Integrated Care System
Nottingham & Nottinghamshire

Nottingham City Council | Nottinghamshire County Council | NHS

Integrated Care System Board
Meeting in Public

Thursday 6 May 2021 15:30 – 16:40
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
Catherine Underwood from 16:30	Corporate Director of People, Nottingham City Council
Eric Morton	Chair, Nottingham University Hospitals NHS Trust
Fran Steele from 15:50	Director of Strategic Transformation, North Midlands, NHSEI
Gavin Lunn	GP (representing PCNs in Mid Nottinghamshire ICP)
Hugh Porter	GP, Clinical Director and Interim Lead for Nottingham City ICP (representing Nottingham City ICP)
John Brewin	Chief Executive, Nottinghamshire Healthcare NHS Foundation Trust
Jon Towler	Non-Executive Director, Nottingham and Nottinghamshire CCG
Kathy McLean	ICS Independent Chair
Louise Bainbridge	Chief Executive, Nottingham CityCare Partnership
Michael Williams	Chair, Nottingham CityCare Partnership
Mike Crowe	GP and PCN Clinical Director (representing PCNs in Nottingham City ICP)
Nicole Atkinson	GP, Nottingham and Nottinghamshire ICS Clinical Lead and South Nottinghamshire ICP Clinical Lead
Paul Devlin	Chair, Nottinghamshire Healthcare NHS Foundation Trust
Richard Henderson	Chief Executive, East Midlands Ambulance Service
Richard Mitchell	Chief Executive, Sherwood Forest Hospitals NHS Foundation Trust
Rosa Waddingham from 16:30	Chief Nurse, Nottingham and Nottinghamshire CCG and ICS
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)
Tracy Taylor	Chief Executive, Nottingham University Hospitals Trust

In attendance

Name	Organisation
Joanna Cooper	Assistant Director, Nottingham and Nottinghamshire ICS
Rebecca Larder	Programme Director, Nottingham and Nottinghamshire ICS
Nicole Chavaudra (Items 1-4)	Nottingham and Nottinghamshire Covid Vaccination Programme Lead

Apologies

Name	Organisation
Jonathan Gribbin	Director of Public Health, Nottinghamshire County Council
Kevin Rostance	Chair, Health and Wellbeing Board, Nottinghamshire County Council
Mel Barrett	Chief Executive, Nottingham City Council
Melanie Brooks	Corporate Director Adult Social Care and Health, Nottinghamshire County Council
Tony Harper	Councillor, Nottinghamshire County Council

1. Welcome and introductions

KM welcomed colleagues to the meeting and noted that the meeting is not quorate as there are no representatives from Nottinghamshire County Council. Under the Terms of Reference the meeting continued and ratification of any decisions will be sought as necessary at the next meeting.

Board noted that local elections for County Council and Police and Crime Commissioner are taking place on 6 May.

KM updated Board on changes to the membership of ICS Board. Saying thank you and goodbye to:

- Lyn Bacon who retired on 16 April. Wishing Lyn a happy retirement and thanking for long service on ICS Board on behalf of Citycare and as People and Culture SRO.
- John MacDonald who is on a secondment to University Hospitals of Leicester NHS Trust for one year.
- Jonathan Harte who has stood down from the role of City PCN Clinical Director. Jonathan looks forward to continuing to work with colleagues as Chair of Nottingham City General Practice Alliance and as a practice member of BACHS PCN.
- Cllr. Eunice Campbell-Clark who has stepped down from the ICS Board due to a change in portfolio at Nottingham City Council.

A warm welcome to new colleagues: Louise Bainbridge, Claire Ward and Mike Crowe.

2. Conflicts of Interest and Register of Interests for key ICS Roles

Board noted the Declarations of Interest Register circulated with the papers and that there have been no additional interests declared during meetings in public in this last period.

PD highlighted that one interest is now closed on the register due to the end of his term as Chair of Lincolnshire Partnership NHS Foundation Trust being reached.

AW to amend interests related to new portfolio and advise.

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

ACTIONS: Declarations of Interest Register to be updated.

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. KM advised in relation to action B285 that work is underway to develop a programme for the ICS Board development sessions.

4. Tackling Health Inequalities as part of the Covid-19 Vaccination Programme

AB and NC presented the circulated report on how the system has tackled health inequalities as part of the Covid-19 vaccination programme.

Board noted the activity delivered to date, the cross-system work to tackle health inequalities within the Covid-19 vaccination programme and endorsed the on-going delivery of the action plan. Board members highlighted the following key points:

- TB thanked staff delivering the programme and members of public taking up the vaccination. TB highlighted the need to learn from progress to date, and to implement this as part of a vaccination booster programme.
- JT asked for clarification on whether the City Council Contact Centre initiative to call citizens had been successful and if plans were in place to support those with a BMI over 30. NC confirmed that calls have been successful in some cases to increase uptake, however, the calls have been more useful to gather soft intelligence on reasons for vaccine hesitancy. Conversations with trusted clinicians have supported uptake. Plans are in place for those with a BMI over 30, in particular to engage men through workplaces.
- NA emphasised the importance of trusted clinicians discussing vaccine uptake with patients and citizens.
- AW highlighted that Local Authority support has been critical to reaching parts of communities that traditional processes cannot.
- JB advised that a lessons learned exercise is underway to inform the next phase of implementation and related system work.

5. ICS Partnership Agreement

KM presented the circulated Partnership Agreement and thanked members of the Board and their organisations for supporting broad engagement of this work to date. Feedback from partners has been incorporated into the agreement to support ICS Board working. Whilst the audience is ICS Board members, there is an appetite for a broader scale agreement to be developed, which will be taken forward. KM advised that the agreement in its current form has been endorsed by the System Executive Group.

KM emphasised that ICS Board members will need to offer each other a high degree of support and a high degree of challenge in upholding the principles and ways of working. It was suggested that this be the subject of a future ICS Board development session, and that Board are held to account at every meeting.

Board members noted the following key points:

- AS advised that the intention is to build the Agreement into papers and through ICS committees to truly embed into system working.
- RM gave full support, in particular to the principles outlined which are helpful to guide the approach to constructive system working.
- TH supported the document and the principles proposed.
- TB emphasised that the agreement is equally applicable to front line staff and that there is a need to embed across whole system. KM suggested that Board members may want to consider sharing the Agreement with senior teams within organisations to support this.
- AW welcomed the commitment to tie into how partners work together, but would welcome the agreement being strengthened in relation to the voluntary and community sector, and communities. AW will take the agreement through Nottingham City Council governance processes to ensure an open and transparent process to truly engage citizens.

Board agreed to sign up to the Partnership Agreement and use this as a working document over the coming period.

6. ICS Outcomes Framework: Benchmarking and Outcome Framework in Action

AS presented the circulated papers on the ICS Outcomes Framework emphasising the system ambition to bring the Outcomes Framework to life by embedding and using it as a tool to drive transformation. A quarterly review of this data at Board is proposed to demonstrate the current position and progress.

Board noted the baseline review and following key points:

- HP observed that the baseline highlights inequalities, and also urged caution in taking a performance management approach. HP suggested that further consideration be given to taking a strength based approach to enable citizens to be active rather than passive. AS agreed and advised that this is being taken forward in the work to embed the Outcomes Framework.

- RM is supportive of the approach but suggested that the output measures need to be prioritised. RM highlighted that the lag times are long in some cases and queried the validity of these measures. RM suggested that Board give consideration to what the maximum timeframe should be, and whether measures should be included where there are no specific actions being taken to address. AS agreed and suggested that this is taken forward in developing the approach to quarterly reporting of the Outcomes Framework.
- JT is supportive of the direction of travel, however, remains concerned about analytical capacity. AS advised that resource is being realigned to support this work.
- AW highlighted the time lag in data and the need to maintain a focus on core outcomes, rather than activity. AW interested in how public health analytical resource can support this work. KM reflected that it would be useful to make these connections. AS highlighted that learning from the Data Cell approach, which engages analysts from across the system, is being used as the basis for the model of future working.
- TT highlighted the need to look at more detailed indicators as a sense check to progress.

Board agreed to receive quarterly reports on the Outcomes Framework, and that this links to Place based working.

AS presented the second paper which brings the Outcomes Framework to life. The approach was supported at System Executive Group and three signature areas signalling new ways of working are proposed: a) Community care transformation; b) Children and Young People; and c) Integration of Person Centred commissioning.

Board noted the report and highlighted:

- TT welcomed the focus on children and young people.
- HP welcomed the fit with a Place approach and children and young people. HP highlighted that the impact of Covid-19 may be reflected in outcomes.
- MW suggested that the analysis of outcomes should be focussed on asking 'what does this mean?'. MW highlighted that it will be interventions at place level around wider determinants that will make a profound difference.
- AB highlighted that the proposed signature areas are meaningful areas for citizens. AB and colleagues will support through a joined up approach to engagement.
- EM agreed with the proposed areas and highlighted that from a citizen perspective the focus should be on looking to restore access to previous services.
- AW welcomed the focus on children and young people. AW asked that consideration be given to providing leadership support to schools to become more healthy and inclusive environments.

Board agreed the approach to using the Outcomes Framework to drive and monitor clinical transformation, and the identified transformation areas to trial this approach.

7. Integrated Care Partnerships Delivery Priorities for 2021/22

HP presented the circulated report from City ICP. City ICP has reviewed cohort priorities and have agreed to continue each priority. A funding bid is being submitted to support. Work has been undertaken to engage citizens and feedback is included in the report. HP would welcome a discussion on Healthwatch engagement at a future meeting.

JB presented the circulated report from South Nottinghamshire ICP and emphasised the work on developing multidisciplinary teams and that a powerful community voices events was held giving the ICP valuable feedback.

RM presented the circulated report from Mid Nottinghamshire ICP. The proposed priorities are to be discussed at a future ICP Board meeting for agreement.

KM welcomed the approach and noted the maturity assessments included in the papers. KM suggested that at future meetings Board would welcome data, and confirmation of any support needed from ICS Board members.

CW would welcome City ICP sharing the outcomes and learning from City workshops across the system to facilitate system learning. HP welcomed this, and will look to build this into a future board development session.

KM proposed that this item is moved higher up on the Board agenda for future meetings to allow more time for discussion.

8. Integrated Performance and Finance Reports, including report from the Transition and Risk Committee

AS presented the circulated year end Integrated Performance and Finance Reports in particular highlighting the success of the vaccination programme, restoration of services, and looking after staff and workforce offers put in place.

Plans have been developed for the first part of year in line with 2020/21 approach to respond to legislative framework.

AS emphasised that an ICS Transition and Risk Committee has been developed to support the system response to emerging ICS policy and legislation. A number of work-streams have been established to support this transition, and work is underway to embed clinical leadership and engagement across the system.

There is a challenging financial position which will need to be resolved.

A change in how performance is reported to ICS Board is proposed. Going forward the newly established Performance Group will oversee operational detail and report by exception to the System Executive Group. Future reports to ICS Board will be for oversight and high level discussion as needed.

9. Review of Meeting against Partnership Agreement

KM highlighted the need to discuss future meeting arrangements and timing. KM would like to move to allowing questions from the public at future meetings.

KM sought views from Board members on how the Partnership Agreement was met at this meeting:

- TH felt that openness was hampered somewhat by the length of this meeting.
- RM reflected that this was a good conversation, but the timing hampered discussion. RM offered to discuss with CW the timing of SFH meetings to support.

KM highlighted the Kings Fund report circulated with the meeting papers, which Nottingham and Nottinghamshire colleagues contributed to.

Time and place of next meeting:
1 July 2021, 15:30 – 17:30

ICS Board 1 July 2021: 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
B288							
B289							
B290							

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

ICS Board Meeting Log 2020/21	Decisions

Completed
Ongoing
Outstanding

Reference Number	Discussion/Rationale	Decision	Date	Update/Comment	Decision Owner	Deadline	Status
ICSB - D018	Item 3. Minutes of 12 November ICS Board meeting and action log	The minutes of the meeting held on 12 November 2020 were agreed as an accurate record of the meeting by those present. The action log and updates were noted.	10/12/2020	Uploaded to ICS website	Rebecca Larder		Completed
ICSB - D019	Item 3. Minutes of 10 December ICS Board meeting and action log	The minutes of the meeting held on 10 December 2020 were agreed as an accurate record of the meeting by those present. The action log and updates were noted	21/01/2021		Joanna Cooper		Completed
ICSB - D020	Item 6.Clinical and Community Services Strategy Update	Board agreed that Wave 2 Clinical and Community Services Strategies are released to be included in system prioritisation and strategic planning.	21/01/2021		Tracy Taylor and Nicole Atkinson		Completed
ICSB - D021	Item 3. Minutes of 21 January ICS Board meeting and action log	The minutes of the meeting held on 21 January 2021 were agreed as an accurate record of the meeting by those present. The action log and updates were noted. Open actions on the log to be reviewed and considered against discussions taken in the Confidential session.	18/02/2021		Joanna Cooper		Completed
ICSB - D022	Item 6.People and Culture: Update on the delivery of the ICS People Plan 2020/21	Board agreed the following recommendations: •That the system approach to workforce planning, development and delivery is across all system partners and integrated into the system planning approach with a commitment from all partners to supply appropriate data. •That People and Culture reports, including risks, be added to the Board's Forward Programme. •That the System Executive Group consider the deployment of resources to create protected system capacity to enable delivery of the ICS People Plan.	18/02/2021	Item discussed at the System Executive Group	Lyn Bacon		Completed
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							
ICSB - D025							
ICSB - D026							
ICSB - D027							
ICSB - D028							

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									
NUH																			
Chair	A	A	A	A	A	A	A	A	A	A									
Chief Executive	A	A	A	A	A	A	A	A	A	A									
SFH																			
Chair	Apols	A	A	D	D	A	A	D	D	A									
Chief Executive	D	A	A	A	A	A	A	A	A	A									
NHCT																			
Chair	A	A	A	A	A	A	A	A	A	A									
Chief Executive	Apols	A	A	D	A	A	A	A	A	A									
CCGs																			
Accountable Officer	D	A	A	A	A	A	A	A	A	A									
Lay Chair	A	Apols	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									
Chief Executive's Representative	A	Deputy	A	A	Apols	A	Apols	A	A	A									
Councillor	A	A	Apols	A	A	A	A	A	A	N/A									
County Council																			
Chief Executive's Representative	A	A	Apols	A	Apols	A	A	Apols	Apols	Apols									
Councillor	Apols	Apols	A	A	Apols	A	A	A	Apols	Apols									
Chair, Health and Wellbeing Board	A	Apols	Apols	Apols	Apols	A	A	A	A	Apols									
EMAS																			
Chief Executive	D	Apols	A	A	A	A	A	A	A	A									
NHSEI																			
Director of Strategic Transformation, North Midlands					A	A	Apols	A	A	A									
Nottingham CityCare Partnership																			
Chief Executive	A	A	A	A	A	A	A	A	A	A									
Chair	Apols	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									
Representative of Mid Notts ICP on behalf of PCNs	Apols	A	A			A	A	Apols	A	A									
City ICP																			
Representative of Nottingham City ICP	A	A	A	A	Apols	A	A	A	A	A									
Representative of Nottingham City ICP on behalf of PCNs	Apols	Apols	A	A	A	Apols	A	Apols	A	A									
South ICP																			
Representative of South ICP	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									
Supporting roles																			
ICS Director of Communications and Engagement	A	A	A	A	A	A	A	A	A	A									
Clinical Director	A	A	A	A	A	A	A	A	A	A									
ICS Independent Chair	A	A	A	A	A	Apols	Apols	A	A	A									
Chief Nurse	A	A	Apols	A	A	A	A	A	A	A									
ICS Finance Director	A	A	A	D	A	A	A	A	A	A									
ICS Assistant Director	A	A	A	A	A	A	Apols	A	A	A									
ICS Executive Lead	A	A	A	A	A	A	A	A	A	A									

NOTTINGHAM AND NOTTINGHAMSHIRE INTEGRATED CARE SYSTEM

ICS BOARD WORK PROGRAMME 2021/22

Item	Action	Lead	July	September	November	January
Standing Business Items						
Introductions, apologies and Declarations of Interest	Note	ICS Independent Chair	/	/	/	/
Minutes and action log update	Approve	ICS Independent Chair	/	/	/	/
Report from the Independent Chair and Executive Lead	Discuss	ICS Independent Chair	/	/	/	/
Citizen Story						
Citizen Story	Note	Director of Communications and Engagement	/	/	/	/
Strategy and System Planning						
ICP updates	Discuss	ICP Executive Leads	/	/	/	/
ICS Outcomes Framework Report	Discuss	ICS Executive Lead	/		/	
Insights on Health and Wellbeing in Nottingham and Nottinghamshire	Discuss	Directors of Public Health	/			
ICS Board Partnership Agreement	Approve	ICS Independent Chair	/			
Tomorrow's NUH and Reshaping Health and Care Services for Nottinghamshire	Discuss	SRO for Tomorrow's NUH and Reshaping Health and Care Services for Nottinghamshire	TBC	TBC	TBC	TBC
Governance and Assurance						
Integrated Performance Report	Note	ICS Executive Lead	/	/	/	/

Item	Action	Lead	July	September	November	January
Report from the Transition and Risk Committee	Endorse	Chair of the Transition and Risk Committee	/	/	/	/
Report from the Quality Committee	Endorse	Chair of the Quality Committee	/	/	/	/
Report from the Finance Committee	Endorse	Chair of the Finance Committee	/	/	/	/
ICS Governance	Approve	ICS Executive Lead	/	/		
Register of Interest for Key ICS Roles	Approve	ICS Independent Chair			/	
ICS Annual General Meeting	Note	ICS Independent Chair	TBC	TBC	TBC	TBC
Closing Items						
Questions from members of the public relating to items on the agenda	Discuss	ICS Independent Chair	/	/	/	/
Review of meeting against Partnership Agreement	Discuss	ICS Independent Chair	/	/	/	/

Integrated Care System
Nottingham & Nottinghamshire

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Item Number:	4	Enclosure Number:	B1
Meeting:	ICS Board		
Date of meeting:	1 July 2021		
Report Title:	Improving Musculoskeletal Health in the Mid Nottinghamshire Place		
Sponsor:	Thilan Bartholomeuz		
ICP Lead:	Lorraine Palmer, Thilan Bartholomeuz		
Clinical Sponsor:			
Report Author:	Jane Ferreira, Head of MSK Together		
Enclosure / Appendices:			

Summary:

Developing MSK Together is a priority for Mid-Notts ICP. The integrated MSK service is moving towards a population health, value based approach to service transformation, using existing resources to get the best outcomes for the population we serve. This presentation will provide highlights of the progress of MSK Together moving towards value based healthcare with the support of the Oxford Centre for Triple Value Healthcare (3V).

