safeguarding measures have been put in place, including routine contact with patients, assessments of potential harm, and joint system prioritisation reviews.

2. The key risks facing the system include the continuing pressures from Covid-19, staff availability, demand beyond nationally assumed levels, harm to patients from extended waits, challenges meeting increasing demand (e.g. Primary Care, Long Covid), patients delayed in hospital longer than medically necessary and financial risks.

3. The ICS also continues to progress towards the changes outlined in Integrating Care and are planning for the changes ahead, with an ICS Development Plan now in place. This is being refreshed for the System Design Framework, actions arising from the System Progression Tool and the 'ICS Readiness to Operate Statement' which systems will be required to complete as assurance as progress towards statutory status from April 2022.

4. The assignment of the ICS and NHS organisations into the System Oversight Framework Segments is being undertaken at a national level. The outcome will determine the level of support required from NHS England and Improvement.

Covid-19 Vaccination Programme (Amanda Sullivan)

5. The programme has delivered more than 740,000 first doses and 685,000 second doses up until October 2021. The system continues to promote first vaccinations in all areas but especially focussing in areas where there remain inequalities in uptake. In the first 2 weeks of October a further 4,357 individuals received a first dose.

6. The programme is reshaping the delivery model from a small number of large hubs into a place and community-based model led by Primary Care services including GPs, PCNs and pharmacies. These are supported by two vaccination hubs and two hospital hubs, a roving vaccination service, school age immunisation teams and the vaccination bus.

7. The School Aged Immunisation Service (SAIS) vaccination programme for healthy 12–15 year olds commenced on the 22nd September but was limited to delivering vaccinations within a school environment. This has been extended to maximise capacity for 12-15s over the October half term and beyond, as complementing the SAIS provision within schools but ensuring that those who

prefer to access a Covid-19 vaccination outside of a school setting can do so. Walk in appointments are available for all doses for those aged 16 and above, and additional clinics have been provided during half term for school aged children aged 12-15.

8. The Covid-19 vaccination programme has become a system vaccination programme, focussing on Flu vaccinations recognising the impact of Covid and Flu co-circulating this winter. From 1st November the performance reporting will cover both programmes

System Transformation (Stuart Poynor)

9. The ICS established a programme structure to oversee development and delivery of the ICS 2021-25 Transformation and Efficiency plan in January 2021. A very senior SRO (usually CEO level) was identified for each programme, together with clinical lead, programme director and subject specialists. Where appropriate programmes have joint health and local authority leadership.

10. The Transformation and Efficiency Plan is a prioritised delivery plan for the NHS Long Term Plan and the ICS Outcomes Framework. It must improve health and wellbeing, the quality of services and the experience of our staff whilst also addressing the system financial deficit. It should proactively address health inequalities and further develop our approach to Population Health Management.

11. The ICS has made significant progress developing the Transformation and Efficiency Plan. In support the ICS Strategy and Delivery Group has adopted a stronger programme assurance and programme discipline to accelerate and grip progress. Each programme now has an ambitious multi-year transformation pipeline which is being systematically developed in detail through Project Charters and Project Initiation Documents. Detailed plans are now emerging for Transformation due to deliver in 2021/22 and 2022/23 and this will continue to be driven at pace.

2021/22 System planning (Stuart Poynor)

12. NHSE/I published NHS operational planning guidance for the H2 period (October 2021 – March 2022) on 30th September 2021. This requires a number of planning submissions between 14th October and 16th November. The ICS Strategy and Delivery Group is overseeing development of the H2 plan, working in partnership with FDs and CEG.

13. The System Planning Group (SPG) has coordinated delivery of a detailed action plan to produce the H2 plan. A more detailed description of the planning process is included in a separate ICS Board paper. As the plan will continue to be developed all the way up to the 4th November, a final draft version will be shared with the ICS Board on 4th November for review, decisions and approval.

System Performance

14. The integrated performance report reflects the 2021-22 system plan and performance for the system.

Quality (Rosa Waddingham)

15. There are three areas of enhanced surveillance within the system which have a system-wide assurance group in place: Nottingham University Hospitals (including Maternity Safety and Quality Improvement); Nottinghamshire Healthcare NHS FT as part of their organisational-wide improvement; and Mediscan (non-obstetric ultrasound independent provider) due to concerns identified by CQC and actions taken.

16. There are increasing challenges in three other parts of the system requiring additional support: Care Sector; Local Maternity and Neonatal System and Learning Disability/Autism (LDA) Partnership.

17. Care Sector – due to capacity and availability of the workforce (clinical and non-clinical) and the fundamentals of care being delivered. Care Sector Taskforce continues to meet to agree actions and support as part of outbreak management and/or addressing quality concerns and improvement. Further assurance has been requested from the ICS Care Sector Strategic Partnership.

18. Local Maternity and Neonatal System – due to capacity concerns to transform services in line with requirements given operational pressure and demands surrounding neonatal bed capacity, maternity and neonatal workforce and vaccination programme/COVID cases across maternity. National and regional NHSEI are aware of challenges and have revised transformation timescales to respond to operational pressures. National NHSEI are developing Operations Pressure Escalation Levels (OPEL) maternity escalation process to be embedded in local systems to ensure maternity capacity challenges are understood by whole system.

19. Learning Disability/Autism (LDA) Partnership – due to bed capacity and inpatient discharge performance. System partners are currently on trajectory to meet children inpatient discharge targets however current projections indicate that the adult inpatient reduction target will not be met. Enhanced executive oversight has commenced, including a deep dive on all inpatient discharge plans and an inpatient discharge action plan. NHSEI regional colleagues attended the extraordinary LDA Board meeting held on 15th October to discuss challenges and key system actions in detail.

20. These areas are reviewed through the ICS Quality Assurance and Improvement Group.

Service Delivery (Stuart Poynor)

21. Pressures have continued across all areas of the system, with increased numbers of patients requiring access to services. This has impacted upon the ability of the system to see as many patients as intended for planned appointments since June. As a result, waiting lists continue to rise as referrals have returned to pre-covid levels, with 88,654 patients on the waiting list as at August 2021. Focus is being maintained on treating priority patients and time critical surgery patients first, with work to reduce those waiting the longest ongoing. Recovery of services continues to be constrained due to staffing gaps, availability of theatre and critical care capacity, and bed capacity issues due to patients staying in hospital longer than medically necessary. Health and Social Care partners are working in collaboration to address funding for care assistants, stimulate the home care market and source additional interim beds in the community to improve discharges from hospital.

22. As part of the recovery of services, all areas are being asked to recover services having regard to inequities and inequalities which may exist in access to services. Work has been undertaken to review waiting lists and cancer referrals across health inequalities factors, with actions being taken to address issues identified relating to age and deprivation. Two pathways, urology and cardiology, have been identified to provide additional focus for understanding potential inequalities from entry onto the pathway at referral stage, through to waits, treatment and discharge. To support the Board in retaining oversight of potential inequality in access to services, a high-level summary has been provided to reflect how different cohorts of patients across Nottinghamshire have accessed services on a 12 month rolling basis, since August 2020 (Enc H3). This will be routinely reviewed as services continue to increase capacity and develop new services and ways of treating patients.

Finance (Stuart Poynor)

23. At the end of August, ICS NHS organisations are presenting an aggregate adverse variance of £2m against the H1 plan. Covid-19 related expenditure is £6.2m better than plan (all providers) and staff-related costs are below plan due to challenges in recruiting to planned investments (NUH). This is offset by under-achievement of Elective Recovery Fund (ERF) income across the system and non-pay, Continuing Healthcare & prescribing overspends.

24. The position assumes £23.7m of Elective Recovery Fund (ERF) income to the end of August, which is £22.1m lower than planned levels. Much of this variance is driven by a change to ERF thresholds in Quarter 2 making ERF income more difficult to achieve.

25. The expected impact for the rule change across Q2 is £13.4m loss in income. Taking this into account, ERF income for H1 is expected to be £33.5m lower than plan with the remainder due to a shortfall in elective activity against the accelerator plan.

26. Alongside the change in income, a full assessment of ERF related costs has taken place to understand the financial impact of this change. Reduced costs have been experienced from lower than planned elective activity levels.

27. The change in ERF threshold has led to a £7.5m deficit forecast at the end of H1. This was initially formally notified to NHSE/I and reported at month 4. Following the receipt of H2 planning guidance it has become clear that this variance is expected to be made good by the end of the financial year. H2 plans are currently under development and will look to address this variance as part of the process.

28. Nottinghamshire County Council is reporting a £0.4m overspend at month 4 and are forecasting to be overspent by £1.1m at the end of March 2022. Increasing children's social care costs are the main driver of this. No financial information is available for Nottingham City Council.

People and Culture (Clare Teeney/Neil Pease)

29. The workforce report predominantly focuses on the three acute trusts within the system reporting on the Quarter 1 position, i.e. June 2021. Primary care workforce data is also available for the June (Quarter 1) however due to national methodology changes the reported positions no longer align to the H1 plan submitted.

30. A key focus of Quarter 1 was the support to enable staff recovery. For the three NHS trusts sickness absence was 0.4% above the rolling 12-month average at 4.6%. The actual sickness absence as at 30 June saw 7% sickness absence with 2% being Covid-19 related. This static position is seen with a backdrop of reduced utilisation of bank but an increase in agency similar to the levels seen in January 2021due to increased non-elective demand, Covid-19 and elective recovery requirements. This includes increased use of non-framework agencies in all three trusts reflecting the need for qualified and specialist skills.

31. Substantive staff numbers at the NHS Trusts, as at June, have remained static at 10.2% with trust vacancy rates ranging from 7.4% - 12.7%. The position against the H1 plan shows lower than expected staff in post of -5.81% (1,626.3). An increased focus on international recruitment for registered nurse and midwives with regional support to trusts is being put in place which will support the recovery of the intended system position already included in the workforce plans.