The purpose of the presentation is to provide the ICS Board with the patient perspective on the MSK service which will underpin the future development of the service, and future MSK Together progress reports will be delivered as part of the ICP update report at ICS Board.

Actions requested of the ICS Board

To receive the report and note the patient perspective on the MSK service.

Recommendations:

1.	To receive the report and note the patient perspective on the MSK service

Presented to:

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

Contribution to delivering System Level Outcomes Framework ambitions

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

				population	

Conflicts of Interest

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

Risks identified in the paper

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

Is the paper confidential?

☐ Yes
☒ No
☐ Document is in draft form

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

Integrated Care System
Nottingham & Nottinghamshire

ICS Board 1 July 21: Item 4. Enc B2.

MSK Together – moving towards value improvement, a patients perspective

Debs Dulake – Patient representative MSK Together

Jane Ferreira - Head of MSK Together

1st July 2021

Integrated Care System
Nottingham & Nottinghamshire

Background

- In 2018 MSK Together started to create an integrated community, but it is only the start
- In 2020 MSK Together (supported by 3V) developed a population based, continuous value improvement approach to service delivery to improve patient and population outcomes – but there is much work to do
- Further developing MSK Together was presented as a priority for Mid-Notts to the ICS Board in May
- This presentation provides the Board with the patient perspective on the MSK service which will underpin the future development

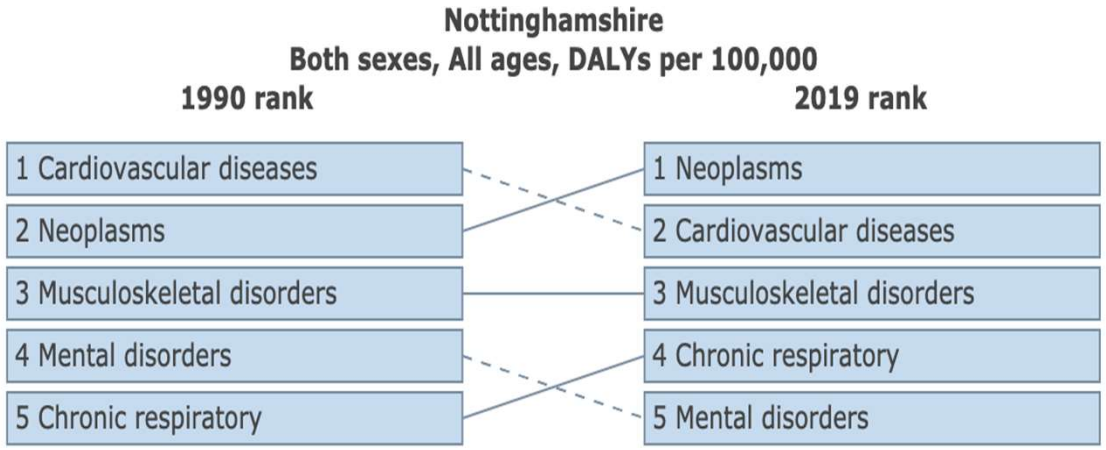
Integrated Care System
Nottingham & Nottinghamshire

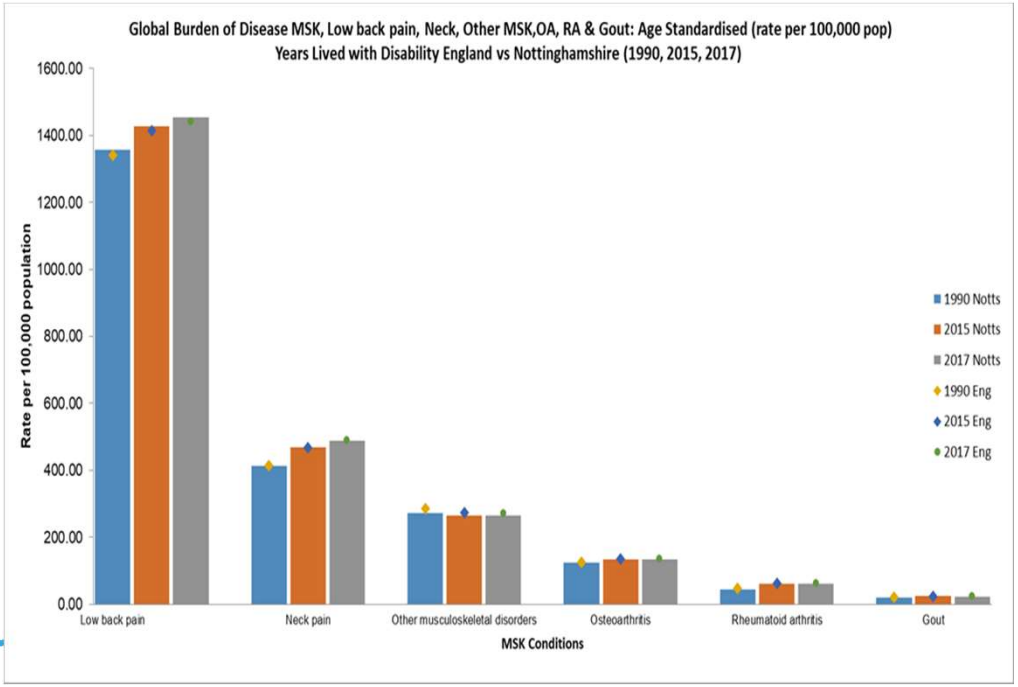
What did we find?

- MSK conditions are a major contributor to a reduced healthy life expectancy

- Low back and neck pain are the biggest contributors to years lived with MSK-related disability in Nottinghamshire

Contributor in rank order to a shorter healthy life-expectancy





Source: NECS analysis

Integrated Care System
Nottingham & Nottinghamshire

What did our patients and staff tell us?

"There are lots of opportunities for improvement"

"You're left to fend for yourself … you don't know who to go to to ask questions."

"Knowing helps me deal with it."

"Care doesn't feel integrated"

"We don't all measure the same outcomes or share them."

Integrated Care System
Nottingham & Nottinghamshire

What do we want?

- Developing MSK Together based around a programme budget, making decisions that are under pinned by value improvement to get the best patient and population outcomes is a priority for the Mid-Notts ICP

- We don't want more resources, we want to use existing resources where it provides the greatest benefit to improve healthy life expectancy for the people we serve

- Our focus is on improving outcomes within the resource envelope we have; delivering the triple aim

- In 19/20 we increased healthy life expectancy for people with back pain by 7052 quality adjusted years, utilising 29 interventions whilst spending £3.8m – we think we can do better

Integrated Care System
Nottingham & Nottinghamshire

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Item Number:	5	Enclosure Number:	C
Meeting:	ICS Board		
Date of meeting:	1 July 2021		
Report Title:	Report from the ICS Independent Chair and ICS Executive Lead		
Sponsor:	Kathy McLean and Amanda Sullivan		
ICP Lead:			
Clinical Sponsor:			
Report Author:	Rebecca Larder and Joanna Cooper		
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 ICP	Nottingham City ICP	South Nottingham-shire ICP
☐	☐	☐	☐	☐

Contribution to delivering System Level Outcomes Framework ambitions

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

Conflicts of Interest

☒ No conflict identified
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Risks identified in the paper

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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

1 July 2021

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. Our report this month highlights some key areas for Board members to note.

Feedback on key meetings

Over the coming period, Kathy is having a further round of one-to-one engagement meetings with ICS Board members.

Feedback from the Monthly System Review Meeting on 15 June

On 15 June the quarterly ICS stocktake meeting took place chaired by Fran Steele at NHSEI. Key issues for Nottingham and Nottinghamshire arising out of the meeting include:

- Workforce capacity to continue to deliver a strong Covid-19 vaccination programme.
- Continuing to iterate the System Development Plan to align with national and local priorities.
- The development of provider collaboratives and place based partnerships.
- Our system plans for the current financial year.
- Concerns across the region related to challenges with Mental Health workforce. We have plans in place to address this and have had some recent success with innovative recruitment campaigns.
- Our system approach to quality.

ICS Board development session on 3 June

On 3 June ICS Board held a development session to spend dedicated time to consider and progress key elements of our ICS design framework in the context of our shared purpose and agreed ways of working together:

- ICS Partnership
- Provider Collaboratives
- Place Based Partnerships (currently known as ICPs) development

Key actions arising from the workshop have been incorporated into transition work streams establishing the ICS and will be fed back at a future Board meeting as necessary.

Universities for Nottingham

The Universities for Nottingham initiative is a pioneering collaboration, which brings together the combined strength and civic missions of Nottingham's two world-class universities. The ambition is the universities and local partners to work closely together to unlock the talent and expertise of our two universities. Together, we want to help drive improvements in economic prosperity, educational opportunity, health and wellbeing and environmental sustainability across our region.

The Universities for Nottingham Civic Agreement sets out an action plan for how our two universities, together with our partners, will further improve the lives of the people of Nottingham and Nottinghamshire. In light of the COVID-19 pandemic, we need to pull together like never before to ensure our communities and economy recover and thrive. The Agreement has therefore been brought together at pace, with pragmatism and realism. It follows extensive consultation, including over 400 hours of conversation between over 150 local partners and colleagues across both universities.

Read the very first Universities for Nottingham Civic Agreement **here**

A Civic Forum has been establishing meeting twice annually to oversee this work. A work-stream giving further consideration to developing anchor organisations has also been established.

PCN Conference: PCN's 2 Years on and the Development of 'Place' on 24 June

A virtual conference is taking place on 24 June to provide colleagues from across the system the opportunity to hear from national senior policy makers and leaders within NHSEI and the Kings Fund.

ICS Design Framework

The ICS Design Framework was published by NHSEI on 16 June. The White Paper on Health Care Reform described the core purpose of an ICS being to:

- 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.

It outlined the key components to enable ICSs to deliver their core purpose, including:

- Strong place-based partnerships between the NHS, local councils and voluntary organisations, local residents, people who access service their carers and families, leading the detailed design and delivery of integrated services within specific localities (in many places, long-established local authority boundaries), incorporating a number of neighbourhoods

- Provider collaboratives, bringing NHS providers together across one or more ICSs, working with clinical networks and alliances and other partners, to secure the benefits of working at scale.

It also described the dual governance of an ICS NHS Board, responsible for delivering health and care improvement across NHS care, and an ICS Health and Care Partnership, responsible for outlining and managing the collaboration of services across and beyond the partnership to improve health and wellbeing jointly convened by the NHS and local authorities.

The ICS Design Framework sets out the next steps for the development of Integrated Care Systems, subject to Parliamentary approval in 2021. It builds on previous publications to capture the headline ambitions for how NHS England will expect leaders and organisations to operate with their partners in ICSs from April 2022.

The document begins to describe future ambitions for:

- The functions of the ICS Partnership to align the ambitions, purpose and strategies of partners across each system
- The functions of the ICS NHS body, including planning to meet population health needs, allocating resources, ensuring that services are in place to deliver against ambitions, facilitating the transformation of services, co-ordinating and improving people and culture development, and overseeing delivery of improved outcomes for their population
- The governance and management arrangements that each ICS NHS body will need to establish to carry out those functions including the flexibility to operate in a way that reflects the local context through place-based partnerships and provider collaboratives
- The opportunity for partner organisations to work together as part of ICSs to agree and jointly deliver shared ambitions
- Key elements of good practice that will be essential to the success of ICSs, including strong clinical and professional leadership, deep and embedded engagement with people and communities, and streamlined arrangements for maintaining accountability and oversight
- The key features of the financial framework that will underpin the future ambitions of systems, including the freedom and mechanisms to use resource flexibly to better meet identified needs and to manage financial resources at system level
- The roadmap to implement new arrangements for ICS NHS bodies by April 2022 to establish new organisations, appoint leadership teams to new statutory organisations and to ensure that people affected by change are offered a smooth transition that allows them to maintain focus on their critical role in supporting recovery from the pandemic.

The Design Framework is very much in keeping with the direction of travel that we discussed at our ICS Board development session in June. We believe that the ICS Partnership will be pivotal to our developing system and will be the guiding mind for our overall strategy and plans. There is a great deal of enthusiasm to develop the Partnership as a vibrant and influential mechanism to integrate care. We are now

developing more detailed plans around how the Partnership will operate and will iterate these plans over the summer.

We have a transition programme in place, overseen by the Transitions and Risk Committee. This incorporates a work stream to ensure that safe transfer of CCG duties into the ICS NHS Body, as well as the development of governance arrangements in line with national guidance and local requirements.

Our places are well established and we have a working group in place to ensure that place-based partnerships are able to operate from 2022 in line with their delegated functions and programme budgets.

We are also developing our provider collaboratives at scale, a requirement for NHS provider organisations. We will develop our detailed plans, based on where collaboration will add value to our population through improvement of quality standards and / or access.

We recognise that clinical and care professional leadership is critical and we are developing a Clinical Transformation Partnership, bringing together clinical and care leaders to shape how services run and how they work together.

We have some very strong foundations and agreement on our system architecture to build detailed implementation plans around. We will continue to iterate and implement plans over the summer months as discussions progress locally and more detailed guidance emerges nationally.

Subject to Parliamentary approval, we are anticipating further guidance being published to aid our development as an ICS over the coming months.

System Development Plan

A System Development Plan is being produced for our system to align with national policy and submissions to NHSEI will be required throughout the financial year. The plan is being developed for a 30 June submission and has been informed by our 3 June ICS Board development session and the ICS Design Framework.

ICS Boundary

In line with emerging policy and proposed legislation, the ICS boundary is being considered to ensure alignment with Local Authorities. A national decision is awaited to confirm the boundary of our ICS and ICS Board will be updated once this is confirmed.

CQC Provider Collaborative Review on Children and Young People's Mental Health

Our system has been selected to take part in a CQC Provider Collaborative Review on children and young people's mental health. CQC are conducting seven system reviews focusing on the experiences of children and young people with existing and

emerging mental health needs who have been in contact with mental health services during the pandemic period. This review will take place week commencing 28 June with interviews being held with colleagues from across the system.

Public Inquiry into Covid-19 in 2022

A national Statutory Public Inquiry into Covid-19 is planned for 2022. We have been advised that any organisation could be required to provide evidence for the inquiry, and individuals may be mandated to attend to give evidence under oath. To prepare, system and organisation leaders are considering key areas of action now:

- ensuring robust and comprehensive records management – including restoration/recovery and future decisions
- embedding systematic approaches to log key leavers, carry out exit processes and retain contact details, access to emails
- considering wellbeing support for staff who may have to provide evidence
- appointing a named inquiry lead
- consider 'heat map' of all key decisions made – since January 2020 – audit trail needs to be in place, including who was 'in the room' for all key decisions – key decisions are not just those made rapidly, but those where we may have 'fallen out with national or regional teams'
- confirm the list of all key decision makers during the pandemic – SROs, AOs, etc.
- consider records management as a required training topic

SOF consultation response

A consultation document was published by NHS England & NHS Improvement in March 2021 for the establishment of the new oversight framework for the NHS. Feedback on the consultation to support the development of the System Oversight Framework (SOF) was requested by the 14th May 2021. It will set consistent expectations of systems and their constituent organisations and match accountability for results with improvement support. There will be a partnership approach between regional teams and ICSs in the oversight process and in support of individual organisations, linked to system development.

Through the System Executive Group, a survey collated responses from partner organisations to enable a system response to be provided to the consultation. There was broad agreement with the document, with additional information requested in relation to the application of the 'Recovery Support Programme' and comments submitted relating to ensuring balance across the six themes proposed.

The framework is expected to be published at the end of June, with initial assessments being made nationally as to the determination of system and organisational 'Segment' positions for 2021/22.

Integrated Care System
Nottingham & Nottinghamshire

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Item Number:	6	Enclosure Number:	D1
Meeting:	ICS Board		
Date of meeting:	1 July 2021		
Report Title:	ICS Partnership Agreement		
Sponsor:	Kathy McLean, ICS Independent Chair		
ICP Lead:			
Clinical Sponsor:			
Report Author:	Rebecca Larder, ICS Programme Director, and Joanna Cooper, Assistant Director		
Enclosure / Appendices:	Enc. D2. ICS Partnership Agreement Enc. D3. ICS Partnership Agreement Summary		

Summary:

In March, Board members revisited shared purpose and ways of working as part of an ICS development session. Members gave support for the outputs of the session to be drawn together, and further shaped, into a Partnership Agreement to guide joint working between ICS Board members during the transition period. A steer was given on the approach to developing the Agreement: keep it simple; put citizens and communities at the heart; test the proposition has meaning for local people and staff; and don't spend months developing it.

Following the development session, the Agreement has been produced with high expectations of the benefits of partnership working but also with pragmatism and at pace. The Agreement has been co-produced with over 200 people including local service users, members of the public, health and care professionals, partner organisations, ICPs and PCNs. A short one-page version of this Partnership Agreement has also been produced and is shared to support Board members in communicating shared purpose and agreed ways of working with colleagues.

Board considered the Partnership Agreement at its meeting on 6 May and endorsed the shared purpose, principles and values. The narrative in the Partnership Agreement was strengthened based on feedback from Board members and the updated document is presented to ICS Board at this meeting. As discussed at Board, in instigating and testing the agreement with colleagues, there is an appetite to extend this work to engage with colleagues across the wider system to bind everyone in the shared purpose and ways of working. It is proposed that this work is taken forward by April 2022.

Board members have confirmed support to the agreement, with further work to take place for one of the statutory partners and the PCN representatives on the ICS Board to ensure that PCN Clinical Directors are supportive of working in this way.

Actions requested of the ICS Board

The ICS Board is asked to endorse the Agreement.

Recommendations:

1.	Approve and to sign up to the Partnership Agreement.
2.	Agree to use the summary Partnership Agreement in communicating shared purpose and ways of working with colleagues.

Integrated Care System
Nottingham & Nottinghamshire

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Presented to:				
Board	Partnership Forum	Clinical Executive Group	System Executive Group	Finance Directors Group
☐	☐	☐	☐	☐
Quality Group	Transition and Risk Committee	Mid Nottingham-shire ICP	Nottingham City ICP	South Nottingham-shire ICP
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Contribution to delivering System Level Outcomes Framework ambitions					
Our people and families are resilient and have good health and wellbeing	☒	Our people will have equitable access to the right care at the right time in the right place	☒	Our teams work in a positive, supportive environment and have the skills, confidence and resources to deliver high quality care and support to our population	☒

Conflicts of Interest

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Nottingham and Nottinghamshire Integrated Care System

Partnership Agreement

Integrated Care System
Nottingham & Nottinghamshire

Introduction

We, the members of the Nottingham and Nottinghamshire Integrated Care System (ICS) Board, have agreed to establish a '**Partnership Agreement**' to demonstrate our commitment to work effectively together for the benefit of all our communities and citizens.

The Agreement has been produced with high expectations of the benefits of partnership working but also with pragmatism and at pace. The Agreement has been co-produced for ICS Board members with over 200 people including local service users, members of the public, health and care professionals, partner organisations including in the community and voluntary sector, ICPs and PCNs.

This Agreement confirms our shared purpose together with some principles and ways of working that we have all agreed to sign up to. It then goes beyond principles to confirm a shared programme of work that is dependent on their practical application. The Agreement is about action and us living the principles rather than simply espousing them.

There is an opportunity and appetite to further develop thinking and establish a similar Collaborative Agreement with wider key stakeholders.

The Agreement has been developed at a time when the full impact of Covid-19, on the health and wellbeing of citizens, is yet to be fully understood. However, it is clear that there has never been more of a need for an excellent health and care system working with, and for, the benefit of local people. This includes everyone across the population and placing particular importance on addressing the impact of inequalities on the lives of Nottingham and Nottinghamshire residents, enabling services to work for everyone—specifically, children and young people and adults across diverse communities, recognising the individual and specific needs of these groups. We will work with and for local people making sure to work with key representative community and voluntary sector organisations which understand the grass roots health and wellbeing needs and support needs of our communities.

We do not underestimate the challenges ahead as our NHS and social care system looks to recover and reset from the global pandemic but through this Agreement we commit to work together with the shared purpose of:

“We will enable each and every citizen to enjoy their best possible health and wellbeing”

Our Ways of Working

We have agreed three main principles, focused on what really matters, that will guide our ways of working together:

We will work with, and put the needs of, our citizens at the heart of the ICS;

We will be ambitious for the health and wellbeing of our local population;

We will work to the principle of system by default, moving from operational silos to a system wide perspective.

These principles will be underpinned by the following core values:

We will be open and honest with each other

We will be respectful in working together

We will be accountable, doing what we say we will do and following through on agreed actions.

Keeping the Agreement Alive

For the Agreement to be a living force we are committed to providing a high degree of support for, and a high degree of challenge to, each other in upholding the agreed principles and ways of working.

This Agreement does not alter the statutory responsibilities of individual partner organisations. In addition, we recognise the right and need for individual organisations, PCNs and ICPs to pursue their own objectives along-side our whole-system ICS objectives, but these should be complimentary and we acknowledge that more will be achieved by working together. Moreover, we have agreed that efforts will be made to minimise the risks of negative unintended consequences from this for other partners, across the system, and to avoid any major “surprises”.

This Partnership Agreement will be governed by our Nottingham and Nottinghamshire ICS Board. The extent to which each of us is abiding by the Agreement will be assessed regularly, including at the end of each ICS Board meeting. We will also welcome external scrutiny as part of our commitment to living this Agreement.

Signatures to the Partnership Agreement

ICS Board Member	Signatures
Richard Henderson, Chief Executive East Midlands Ambulance Trust	
Amanda Sullivan, Accountable Officer NHS Nottingham and Nottinghamshire Clinical Commissioning Group / ICS Interim Executive Lead	
Jon Towler, Non-Executive Director, NHS Nottingham and Nottinghamshire Clinical Commissioning Group	
Michael Williams, Chair Nottingham CityCare Partnership CIC	
Louise Bainbridge, Chief Executive Nottingham CityCare Partnership CIC	
Thilan Bartholomeuz, Clinical Lead Mid Nottinghamshire Integrated Care Partnership	
Councillor Adele Williams, Nottingham City Council	
Mel Barrett, Chief Executive Nottingham City Council	
Hugh Porter, Interim Executive Lead, Nottingham City Integrated Care Partnership	
Alex Ball, Director of Communications and Engagement Nottingham and Nottinghamshire Clinical Commissioning Group and Integrated Care System	
Kathy McLean, Independent Chair Nottingham and Nottinghamshire Integrated Care System	
Nicole Atkinson, Clinical Lead Nottingham and Nottinghamshire Integrated Care System and South Nottinghamshire Integrated Care Partnership	
Stuart Poynor, Chief Finance Officer Nottingham and Nottinghamshire Integrated Care System	

ICS Board Member	Signatures
Rosa Waddingham, Chief Nurse Nottingham and Nottinghamshire Clinical Commissioning Group and Integrated Care System	
Melanie Brooks, Corporate Director Adult Social Care and Health Nottinghamshire County Council	
Councillor Dr John Doddy, Nottinghamshire County Council	
Councillor Boyd Elliott, Nottinghamshire County Council	
Fran Steele, Director of Strategic Transformation, NHS England / NHS Improvement	
Paul Devlin, Chair Nottinghamshire Healthcare NHS Foundation Trust	
John Brewin, Chief Executive Nottinghamshire Healthcare NHS Foundation Trust / Executive Lead South Nottinghamshire Integrated Care Partnership	
Eric Morton, Chair, Nottingham University Hospitals NHS Trust	
Tracy Taylor, Chief Executive Nottingham University Hospitals NHS Trust	
Claire Ward, Interim Chair, Sherwood Forest NHS Foundation Trust	
Richard Mitchell, Chief Executive Sherwood Forest NHS Foundation Trust / Executive Lead Mid Nottinghamshire Integrated Care Partnership	
Tim Heywood, Primary Care Network Clinical Director representing South Nottinghamshire Primary Care Networks	
Gavin Lunn, Primary Care Network Clinical Director representing Mid Nottinghamshire Primary Care Networks	
Mike Crowe, Primary Care Network Director representing Nottingham City Primary Care Networks	

Nottingham & Nottinghamshire Integrated Care System (ICS)
Partnership Agreement

We, the members of the Nottingham and Nottinghamshire ICS Board, have agreed to establish a 'Partnership Agreement' to demonstrate our commitment to work effectively together for the benefit of all our communities and citizens.

In supporting, being compassionate and caring for local people, the role of our ICS is to enable health and care professionals to work together across organisational boundaries to maximise the use of our energies and resources.

We do not underestimate the challenges ahead as our NHS and social care system looks to recover and reset from the global pandemic but through our Partnership Agreement we commit to work together with the shared purpose of:

"Every citizen enjoying their best possible health and wellbeing"

We have agreed three main principles, focused on what really matters, that will guide our ways of working together:

- We will work with, and put the needs of, our **citizens** at the heart of the ICS;
- We will be **ambitious** for the health and wellbeing of our local population;
- We will work to the principle of **system** by default, moving from operational silos to a system wide perspective.

These principles will be underpinned by the following core values:

- We will be **open** and **honest** with each other;
- We will be **respectful** in working together;
- We will be **accountable**, doing what we say we will do and following through on agreed actions.

Signed by Kathy McLean OBE
ICS Chair on behalf of the ICS Board






#TogetherWeAreNotts

Integrated Care System
Nottingham & Nottinghamshire

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Item Number:	7	Enclosure Number:	E
Meeting:	ICS Board		
Date of meeting:	1 July 2021		
Report Title:	The future development and alignment of the Nottingham and Nottinghamshire Joint Strategic Needs Assessments (JSNAs) with the Nottingham and Nottinghamshire ICS.		
Sponsor:	Jonathan Gribbin and Lucy Hubber		
ICP Lead:			
Clinical Sponsor:			
Report Author:	Nottingham City Council and Nottingham County Council		
Enclosure / Appendices:	None		

Summary:

This paper provides the ICS Board with a reminder on the statutory duties and functions regarding the Joint Strategic Needs Assessment (JSNA) and how it can meet the needs of the Nottingham and Nottinghamshire Integrated Care System.

A proposal is put forward for the ICS Board to consider regarding the proposed process for their consistent input, and the subsequent resource implications, into the City and County JSNA work programmes.

Actions requested of the ICS Board

To discuss the future Nottingham City and Nottingham County JSNA approach, including resource requirements and to give consideration to implementation and next steps.

Recommendations:

1.	**ACKNOWLEDGE** the joint and statutory responsibilities of the JSNA that falls to ICS partners.
2.	**CONSIDER** the implications of the joint CCG / ICS NHS Body and Local Authority input and resource requirements for developing the JSNA, as per the required statutory duty.
3.	**AGREE** that going forward ICS partners will contribute to the production of the JSNA, including by giving an ongoing strategic steer for the future JSNA approach (such as prioritising work programmes areas and products to be developed).

Presented to:

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

Contribution to delivering System Level Outcomes Framework ambitions

Our people and families are resilient	☒	Our people will have equitable	☐	Our teams work in a positive, supportive	☐

and have good health and wellbeing		access to the right care at the right time in the right place		environment and have the skills, confidence and resources to deliver high quality care and support to our population	

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Integrated Care System
Nottingham & Nottinghamshire

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The future development and alignment of the Nottingham and Nottinghamshire Joint Strategic Needs Assessments (JSNAs) with the Nottingham and Nottinghamshire ICS

ICS Board – 1st July 2021

Background Information

What is a Joint Strategic Needs Assessment (JSNA)?

1. The JSNA is a continuous process of strategic assessment and planning - it is not just a document or a website. The JSNA process ensures that a comprehensive picture of health and wellbeing needs for the local population is formed and used to shape commissioning priorities to improve health and wellbeing and reduce health inequalities in our communities. In terms of what is included in a JSNA, it is worth noting that there are no templates or mandatory data requirements imposed. Therefore there is unlimited flexibility on what a JSNA "product" could be.

2. Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare JSNAs and Joint Health and Wellbeing Strategies (JHWS), through the Health and Wellbeing Board. Historical Department of Health guidance envisaged that CCG and local authority plans for commissioning services are informed by relevant JSNAs and JHWSs. Where plans are not in line with JSNAs and JHWS, CCGs and local authorities must be able to explain why. CCGs must involve the Health and Wellbeing Board in preparing or in making significant changes to their commissioning plans. It is anticipated that the ICS NHS body will take on the statutory duties regarding JSNA in due course.

Governance arrangements for JSNA products

3. From April 2013, Health and Wellbeing Boards have had the legal responsibility to produce the JSNA under the Health and Social Care Act 2012. The footprint of the Nottingham and Nottinghamshire ICS is covered by two Health and Wellbeing Boards, each of which publishes a JSNA for its respective local authority population. A consideration for the Nottinghamshire Health and Wellbeing Board is its statutory duty to produce JSNAs for the entire county including Bassetlaw (which currently sits outside of the Nottingham and Nottinghamshire ICS).

4. Although the governance structures for the two Health and Wellbeing Boards are separate, the City and County JSNAs are developed using the same template and so have a similar look and feel. In the past, this has facilitated joint development of certain JSNA chapters and, in some cases, development of a single chapter covering the needs of both populations. Chapters address need across Nottinghamshire County take a countywide approach, but data is often broken down into Borough / District (and previously CCG level), where appropriate and possible.

The current position of Nottingham City and Nottinghamshire County JSNAs

5. The JSNAs for Nottingham City and Nottinghamshire County are published on Nottingham Insight and Nottinghamshire Insight respectively, both contain a wealth of diverse publicly accessible resources.

6. During the Covid-19 pandemic, work on both the City and County JSNA work programmes was "put on pause" as staff were redeployed to Covid-19 response. As part of Public Health recovery planning, consideration is now being given to re-establishing the current JSNA work programmes and potential developments for future JSNA approaches:

   - In Nottinghamshire County, there is now a limited JSNA work programme ongoing for 2021/22. This includes two JSNA chapters on Carers and Looked After Children / Care Leavers and then an Insight theme page on Speech, Language and Communication Needs in Children and Young People to be completed.
   - Nottingham City are looking to identify neighbourhood geographies to trial an innovative place-based approach in 2021/22 with a qualitative, public and patient voice component. The chapter-based work programme remains on hold.

The role of the JSNA in the ICS and its relevance to Population Health Management (PHM)

7. The scope of the JSNA addresses several of the functions of a well-functioning ICS. Work on system architecture undertaken by Deloittes in 2018 for the Nottingham and Nottinghamshire Sustainability and Transformation Partnership, may now be superseded, or is described in an old currency, however it identifies some of the key functions in the emergent ICS, Integrated Care Partnerships (ICPs) and Primary Care Network (PCNs), which a JSNA could support.

8. The primary contribution of the JSNA is in regard to the strategic commissioning function of the ICS, as per the below:

Definitions of commissioner functions

Commissioning Strategy

Health and care needs assessment	**Activities:** • Collating, synthesising and analysing information about a population's underlying health status and needs • Identifying priority areas for future intervention, through a Joint Strategic Needs Assessment (JSNA) or similar • Updating assessment regularly to reflect any changes to local circumstances **Skills:** • The capability required is likely to be found in epidemiologists, public health specialists, clinical and social care analysts and related professionals

9. Population Health Management is a tool for the segmentation of the population in a clinical area to better understand the services and interventions that are required to meet the populations' needs. This makes it important to clearly define the purpose of the JSNA and Population Health Management. These are complementary work streams but risk duplication unless properly aligned.