Primary Care

32. The Primary care workforce position overall for June 2021 reports an improvement on the forecast in relation to the additional roles recruitment but still indicates a downward trajectory for General Practitioners and nurses. An increased number of trainees provides an opportunity to retain with a well-established Trainee Transition programme and New to Practice offer which also supports general practice nurses newly qualified and new to practice.

33. Workforce plans have been submitted to NHSE against the service development funds allocated to the system with a range of schemes approved by the Primary Care Delivery Board that builds on the existing workforce programme, supporting the wider workforce, addressing EDI and health and wellbeing approaches with more in reach to practices to support resilience of individuals and teams.

System Maturity (Rebecca Larder)

34. On 6 July 2021 the Health and Care Bill was introduced to Parliament and is an important step on our journey to becoming a statutory ICS by April 2022.

35. This Bill formalises policies set out by NHSEI, in particular the Long Term Plan and White Paper 'Integration and Innovation: Working together to improve Health and Social Care for all' published in February 2021.

36. DHSC, NHSEI and LGA have published further guidance to support transition to becoming a statutory ICS. ICS Transition work-streams have continued to develop in line with the Health and Care Bill and national guidance.

System Development Plan

37. During this transition year, the system are required to submit a System Development Plan (SDP) to NHSEI on a quarterly basis. The last iteration was submitted on 29 October 2021.

38. In advance of submission, a meeting was held with NHSEI to gain feedback on a draft shared prior to this iteration of the SDP being finalised. In summary, the draft plan was considered to be well developed: the breadth of coverage and articulation of the work-in-progress areas were commendable, and the plan has again improved since the June iteration.

39. At this time, the ICS has also completed and submitted progress against the NHSEI Readiness to Operate Statement (ROS) checklist. Specifically, the ICS has confirmed readiness to meet all transition requirements in the lead up to 1 April 2022, with no red RAG rated risks to delivery at this stage.

ICS Development Progression Tool Self-Assessment

40. NHSEI published a System Development Progression Tool in July. This tool replaces the ICS Maturity Matrix tool that the system previously self-assessed against. The Progression Tool is intended to sit alongside the ICS Design Framework and other guidance documents and is intended to support system planning and development throughout 2021/22. Use of the tool is not mandatory, however, is considered to be best practice.

41. To support the ICS Transition and Risk Committee fulfil its responsibilities of overseeing the system transition, an initial high level self-assessment against the tool has been completed owned by the work-streams. Work-stream plans are aligned to the requirements and progress to date is embedded within the System Development Plan.

System Buddying Arrangements

42. Within the Midlands region, Nottingham and Nottinghamshire ICS have been matched with Herefordshire and Worcestershire ICS for peer buddying. Colleagues leading key aspects of ICS transition have been linked with their counterparts and informal discussions are underway to share and learn.

43. In addition, regular meetings are in place with the ICB Chair Designate, ICS Executive Lead, ICS Programme Director and Assistant Director and their counterparts in Herefordshire and Worcestershire.

SYSTEM DELIVERY DASHBOARD

Integrated Care System – Nottingham & Nottinghamshire

ICS Board 4 Nov 21: Item 10. Enc H2

RAG	KPIs Achieved
	>75%
	50%-74%
	<50%

November 2021

Quality of Care, Access and Outcomes

Urgent Care - Aug 2021:
Pressures are continuing across A&E, ambulance and primary care services.
128 patients waited over 12 hours in A&E

Mental Health - Focus on improving length of stay for in-patients with MDT model and in-reach, crisis sanctuary and team provision. CYP eating disorders actions in place, including recruitment

Planned Care - August 2021, elective 99%, outpatients 92% of 19/20. 18 week backlog increased to 25120. +52 weeks increased to 3881 people. Diagnostics waiting list further reduced in August.

Quality - LD&A inpatients - risk to achieving reductions required due to bed capacity and building supply issues.
LD&A health checks expect to achieve requirement

Cancer- 2 weet wait referrals are at 120% pre-covid levels, therefore 62 day waits have started to increase. Capacity is targeted towards cancer and priority patients, welfare calls are being conducted.

454315 GP Appointments reported in August 2021 which is as planned, and 13% more than August 2020.
58% Face to Face, 46% Same Day

CQC Assessment Ratings	CQC - NHS Trusts	CQC - Nursing Homes	CQC - Residential Homes	CQC - GPs
Latest Assessment Period	14-Sep-21	01-Jul-21	01-Jul-21	01-Jul-21
Outstanding	0	6	16	18
Good	2	57	162	101
Requires Improvement	3	21	37	1
Inadequate	0	3	1	1
Not Rated	0	3	13	5

Preventing Ill-Health and Reducing Inequalities

2021 Covid Programme (Oct.21)
All cohorts have been offered vaccines, including +16 years.
740,000 First doses
685,000 Second doses
System focus - Booster vaccines & 12+ vaccines

Health Inequalities - Targeted areas of work include elective recovery (focus on cardiology and urology), personalisation, diabetes, CVD and respiratory

Leadership & Capabilities

NHSEI SOF Assessments	ICS	NUH	SFHT	NHT
Segmentation Level	2	4*	2	3

*Assessments undertaken through the new System Oversight Framework (Levels 1-4)

** Level 4 = Recovery Support Programme

Finance and Use of Resources

Finance - 2021/22 Month 5 - NHS £2.0m adverse variance against plan. LA £0.3m adverse variance.
National change in ERF income thresholds led to a £13.4m loss of income in Q2. H1 forecast has been changed to £7.5m deficit to reflect this. It is clear that the in year deficit position is expected to be addressed in the second half of the year.

People

Workforce - Sustantive staffing is off plan for June, with vacancy rate at 10.0%. Agency has been used more than expected due to increased covid pressures and elective recovery programmes. Focus remains on international recruitment and staff well-being support.

Local Strategic Priorities

Quality Improvements - Enhanced surveillance is in place across NUH and NHT - Quality improvement and actions plans are in place, as well as system wide Quality Assurance Groups.

Elective Recovery - Recovery progressed well in Q1, however was significantly impacted by the increased Covid pressures during Q2. All available capacity is being utilised, with prioritisation of patients undertaken at system level, based on clinical need.

Financial Sustainability - Underlying deficit is being addressed through ICS FD Group to inform H2 and medium term financial planning, focus on 'drivers of the deficit' and benchmarking to inform transformational programmes

Constitutional and H1 Plan Metrics Delivery

Service Area	No. KPIs	% Achieved	Delivery RAG	Assurance Level	Oversight Group
Planned Care & Diagnostics	13	38.5%			Performance Oversight Group
Cancer	9	22.2%			
Urgent & Emergency Care	11	45.5%			
Mental Health	13	69.2%			
Primary Care	3	100.0%			
Personalisation	4	50.0%			Quality Group
LD & Autism	2	50.0%			
People	8	50.0%			People
Finance & Use of Resources	9	44.4%			Finance

ICS System Outcomes Framework (SOF) - awaiting assessment

Best Performimg	Worst Performing

Progress against System Plan

Finance Group		YTD Var	YTD RAG	FOT Var	FOT RAG
Finance		£m		£m	
-NHS System - Non-COVID	H1 Plan	-8.2		-14.2	
-NHS System - COVID	H1 Plan	6.2		6.8	
NHS System - Total	H1 Plan	-2.0		-7.5	
Local Authorities	Plan B/E	-0.4		-1.1	
Capital Envelope	Spend v Plan	15.5		0.0	
Mental Health Investment Std	Spend v Plan	0.0		0.0	
Elective Recovery Funding	Income v Plan	-22.1		-33.5	

As at 31st August 2021

People & Culture Group	YTD Plan	YTD Actual	Variance	YTD RAG
Workforce *(NHS Provider Based)*				
-No. Substantive Staff	28478	26204	-2274	
-No. Clinical Non-Medical	18947	17911	-1036	
-No. Medical & Dental	2815	2959	144	
-No. Other Staff	6716	5334	-1382	
-No. Bank Staff	1657	1765	108	
-Agency Staff	817	982	165	
-Staff Sickness Absence %	-	5.3%	-	-
-Staff Turnover %	-	11.6%	-	-
Primary Care Workforce* (Quarterly)	2594	2453	-141	
Mental Health Workforce		tbc		
Community Crisis Workforce		tbc		

As at 30th September 2021 *PC June 2021

Capacity Cell

NHS Activity* *(Population Based)*	In Month Plan	In Month Actual	In Month Variance	In Month Var %	In Month RAG
- GP Referrals*	15,042	11,976	-3,066	-20.4%	
- Elective	10,762	10,924	162	1.5%	
- Outpatients	101,178	94,525	-6,653	-6.6%	
- Non-Elective	10,785	10,173	-612	-5.7%	
- A&E	31,707	31,532	-175	-0.6%	

As at 31st August 2021 *GP Referrals compared to 2019/20 referrals

Capacity Cell

Capacity (Provider Based)	Period	Plan	Actual	Prior Yr	In Month RAG
-Primary Care Appointments	Aug-21	453,713	454,315	399,056	
-Acute Beds Available per day	Aug-21	2135	2152	1973	
-Adult Critical Care Beds Available per day	Aug-21	75	97	84	
-Community Crisis Response Contacts (Qtr)	Aug-21	0	tbc		

Increased primary care appointments, as well as beds made available, highlights the continued pressures across the system

H1 Plan = the plan for the first half of 2021/22

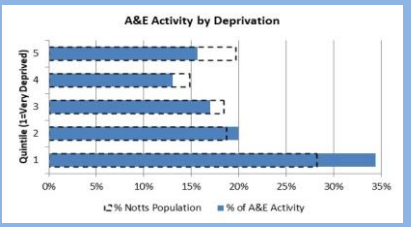
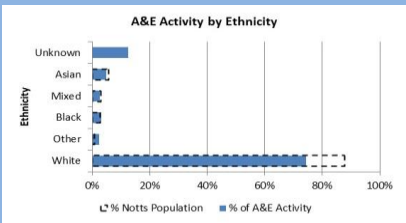
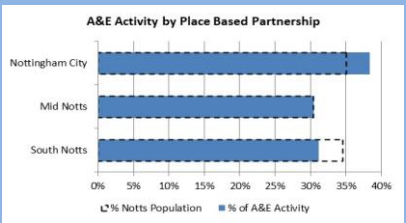
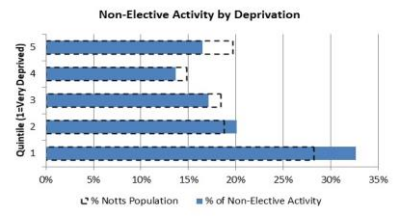
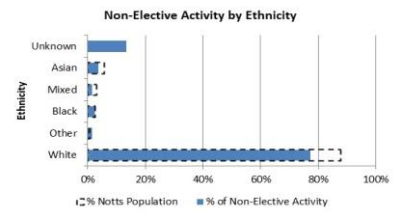
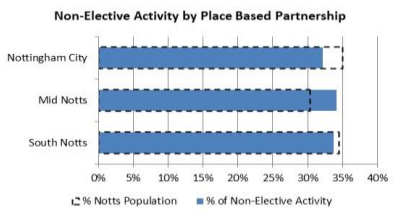
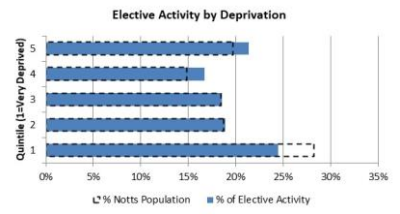
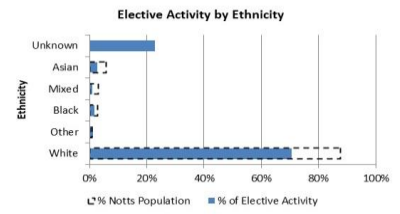
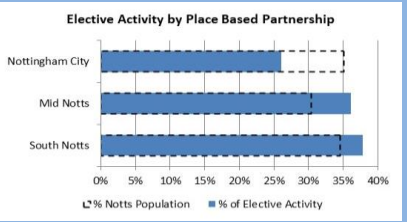
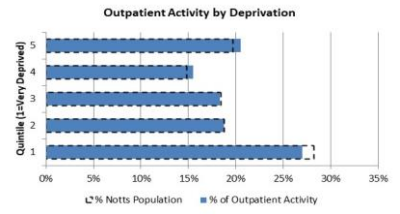
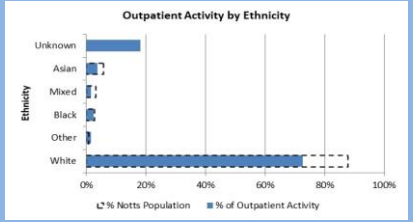
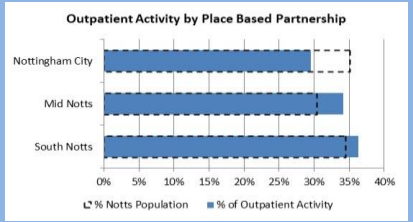
System Readiness to Operate

NHSEI have published an ICS Readiness to Operate Statement (ROS) with accompanying guidance, which will provide the basis of providing assurance to NHSEI and the ICS Board during the transition period. This supports and supplements the ICS Progression Tool. Further information will be provided to the Board.

HEALTH INEQUALITIES VIEW OF SYSTEM PERFORMANCE

Total Activity as % of population segment v system demographic profile

Purpose of the report is to determine whether there is unequal access to diagnosis and treatment across Nottinghamshire

	Deprivation Quintile (1 Most - 5 Least)	Ethnicity (use groupings from National Pop Health)	ICP - Location
A&E Attendances: October 2020 - September 2021 Activity			
Non-Elective Admissions: October 2020 - September 2021 Activity			
Elective Admissions: October 2020 - September 2021 Activity			
Planned Care: Outpatients October 2020 - September 2021 Activity			
	A system review of 'Did Not Attends' has been undertaken by deprivation and age, with targeted actions being developed to focus on younger patients in areas of highest deprivation. A Self-referral hotline for lung checks is to be introduced, it is expected that this will particularly benefit patients from deprived communities, and support earlier diagnosis.	Annual Health Checks for patients with Serious Mental Illness, are being reviewed by age and ethnicity for patients who have not received their health check, to enable targeted outreach actions to be undertaken. System focus being rolled out for improving ethnicity data quality, including engagement with the public and clinical staff, and standardised system approach to data collection and categorisation to facilitate robust system review and analysis to drive service change and targeted support where identified as required for different groups.	The review of 'Did Not Attends' will be re-freshed across Place Based Partnerships, to support actions to be undertaken across deprived communities.To support weight management programmes the system will develop a 'Population Health' approach to support targeted approaches and engagement with communities.

Item Number:	11	**Enclosure Number:**	I
Meeting:	ICS Board		
Date of meeting:	4 November 2021		
Report Title:	Winter Planning Update		
Sponsor:	Amanda Sullivan, Interim ICS Executive Lead, Accountable Officer, Nottingham and Nottinghamshire CCG		
Place Lead:			
Clinical Sponsor:			
Report Author:	Caroline Nolan, Urgent Care Director, Nottingham and Nottinghamshire CCG and Lisa Durant, System Delivery Director, Planned Care, Cancer and Diagnostics, Nottingham and Nottinghamshire CCG		
Enclosure / Appendices:	None		

Summary:

The paper provides an update on preparedness for winter 2021/22 across the Nottingham and Nottinghamshire ICS to provide the ICS Board with an understanding of the plans and mitigations to manage winter demand.

The paper includes a summary of feedback from our staff listening event where voices from the front-line provide insights into how the workforce are coping with the sustained pressure.

The paper also provides a summary of the processes for coordinating and managing urgent and emergency care demand across the ICS, including surges on a day to day basis.

Demand predictions for winter across both emergency and elective pathways has informed system wide planning and potential gaps in bed capacity during periods of system pressure. Detail on the schemes and mitigations to address these issues is summarised, including the additional capacity and redesign in place to manage demand across both emergency and elective pathways.

The paper closes with a brief summary of the risks that the ICS is and will continue to actively manage and mitigate as far as possible throughout winter.

Actions requested of the ICS Board

To note the contents of the report.

Recommendations:

1.	To note the winter preparedness plan and the associated high level risks.

Presented to:

Board	Partnership Forum	Clinical Executive Group	System Executive Group	Finance Directors Group
☒	☐	☐	☐	☐

Quality Group	Transition and Risk Committee	Mid Nottingham-shire Place	Nottingham City Place	South Nottingham-shire Place
☐	☐	☐	☐	☐

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

Winter Planning update

October 2021

1. This paper provides an update on preparedness for winter 2021/22 across the Nottingham and Nottinghamshire ICS.

2. The paper opens with a summary of feedback from our staff listening event where voices from the front line set out some powerful messages that provide an insight into how staff are feeling as the winter season begins. The additional demand of challenges of winter mean efforts will need to be doubled to support existing workforce whilst continuing to develop workforce plans fit for the future.

3. The paper provides a summary of the processes for coordinating and managing urgent and emergency care demand across the ICS, including surges on a day to day basis. Demand predictions for winter across both emergency and elective pathways has informed system wide planning and potential gaps in bed capacity during periods of system pressure. Detail on the schemes and mitigations to address these issues is summarised, including the additional capacity and redesign in place to manage demand across both emergency and elective pathways.

4. The paper closes with a brief summary of the risks that the ICS is and will continue to actively manage and mitigate as far as possible throughout winter.

Staff Listening Event

5. This winter follows an unprecedented 18 months, *the Covid-19 pandemic increased workforce pressures exponentially, 92% of trusts told NHS Providers they had concerns about staff wellbeing, stress and burnout following the pandemic*[1], this picture is also reflected in the social care workforce.

6. Recognising that system partners agreed to start system planning with understanding the reality for care providers in the system a listening event was held with staff from across the system to frame and focus in planning for winter, elective activity and the financial position.

7. The key themes were reported related to low morale, with a sense from colleagues that burn out and stress is more prevalent than in the past, which has a number of impacts around staffing with increases in sickness, absence and staff leaving the health and care sector. An increase in demand, and in many cases acuity, led to staff across the ICS feeling that they aren`t able to provide the standard of care that they would like to be able to provide, which is worsened by an increase in the use of inappropriate language and behaviours that they are receiving from the public.

[1] House of Commons Health and Social Care Committee Workforce burnout and resilience in the NHS and social care 18th May 2021
https://committees.parliament.uk/publications/6158/documents/68766/default/

8. There were also some positive stories about supportive cultures, colleagues who were listened to and a recognition that people tried to reach out and help – whilst this did not change the situation or create staff, it did increase how valued staff felt they were by their organisations. Equally from staff across all organisations and a variety of levels there was a clear message that they couldn't find the answers in isolation, however creatively they had worked during Covid. The only way to respond to the pressures in the system is to work collaboratively to design new solutions, recognising pressures and challenges in all areas and coming together to do things differently.

9. *The extraordinary dedication, care and skill of the people who work in our communities and our hospitals has been unwavering,*[2] and we will seek to co-create with them the solutions that will allow us to work successfully as a system to manage the challenges of Winter 2021 and beyond.

Approach to system wide planning

10. System partners have worked in collaboration to model the impact of predicted demand on system capacity, aligned to assumptions for urgent care activity and flow.

11. This has informed a system-wide bed model which in turn informs the potential impact on elective activity during Winter 2021/22. The model was agreed in conjunction with Sherwood Forest Hospitals Foundation Trust (SFH) and Nottingham University Hospitals NHS Trust (NUH) to provide one version of the truth.

12. In August 2021 system wide bed model assumptions were agreed at the Capacity Cell and three scenarios for growth were calculated. However recent planning guidance asks that the submission is based on 0% Non-elective growth. Based on current and predicted levels of Covid-19, seasonal flu and historic trends, the system estimation is that locally growth is more likely to be cc 3-4%. Therefore, planning scenarios have been developed on that basis and associated mitigations agreed aligned to the system winter plan.