10. For the purpose of challenge or confirmation, to give greater definition to what the ICS could get from the JSNA process, some of the key questions the JSNA should address are proposed below –
    - *What does our population and place look like?*
    - *What does our population need, now and in the future and what assets do we have?*
    - *So, what are the priorities for collective action, what outcomes do we want to achieve and how will we achieve them together?*
    - *What is the evidence of what works for these system/place/neighbourhood level issues which are joint and strategic?*

11. In mid-2019, it was agreed via the ICS's Population Health Management Co-ordination Group that PCN Profiles were trialled as a new JSNA product. These were then completed towards the end of 2019 and are currently hosted on the Nottingham and Nottinghamshire Insight pages respectively. The approach to future PCN data will be reviewed with PHM colleagues.

The proposed future Nottingham City and Nottinghamshire County JSNA approach

12. In February 2021, the NHS white paper sets out how ICSs will be placed on a statutory footing, comprised of an ICS NHS Body and a separate ICS Health and Care Partnership. Health and Wellbeing Boards will remain in place and will continue to have an important responsibility at place level to bring local partners together, as well as developing the JSNA and JHWS. Therefore, this represents important changes to the context in which the JSNA is used and the JSNA process needs to adapt to properly address these arrangements.

13. Historically, producing the JSNAs has secured insufficiently clear and timely steer from partners about topics of joint interest and strategic importance. As such both City and County have since developed an annual topic identification and prioritisation process in order to develop their respective JSNA work programmes with all partners. Appendix 1 details this process.

14. A range of JSNA type products are currently in existence. Products such as the following may exist in the future JSNA approach: fully comprehensive and detailed chapters (e.g. Substance Misuse: Young People and Adults Chapter-Nottinghamshire Insight and Smoking and Tobacco Control (2019) - Nottingham Insight) to inform key commissioning decisions, themed insight pages (e.g. Air Quality Theme Page), population profiles (e.g. Bassetlaw ICP - Larwood PCN). However work will continue to look at how to simplify and ensure the JSNA offers valuable and accessible insight to commissioners, thus products to be developed could potentially include live and interactive data dashboards. Additionally, as and when needed JSNA products could be produced at system level (on the ICS footprint).

15. In early 2020, issues of joint interest and strategic importance were suggested by Nottinghamshire Health and Wellbeing Board. However, due to capacity across the system, Nottingham City chose not to identify new topics in 2020 and will look to re-prioritise its existing work plan going forward. Current JSNA work programmes for City and County can be seen in Appendix 2.

16. Proposed suggestions for ICS system level JSNA work are:

- System level assessment of the health and wellbeing impact arising as a result of the Covid-19 Pandemic (work is already underway in the City).
- Particular considerations for childrens and early years given the impact of "missed education" due to Covid-19 (i.e. linked to the Speech, Language and Communication Needs in Children and Young People to be completed).

Next Steps

17. Therefore, in order to develop a future JSNA approach aligned to the ICS, the ICS Board is invited to support the development of a more senior, strategic steer by referring to their organisation's strategic plan and commissioning intentions and proposing emerging issues of joint interest and strategic importance across Nottingham and Nottinghamshire.

18. ICS Board members will receive a paper annually to formally contribute to the JSNA topic identification and prioritisation process (as described in Appendix 1). Previously both City and County have aligned timescales for this, this is between the months of December to March to subsequently produce a JSNA work programme beginning in the April. The ICS will need to confirm if this aligns with their current NHS planning processes.

19. The ICS Board should additionally consider:

- The input and resource requirements to ensure the production of the JSNAs as a joint and statutory duty upon the CCG / ICS NHS Body and Local Authorities. Is the current CCG JSNA Steering Group representative fully empowered to reflect the seniority, strategic and statutory requirements upon the CCG?
- Are the key questions identified in Paragraph 10 the correct scope of the future JSNAs?
- Developing a joint JSNA and PHM forward plan to collectively discuss and prioritise the respective topics and products on an ICS footprint.

Recommendations

20. The ICS Board is asked to:

- **ACKNOWLEDGE** the joint and statutory responsibilities of the JSNA that falls to ICS partners.

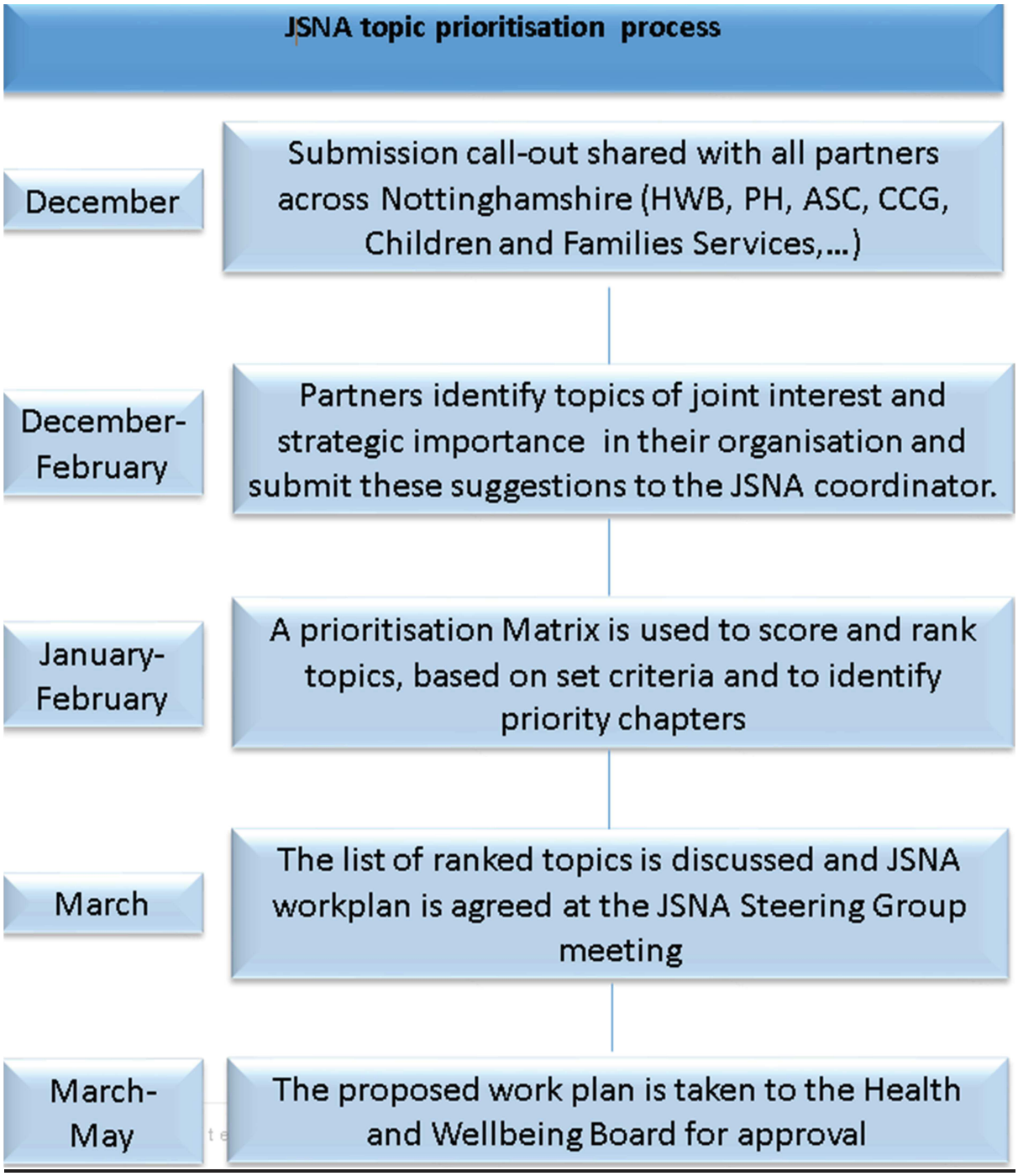
- **CONSIDER** the implications of the joint CCG / ICS NHS Body and Local Authority input and resource requirements for developing the JSNA, as per the required statutory duty.
- **AGREE** that going forward ICS partners will contribute to the production of the JSNA, including by giving an ongoing strategic steer for the future JSNA approach (such as prioritising work programmes areas and products to be developed).

Authors

Amanda Fletcher (Consultant in Public Health) - Nottinghamshire County Council.
Jonathan Gribbin (Director of Public Health) - Nottinghamshire County Council.
David Johns (Consultant in Public Health) - Nottingham City Council.
June 2021.

Appendix 1

JSNA topic identification and prioritisation process.



Appendix 2

Nottingham and Nottinghamshire JSNA work programmes (2021/22).

Nottingham City JSNA work programme – current position.

2018/19

- Adult Substance Misuse (including Alcohol) – *on pause due to Covid-19*
- Musculoskeletal Conditions – *on pause due to Covid-19*

2019/20

- Adult Mental Health – *on pause due to Covid-19*
- Cancer – *on pause due to Covid-19*
- Cardiovascular Disease and Stroke – *on pause due to Covid-19*
- Child Poverty – *on pause due to Covid-19*
- COPD – *to be reviewed*
- Diabetes – to be reviewed
- Emotional and Mental Health Needs of Children and Young People – *on pause due to Covid-19*
- Healthy Weight – *on pause due to Covid-19*
- Knife Crime/Weapon Enabled Violence – *on pause due to Covid-19*
- Noise Pollution – *working on first draft*
- Physical Activity – *stakeholder comments being incorporated into final draft*
- Teenage Pregnancy – *on pause due to Covid-19*
- Tuberculosis – *on pause due to Covid-19*

Proposed 2020/21 Chapters

- Children and Young People Special Educational Need and Disability (SEND) – *working on first draft*
- Dementia – *on pause due to Covid-19*
- Demography – *completed annually, on track for normal June publishing date*
- Life Expectancy and Healthy Life Expectancy – *on pause due to Covid-19*

Nottinghamshire County JSNA work programme 2021/22

Ranking *(Post the JSNA Steering Group prioritisation in March 2020)*	**Topic identified** *(submitted on behalf of)*	**JSNA product proposed**	**Current position on progress: June 2021**
1	**Speech, language and communication needs in CYP.** *(Public Health, Nottinghamshire County Council)*	Full JSNA chapter	Proceeding - now proposed to develop into a theme page. This will be commenced in July 2021, after the completion of pathway change and planned system restructuring.
2	**Carers** *(Adult Social Care, Nottinghamshire County Council)*	Full JSNA chapter	Proceeding – Lead author identified in adult social care. Currently have an initial draft that will need developing further.
3	**Children and young people who are looked after and care leavers** *(Public Health, Nottinghamshire County Council)*	Full JSNA chapter	Proceeding – Lead author identified in public health. Project Initiation Document produced but no progress on the chapter as the lead author is involved in Covid-19 response.
4	**Cardiovascular Disease** *(Public Health, Nottinghamshire County Council)*	Insight theme page *(+ potential product to be determined to meet any identified gaps)*	Not a priority for foreseeable future due to lead author being involved in Covid-19 response and no capacity.
5	**Excess Weight in Children, Young People and Adults** *(Rushcliffe Borough Council)*	Insight theme page *(+ potential product to be determined to meet any identified gaps)*	Not a priority for foreseeable future due to lead author being involved in Covid-19 response and no capacity. To

			review in summer 2021.
6	**Housing** *(Bassetlaw ICP)*	Insight theme page *(+ potential product to be determined to meet any identified gaps)*	Not a priority and no update available at the moment.
7	**Improving health and wellbeing of women and girls** *(Bassetlaw District Council)*	Insight theme page	No public health lead identified and not a priority for foreseeable future due to Covid-19 response and no capacity.
8	**Air Quality** *(Broxtowe Borough Council)*	Insight theme page	Completed – Theme page completed and live on Nottinghamshire Insight.

Integrated Care System
Nottingham & Nottinghamshire

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Item Number:	8	Enclosure Number:	F
Meeting:	ICS Board		
Date of meeting:	1 July 2021		
Report Title:	Improving Health and Wellbeing for 2021/22 priority population groups		
Sponsor:	Amanda Sullivan, Interim Executive Lead, Nottingham and Nottinghamshire ICS		
ICP Lead:	N/A		
Clinical Sponsor:	N/A		
Report Author:	Sarah Fleming, Nottingham and Nottinghamshire CCG		
Enclosure / Appendices:	N/A		

Summary:

The ICS Board agreed in May 2021 to embed the ICS Outcomes Framework within a small number of clinical transformation priorities in 2021/22.

This paper provides further detail about how these priority areas will be delivered as part of the system's evolving approach to joint commissioning between health and local authority commissioners.

Actions requested of the ICS Board

To discuss the approach outlined in this paper and to approve the recommendations.

Recommendations:

1.	**NOTE** the approach to developing Joint Commissioning for Integrated Care.
2.	**NOTE** progress on the three priority population group work streams.

Presented to:

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

Contribution to delivering System Level Outcomes Framework ambitions

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

Conflicts of Interest
☒ No conflict identified ☐ Conflict noted, conflicted party can participate in discussion and decision ☐ Conflict noted, conflicted party can participate in discussion, but not decision ☐ Conflict noted, conflicted party can remain, but not participate in discussion or decision ☐ Conflict noted, conflicted party to be excluded from meeting
Risks identified in the paper
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.

Improving Health and Wellbeing for priority population groups

1 July 2021

Introduction

1. The ICS Board agreed in May 2021 to focus on three transformation areas to embed the Outcomes Framework within clinical transformation, with a focus on key population groups within Nottingham and Nottinghamshire as follows:
   a) Community Care transformation
   b) Children and Young People
   c) Integration of Person Centred Commissioning

2. In order to achieve the desired outcomes for our population, the approach to commissioning integrated care is being developed within the ICS.

Develop a system approach to Joint Commissioning for Integrated Care

3. The aim for Joint Commissioning is 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.

4. Nottingham and Nottinghamshire CCG, Nottingham City Council and Nottinghamshire County Council will have a single, strategic approach to commissioning integrated services for the population of Nottingham and Nottinghamshire, with ICPs responsible for integrating provision at a place level.

5. Joint Commissioning will:
   - Deliver **personalised services**, by involving people in their own care and care decisions
   - Transform people's experiences from fragmented care to **coordinated care** through service re-design and improved care pathways
   - Improve care outcomes by **expanding prevention and early intervention** services, especially at home or in the community
   - Produce efficiencies by **reducing waste and service duplication**

6. Work is progressing to define a local authority and CCG commissioning strategy and policy framework to support progress with joint commissioning and service re-design. The framework will set out the principles which underpin our collective approach, and how we will shape our services to support people, places and populations.

Progress with priority areas

7. Each of the three transformation areas is progressing with the design and delivery of the agreed programme outcomes, with the approach to Joint

Commissioning for Integrated Care providing the strategic framework for the programmes.

Community care transformation

8. The Community Care work stream has just completed the initial stage of engagement with over 150 system stakeholders, to identify the opportunities for transforming community services to improve outcomes based on what good care looks like for community provision.

9. The next phase of work is due to take place over the summer and will involve detailed design workshops to develop the blueprint for the future design of community services.

10. This will be followed in the autumn by the delivery of service transformation at a place level, taking the blueprint for community services and tailoring to meet the specific needs of local populations.

Children and Young People

11. Leaders across the ICS have agreed a shared ambition for the strategic commissioning of children's health and care services, with strategic commissioning partners making a joint commitment to developing the core capability for aligned and transformative commissioning. The governance arrangements for this programme will be established over the summer.

12. A review of existing commissioning arrangements resulted in options for developing the mechanism for collaborative strategic planning and a tool for collaborative commissioning, currently being reviewed by commissioning partners.

13. The ICS has recently submitted an expression of interest to NHS England as part of the national Children and Young People's Transformation Programme, which, if successful, will fast track plans to develop an integrated care model for children and young people with complex mental health and care/placement needs, supporting the delivery of the ICS commitment to improving outcomes for children and young people.

Integration of Person Centred Commissioning

14. The ICS is committed to developing a shared person centred approach, developed through co-production working as a single system, improving outcomes and independence of citizens whilst making best use of resources.

15. The work stream will work with the ICS co-production strategy and toolkit (in development) to test out a system approach to co-production and identify the key areas of which citizens and staff believe can be integrated to empower people with complex needs to have greater control and choice over the care they receive.

16. Partners will build upon the learning from the universal personalised care pilot and the development of the ICS Prevention, Person Centred and Community Approaches Strategy (2018) to develop a shared approach to care assessment and provision without duplicating work already competed at a system level.