Demand predictions for Winter

13. There are some key interrelated challenges this winter for systems:

- Covid-19 outbreaks impacting on admission and discharge capacity.
- Winter Pressures – set against the context that the acutes are only opening a small number of additional beds (32 at SFHT and 40 at NUH) as usual winter stock has remained open all year round to meet demand.

[2] Policy paper **Integration and innovation: working together to improve health and social care for all (Feb 2021)** https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version

- Flu – it is likely more people will be susceptible to the illness this year, potentially leading to a challenging flu season.
- RSV – expected increases in presentation of this seasonal winter virus which causes coughs and colds and is the most common cause of bronchiolitis in children aged under 2 years.
- Elective Recovery Programme – Continued work by the acutes to mitigate increased waiting lists and meet national targets.
- Continued pressures in the Home Care Market – leading to waits for Packages of Care – particularly packages requiring high frequency of visits and 2 members of staff.
- Mental Health – increased level of demand in both children and adults which cannot always be met with capacity available.
- Demands on paediatric ED services.

14. The System Planning Group and Capacity Cell have jointly led demand modelling work that models a realistic baseline for likely demand in H2, identifies the scale of risks associated with a baseline scenario alongside potential mitigations. The plan has been developed collaboratively with providers with challenge and confirmation across system groups.

15. Large scale mitigations are being planned to mitigate the impact expected on elective activity based on the baseline scenario, and to prevent the position worsening.

16. The system has visibility of the likely bed gap based on 3.5% growth (NUH) 4% growth (SFH) in 1+ day non-elective admissions (NELs) and Bed occupancy 88% at NUH, 92% at SFH. The Capacity Cell reviews this fortnightly as and when further mitigations are agreed with the A&E Delivery Board and the Discharge Cell.

17. The system focus remains on delivering time critical surgery during H2 and reducing 104 week waits whilst ensuring capacity for emergency demand.

Coordination and managing urgent and emergency care demand

18. The CCG urgent care team undertake a key role to ensure that the system continues to function in a robust and sustainable manner both during times of normal and enhanced demand.

19. Three workshop sessions have taken place with all health and social care organisations during the summer to improve the current Operational Planning Escalation Levels (OPEL) escalation process. This has resulted in a more proactive approach in responding to system pressures.

20. Robust processes to effectively monitor, challenge and report urgent and emergency care performance is in place to support system flow during normal conditions and effective approaches to manage surges in demand.

21. A detailed winter plan has been developed collaboratively with providers including challenge and confirmation across system groups, using planning assumptions agreed by system partners. The plan sets out the Nottingham and Nottinghamshire Urgent Care system's proactive and reactive planning response to both the anticipated seasonal surge in demand for winter 21/22 as well as the effect of the current third wave and any potential fourth wave in the winter.

22. The team work closely with all system providers, primary care, and the Primary Care Networks (PCNs) as well as NHSEI to optimise urgent care system overall resilience.

23. The core functions in support of winter planning are summarised below:

- First point of escalation for system pressure and co-ordinate how the system responds in times of pressure and / or during times of incidents.
- Ensure all partners organisations understand the challenges across the system footprint and provide solutions.
- Lead the system to move to a more proactive approach / response.
- Mange the OPEL Framework management (Triggers, action cards, Surge & escalation plans etc.).
- Maintain links with all system wide cells and ensure effective communication and key messages are assimilated.
- Develop and implement 'off the shelf' solutions that partner organisations can access during times of significant pressures / incidents.
- Manage and co-ordinate the Integrated Care Board A&E Delivery Board; support delivery across the system, manage high risks, report on progress, and deploy improvement support.
- Respond to regulators on various requests and to provide assurance that system measures are in place.
- Out of Hours planning and management.
- Support for major system programmes for example, Directory of Services (DoS) for 111 First.

Schemes to manage demand for emergency care

NHS 111 First

24. NHS 111 First has been rolled out across Nottingham and Nottinghamshire and the local Clinical Assessment Services (CAS) now have direct access to Same Day Emergency Care (SDEC) pathways, Emergency Department (ED), appointments in primary care and local community 2-hour urgent response services.

25. The CAS currently diverts approximately 70% of 111 ED dispositions away from ED and this workstream is focusing on maintaining that outcome and maximising alternative pathways wherever possible.

26. This is supported by a robust communication strategy encouraging the public to access 111 for all urgent care needs.

Aligning 111 and 999

27. Building on the success of 111 First this workstream aims to ensure that East Midlands Ambulance Service (EMAS) have access to all the pathways that 111 currently have available.

28. This will allow EMAS to access SDEC, 2-hour urgent care response and primary care to ensure that regardless of a patient's entry point to the urgent care system they will have equitable access to alternative pathways to ED.

Frailty

29. The frailty clinical services strategy recommendations continue to be rolled out including rolling out the electronic comprehensive geriatric assessment, ICS wide implementation of the Clinical Frailty Scale (CFS) and expanding front door frailty services at both Acute Trusts.

30. Nottingham and Nottinghamshire are expanding the 2 hour urgent care response service offer to ensure the national standards are met and that the model is aligned across the ICS.

31. The ICS has also joined the frailty collaborative and 100 day challenge to progress how the local urgent care response services can work more closely with EMAS to keep frail patients at home and avoid a conveyance to hospital.

Respiratory

32. A dedicated Respiratory Syncytial Virus (RSV) group has been established with key activities including: Dashboard to capture live data from primary, secondary care, and Public Health England (PHE), GP presence at NUH Children's ED, plan for escalation to support GP capacity using federations/PCN Hubs/use of CCAS.

33. Secondary care surge plans in place:

    a. Primary /secondary care interface pathways reinforced to support appropriate admission.
    b. Training team established – SFH/NUH/GP/NEMS.

34. Funding has been received to further support pulmonary rehab across the ICS and this is being progressed at Place level.

Same Day Emergency Care (SDEC)

35. Nottingham and Nottinghamshire has a well-established SDEC offer with both acute trusts exceeding the 30% activity target.

36. Both acute trusts continue to expand their SDEC services and the workstream is also ensuring that EMAS and the CAS have access to SDEC as required.

Aligning the ED front door models

37. Following recommendations from the NHSEI missed opportunity audits work is progressing to align the front door models at both acute trusts and to ensure that the primary care services at both front doors are right sized for current demand profiles.

38. The ICS has agreed to explore and progress the national streaming and redirection tool which will help to maximise streaming to primary care services.

Virtual wards

39. Both acute Trusts have rolled out virtual wards and are continuing to expand this service offer.

40. There is potential, which is being explored, of integrating this workstream with the frailty collaborative work which could see the 2 hour urgent care response services having access to the virtual wards to maximise admission avoidance.

Increasing Pathway 1 and Pathway 2 Capacity

41. Additional capacity / services to prevent admission to hospital and early discharge in the following areas:

- Pathway 1 homecare services from both the voluntary and private sector.
- Pathway 1 recurrent funding for LA provided services to support workforce retention and build capacity.
- Pathway 1 interim bedded capacity to mitigate for gaps in homecare services.
- Pathway 2 bedded capacity across various sites countywide.

Elective demand recovery plans

42. System wider elective recovery is underpinned by the Planned Care Transformation Programme which aims to provide sustainable high quality care, to reduce waiting times and make best use of resource. This will be delivered over the next 2-5 years.

43. Oversight of elective recovery is in place with a weekly focus on activity and risks aligned to urgent care demand. The elective hub meets weekly to oversee waiting list management and the fair equitable use of all capacity across all independent sector and NHS providers. This system wide view informs the transformation programme.

44. There are 3 core workstreams: Cancer to provide earlier diagnosis, diagnostics to implement additional capacity in CT, MRI and Endoscopy having successfully bid for early adopter funding for Community Diagnostic Hubs, and Elective and Outpatient Transformation.

45. Elective and Outpatient Transformation is built on our Community and Clinical Services Strategy (CCSS) and associated care pathways. Priorities are informed by current pressures and waiting list size and the programme is aligned to existing outpatient transformation workstreams across providers.

46. The Elective and Outpatient Transformation Programme initial priorities are:

- Eye Health: Prevention of deteriorating eye health, community-based diagnostics, community-based care outside of the acute hospital. In year alternatives to acute provision are being progressed and alignment with GIRFT opportunities.
- Orthopaedics: In year review of options to support current acute provision and alignment with GIRFT recommendations, consistent referral into community-based care with a focus on keeping well, conservative treatment where clinically appropriate.
- Maximising community-based options:
    - Providing GPs with Advice and Guidance across a wide range of specialties.
    - Support for patients prior to referral and shared decision making.
- Maximising Acute capacity and providing options for patients:
    - Drawing on national best practice offered through the GIRFT programme and HVLC procedures.
    - Increasing Virtual Outpatients.
    - Increasing Patient Initiated Follow Up.

47. This is supported by the wider integration of community services, a focus on prevention and population health management. Digital innovation is a key enabler.

Winter Plan Delivery Risks

48. Key risks to the delivery of the winter schemes detailed above include:

a. Workforce and Staffing
    i. A further wave of Covid-19 which may result in provider and CCG staff being redeployed and service development workstreams being paused.
    ii. Staffing in provider organisations, system management teams and the homecare market being unavailable due to sickness / isolation.

b. Inability to stimulate the homecare market could result in significant levels of delays for packages of care for residents across the county; this would cause bottlenecks in flow ultimately impacting acute discharges.

c. Uncertainty related to a further wave of Covid-19 impacting other winter related demands and infections including norovirus and flu reducing capacity across acute and community services.

Recommendations

49. ICS Board are asked to note the winter preparedness plan and the associated high level risks.

Item Number:	12	**Enclosure Number:**	J
Meeting:	ICS Board		
Date of meeting:	4 November 2021		
Report Title:	ICS Finance Highlight Report		
Sponsor:	Stuart Poynor, ICS Chief Finance Officer		
Place Lead:	N/A		
Clinical Sponsor:	N/A		
Report Author:	Marcus Pratt, Programme Director - Finance, Nottingham and Nottinghamshire ICS		
Enclosure / Appendices:	None		

Summary:

The ICS Finance Directors Group continues to meet on a regular basis to provide executive oversight of the current financial position and forward strategy. The group continues to meet on a fortnightly basis with additional meetings as required to respond to emerging issues, such as H2 planning.

Current areas of focus of the Finance Directors Group include:

Existing Financial Position

As described within the Integrated Performance Report the ICS continues to forecast a £7.5m adverse variance at the end of H1 2021/22. This has arisen due to a change to the payment threshold for the Elective Recovery Fund in July-Sept 2021. The loss of income from the change equates to £13.4m. Although this has been partially mitigated by reducing costs of elective recovery, a £7.5m deficit remains. Further detail can be found in the Integrated Performance Report (item 10).

Although not yet formally reported the emerging month 6 position is showing a similar H1 deficit of £7.4m but there are some material changes in organisational positions:

- £0.5m deterioration at NUH due to increased impact of the Flowers legal case (a national case which has led to increased costs of pay related benefits on overtime payments).
- £0.6m deterioration at SFH due to a change in ERF assumptions for August and September.
- £1.2m improvement in the CCG position from mitigations enacted to move towards a balanced year end position.

Financial Planning and Strategy

The NHSE/I Operational Planning Guidance and financial envelope have been received for H2 2021/22. Plans are under development and a progress update will be shared with the ICS Board in November.

The guidance makes it clear that 2021/22 will be treated as a single financial period and any deficits at the end of H1 will need to be made good by the end of 2021/22. The ICS plans will look to address this but clearly there will be a significant efficiency challenge in the second half of the year.

Although the NHS financial framework for 2022/23 has not yet been released it has been made clear by NHSE/I that we should expect an increased efficiency ask into 2022/23 as we look to return to the pre-pandemic financial regime. As part of the H2 planning process the ICS will continue to focus on the longer term to understand the impact of plans on the exit run rate into 2022/23. In developing the recurrent financial approach, the Finance Directors Group will continue to model the previously agreed ambition of working towards a financially sustainable position over a 3-year period.

ICB Transition

The finance teams continue work towards the establishment of the Integrated Care Board (ICB) ensuring that processes are in place to meet all requirements of the ICS Design Framework. Key elements include:

- ICB constitution and governance arrangements
  - *Establishment of finance committee, Standing Financial Instructions and ICB Scheme of Reservation and Delegation.*
  - *System collaboration agreement building on the ICS Financial Framework agreed by the ICS Board in September.*
  - *Place-based arrangements – senior finance staff have been aligned to Place Based Partnerships to support this development.*
  - *Appointment of ICS Director of Finance – will follow national process and timescales.*
- System Financial Planning
  - *Medium-term financial plans will continue to build on the outline plans agreed earlier in the year with a focus on system efficiency and transformation.*
  - *Resource allocation methodologies to ensure that limited financial resources are distributed in line with agreed plans.*
  - *Capital plans to be further developed for 2022/23 and into the medium term. These will look to respond to business as usual requirements as well as developing plans for larger strategic capital priorities.*
- Financial Accounting Activities
  - *CCG close down and transfer including banking and cash arrangements, finance ledger, payroll changes and property transfer.*

Actions requested of the ICS Board	
Note the contents of the paper.	
Recommendations:	
1.	NOTE the ICS Finance Directors Group has been taking forward actions, including development of an ICS Financial Strategy, Financial

	Framework, H2 and longer term plans, 21/22 reporting including impact of ERF and supporting the statutory transition to an ICB.

Presented to:

Board	Partnership Forum	Clinical Executive Group	System Executive Group	Finance Directors Group
☒	☐	☐	☐	☐
Quality Group	**Transition and Risk Committee**	**Mid Nottingham-shire Place**	**Nottingham City Place**	**South Nottingham-shire Place**
☐	☐	☐	☐	☐

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.

Item Number:	13	**Enclosure Number:**	K
Meeting:	ICS Board		
Date of meeting:	4 November 2021		
Report Title:	ICS Quality Assurance and Improvement Group Highlight Report		
Sponsor:	Rosa Waddingham, Chief Nurse, Nottingham and Nottinghamshire ICS and CCG		
Place Lead:			
Clinical Sponsor:			
Report Author:	Rosa Waddingham, Chief Nurse, Nottingham and Nottinghamshire ICS and CCG		
Enclosure / Appendices:	None		

Summary:

This paper provides a highlight report from the Quality Assurance and Improvement Group (QAIG) which met on 30 September 2021. This group works collaboratively on behalf of the ICS to:

- Ensure the fundamental standards of quality are delivered – including review of information trends and themes, identification of system quality risks, oversight of shared system action plans, addressing inequalities and variation
- Improve continually the quality of services, in a way that makes a real difference to the people using them

This month's highlight report provides an overview of the providers under enhanced surveillance and the areas of concern or risk, and those providers under routine surveillance and any emerging concerns.

System quality and transformation projects are summarised, including key actions in relation to maternity transformation and learning disabilities/autism.

Actions requested of the ICS Board

To note the contents of the report.

Recommendations:

1.	Note that Nottingham University Hospitals NHS Trust, Nottinghamshire Healthcare Foundation Trust, and Mediscan remain under enhanced surveillance with improvement and action plans in place.
2.	Note that three new areas of concern have been recommended for enhanced surveillance, with all areas having recognised partnership boards in place: Care Sector, Local Maternity and Neonatal System, and Learning Disabilities and Autism Partnership.
3.	Note that a system-wide standard operating procedure (SOP) has been developed by the Infection Prevention and Control system group in collaboration with providers to provide and approach to safe discharges during periods of excessive demand.

4.	Note that work continues on the development of an ICS co-production strategy and toolkit.

Presented to:				
Board	Partnership Forum	Clinical Executive Group	System Executive Group	Finance Directors Group
☐	☐	☐	☐	☐
Quality Group	Transition and Risk Committee	Mid Nottingham-shire Place	Nottingham City Place	South Nottingham-shire Place
☒	☐	☐	☐	☐

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?

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System Quality Assurance and Improvement (QAIG)
HIGHLIGHT REPORT

1. This report reflects highlights and exceptions from the Quality Assurance and Improvement Group (QAIG) which met on 30 September 2021.

2. Key Issues and Risks (KIARs) are developed based on quality and safety information and intelligence across providers and the wider health economy. As a partnership the group agree surveillance ratings plus develop system actions and support plans.

Enhanced Surveillance (Single Item Provider Assurance Group)

3. There are currently three areas of enhanced surveillance within the system which have a system-wide assurance group in place:

Nottinghamshire Healthcare NHS Foundation Trust

- Organisational Learning: Work to improve learning, with strengthened executive leadership and new forums embedding across divisions. The number of open incidents continue to be addressed.
- Restrictive Practice: Embedding trust-wide strategy to prevent and reduce violence and restrictive interventions; a programme of practice methodologies being rolled out.
- Wells Road: Quality Improvement Group in place chaired by an independent Medical Director from outside of Nottingham and Nottinghamshire. Evidence of improvements in culture however more work to do to progress the improvement plan.
- Lings Bar: Quality Improvement Board in place following a Quality First Review
- Subcontracted Services: Refreshed oversight model under development based on the IMPACT approach.

Nottingham University Hospitals NHS Trust

4. Nottingham University Hospitals remains under considerable pressure operationally and in response to external scrutiny in the main in relation to maternity services. The recently published CQC report has highlighted areas of concern and improvement. Work is underway to develop a robust action plan to address the *Must* and *Should Do* CQC recommendations.

- Operational Pressures: Increased flow through the urgent care pathway has impacted waiting times in Emergency Departments including trolley waits. Current focus on the increase risk of COVID related harms
- Organisational Culture: The need for improved Board to Ward assurance, greater capacity for quality improvement, openness and transparency and the use of quality intelligence to improve care.
- Patient Safety: Incident and risk management, embedding learning from deaths, provision of harm free care and maternity safety.
- Patient Experience: Applying and embedding Duty of Candour (DoC).
- Clinical Effectiveness: In relation to clarity and use of guidelines.

- Maternity: safety and staffing remain key concerns. Progress against a maternity quality improvement plan is reviewed at a monthly QAG, the pace of improvement continues to be a focus.

5. Revised system governance arrangements are to be agreed which will enable oversight of the improvements Trust wide with three specific areas for focus: Maternity; Emergency Department and Urgent Care; Governance, Leadership and Culture. Arrangements to be established in November 2021 supported by NHSEI.

6. **Mediscan** (non-obstetric ultrasound (NOUS) provider) received a Section 31 notice from the CQC. The CCG suspended the contract with Mediscan on 9 July 2021 and work is continuing to ensure that alternative services are available.

Enhanced Surveillance

7. In addition to the providers above, the group recognised that there are increasing challenges in three other parts of the system requiring additional support:

8. **Care Sector:** Capacity and availability of the workforce (clinical and non-clinical) and the fundamentals of care being delivered. Care Sector Taskforce continues to meet to agree actions and support as part of outbreak management and/or addressing quality concerns and improvement. Further assurance was requested from the ICS Care Sector Strategic Partnership.

9. **Local Maternity and Neonatal System:** Due to capacity to transform services in line with the NHS Long Term Plan and National Maternity Transformation Programme; delivery of all the Ockenden recommendations; plus, operational pressures and demands surrounding neonatal bed capacity, maternity and neonatal workforce, and vaccination programme/COVID cases across maternity.