17. A high level system road map outlining plans, supported by some shared principles is being developed to sit alongside the wider joint commissioning strategy.

Next steps

18. Commissioners from the CCG and local authorities are working with the Local Government Association to develop the strategy and policy framework that will underpin the approach to Joint Commissioning for Integrated Care within the ICS.

19. During July, workshops will be held with system stakeholders to:
    - Complete a self-assessment on the current position with joint commissioning
    - Develop our ambitions as a system
    - Confirm the principles that will form the strategy and policy framework.

20. This work will then provide the structure to delivering the transformation for the three priority population groups.

21. The ICS Board is asked to:

    NOTE the approach to developing Joint Commissioning for Integrated Care.
    NOTE progress on the three priority population group work streams.

Integrated Care System
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Item Number:	9	Enclosure Number:	G1
Meeting:	ICS Board		
Date of meeting:	1 July 2021		
Report Title:	ICS Executive Lead Report – Integrated Performance		
Sponsor:	Amanda Sullivan		
ICP Lead:			
Clinical Sponsor:			
Report Author:	Sarah Bray – Associate Director for System Assurance		
Enclosure / Appendices:	Enc G2– ICS Delivery Dashboard Enc G3 – 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 incident management
- 2021/22 Planning and Transformation;
- Integrated Performance (quality, service delivery, finance, people);
- ICS Development

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

Presented to:

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

Contribution to delivering System Level Outcomes Framework ambitions

Our people and	☐	Our people will	☐	Our teams work in a	☐

families are resilient and have good health and wellbeing		have equitable access to the right care at the right time in the right place		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.

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ICS Executive Lead Report

22nd June 2021

ICS Executive Overview

1. Quarter One 2021-22 has been a challenging period as the system has sought to increase and recover elective service activity, whilst experiencing rapid increases in emergency activity and continuing to progress with the vaccination roll-out. In addition, the ICS has been progressing with establishing the basis for the ICS to become a statutory body from 1st April 2022, setting the system plans for the first half of the year as well as aiming to enable for staff to have much needed annual leave.

2. NHS plans have been submitted on the 15th June for the initial 6 months of 2021/22 (H1). A system approach for the short term and medium term plans has been developed. Focus needs to remain on ensuring financial sustainability as a system as well as recovery of services.

3. The ICS has been approved as one of the national Elective Recovery Accelerator sites, which has enabled an additional £10 million for the system to further develop services to meet more needs of Nottinghamshire citizens. This is reflected in the system plan submitted on the 15th June 2021.

4. The key risks facing the system include a third wave of Covid, staff availability, demand beyond nationally assumed levels, harm to patients from extended waits, challenges meeting increasing demand (e.g. Primary Care, Long Covid) and financial risks.

5. 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 will be refreshed for the System Design Framework issued on the 17th June.

6. The assignment of the ICS and NHS organisations into the System Oversight Framework Segments is being undertaken at a national level. The outcome of the process will be informed shortly, which will determine the level of support required from NHS England and Improvement.

7. The CCG has submitted a self-assessment against the CCG Integrated Assurance Framework, which will inform the rating to be applied to the activities and approach undertaken during 2020-21.

Covid-19 Vaccination Programme - (Maria Principe)

8. The programme has delivered more than 626,000 first doses, and 482,000 second doses as at 16th June. Walk in appointments were made available at Forest Recreation Ground and Mansfield Vaccination centre (12-13 June). All

sites are offering first and second dose walk ins. For the National Big Weekend (25-28 June) the focus will be on second doses. All sites are now on the National Booking System. Additional support has been offered to encourage uptake in the student population, including buses from campuses to the vaccination sites.

System Transformation

System Transformation – (Stuart Poynor)

9. The ICS established a programme structure to oversee development and delivery of transformation and efficiency plans 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 ICS continues to develop its 3 Year Transformation and Efficiency Plan. This is being clinically led and prioritised at a whole system level to both maximise value for our population and deliver financial sustainability. Building on the ICS response to the Long Term Plan, this must start to address the system financial deficit during 2021/22 and support the 3 year Financial Strategy being developed by the ICS Finance Committee, whilst proactively addressing health inequalities and further developing our approach to Population Health Management.

11. To support this it will initially propose a small number of ambitious, large scale, multi-agency and innovative change programmes to take forward in 2021/22. Resource from across the system will need to be focussed on jointly delivering these priorities at pace.

12. Transformation and Efficiency plans need to be in place and ready to implement for the H2 planning period (Sep 2021 – Mar 2022). Emerging programme plans were reflected in 'Programmes on a Page' at the beginning of March and these have continued to develop iteratively and in more detail since then.

2021/22 System planning (Stuart Poynor)

13. The ICS Strategy and Delivery Group coordinated the development of the 2021/22 Single System Plan for the first half of the year (H1), which was submitted in line with national NHS requirements on the 3rd June. This plan largely focused on the continued response to Covid, recovery of services, addressing inequalities and staff health and well-being.

14. In addition the ICS submitted a successful bid to be one of the national Accelerator sites for Elective Recovery. The H1 plan has been revised and re-submitted on 15th June to reflect the accelerator business case. It was noted that robust plans remain in development to achieve the full 120% ambitious stretch target by July and the re-submitted plans therefore include a number of assumptions.

15. It is expected that the ICS will then be required to develop plans for the second half of the year (H2) however national guidance has not yet been received.

System Performance

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

Quality (Rosa Waddingham)

17. Revised trajectories with NHSE for Learning Disabilities and Autism Inpatient are challenging to achieve in 2021-2022 due to impact of pandemic and development, embedding of new community provision and the need to change ways of working within health and social care.

18. There continues to be enhanced surveillance of Nottinghamshire Healthcare Trust quality improvement and Nottingham University Hospitals maternity services. System-wide quality assurance groups have been established to manage this.

19. These areas are reviewed through the ICS Quality Committee.

Service Delivery (Sarah Bray)

20. Increased pressure is being seen across emergency services with levels of activity continuing to rise for A&E, ambulance services, mental health services, as well as across primary care. Despite these pressures, elective services continue to work to increase the volumes of patients able to be seen, diagnosed and treated, with activity 10% over planned levels. However even with this increase in activity, waiting lists continue to rise as referrals levels continue to increase towards pre-pandemic levels, with 82,000 patients now on a waiting list. Focus is being maintained on treating priority patients first, and working to reduce those waiting the longest.

21. 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. To support this understanding, a high level summary has been undertaken on how different cohorts of patients across Nottinghamshire have accessed services during April 2021 (Enc. G2. Appendix B). This will be routinely reviewed as services continue to increase capacity and develop new services and ways of treating patients.

Finance (Stuart Poynor)

22. At the end of May the NHS organisations are presenting an ICS favourable variance of £0.8m against the H1 plan. This is mainly due to covid-related expenditure being £1.6m better than plan (all providers) offset by under-recovery of income (NHT) and non-pay overspends (NUH). Forecast to the end of H1 remains break-even. The position assumes £10.3m of Elective Recovery Fund

(ERF) income to the end of May, which is £1.6m better than plan and is offset by increased costs of providing elective recovery.

23. Nottinghamshire County Council are reporting break-even at the end of month 1 and are forecasting break-even for the year.

24. Following a request for updated H1 plans (April-September 21/22), finance and activity plans have been recast to demonstrate the impact of the elective accelerator. This has resulted in an increase in Elective Recovery Fund income of £57.2m for H1. The submitted plan remains breakeven, with ERF income expected to be used in full to support increased capacity in delivery elective recovery.

25. Note that the month 2 financial position contained in the integrated performance report was compiled prior to the resubmission of plans and therefore does not reflect the accelerator trajectory. This will be updated for month 3.

People and Culture (Clare Teeney/Neil Pease)

26. The workforce report predominantly focuses on the three acute trusts within the system. Primary care workforce date has been included, noting the time lag in current national reporting and mental health workforce will be included in future reports.

27. A key focus of Quarter 1 is 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 31 March saw 7% sickness absence with 2% being Covid-19 related. This static position is seen with a back drop of reduced utilisation of bank and agency to that assumed in the plan to date.

28. Substantive staff numbers for the months of April and May have remained static for the three trusts to the position reported at the end of March with vacancy rates ranging from 7.9% - 10.8% (for the NHS trusts) giving a system average of 9.6%. The H1 plan reflected an agreed level of recruitment supporting full year effect of last years agreed investment with international recruitment of registered general nurses a key element of the plan, impacted by Covid-19 restrictions.

Primary Care:

29. The Primary care workforce position overall for March 2021 shows an improvement on the forecast position but still seeing a downward trajectory of F.T.E. General Practitioners despite an increase in headcount. Increased numbers 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.

30. The system is on track with the additional roles recruitment in Primary Care Networks.

31. The national reporting for general practices and PCNs will change to monthly reporting from July 2021. Validation checks are in process ahead of the last quarterly data collection at the end of June 2021.

System Maturity (Rebecca Larder)

ICS Development

32. On 3 June ICS Board held a development session to spend dedicated time to consider and progress key elements of our ICS design framework in the context of our shared purpose and agreed ways of working together:
    - ICS Partnership
    - Provider Collaboratives
    - Place Based Partnerships (currently known as ICPs) development

33. The ICS Design Framework was published by NHSEI on 16 June. Work is underway to ensure our transition plans align to these expectations. Further details on the expected requirements are available in the report from the Independent Chair and Executive Lead.

34. The ICS submitted a first iteration System Development Plan (SDP) on 1 April in keeping with NHSEI expectations and signed off by the System Executive Group. This SDP will be further iterated during the first quarter of 2021/22 taking account of legislation and national policy developments for a 30 June submission and has been informed by our 3 June ICS Board development session and the ICS Design Framework.

Integrated Care System
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SYSTEM DELIVERY DASHBOARD

ICS Board 1 July 2021:
Item 9: Enc G2

RAG	KPIs Achieved
🟢	>80%
🟡	50%-79%
🔴	<50%

June 2021

Management of System Performance

Urgent Care -
April 2021:
Pressures are continuing to increase for A&E, ambulance and primary care services.
6 patients over 12 hours in A&E.

Mental Health -
Focus on improvements for IAPT, Perinatal access and physical health checks. Pressures remain on Adult Mental Health due to reduced bed capacity.

Planned Care -
April 2021, elective 10%, outpatients 13% more than plan. However 18 week backlog now 27,577. +52 weeks reduced to 4665 people. Diagnostics pressures rising.

Quality -
LD & A inpatients - risks to achieving the reductions required.
LD AHC - expected to achieve targets
Oversight remains on NUH Maternity Service and NHT Quality Improvement

Finance -
2021/22 Month 2 £0.8m surplus against system plan. Underlying deficit is being addressed through ICS FD Group to inform H2 and medium term financial planning.

Workforce -
Sustantive staffing is on plan for May. Bank and Agency has been used less than expected. COVID related absence reduced to 2%.

Constitutional & H1 Metrics Delivery

Service Area	No. KPIs	% Achieved	Delivery RAG	Assurance Level	Assurance Group
Planned Care & Diagnostics	7	42.9%	🔴	🔴	Strategy & Delivery Group
Cancer	12	41.7%	🔴	🔴	
Urgent & Emergency Care	10	60.0%	🟡	🔴	
Mental Health	13	46.2%	🔴	🟡	
Primary Care	3	33.3%	🔴	🟡	
Personalisation	4	75.0%	🟡	🟡	Quality Group
LD & Autism	2	50.0%	🟡	🟡	
Workforce	9	66.7%	🟡	🟡	People
Finance	8	0.0%	🔴	🔴	Finance

Assessment Ratings	CQC - NHS Trusts	CQC - Nursing Homes	CQC - Residential Homes	CQC - GPs	CCG Annual Rating
	01-Feb-21	01-Feb-21	01-Feb-21	01-Feb-21	2018-19
Outstanding	0	6	16	19	0
Good	3	57	160	102	2
Requires Improvement	2	24	37	1	4
Inadequate	0	2	5	1	0
Not Rated	0	2	11	3	0

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

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

*during COVID non-essential reporting was paused including SOF

System Transformation

2020 Covid Programme -
All cohorts are being offered vaccine.
626,000 First doses
482,000 Second doses

461434 GP Appointments
reported in May 2021 in line with the plan.
44% Remote,
44% same day

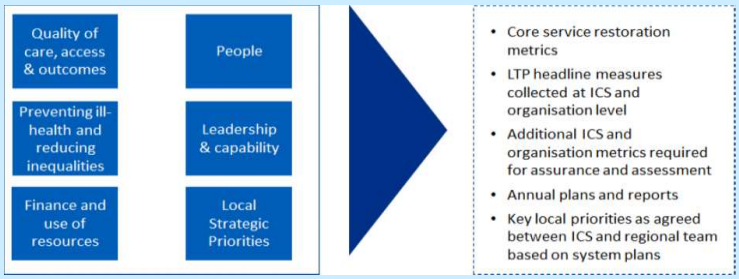
Elective Recovery - Accelerator Site

The system has been selected as one of the sites nationally to move forward at pace with elective recovery. An additional £10m has been provided to enable additional services to be undertaken to increase elective activity to 120% of 2019/20 levels.
Priority initiatives include: Super Saturday working, increased insourcing of activity, IT enablers and purchase of enabling equipment to sustain activity

	May	June	July	Aug	Sept
Plan - % Delivery v 2019/20	***103%***	***108%***	***120%***	***118%***	***113%***

NHS System Oversight Framework

A new NHS System Oversight Framework has developed, to enable monitoring as to the effectiveness of systems in improving services and outcomes for patients.
The framework will be built around five national themes reflective of the LTP ambitions, and apply across providers, commissioners and ICSs supported by a single set of metrics. A sixth theme will reflect local strategic priorities.



Progress against System Plan

Finance Group		YTD Var	YTD RAG	FOT Var	FOT RAG
Finance		£m		£m	
-NHS System - Non-COVID	H1 Plan	-0.8	🔴	-0.1	🔴
-NHS System - COVID	H1 Plan	1.6	🟢	0.1	🟢
NHS System - Total	H1 Plan	0.8	🟢	0.0	🟢
Local Authorities	Plan B/E	0.0	🟢	0.0	🟢
Capital Envelope	Spend v Plan	3.4	🟢	0.8	🟢
Mental Health Investment Std	Spend v Plan	0.0	🟢	0.0	🟢
Elective Recovery Funding	Spend v Plan	1.6	🟢	1.6	🟢

As at 31st May 2021

People & Culture Group	YTD Plan	YTD Actual	Variance	YTD RAG
Workforce *(NHS Provider Based)*				
-No. Substantive Staff	27997	27978	-19	🔴
-No. Clinical Non-Medical	18500	19952	1452	🟢
-No. Medical & Dental	2852	2857	5	🟢
-No. Other Staff	6644	5170	-1474	🔴
-No. Bank Staff	1596	926	-670	🔴
-Agency Staff	823	209	-614	🟢
-Staff Sickness Absence %	0.0%	4.5%	4.5%	🔴
-Staff Vacancy %	0.0%	9.6%	9.6%	🔴
Community Crisis Workforce		tbc		
Primary Care Workforce*	-	2558	-	
Mental Health Workforce		tbc		

As at 31st May 2021 *PC March 2021

Capacity Cell

NHS Activity* *(Population Based)*	In Month Plan	In Month Actual	In Month Variance	In Month Var %	In Month RAG
- GP Referrals*	0	12,877	12,877	91.4%	🟢
- Elective	9,051	10,012	961	10.6%	🟢
- Outpatients	53,463	60,860	7,397	13.8%	🟢
- Non-Elective	10,869	9,677	-1,192	-11.0%	🟢
- A&E	31,011	26,979	-4,032	-13.0%	🟢

As at 30th April 2021 *GP Referrals compared to 2019/20 referrals

Recovery Cell

Capacity *(Provider Based)*	Period	Plan	Actual	Prior Yr/ *Mth	In Month RAG
-Primary Care Appointments	Apr-21	477,743	461,437	534,353	🔴
-Acute Beds Available per day	May-21	tbc	2131	1910	🟢

Plan values have been updated for the H1 Plan = the plan for the first half of 2021/22