10. **Learning Disabilities / Autism (LDA) Partnership** noted system and regional challenges around bed capacity for adult and child placements. System partners are currently on trajectory to meet children inpatient discharge targets however current projections indicate that the adult inpatient reduction target will not be met. Enhanced executive oversight has commenced and a deep dive on all inpatient discharge plans is underway. Building materials (impacted by Covid-19 and Brexit) has been a significant contributing factor and this has been escalated to NHSEI. Annual Health Checks and implementing Learning from Learning Disability Mortality Reviewers (LeDeR) continues to be closely monitored. A three year LeDeR Strategy has been developed to respond to policy changes, including workforce strategic intentions from April 2022. Ongoing national issues with the new LeDeR platform are impacting review submissions, NHSEI are aware. Assurance and oversight continue for those inpatients outside of areas.

Routine Surveillance

11. The QAIG reviewed key issues and risks (KIAR) in relation to other system providers including primary care and other transformation programmes, whilst there were issues flagged no items that required further escalation.

System Quality Working Groups

Patient Safety Specialist Steering Group (PSSSG)

12. Waiting Lists: Working with operational teams to explore opportunities for shared learning, identifications of early interventions locally and at scale to maximise impact to improve outcomes for people waiting is reduced. Alignment with the Planned Care Programme and Clinical Executive Oversight Group as part of clinical prioritisation. Patient Safety Specialists: Dr Aidan Fowler, National Director of Patient Safety, wrote to medical and nurse directors asking them to arrange for a dedicated board discussion to take place within the next six months to reflect on the board's expectations and responsibilities in patient safety, and the role of the specialists.

13. An Executive Briefing indicates that, to date, more than 700 patient safety specialists have been identified in organisations across the NHS. There are seven recommendations outlined for Executives in terms of 'support requirements. The PSSSG will develop a work plan which will include additional infrastructure/resource required to deliver on the national objectives for Patient Safety and those seven recommendations.

Infection Prevention and Control System Assurance Group (IPCSAG)

14. Support and Discharge: The system need a safe risk-based process to enact during periods of excessive demand that will support with timely discharge of patients. This does not replace the standard discharge processes that currently exist, and these should continue to be followed outside of OPEL 4 reporting and excessive pressures. A Standard Operating Procedure (SOP) is being coproduced with partners to provide a process to support safe and timely discharge that requires a system approach to decision making in times of excess demand. This particularly applies to those patients who are Covid-19 positive, recovering but within their isolation period and those classified as a recent Covid-19 contact.

15. Covid-19: remains challenging across the system. Infection, Prevention and Control (IPC) teams are reporting fatigue and difficulties in maintaining compliance in view of the differing public messages and health messages which still require enhanced IPC precautions and lateral flow testing.

System Quality Transformation Programmes

16. **Co-production:** Work continues on the development of an ICS co-production strategy and toolkit. A system-wide workshop is scheduled to share and gather best practice from across health, local authority, and voluntary sector partners. The system has successfully bid to be 1 of 10 sites to develop and embed coproduction via NHSE/I Experience of Care Team and the system will benefit from active engagement in peer support offered by NHSE/I as part of the programme.

Item Number:	14	**Enclosure Number:**	L
Meeting:	ICS Board		
Date of meeting:	4 November 2021		
Report Title:	Highlight Report from the ICS Transition and Risk Committee		
Sponsor:	Jon Towler, Chair of ICS Transition and Risk Committee.		
ICP Lead:	N/A		
Clinical Sponsor:	N/A		
Report Author:	Joanna Cooper, Assistant Director, Nottingham and Nottinghamshire ICS		
Enclosure / Appendices:	None		

Summary:

At its 1 July meeting ICS Board agreed to delegate assurance to Committee to ensure that system enabling functions were developing in line with the overall ICS Board development, in addition to the transition work-streams. This was for a time limited period whilst further consideration is given to ICS assurance arrangements (i.e. three months). Discussions on People and Culture and Data, Analytics and Information Technology (DAIT) have taken place. A discussion on finance is scheduled for the November meeting. It is proposed that these arrangements for assuring the transition of functions be extended whilst ICB committees are established in shadow form and that these work-streams move to regular highlight reporting.

ICS Transition and Risk Committee met on 25 October 2021. The Committee **received** and **noted** for information and assurance a number of reports relating to the ICS Transition, namely:

- Work-stream highlight reports and a programme plan – Work-streams have developed in-line with the emerging guidance and there are no red risks to highlight at this time. Further guidance from NHSEI is anticipated over the coming period to inform the development of work-streams.
- System Development Plan, including assessments against the System Progression Tool and Readiness to Operate Statement - Committee are supportive of the 29 October iteration of the System Development Plan and Readiness to Operate Statement checklist conventions reported to the ICS Board under Item 6. Building the ICS.
- ICS Risk Management Arrangements and Board Assurance Framework - Progress has been made on the development risk management arrangements and a Board Assurance Framework (BAF). Committee endorsed further work with all system partners to support a common approach to risk classification. Committee are supportive of the mid-year BAF, note the current gaps and understand the work in place to progress.

Key Messages for the ICS Board

- At its September meeting Committee received further assurance on Place Based Partnerships (PBPs) and the People and Culture work-stream. There are now clear milestones to resolve all key outstanding areas from April

2022 with the understanding that the approaches will further iterate over time.

- Boundary change actions have been embedded in the relevant transition work-streams and are no longer sitting separately.
- The workstream detailed actions remain on track and there are no red risks for the programme at this time. This remains a complex programme in relation to the amount of work, emerging timescales in line with policy and legislation, and the number of interdependencies between complex work-streams.
- ICS naming conventions need to be confirmed to NHSEI by 18 November. Committee endorsed the proposed naming conventions reported to the ICS Board under Item 6. Building the ICS.
- Committee are supportive of the 29 October iteration of the System Development Plan and Readiness to Operate Statement checklist reported to the ICS Board under Item 6. Building the ICS. Committee suggested that in submitting, a caveat is included around the risks to delivery highlighted above.
- Risk management arrangements and a Board Assurance Framework for the system have been developed. Committee endorsed further work with all system partners to support a common approach to risk classification. Committee are supportive of the mid-year BAF, note the current gaps and understand the work in place to progress.
- At its 1 July meeting ICS Board agreed to delegate assurance to Committee to ensure that system enabling functions were developing in line with the overall ICS Board development, in addition to the transition work-streams. This was for a time limited period whilst further consideration is given to ICS assurance arrangements (i.e. three months). It is proposed that these arrangements for assuring the transition of functions be extended whilst ICB committees are established in shadow form.

Is the paper confidential?

☐ Yes
☒ No
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Integrated Care System
Nottingham & Nottinghamshire

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ICS Board Declarations of Interest Register

Name	Position held on Nottingham and Nottinghamshire ICS Board	Member/Nominated Deputy	Declared Interest (*Including Name of Organisation / Position Held / Nature of Business*)	Nature of Interest	Type of Interest				Action Taken to Mitigate Risk	Dates to which interest relates to	
					Financial	Non - Financial	Non-financial Personal Interests	Indirect Interest		From	To
Atkinson, Dr Nicole	GP, South Nottinghamshire Place Clinical Lead	Member	Eastwood Primary Care Centre	GP Partner	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	01/04/2013	31/03/2020
Atkinson, Dr Nicole	GP, South Nottinghamshire Place Clinical Lead	Member	Nottingham West Primary Care Integrated Community Services (PICS) GP Federation	Practice is a member	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	-	31/03/2020
Atkinson, Dr Nicole	GP, South Nottinghamshire Place Clinical Lead	Member	Primary Integrated Community Services (PICS) Ltd	Partner	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	-	31/03/2020
Atkinson, Dr Nicole	GP, South Nottinghamshire Place Clinical Lead	Member	Nottingham West Primary Care Network	Clinical Director	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	01/06/2019	31/03/2020
Bainbridge, Louise	Chief Executive, Nottingham CityCare Partnership	Member	Active Partners Trust	Trustee			X		This interest will be kept under review and specific actions determined as required	01/03/2020	Present
Bainbridge, Louise	Chief Executive, Nottingham CityCare Partnership	Member	Nottingham CityCare Partnership	CEO	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	19/04/2021	Present
Ball, Alex	Director of Communications and Engagement, NHS Nottingham and Nottinghamshire CCG and ICS	Member	Keyworth Medical Practice	Registered Patient			X		This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from the decision making.	01/10/2018	Present
Bartholomeuz, Dr Thilan	GP, Clinical Lead for Mid Nottinghamshire Place (representing Mid Nottinghamshire Place)	Member	Abbey Medical Group (Blidsworth & Ravenshead)	GP Partner	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	-	31/03/2020
Bartholomeuz, Dr Thilan	GP, Clinical Lead for Mid Nottinghamshire Place (representing Mid Nottinghamshire Place)	Member	ICS Cancer Board	Cancer Lead for ICS Planned Care Board		X			This interest will be kept under review and specific actions determined as required	-	31/03/2020
Bartholomeuz, Dr Thilan	GP, Clinical Lead for Mid Nottinghamshire Place (representing Mid Nottinghamshire Place)	Member	Newgate Medical Practice	Wife is a GP Partner	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Bartholomeuz, Dr Thilan	GP, Clinical Lead for Mid Nottinghamshire Place (representing Mid Nottinghamshire Place)	Member	Millview Surgery, Mansfield	Registered Patient		X			This interest will be kept under review and specific actions determined as required		Present
Bartholomeuz, Dr Thilan	GP, Clinical Lead for Mid Nottinghamshire Place (representing Mid Nottinghamshire Place)	Member	Targeted Lung Health Check Programme in Mansfield and Ashfield	Clinical Director					This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Bartholomeuz, Dr Thilan	GP, Clinical Lead for Mid Nottinghamshire Place (representing Mid Nottinghamshire Place)	Member	Nottinghamshire Alliance Training Hub	Locality Board member	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Bartholomeuz, Dr Thilan	GP, Clinical Lead for Mid Nottinghamshire Place (representing Mid Nottinghamshire Place)	Member	Mid Nottinghamshire Primary Care Integrated Community Services (PICS)	GP Practice is a member	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Bartholomeuz, Dr Thilan	GP, Clinical Lead for Mid Nottinghamshire Place (representing Mid Nottinghamshire Place)	Member	Sherwood Primary Care Network	GP Practice is a member	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Barret, Mel	Chief Executive, Nottingham City Council	Member	No relevant interests declared	Not applicable					No interests declared		Present
Barsby, Hayley	CEO, Mansfield District Council	Member									
Brewin, John	Chief Executive , Nottinghamshire Healthcare NHS FT	Member	N/A	N/A					No interests declared		Present
Brooks, Melanie	Corporate Director for Adult Social Care and Health, Nottinghamshire County Council	Member	Not applicable	Not applicable					No interests declared		Present
Cooper, Joanna	Assistant Director, Nottingham and Nottinghamshire ICS	Member	Boots UK Orchestra	Volunteer			X		This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	2011	Present
Cooper, Joanna	Assistant Director, Nottingham and Nottinghamshire ICS	Member	Bridgeway Practice, Nottingham	Registered Patient			X		This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from the decision making.	01/01/2021	Present
Crowe, Mike	PCN Clinical Director	Member	Hucknall Road Medical Centre	GP and Partner	X				This interest will be kept under review and specific actions determined as required.		
Crowe, Mike	PCN Clinical Director	Member	Nottingham City GP Alliance	Hucknall Road Medical Centre is a member	X				This interest will be kept under review and specific actions determined as required.		
Dadge, Lucy	Deputy for the Accountable Officer,, NHS Nottingham and Nottinghamshire CCG. Director of Commissioning, NHS Nottingham and Nottinghamshire CCG	Nominated Deputy	Mid Nottinghamshire and Greater Nottingham Lift Co (public sector)	Director	X				This interest will be kept under review and specific actions determined as required.	01/10/2017	Present

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					Financial	Non - Financial	Non-financial Personal Interests	Indirect Interest		From	To
Dadge, Lucy	Deputy for the Accountable Officer, NHS Nottingham and Nottinghamshire CCG. Director of Commissioning, NHS Nottingham and Nottinghamshire CCG	Nominated Deputy	Pelham Homes Ltd - Housing provider subsidiary of Nottinghamshire Community Housing Association	Director	X		X		This interest will be kept under review and specific actions determined as required.	01/01/2008	Present
Dadge, Lucy	Deputy for the Accountable Officer, NHS Nottingham and Nottinghamshire CCG. Director of Commissioning, NHS Nottingham and Nottinghamshire CCG	Nominated Deputy	3Sixty Care Ltd - GP Federation, Northamptonshire	Chair	X		X		This interest will be kept under review and specific actions determined as required.	01/01/2017	Present
Dadge, Lucy	Deputy for the Accountable Officer, NHS Nottingham and Nottinghamshire CCG. Director of Commissioning, NHS Nottingham and Nottinghamshire CCG	Nominated Deputy	First for Wellbeing Community Interest Company (Health and Wellbeing Company)	Director	X				This interest will be kept under review and specific actions determined as required.	01/12/2016	Present
Dadge, Lucy	Deputy for the Accountable Officer, NHS Nottingham and Nottinghamshire CCG. Director of Commissioning, NHS Nottingham and Nottinghamshire CCG	Nominated Deputy	Valley Road Surgery	Registered Patient			X		This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision - making.		Present
Dadge, Lucy	Deputy for the Accountable Officer, NHS Nottingham and Nottinghamshire CCG. Director of Commissioning, NHS Nottingham and Nottinghamshire CCG	Nominated Deputy	Nottingham Schools Trust	Chair and Trustee			X		This interest will be kept under review and specific actions determined as required.	01/11/2017	Present
Dadge, Lucy	Deputy for the Accountable Officer, NHS Nottingham and Nottinghamshire CCG. Director of Commissioning, NHS Nottingham and Nottinghamshire CCG	Nominated Deputy	Primary Integrated Community Services (PICS) Ltd	Daughter has a temporary working contract with PICS as a Band 2 administrator) for the period 1st September to 2nd November 2020				X	This interest will be kept under review and specific actions determined as required.	01/09/2020	02/11/2020
Devlin, Paul	Chair, Nottinghamshire Healthcare NHS Foundation Trust	Member	CQC	Specialist Advisor		X			This interest will be kept under review and specific actions determined as required.	2017	Present
Doddy, John	Chair of the Health and Wellbeing Board, Nottinghamshire County Council										
Dray, Anne	Deputy for the Chair of CityCare Non-Executive Board member, CityCare	Nominated Deputy	Sheffield Health and Social Care NHS FT	Non-Executive Director	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision - making.	01/11/2020	Present
Dray, Anne	Deputy for the Chair of CityCare Non-Executive Board member, CityCare	Nominated Deputy	Adaptive Ideas Ltd (Provides consultancy service to NHS/Healthcare organisations	Managing Director	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision - making.		Present
Egginton, Rupert	Acting Chief Executive, Nottingham University Hospitals NHS Trust	Member	Director, Hospital Pharmacy Services (Nottingham) Ltd	Director	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision - making.		Present
Egginton, Rupert	Acting Chief Executive, Nottingham University Hospitals NHS Trust	Member	J T Egginton Ltd	Director, J T Egginton Ltd	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision - making.		Present
Elliott, Boyd	Councillor, Nottinghamshire County Council	Member									
Gribbin, Jonathan	Deputy for the Corporate Director for Adult Social Care and Health, Nottinghamshire County Council Director of Public Health, Nottinghamshire County Council	Nominated Deputy	Cornerstone Church Nottingham	Director			X		This interest will be kept under review and specific actions determined as required.	01/04/2013	Present
Gribbin, Jonathan	Deputy for the Corporate Director for Adult Social Care and Health, Nottinghamshire County Council Director of Public Health, Nottinghamshire County Council	Nominated Deputy	Nottinghamshire County Council	Employed as Director of Public Health	X				This interest will be kept under review and specific actions determined as required.	01/04/2013	Present
Gribbin, Jonathan	Deputy for the Corporate Director for Adult Social Care and Health, Nottinghamshire County Council Director of Public Health, Nottinghamshire County Council	Nominated Deputy	Nottingham University Hospitals NHS Trust	Spouse is Consultant in Obstetrics				X	This interest will be kept under review and specific actions determined as required.	01/04/2013	Present
Griffiths, Idris	Accountable Officer, Bassetlaw CCG	Member	No relevant interests declared							01/03/2021	Present
Henderson, Richard	Chief Executive, East Midlands Ambulance Service	Member	EMAS	Trustee of EMAS Charitable Funds	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present

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					Financial	Non - Financial	Non-financial Personal Interests	Indirect Interest		From	To
Heywood, Tim	GP (representing PCNs in South Nottinghamshire Place)	Member	GP Principal at Chilwell Valley and Meadows Practice	GP Principal	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making.	01/12/2016	Present
Heywood, Tim	GP (representing PCNs in South Nottinghamshire Place)	Member	Community choir in Beeston	Deputy Musical Director	X				This interest will be kept under review and specific actions determined as required.		Present
Kelly, Eric	Chair, Bassetlaw CCG	Member	Riverside Surgery	GP at Riverside Surgery	X				This interest will be kept under review and specific actions determined as required.	01/06/2007	
Kelly, Eric	Chair, Bassetlaw CCG	Member	Named GP for Safeguarding for Doncaster CCG				X		This interest will be kept under review and specific actions determined as required.	From 2010	
Kelly, Eric	Chair, Bassetlaw CCG	Member	Additional Work for out of hours service within Bassetlaw		X				This interest will be kept under review and specific actions determined as required.	01/11/2017	
Kelly, Eric	Chair, Bassetlaw CCG	Member	Chair of Bassetlaw CCG		X				This interest will be kept under review and specific actions determined as required.	01/10/2017	
Kelly, Eric	Chair, Bassetlaw CCG	Member	Yorkshire and Humber Clinical Senate	Appointed as Board member			X		This interest will be kept under review and specific actions determined as required.	01/01/2018	
Kelly, Eric	Chair, Bassetlaw CCG	Member	Bassetlaw Hospice	Working as Hospice Medical Practitioner at Bassetlaw Hospice under subcontract to DBHFT	X				This interest will be kept under review and specific actions determined as required.	01/02/2020	
Kelly, Eric	Chair, Bassetlaw CCG	Member	Riverside Practice are the Provider of the Special Allocation Scheme previously known as Violent Patient Scheme		X				This interest will be kept under review and specific actions determined as required.	23/04/2020	
Kelly, Eric	Chair, Bassetlaw CCG	Member	Clinical Lead for out of hours service		X				This interest will be kept under review and specific actions determined as required.	07/07/2020	
Larder, Rebecca	Deputy for the ICS Executive Lead Programme Director, Nottingham and Nottinghamshire ICS	Nominated Deputy	Nottingham Trent University	Visiting Fellow,Nottingham Business School			X		This interest will be kept under review and specific actions determined as required.	01/12/2017	Present
Lunn, Gavin	GP (representing PCNs in Mid Nottinghamshire Place)	Member	GP Practitioner and partner at Brierley Hill Medical Centre		X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
McLean, Kathy	Independent Chair, Nottingham and Nottinghamshire ICS	Member	Married to a GP in a practice which refers to the Trust	Loyalty Interests				X	This interest will be kept under review and specific actions determined as required.	01/08/2019	Present
McLean, Kathy	Independent Chair, Nottingham and Nottinghamshire ICS	Member	Spouse is trustee of Treetops Hospice	Loyalty Interests				X	This interest will be kept under review and specific actions determined as required.	01/08/2019	Present
McLean, Kathy	Independent Chair, Nottingham and Nottinghamshire ICS	Member	Private limited company to offer health related advice - Kathy McLean Limited	Outside Employment	X	X			This interest will be kept under review and specific actions determined as required.	04/09/2019	Present
McLean, Kathy	Independent Chair, Nottingham and Nottinghamshire ICS	Member	Non Executive Director, Barts Health NHS Trust	Outside Employment	X	X			This interest will be kept under review and specific actions determined as required.	01/12/2019	Present
McLean, Kathy	Independent Chair, Nottingham and Nottinghamshire ICS	Member	Occasional advisor/inspector for the Care Quality Commission	Outside Employment		X			This interest will be kept under review and specific actions determined as required.	28/09/2019	Present
McLean, Kathy	Independent Chair, Nottingham and Nottinghamshire ICS	Member	Senior clinical advisor to Public Sector Consultancy	Outside Employment	X	X			This interest will be kept under review and specific actions determined as required.	02/02/2021	Present
McLean, Kathy	Independent Chair, Nottingham and Nottinghamshire ICS	Member	Lay advisor to a Trust Board, NHS England/Improvement	Outside Employment	X	X			This interest will be kept under review and specific actions determined as required.	22/02/2021	Present
McLean, Kathy	Independent Chair, Nottingham and Nottinghamshire ICS	Member	Trust Chair , University Hospitals of Derby and Burton NHS Foundation Trust	Outside Employment	X	X			This interest will be kept under review and specific actions determined as required.	01/08/2019	Present
McLean, Kathy	Independent Chair, Nottingham and Nottinghamshire ICS	Member	Spouse is a shareholder in NEMS CiC	Loyalty Interests	X				This interest will be kept under review and specific actions determined as required.	01/02/2021	Present
McLean, Kathy	Independent Chair, Nottingham and Nottinghamshire ICS	Member	Trustee on NHS Providers Board	Loyalty Interests				X	This interest will be kept under review and specific actions determined as required.	24/06/2021	Present
Morton, Eric	Chair, Nottingham University Hospitals NHS Trust	Member	Chair Nottingham University Hospitals NHS Trust		X				This interest will be kept under review and specific actions determined as required.		Present
Naylor, Mike	Deputy for the Chief Executive, East Midlands Ambulance Service Director of Finance, East Midlands Ambulance Service	Nominated Deputy	EMAS	Trustee of EMAS Charitable Funds	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Porter, Dr Hugh	Interim Lead for Nottingham City Place (Representing Nottingham City Place) GP and Clinical Director	Member	Nottingham City GP Alliance	The University of Nottingham Health Service is a member	X				This interest will be kept under review and specific actions determined as required.	01/04/2013	Present