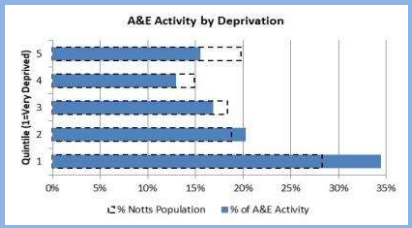
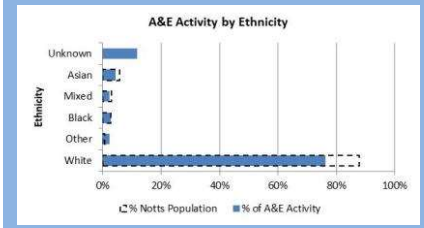
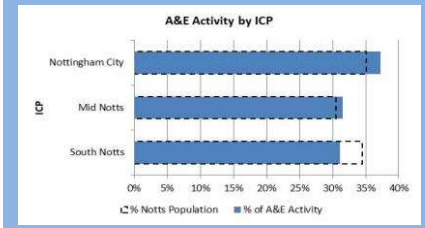
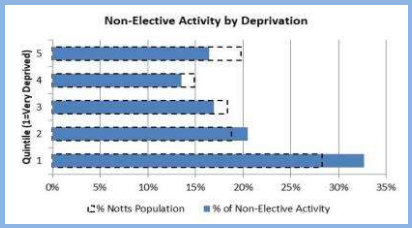
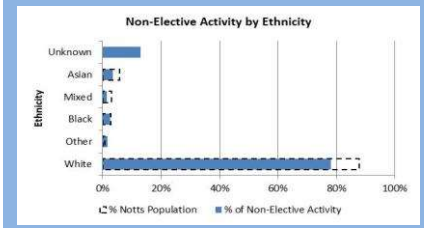
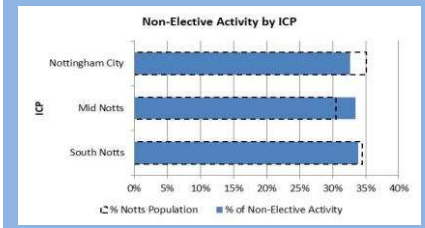
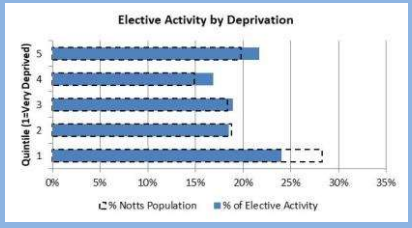
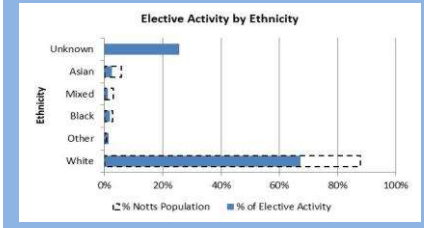
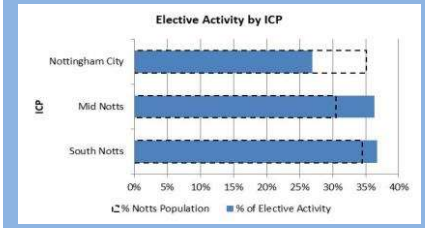
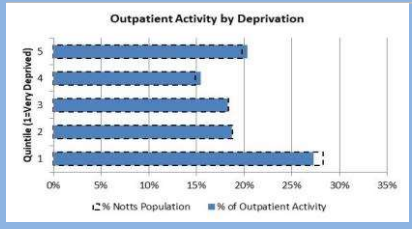
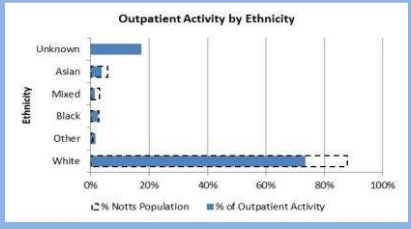
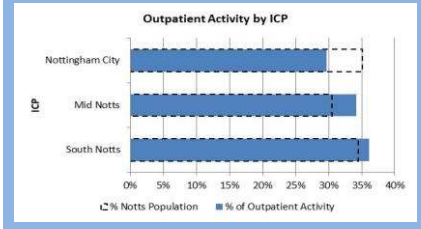
System Maturity Ratings

This section will be updated for the ICS Progression Tool during Quarter 2 2021/22.

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 (Most Deprived 1-5 Least Deprived)	Ethnicity (groupings from National Pop Health)	ICP (Geographical Location)
A&E Attendances: April 2020 - March 2021 Activity			
Non-Elective Admissions: April 2020 - March 2021 Activity			
Elective Admissions: April 2020 - March 2021 Activity			
Planned Care Outpatients April 2020 - March 2021 Activity			
	Citizens from areas of higher deprivation are acccessing planned care later than more affluent areas, and having increased emergency attendances	Citizens from an ethnic minority background are accessing services less frequently than would be expected for the demographic profile of Nottinghamshire	Nottingham City ICP citizens are accessing planned and admitted services less and presenting at A&E more than expected for their population size. Mid Notts ICP citizens are accessing more NHS services than expected for their population size. South Notts ICP citizens are accessing more planned services and less emergency services than expected for their population size.

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Item Number:	10	Enclosure Number:	H
Meeting:	ICS Board		
Date of meeting:	1 July 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:

ICS Transition and Risk Committee met on 21 June 2021. The Committee **received** and **noted** for information and assurance a number of reports relating to the ICS Transition, namely:

- ICS Boundary – ICS Board to note that the review is still underway in relation to the Nottinghamshire district of Bassetlaw for National decision.
- NHSEI ICS Design Framework – the Design Framework has been published and Committee discussed alignment with current transition workstream plans. Committee highlighted that its current scope does not include all areas of the Design Framework and ICS Board are asked to consider this.
- 360 Assurance – internal audit capacity has been put in place to support Committee during the transition.
- Work-stream highlight reports and a programme plan - Workstreams have developed in-line with the emerging guidance and there are no red risks to highlight at this time.
- System Development Plan – latest draft considered. Committee will review at their August meeting alongside feedback from NHSEI.

Key Messages for the ICS Board

1. ICS Board are asked to give consideration to delegating assurance to Committee for all areas of the ICS Design Framework for a time limited period whilst further consideration is given to ICS assurance arrangements (i.e. 3 months). Currently, People and Culture, Data, Analytics and Information Technology (DAIT) and Finance have existing mechanisms in place. Committee propose connecting these groups to ensure that all elements of the ICS Design Framework can be assured during the transition. This is endorsed by NHSEI.
2. The ICS Design Framework is aligned with current thinking and allows workstreams to move forward where guidance was previously awaited. Further guidance is being made available in the coming weeks (a detailed list is included in the governance report to Board Enc. K2).
3. Committee discussed the roles and relationships of and between the Health and Wellbeing Boards and the ICS Partnership. Board are asked to consider this and how a focus of outcomes running through all areas can be ensured.
4. ICS Board will at a future meeting be asked to consider and agree the chairing arrangements of ICS Body and Partnership in line with the ICS

Design Framework requirements.

5. Workstreams have developed in-line with the emerging guidance and there are no red risks to highlight at this time.
6. Committee have endorsed the Terms of Reference included under item 13 and ask that ICS Board formally approve.

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.

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Item Number:	11	Enclosure Number:	I1
Meeting:	1 July 2021		
Date of meeting:	ICS Board		
Report Title:	Highlight Report ICS Quality Committee		
Sponsor:	Rosa Waddingham		
ICP Lead:			
Clinical Sponsor:			
Report Author:	Rosa Waddingham		
Enclosure / Appendices:	Enc I2. Quality in the ICS		

Summary:

This paper highlights the key areas of discussions and papers received in the ICS Quality Committee.

This Committee has representation from all system partners in its membership, as well as Healthwatch and NHSE/I members. Its purpose is to review Intelligence and Information from across Nottingham and Nottinghamshire in relation to Quality and Safety issues across the Health & Care Economy.

The Committee has developed a shared set of quality principles reflecting those outlined in the National Quality Board Framework and aligned to the ICS partnership compact. There is a shared commitment to these responsibilities and principles but a recognition that further work is needed over the coming months to develop the ICS Quality Committee as part of the ICS development.

The Board's attention is drawn to the current system quality and safety challenges, where partners are under enhanced surveillance from regulators. In these instances there are additional quality assurance arrangements in place.

Nottinghamshire University Hospitals Maternity
This unit remains rated inadequate and there is a quality improvement plan and significant additional support in place.

Nottinghamshire Healthcare Trust Quality Improvement
Remains overall rated requires improvement and recent CQC inspection reports concluded that The Wells Road Centre services 'requires improvement' and the Priory Arnold Hospital Service is inadequate. There are quality assurance and actions plans in place.

Actions requested of the ICS Board

1.	Review and endorse the ICS quality principles
2.	Note the current areas of enhanced surveillance

Presented to:

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

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

Contribution to delivering System Level Outcomes Framework ambitions

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

Conflicts of Interest

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

Risks identified in the paper

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

Is the paper confidential?

☐ Yes
☒ No
☐ Document is in draft form

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

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Highlight Report ICS Quality Committee

Background

1. The ICS Quality Committee has been in place for a number of months and meets bi-monthly to review Intelligence & Information from across Nottingham and Nottinghamshire in relation to Quality and Safety issues across the Health & Care Economy. This report related to the ICS Quality Committee meetings on 29th April 2021 and on 17th June 2021. Due to the current Coronavirus (Covid-19) situation, both meetings were held virtually.

Quality Committee Meeting 29th April 2021

- **Development and key priorities**

2. The Committee received an update on the five priorities for health inequalities which are:
    - Protect the most vulnerable from COVID-19
    - Restore health & care services inclusively
    - Digitally enabled care which increase inclusion
    - Accelerate preventative programmes
    - Particularly support those who suffer mental ill-health

3. These will be delivered through an integrated model bringing together important elements of effective place-based working delivered through ICPs and neighbourhoods (PCNs); Civic-level interventions, Service-based and Community-based interventions.

4. The committee reviewed a discussion paper on the evolving quality framework and system partners agreed commitment to a shared set of quality principles outlined in the National Quality Board Framework [1] and aligned to the ICS partnership compact. (Enc. J2). There was a recognition that we needed to further develop the ICS quality committee and that this would be done iteratively supported by emerging guidance around the structure of the ICS. The Terms of Reference for the ICS Quality Committee will be reviewed and revised in line with this in the August 2021 meeting.

- **System Quality and Safety Challenges (Enhanced Surveillance)**

Nottinghamshire University Hospitals Maternity

5. Whilst this is monitored through the ICS and NHSE NUH Maternity Quality Assurance Group (NUH QAG) an update was provided to committee. It was acknowledged that the NUH QAG felt 'green shoots' are beginning to show, however the pace of the work undertaken is critical and further work is required. Actions put in place include a buddy arrangement with Coventry & Warwick, a

[1] nqb-refreshed-shared-commitment-to-quality.pdf (england.nhs.uk)

series of quality visits arranged, communication & engagement work, and continued support from system partners.

Nottinghamshire Healthcare Trust Quality Improvement

6. Recent CQC inspection reports concluded that The Wells Road Centre services 'requires improvement' and the Priory Arnold Hospital Service is 'inadequate'. Assurance around the learning and action plans was given, and it was agreed learning around closed cultures to be shared across the system

- **Highlight reports**

7. These were received from the following system quality forums;

    - ICS Infection Prevention and Control Oversight Group
    - Covid Vaccination Programme Quality Oversight
    - Patient Safety Specialist Forum
    - System Safeguarding Update
    - Adult Mental Health Improvement Board Update
    - LMNS/LDA update
    - Care Home and Home Care Cell

Quality Committee Meeting 17th June 2021

- **System Quality and Safety Challenges (Enhanced Surveillance)**

NUH Maternity

8. The QAG assurance and oversight arrangements continue. A system quality visit highlighted a number of areas for focus and there is an action plan in place. More work is being undertaken to develop a Quality Improvement Plan with clear success measures supported by a maternity dashboard. Key focus remains on safety and learning from serious incidents. IT and data issues are being addressed and there is improved access to patient records. Cardiotocograph Training (CTG) and machines availability has significantly improved.

Nottinghamshire Healthcare

9. Further learning from the CQC visits and action and assurance plans are in place. IPC work, visits and inspections are on-going and focussed in specific areas for example Rampton. There is an internal improvement board in place in Lings Bar. Concerns are linked to the increasing acuity and management of cases in the setting and system partners requested links and learning from this to be shared as there are similar groups of people in place in other settings.

- **Exception Reporting of quality issues from transformation programmes**

Local Maternity and Neonatal System (LMNS)

10. The LMNS have oversight of the system Ockenden submission, with providers leading this through their internal governance. The Q1 submission is currently in the process of being reviewed by Provider Trust Boards and the LMNS. This

includes working collaboratively to agree a supportive action plan for areas which are deemed non-complaint / requiring further work.

Learning Disability and Autism

11. The committee noted that that the inpatient care targets will be challenging to meet in 2021-2022 which is linked to the lack of availability of appropriate community placements. The committee recognised the success of achieving the health checks target in 2020-2021 despite the impact of Covid-19 on the healthcare system. A presentation was given from the LD/ASD board about the key quality issues and improvement plans

- **Exception Reporting from ICS quality oversight and improvement forums**

ICS Assurance and Quality Improvement Group – emerging issues

12. The Committee endorsed the ICS Quality Principles underpinning 2021/2022 contractual Quality Arrangements which include a commitment to work towards developing a ICS Quality Dashboard and system quality surveillance narrative. The Committee supported the establishment of an ICS Assurance and Quality Improvement Group with the aim for this group to take the lead on developing a framework for quality surveillance and improvement acknowledging the need to respond and align to further national guidance expected from the National Quality Board.

Primary Care Quality Oversight

13. The primary care quality team have now developed a 3 year overview of key dashboard indicators for each practice to enable identification of any significant gradual or sudden deterioration.

ICS Patient Safety Specialist Forum

14. The Patient Safety Specialist Steering Group are leading a collaborative task and finish group working with the system newly established elective hub, systems performance group and other key stakeholders to determine the agreed ICS system for definition of harm, the metrics by which harm will be measured and arrangements for data collection, reporting and systems approach and response to identified harm.

- **Exception reporting from system working groups**

15. Reports were received from the following working groups
    - System Safeguarding Update
    - ICS Care Home and Home Care Cell
    - ICS Covid-19 Vaccination Programme Quality Oversight
    - ICS Infection Prevention Control Forum

- **Areas for future focus**

16. The ICS Quality Committee will develop a work plan aligned to our agreed next steps (Enc I2) and the ICS progression framework requirements. At the next ICS

Quality Committee in August there will be a focussed discussion led by the patient safety specialists around the shared ICS response to identified harm associated with waiting lists.

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ICS/NQB Quality Principles

- **A shared commitment to quality -** *Partners have a single understanding of quality, which is shared across all services. Partners work together to deliver shared quality improvement priorities and have collective ownership and management of quality challenges* **SYSTEM**

- **Population focused** – *with a clear vision and credible strategy to deliver quality improvement across the ICS, which draws together quality planning, quality control, quality improvement and assurance functions to deliver care that is high quality, personalised and equitable.* **CITIZENS AND AMBITION**

- **Coproduction with people using services, the public and staff** - *with a defined process in place for quality oversight across all services. Supporting improved patient experience and outcomes through the delivery of high quality, responsive and sustainable services.* **CITIZENS AND AMBITION**

- **Clear and transparent decision-making** - *An agreed way to measure quality, including safety, using key quality indicators triangulated with intelligence and professional insight, which is reported publicly and transparently* – **OPEN AND ACCOUNTABLE**

- **Timely and transparent information-sharing –** *system agreement on how we collaboratively engage and share intelligence on quality, including safety* - **OPEN AND ACCOUNTABLE**

- **Subsidiarity** - *A defined approach for the transfer and retention of legacy organisation information on quality in accordance with the Caldicott Principles* **ACCOUNTABLE**

ngb-refreshed-shared-commitment-to-quality.pdf (england.nhs.uk) *and* **ICS Partnership Compact April 2021**

ICS SYSTEM QUALITY IN PRACTICE – evolving responsibilities dependent on maturity

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ICS System Quality & Improvement

- Shared Priorities, Shared Definition of quality, based on what matters to people using services
- Single version of the 'truth' through aligned reporting, consistent quality metrics based on outcomes, agreed definitions and clear communication
- Aligned, streamlined governance processes for providers and commissioners, to reduce the bureaucratic burden
- Shared ambitions for shared outcomes and reduced variation in quality of care across the system
- Recognition that high-quality care costs less & adopting innovation, research & evaluation
- System requirements, including collective management and ownership of quality challenges, removing hierarchy and increasing collaboration between providers and commissioners for whole system improvement

Place Quality & Improvement

- ICP Level Accountability for Quality & Improvement
- Procurement Evaluations , EQIA, and addressing health inequalities
- Local Delivery structures to implement proactive transformation and improvement
- Right Staff, with Right Skills, in the Right Place
- Monitoring of Quality Performance & Embedding a Just Culture
- Identification of when system intervention is required to improve or escalate
- Collective clinical and quality leadership

Neighbourhood Quality & Improvement

- Personalised Care & Support Planning
- Population Health Management & Proactive Care
- Engagement, Inclusion & Involvement
- Targeted Improvement & Support
- Subject Matter Expertise & Developing Skills & Capabilities

QUALITY CONTROL, QUALITY IMPROVEMENT, QUALITY PLANNING

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Next Steps

Q1

- Review TOR and chairing arrangements,
- Review local plans and arrangements in light of revised National Quality Board Guidance
- Map quality forums (IPC, Patient Safety Specialist) into the ICS quality arrangement
- First iteration of quality governance to support ICS governance arrangements

Q2

- Agree clear quality improvement priorities which articulate and recognise the population health needs of the system, including variation, inequalities and risks to quality.
- Co-production strategy in development
- Describe quality elements of the system oversight framework, linked into ICS Outcomes Framework
- Review NQB quality toolkit and NHS viewpoint to develop consistent indicators for the system aligned to existing dashboards
- Outline of approach for the transfer and retention of legacy organisation information on quality

Q3

- Dashboard metrics agreed and agreed consistent indicators to provide a single view of quality
- Further develop quality oversight arrangements including risk management
- Transitional arrangements for quality assurance (whilst place forums developing) agreed and in place, which includes an agreed approach to identifying and addressing risks.

Q4

- Clarity on roles and responsibilities for quality at place, system and regional level
- Renewed ICS quality strategy reflecting the agreed quality improvement priorities, single shared system view of quality
- Action plan developed which reflects work needed to deliver the quality strategy
- Finalise approach for transfer and retention of legacy organisation information on quality

Reflecting ICS progression tool and NQB ambitions

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Item Number:	12	Enclosure Number:	J
Meeting:	ICS Board		
Date of meeting:	1 July 2021		
Report Title:	Governance Update from the Chief Finance Officer		
Sponsor:	Stuart Poynor, ICS Chief Finance Officer		
ICP Lead:			
Clinical Sponsor:			
Report Author:	Andrew Morton, Operational Director of Finance, Nottingham and Nottinghamshire ICS		
Enclosure / Appendices:	None		

Summary:

The ICS Finance Committee is currently in the early stages of development, with governance work on how the Finance Committee operates being developed based on national guidance from the Healthcare Financial Management Association (HFMA).

Whilst the ICS is in shadow form it is proposed the ICS Finance Committee focusses on the areas identified below;

- Financial strategy development and implementation.
- Allocation of revenue and capital resources.
- Cost analysis and management.
- Development and implementation of a financial framework.
- Impact of transformation.
- Any financial recovery issues.
- Population health management and resource allocation.
- Benchmarking and efficiency.

The functions identified above are currently maintained by the ICS Directors of Finance (DoFs) Group until the ICS Finance Committee is set up. The ICS DoFs Group has had a recent focus on the following programmes in June;

- Development of a Financial Strategy and Financial Framework to provide a set of rules which govern the way we manage the finances within the ICS.
    - The ICS DoFs Group has set up a weekly Financial Strategy Group meeting, which has input from ICS Partners. A draft Financial Strategy and Financial Framework have been developed from the Group, and both are due to be presented at the ICS DoFs Group meeting on the 22nd June.
- Managing finance support to Transformation Programmes.
    - The ICS DoFs Group has been ensuring there is appropriate financial support to the system transformation plans. This has seen an increased push in June to support costed transformation plans.
- Development of ICS levels plans for the first half of the 2021/22 year (known as H1) that meet NHS England and Improvement requirements and the needs of ICS organisations.
    - Due to the requirement to represent the Elective Recovery Fund (ERF) within plans, the ICS DoFs Group has agreed how the ERF costs and income for H1 will be represented within organisational plans, and

submitted an ICS level response.

- Key financial reporting metrics have been reviewed at a meeting on the 16th June. These include the underlying financial position and ERF.

The priorities for the ICS DoFs Group and the future ICS Finance Committee moving forward beyond June will as follows;

- Development of plans for the second half of the financial year (H2), when guidance is received.
- Reviewing and testing the ICS transformation plans.

Actions requested of the ICS Board

Key messages for the ICS Board:

1. Development has taken place on the priorities and requirements of an ICS Finance Committee based on HFMA.
2. The ICS DoFs Group has been taking forward actions, including development of an ICS Financial Strategy, Financial Framework, H1 Plans, 21/22 reporting, impact of ERF, and financial support to transformation plans.
3. Guidance hasn't been released on the H2 period (October 2021 to March 2022), but will be seen as a priority once received.

Presented to:

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

Contribution to delivering System Level Outcomes Framework ambitions

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

Conflicts of Interest

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

Risks identified in the paper

Risk	Risk	Risk Description	Residual Risk	Risk owner

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Ref	Category		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
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Item Number:	13	Enclosure Number:	K1
Meeting:	ICS Board		
Date of meeting:	1 July 2021		
Report Title:	ICS Governance		
Sponsor:	Amanda Sullivan, ICS Executive Lead		
Report Author:	Amanda Sullivan, ICS Executive Lead Rebecca Larder, ICS Programme Director Lucy Branson, Associate Director of Governance, Nottingham and Nottinghamshire CCG		
Enclosure / Appendices:	Enc. K2. Appendix 1: Further national ICS guidance expected Enc. K3. Appendix 2: ICS Governance Structure Chart Enc. K4. Appendix 3: ICS Transitions and Risk Committee Terms of Reference Enc. K5. Appendix 4: ICS Clinical Executive Group Terms of Reference Enc. K6. Appendix 5: Proposed Strategic Risks 2021/22		

Summary:

This paper outlines proposed ICS governance arrangements for the outset of the 2021/22 transition year. It also highlights where governance will need to further develop, in year, in readiness for statutory ICS status on 1st April 2022 subject to relevant legislation.

As part of the current arrangements Terms of Reference for a time limited ICS Transitions and Risk Committee together with Terms of Reference for the ICS Clinical Executive Group are attached for approval.

The paper also proposes a set of strategic risks for consideration and approval to enable to development of an ICS Board Assurance Framework.

Actions requested of the ICS Board

The Board is asked to consider the paper and:

Recommendations:

1.	AGREE the ICS governance arrangements, as presented, for the outset of 2021/22.
2.	NOTE the requirement for the further development of these arrangements during the current year in readiness for potential statutory status from April 2022.
3.	APPROVE the Terms of Reference for both the ICS Transitions and Risk Committee and the ICS Clinical Executive Group.
4.	APPROVE the proposed strategic risks to enable the full development of an ICS Board Assurance Framework.

Presented to:

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

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

Contribution to delivering System Level Outcomes Framework ambitions

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

Conflicts of Interest

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

Risks identified in the paper

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

Is the paper confidential?

☒ Yes
☐ No
☐ Document is in draft form

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

ICS Governance

1 July 2021

Introduction

1. This paper provides the ICS Board with an update on ICS delivery and governance arrangements for the outset of 2021/22. It also highlights where arrangements will need to be further developed in year, in readiness for the ICS becoming a statutory body - subject to relevant legislation - from April 2022.

2. The governance arrangements outlined take account of:

    - Recommendations arising from the stocktake exercise undertaken by a sub-group of the ICS Board between December 2020 and January 2021;
    - National policy, as currently known, together with learning from best practice.

3. The NHSEI ICS Design Framework has now been published and we will continue to develop arrangements in line with this. Local plans are consistent with the direction of travel. Appendix 1 confirms further national guidance expected, which will need to be reflected in local plans going forward. Work is already underway in advance of this guidance being published e.g. thought is already being given to how the views of citizens are at the heart, and reflected at, all levels of future ICS governance.

Shared Purpose and Partnership Working

4. The value and expectations of partnership working were revisited at an ICS Board development session on 18th March 2021. The outputs of this session have subsequently been drawn together into a simple ICS Partnership Agreement to guide shared purpose and joint endeavours at system level. It will be for the ICS Board to govern this Agreement, as a living force, over the coming period.

5. Whilst the Agreement confirms expectations on ways of working between the ICS partners, before the end of the July 2021 the system will also need to have signed up to a Memorandum of Understanding (MoU) with NHS England/Improvement (NHSEI) for the current financial year. This will confirm respective roles and responsibilities including in relation to oversight and assurance. Importantly, it will also detail ICS delivery and improvement priorities for 2021/22 including those deemed most important, by the ICS partners, for our citizens and neighbourhoods.

6. By the end of March 2022, a further MoU will have been agreed with NHSEI in readiness for expected statutory status from 1st April 2022.

7. It is expected that national guidance will also confirm opportunity for a MoU between the ICS and each Place based partnership (our ICPs), by September

2021, with the aim of strengthening system governance between strategy development and operational delivery.

ICS Board Structure and Processes

8. Under the leadership of the new ICS Independent Chair, increased rigour is being placed on the structure of ICS Board agendas and associated Board processes.

9. The Board has agreed to move to a schedule that alternates between formal public meetings and development sessions. The latter will be particularly important in enabling members' time to consider and develop the future integrated operating model and ways of working.

10. The System Development Plan is a dynamic document and is being further iterated as plans develop. Work is underway to produce a more comprehensive document outlining the future state integration operating model for Nottingham and Nottinghamshire.

11. In addition, by the end of September 2021, the ICS will need to have confirmed proposed leadership and governance of the future statutory ICS NHS body and wider statutory ICS Partnership. In honouring the agreement, at the March 2021 Board development session, that a collective NHS and Local Authority approach should be at the heart of all ICS endeavours, it will be important to ensure coherence between the plans developed for the local ICS NHS body and wider statutory partnership.

12. At this stage it is proposed that the forward plan for Board development sessions, from the autumn onwards, remains flexible recognising the emergent and fast moving pace of the ICS policy agenda during this transition year.

13. During 2021/22, updated guidance on NHS provider governance (to support providers to work collaboratively) is expected to include: updated Foundation Trust (FT) Code of Conduct; updated guidance on the duties of FT council of governors; updated memorandums for accounting officers of FTs and NHS trusts; and new guidance issued under the NHS Provider Licence that good governance for NHS providers includes a requirement to collaborate.

ICS Governance Structure

14. Appendix 2 depicts the ICS governance structure, for the outset of 2021/22 together with a set of supporting principles. This structure takes account of ICS Board discussions, national best practice and a review of ICS wide work-streams and groups by the System Executive Group.

15. As a point of note, this structure aims to achieve consistency in naming conventions with 'committee' for oversight and assurance (to include Non-Executive and Elected Member involvement), 'group' for delivery and 'forum' for advisory and engagement.

16. An exercise is being completed to confirm where delivery and oversight responsibilities sit for each of the 2021/22 priorities, with the aim of helping define work programmes for the ICS Board/Committees and reporting arrangements. It is proposed that this approach be developed over the transition period, as further details emerge on future statutory duties and functions and as integrated commissioning arrangements become more established.

17. In relation to integrated commissioning, the governance structure diagram confirms the ICS relationship with the East Midlands Integrated Commissioning Board, recognising the importance of the integrated commissioning agenda with NHSEI as one element of the new integrated operating model. This agenda is expected to result in commissioning functions and responsibilities for primary care, public health and specialised services, that are currently held by NHSEI, transferring either to the ICS, to multi-ICSs (i.e. on an East Midlands basis) or potentially directly to provider collaboratives.

18. The proposed responsibilities of the local officers leading delivery of the ICS's 2021/22 priorities centre on:

    - Creating and communicating the vision and work-plan for the priority area of focus;
    - Providing clear leadership and direction throughout the life of the system priority and associated delivery group structure;
    - Securing the resources needed to deliver the priority and realise expected outcomes and benefits;
    - Ensuring robust reporting and escalation arrangements including overseeing the management of key strategic risks specific to the system priority;
    - Maintaining the interface with key stakeholders keeping them engaged and informed on the delivery of the priority.

19. As referenced above, the ICS governance substructure will include a small number of system level assurance committees to support the work of the ICS Board, including a time limited Transitions and Risk Committee. The Terms of Reference for this Committee are attached at Appendix 3. Work is currently on-going to establish the Quality Committee and Finance Committee.

20. The ICS Independent Chair will take forward the establishment of assurance committees in consultation with NEDs, Chairs and Elected Members.

21. It is proposed that, by the end of December 2021, the ICS starts to shadow run governance arrangements for 2022/23 onwards. This will include bringing together CCG and ICS assurance committee arrangements in the lead up to the transfer of CCG functions and accountabilities to the ICS on 1st April 2022.

Clinical and Professional Leadership

22. In reflecting on the management of Covid19 across Nottingham and Nottinghamshire, the ICS Board previously paid tribute to clinical and professional leadership across the system.

23. Since this time work has been progressed to consolidate and build on the foundations created during the pandemic. Specifically, the ICS Clinical Reference Group has evolved into a Clinical Executive Group (CEG) which draws its membership from clinical and care giving leaders from across the professional disciplines and health and care sectors.

24. The CEG now meets on a weekly basis, as a core part of the ICS's governance arrangements, dividing its time between overseeing operational delivery from a clinical/care giving perspective and service transformation. Plans are underway to develop a Clinical Transformation Partnership which will provide the space and infrastructure for clinical and care giving colleagues to come together to continue to work on practical projects of service improvement.

25. The Terms of Reference for the Clinical Executive Group are attached as Appendix 4.

ICS Risk Management Arrangements

26. ICS risk management arrangements are developing in line with the evolving operating model and governance arrangements, with an early focus on establishing an ICS Board Assurance Framework.

27. The first step in developing the Board Assurance Framework has been to identify the strategic risks to the achievement of the ICS shared purpose, as agreed by system partners, and the strategic aims of the ICS, as defined nationally (subject to legislation).

28. At the development session in March 2021, ICS Board members discussed areas of strategic risk and the output from these discussions has helped to shape the proposed strategic risks for 2021/22, which are set out at Appendix 5.

29. The proposed strategic risks have been considered and endorsed by the Transition and Risk Committee and work is ongoing with the identified risk owners to fully populate a Board Assurance Framework in readiness for presentation to the ICS Board in September 2021.

30. The strategic risks will be kept under review as the Health and Care Bill progresses through Parliament, and as national policy and guidance in relation to the establishment of the ICS is published.

Recommendations

31. The ICS Board is asked to:

i. AGREE the ICS governance arrangements, as presented, for the outset of 2021/22;
ii. NOTE the requirement for the further development of these arrangements during the current year in readiness for potential statutory status from April 2022;
iii. APPROVE the Terms of Reference for both the ICS Transitions and Risk Committee and the ICS Clinical Executive Group.
iv. APPROVE the proposed strategic risks to enable the full development of an ICS Board Assurance Framework.