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					Financial	Non - Financial	Non-financial Personal Interests	Indirect Interest		From	To
Porter, Dr Hugh	Interim Lead for Nottingham City Place (Representing Nottingham City Place) GP and Clinical Director	Member	The University of Nottingham Health Service (UNHS) which provides primary care services under a GMS contract, is a hub practice for primary care research delivery for Nottingham City CCG and undertakes occasional primary care research for local, national (such as (NIHR) and private sector pharmaceutical research projects beyond that through its role as a Hub research practice for the CCG.	Executive Partner	X				This interest will be kept under review and specific actions determined as required.	01/04/2013	Present
Porter, Dr Hugh	Interim Lead for Nottingham City Place (Representing Nottingham City Place) GP and Clinical Director	Member	UNICOM Healthcare LLP, which provide non-GMS primary care services	Director	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	01/04/2013	Present
Porter, Dr Hugh	Interim Lead for Nottingham City Place (Representing Nottingham City Place) GP and Clinical Director	Member	NEMS Healthcare Ltd	Shareholder	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	01/04/2013	Present
Porter, Dr Hugh	Interim Lead for Nottingham City Place (Representing Nottingham City Place) GP and Clinical Director	Member	University of Lincoln Health Service	Practice (Cripps) has successfully procured a contract to run the service, i.e. the GP practice that looks after the University of Lincoln	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	01/04/2013	Present
Porter, Dr Hugh	GP, Clinical Director and Interim Lead for Nottingham City Place (representing Nottingham City Place Based Partnerships)	Member	NEMS Healthcare Ltd	Spouse is a shareholder				X	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	01/04/2013	Present
Porter, Dr Hugh	GP, Clinical Director and Interim Lead for Nottingham City Place (representing Nottingham City Place Based Partnerships)	Member	Hub practice for Nottingham and Nottinghamshire CCG	Partner	X				This interest will be kept under review and specific actions determined as required.	01/04/2013	Present
Porter, Dr Hugh	GP, Clinical Director and Interim Lead for Nottingham City Place (representing Nottingham City Place Based Partnerships)	Member	Local Authority	Cripps Practice provide contraceptive and sexual health services under national agreements	X				This interest will be kept under review and specific actions determined as required.	01/04/2013	Present
Porter, Dr Hugh	GP, Clinical Director and Interim Lead for Nottingham City Place (representing Nottingham City Place Based Partnerships)	Member	Overdale and Breaston Practice in Derbyshire	Partner	X			X	This interest will be kept under review and specific actions determined as required.	01/04/2013	Present
Poynor, Stuart	ICS Finance Director, and Chief Finance Officer and Deputy Accountable Officer, Nottingham and Nottinghamshire CCG	Member	NHS Nottingham & Nottinghamshire CCG	Chief Finance Officer	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Poynor, Stuart	ICS Finance Director, and Chief Finance Officer and Deputy Accountable Officer, Nottingham and Nottinghamshire CCG	Member	University Hospitals of Derby and Burton NHS Foundation Trust	Spouse is employed as Integration Project Manager				X	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Robinson, Paul	Interim Chief Executive, Sherwood Forest Hospitals NHS Foundation Trust	Member	No relevant interests declared	N/A					No interests declared	01/10/2021	Present
Steele, Fran	Director of Strategic Transformation, North Midlands, NHS England and Improvement	Member	Nottingham University Hospitals NHS Trust	Sister is a Non-Executive Director				X	This interest will be kept under review and specific actions determined as required.	Apr-20	Mar-22

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					Financial	Non - Financial	Non-financial Personal Interests	Indirect Interest		From	To
Sullivan, Amanda	Accountable Officer, NHS Nottingham and Nottinghamshire CCG Interim Executive Lead, Nottingham and Nottinghamshire ICS	Member	Hillview Surgery	Registered patient			X		This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	2013	Present
Sunderland, Sue	Deputy for Non-Executive Director , NHS Nottingham and Nottinghamshire CCG Non Executive Director, Nottingham and Nottinghamshire CCG	Nominated Deputy	NHS Bassetlaw CCG	Governing Body Lay member		X			This interest will be kept under review and specific actions determined as required.	16/12/2015	Present
Sunderland, Sue	Deputy for Non-Executive Director , NHS Nottingham and Nottinghamshire CCG Non Executive Director, Nottingham and Nottinghamshire CCG	Nominated Deputy	Inclusion Healthcare Social Enterprise CIC (Leicester City)	Non-Executive Director					This interest will be kept under review and specific actions determined as required.	16/12/2015	Present
Towler, Jon	Non-Executive Director , NHS Nottingham and Nottinghamshire CCG	Member	Sherwood Medical Practice	Registered patient			X		This interest will be kept under review and specific actions determined as required. - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision making.	-	Present
Towler, Jon	Non-Executive Director , NHS Nottingham and Nottinghamshire CCG	Member	Major Oak Medical Practice, Edwinstowe	Family members are registered patients				X	This interest will be kept under review and specific actions determined as required.	-	Present
Towler, Jon	Non-Executive Director , NHS Nottingham and Nottinghamshire CCG	Member	YPO - a public owned central purchasing body based in Wakefield, Yorkshire. It is owned and governed by a consortium of county, metropolitan and borough councils in Yorkshire and The North West England. It provides a wide range of resources and services to schools, councils, charities, emergency services, and other public sector organisations.	Independent Director (remunerated)	X				This interest will be kept under review and specific actions determined as required.	01/10/2020	Present
Underwood, Catherine	Deputy for Chief Executive, Nottingham City Council Corporate Director of People, Nottingham City Council	Nominated Deputy	No relevant interests declared	Not applicable					No interests declared	-	-
Waddingham, Rosa	Chief Nurse, NHS Nottingham and Nottinghamshire CCG and ICS	Member	No relevant interests declared	Not applicable					No interests declared	-	-
Ward, Claire	Chair, Sherwood Forest Hospitals NHS FT	Member	Capewells Limited	Owner of consultancy pharmacy	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Wright, Sheila	Deputy for Chair, Nottinghamshire Healthcare NHS Foundation Trust Non-Executive Director, Nottingham and Nottinghamshire Healthcare NHS Trust	Nominated Deputy	Improving Lives Nottingham	Trustee			X		This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Wright, Sheila	Deputy for Chair, Nottinghamshire Healthcare NHS Foundation Trust Non-Executive Director, Nottingham and Nottinghamshire Healthcare NHS Trust	Nominated Deputy	Nottinghamshire Age UK	Chair	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Williams, Adele	Councillor, Nottingham City Council	Member	Director of Thomas Bow City Asphalt	Director	X	X			This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Williams, Adele	Councillor, Nottingham City Council	Member	Co-operative Party	Member	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Williams, Adele	Councillor, Nottingham City Council	Member	Sherwood Ward Councillor and Portfolio Holder Adults and Health	Member	X	X			This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	01/05/2021	Present
Williams, Adele	Councillor, Nottingham City Council	Member	Chair of Nottingham City Health and Wellbeing Board			X			This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making	01/05/2021	Present
Williams, Adele	Councillor, Nottingham City Council	Member	Labour Party	Member	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Williams, Michael	Chair, Nottingham CityCare Partnership	Member	Chair Nottingham CityCare	Chair	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present
Williams, Michael	Chair, Nottingham CityCare Partnership	Member	Chair of SAGE	Chair	X				This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this interest but be excluded from the decision making		Present

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Wynne, Alison	Deputy for Chief Executive Nottingham University Hospitals Trust Director of Strategy, Nottingham University Hospitals Trust	Nominated Deputy	Spouse is Executive Medical Director at University Hospitals of Derby and Burton NHS Foundation Trust					X	This interest will be kept under review and specific actions determined as required.		Present

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ICS Board Declarations of Interest Made During Meetings

Meeting	Meeting date	ICS Member	Declaration of conflict	Action taken to mitigate