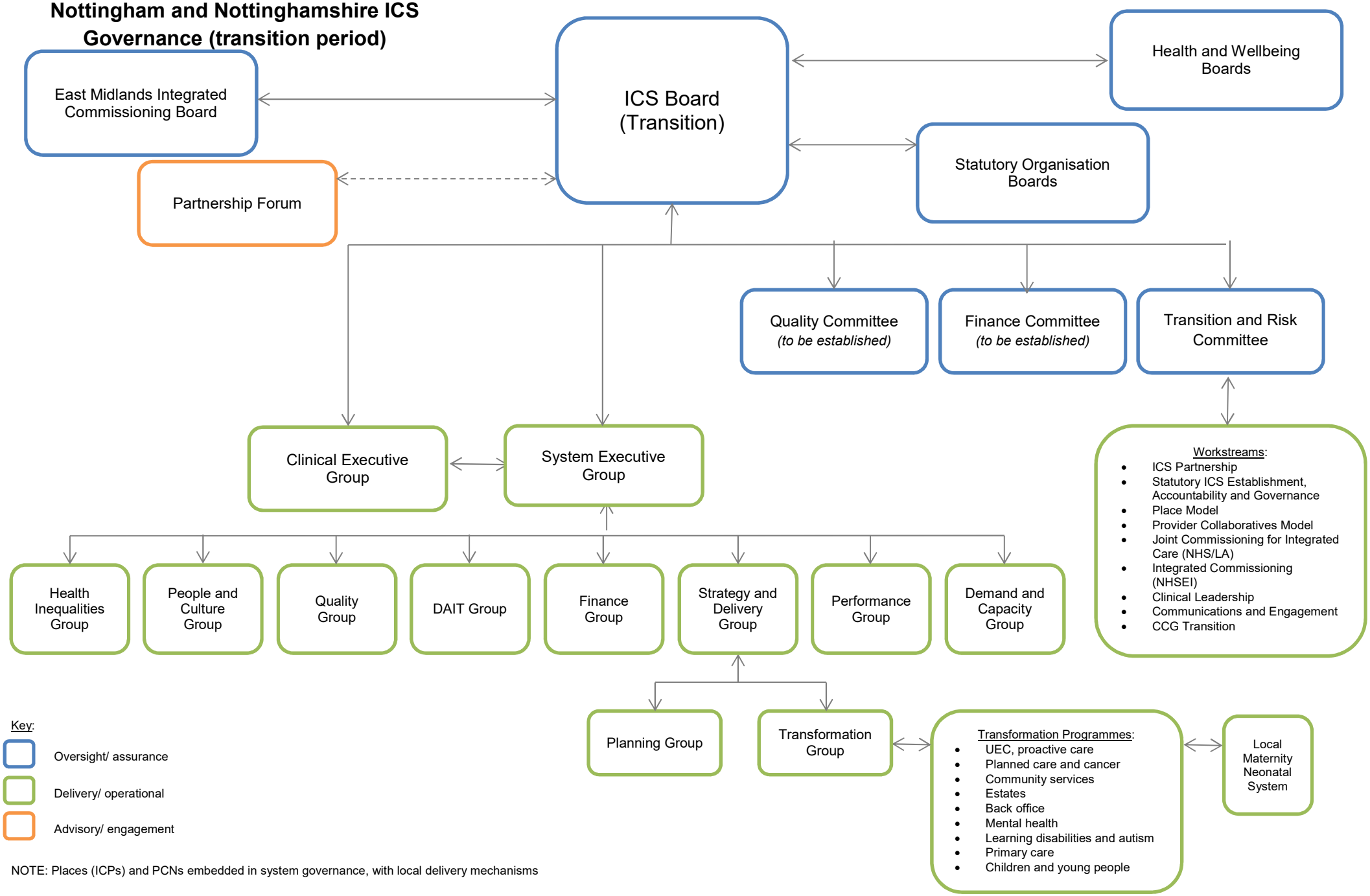
Appendix 1: Further National ICS Guidance Expected

At this stage the dates of publication are unconfirmed but with an expectation that anything dependent on legislation might not be received before mid-July 2021. It is expected that the guidance will become available in bundles, as grouped below

Focus	Guidance
ICS Establishment	ICS Design Framework (providing the next level of detail to ICSs about how they will operate from April 2022 and the core expectations as part of ICS establishment) **RECEIVED 16/6/21**
ICS Establishment	Guidance on the Health and Care Partnership (including relationship with the ICS NHS body
ICS Establishment	ICS governance guidance
	ICS Model Constitution
	Professional and clinical leadership within ICSs (principles and framework for ICSs to use when establishing arrangements)
	ICS People function and operating model
	Guidance on ICS commissioning and the safe transfer of CCG functions (guidance and practical support for ICSs as they establish new streamlined and strategic commissioning arrangements and details of the transition from CCGs to the statutory ICS Bodies)
Financial Framework	ICS Scheme of Delegation
	Developing population-based blended payment models
	Finance Committees
	ICS SCFMAs
	ICS Risk sharing arrangements
	ICS Financial Reporting
Partnership working	Place-based partnerships (guidance and resources including technical financial guidance on roles; mechanisms, flexibilities (and supporting analysis) required to enable effective financial delegation to place.
	Models for provider collaborative arrangements
	Integrated Care Systems and the Voluntary, Community and Social Enterprise Sector
	Implementation support for ICSs working with people and communities
People change	HR and change principles (nationally agreed expectations to ensure consistency with the locally led change process)
	Employment commitment
	Interim board level appointments guidance (details on arrangements for recruiting to key system roles during transition)
People change guidance	HR framework (technical guidance to support people change, based on the HR and change principles and including detailed ESR transition guidance).
	Designate appointments guidance and recruitment principles (a consistent approach to filling key senior roles)

Focus	Guidance
	ICS implementation/establishment guidance (legacy and handover instructions)
	ICS implementation/establishment timeline.
Supplementary implementation guidance for ICSs	Implementation guidance on the ICS people function and people operating model
	Refreshed SWIM (System Workforce Improvement Model)
	Compendium of leadership development and talent management
Updated guidance for providers to support collaboration	Updated Code of Governance (for NHS provider trusts)
	Addendum to the Guide to the duties of Foundation Trust Governors
	Good governance and collaborative system working (new guidance for NHS Providers)

Nottingham and Nottinghamshire ICS Governance (transition period)



NOTE: Places (ICPs) and PCNs embedded in system governance, with local delivery mechanisms

Governance Principles:

1. Groups within the governance structure should have an explicit focus on integrating care and how their work contributes to improving outcomes and reducing inequalities.
2. There should be explicit reference to the ICS Partnership Agreement and how this is enacted through the work of system groups.
3. EPRR cells will be stood down and incorporated into the transition governance/functions, as appropriate.
4. The importance of culture and organisational development should be built into the work of system groups. The People and Culture Committee will lead this on behalf of the system and ensure that this is a key developmental area.
5. Transparency and trust between organisations is essential and this will be an area of on-going cultural development.
6. Quality improvement will be a key element of the system transformation programmes, with a common approach built into delivery and co-ordinated by the Transformation Group.
7. Clinical / care professional leadership will be embedded throughout the governance structure and decision-making processes.
8. The voice of the citizen should be explicit in the design and delivery of integrated care.
9. Places are delivery units for integrated care and will also be integral to system-wide governance.
10. System infrastructure will be transitioned to support partnership working, care integration and health outcomes – building on the learning from how we have worked together through COVID-19.

ICS Board 1 July 2021. Item 13. Enc. K4

TERMS OF REFERENCE

NAME OF GROUP:	ICS Transition and Risk Committee
INTRODUCTION	The primary purpose of the Transition and Risk Committee is to provide expertise and assistance to support the ICS Board in overseeing the transition of the current system into a statutory NHS ICS body and statutory ICS health and care partnership. The Transition and Risk Committee will oversee an iterative process and be influenced by emerging national guidance. It is anticipated that the Transition and Risk Committee will be time limited to oversee the safe and legal transition process during 2021/22, after which it may be stood down or replaced with another governance group.

COMMITTEE RESPONSIBILITIES	The Transition and Risk Committee will:
	• Oversee the system transition to meet NHSEI requirements to establish a statutory NHS ICS body and a statutory ICS health and care partnership;
	• Oversee the establishment of the supporting ICS governance structure for the ICS NHS body and ICS health and care partnership ensuring that this develops in line with best practice guidance;
	• Potentially oversee a change to the ICS boundary to incorporate Bassetlaw should this be the agreed direction of travel;
	• Provide oversight and assurance of the movement of functions and associated processes between statutory organisations and assure the ICS Board that these influence, and are consistent with, the way the system will operate;
	• Assure the ICS Board that there is cohesion in the transition of functions and structures in relation to the ICS integrated operating model centred on:
	  ○ ICS corporate remit and functions;
	  ○ Strategic Commissioning;
	  ○ Integrated Commissioning with NHSEI for direct and specialised services;
	  ○ CCG transition timelines, implementation and close down of statutory functions.
	  ○ Provider Collaboratives;
	  ○ Place based partnerships (Integrated Care Partnerships, ICPs);
	• Formally review the developing functions and processes

	to ensure they are fit for purpose for April 2022, including assuring the ICS Board that the integrated operating model is fit for purpose for delivering though provider collaboratives, ICPs and Primary Care Networks (PCNs) by April 2022; • Assure the ICS Board that ICPs are developed in alignment with the NHSEI operational model and ICS design; • Assure the ICS Board that the system level of ambition is aligned not only to NHSEI policy, but to national best practice e.g. Kings Fund report on place based working; • Oversee the development of an MOU between the ICS and NHSEI, including the establishment of the System Oversight Framework; • Oversee the workforce change process ensuring alignment with national guidance; • Oversee the establishment and delivery of the required development agenda associated with organisational and workforce change; • Oversee the establishment of system risk management arrangements (for risks that cannot be managed singularly by any individual organisation), including the establishment of an ICS Board Assurance Framework and other operational risk management processes; • Formally review strategic system risks via the ICS Board Assurance Framework; • Advise the ICS Board on challenges and risks associated with local implementation of the White Paper: Health and Social Care and legislation; • Provide support to, and oversight of, the ICS approach to communications and engagement including an enhanced approach to public participation; this may need to include in future the oversight of statutory duties with regards to public consultation, involvement and engagement depending on any changes made to NHS legislation.
REPORTING AND ACCOUNTABILITY	The Transition and Risk Committee will report and be accountable to the ICS Board. The Chair of the Transition and Risk Committee will be an ICS Board member and will provide an assurance report to each public ICS Board meeting. The minutes of each Transition and Risk Committee will also be shared with the papers for each public ICS Board meeting. ICS development groups will be accountable to the System Executive Group, but will submit reports into the Transition and Risk Committee as required for the purpose of providing assurance.

	See Annex 1 for the governance structure.
MEMBERSHIP	Committee members are selected so as to be representative of the constituent organisations, but attend to promote the greater collective endeavour. Committee members are expected to make good two-way connections between the Committee and their constituent organisations, modelling a partnership approach to working as well as listening to the voices of citizens, patients and the general public. **Chair:** CCG Non Executive Representative **Vice Chair:** Councillor, Nottingham City Council **Members:**

Membership	**Member**	**Nominated Deputy**
5 x NEDs from the NHS partner bodies (CCG, SFH, NHT, NUH, CityCare)	Jon Towler, CCG Tim Reddish, SFH Michael Williams, CityCare Steve Banks, NHT Mark Chivers, NUH	TBC, CCG Neal Gossage, SFH TBC, Citycare Umar Zamman, NHT Eric Morton, NUH
2 x Elected Member / Officer from Nottingham City Council and Nottinghamshire County Council	Cllr. Adele Williams, City Council Melanie Brooks, County Council	TBC, City Council Jonathan Gribbin, County Council
ICS Executive Lead	Amanda Sullivan	Rebecca Larder
ICS Programme Director (System Transition)	Rebecca Larder	Joanna Cooper
CCG Executive Director with responsibility for CCG Transition	Sarah Carter	TBC
Representative from NHSEI Midlands	Diane Gamble	TBC
In attendance		
Chief Commissioning	Lucy Dadge	Mark Sheppard

	Officer, CCG		
	Associate Director of Governance, CCG	Lucy Branson	Jo Simmonds
	Director of Communications and Engagement, CCG	Alex Ball	Jenny Goodwin
	Clinical Lead	Stephen Shortt / Nicole Atkinson	Rosa Waddingham / James Hopkinson
	1 x representative on behalf of Provider Collaboratives	Tim Guyler	Claire Culverhouse
	1x representative on behalf of ICPs	Lorraine Palmer	Hugh Porter / Simon Draycon
	Secretariat	Joanna Cooper	

Others may be invited to the meeting as required:

- ICS Finance Director
- ICS People and Culture Chair or nominated deputy to discuss matters of workforce change as required.
- ICS Data, Analytics and IT SRO

PRINCIPLES	Committee members shall operate in accordance with the ICS Partnership Compact. Members of the Committee are accountable for contributing and taking personal responsibility for achieving the remit of these Terms of Reference, and making relevant decisions on behalf of their organisations. Members are expected to act as facilitators, engaging their respective organisations in the developments; modelling collective leadership. Members are responsible for keeping their organisational board or equivalent updated on the progress of the ICS and will take key items for approval ensuring timely decision making does not delay the work of the ICS development and delivery. A standard briefing will be issued to members following each meeting for them to cascade as appropriate within their organisation.
REQUIRED ATTENDANCE:	Members are expected to attend 75% of meetings held each calendar year. It is expected that members will prioritise and be available for Transition and Risk Committee meetings. Where this is not possible a nominated deputy of sufficient seniority (as named above) may attend to support delivery in a timely manner and to have delegated authority to make decisions on behalf of

	their organisation or role on the Committee in accordance with the objectives set out in the Terms of Reference. For Local Authority representatives this will be in accordance with the due political process.
QUORUM:	Quorum will be reached with at least the Chair or Vice Chair, and one member (as named above) from an NHS organisation and one member from a Local Authority. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions for agreement by partner bodies may be taken. If any member of the Committee has been disqualified from participating in the discussion and/or decision-making for an item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.
DECISION MAKING	The Transition and Risk Committee has no powers other than those outlined. The Chair will actively seek to reach decisions by consensus. Where consensus cannot be reached, views which oppose the majority view will be recorded and presented with the report/advice to the ICS Board to ensure transparency. The Transition and Risk Committee may be required to take urgent decisions. An urgent decision is one where the requirement for the decision to be made arises between the meetings of the Committee and in relation to which a decision must be made prior to the next scheduled meeting. Where an urgent decision is required a supporting paper will be circulated to all members and a decision sought from voting members. Transition and Risk Committee members may meet either in person or virtually, or communicate by email to take an urgent decision. The quorum, as described above, must be adhered to for urgent decisions. In such circumstances, a minute of the discussion and decision will be taken by the secretary and will be reported to the next meeting of the Transition and Risk Committee for formal ratification.

CONFLICTS OF INTEREST	Members of ICS committees shall adopt the following approach: • To operate in line with their organisational governance framework for probity and decision making; • To work in line with the ICS Partnership Compact approved at the 6 May 2021 ICS Board meeting; • For the Chair of each group to take overall responsibility for managing conflicts of interest within meetings as they arise. In advance of any meeting of the Committee, consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. This may include steps to be taken prior to the meeting, such as ensuring that supporting papers for a particular agenda item are not sent to conflicted individuals. At the beginning of each meeting of the Transition and Risk Committee, members and attendees will be required to declare any interests that relate specifically to a particular issue under consideration. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. Any such declaration will be formally recorded in the minutes for the meeting. Members must ensure that they continue to comply with relevant organisational policies / guidance. The Chair of the Transition and Risk Committee will determine how declared interests should be managed, which is likely to involve one the following actions: a) Requiring the individual to withdraw from the meeting for that part of the discussion if the conflict could be seen as detrimental to the Transition and Risk Committee decision-making arrangements. b) Allowing the individual to participate in the discussion, but not the decision-making process. c) Allowing full participation in discussion and the decision-making process, as the potential conflict is not perceived to be material or detrimental to the Transition and Risk Committee decision-making arrangements. A register of interests will be recorded and maintained. This will be reviewed bi-annually to ensure accuracy, in the intervening periods members should declare any unregistered interests pertinent to the agenda on an on-going

	basis. Members will be responsible for notifying of any changes to their respective declarations as and when they occur.
FREQUENCY OF MEETINGS	The Committee will meet on a monthly basis with a practical cycle which enables minutes and a highlight report to be ready to submit to the ICS Board ahead of their meetings.
SECRETARIAT:	The Committee will be serviced by the ICS support team. • Draft agendas will be agreed with the Chair. • Agreed items for the agenda, to be sent to the ICS support team, with the relevant paperwork, up to nine working days before each meeting; • The Chair agreeing the final agenda; • Papers will be circulated five working days before each meeting; • Additional items for the agenda will be taken by exception with the knowledge and agreement of the Chair in advance of the meeting commencing; • The draft minutes of each meeting will be circulated within five working days of the meeting being held and will be ratified at the following meeting. • A meeting briefing will be circulated following each meeting for members to cascade within their organisations as appropriate. Ratified minutes of the meeting will be shared with Committee members.
REVIEW DATE:	These Terms of Reference will be reviewed at the first Committee meeting and every three months to ensure continued fitness for purpose in the light of potential changes to the expectations of national requirements or local issues. The Committee will re-consider progress and risks in the implementation of the ICS's aims and objectives and approve any mitigation measures and other action required to ensure success, in line with the approved ICS MOU with NHSEI.
DATE APPROVED:	Approved at the Transition and Risk Committee meeting on 26 April 2021 for ratification at ICS Board on 1 July 2021.

Annex 1 – ICS Governance Structure

[Drafting note: refreshed ICS governance structure to be inserted]

Integrated Care System
Nottingham & Nottinghamshire

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ICS Board 1 July 2021: Item 13. Enc. K5
ICS Clinical Executive Group

DRAFT Terms of Reference

NAME OF GROUP	**ICS Clinical Executive Group**
PURPOSE	• Create common purpose across the clinical and caregiving community for improved population outcomes, quality and cost of care. • Provide a strategic clinical overview of the ICS and its delivery plans. • Provide clinical oversight of all system strategies. • Take an active role in agreeing a pipeline of prioritised transformation. • Oversee the development of strategic clinical leadership to system improvement roles, promoting equality of opportunity and diversity ensuring clinical leaders are representative of the population served. • Ensure coherence and consistency across transformation programmes. • Commission groups to undertake specific work priorities and / or provide required assurance for clinical priorities. • Ensure mechanisms are in place to share learning, spread innovation and good practice. • Ensure national and ICS priorities are taken into account in clinical models and pathways. • Horizon scanning, including highlighting new and emerging national policies that may impact on ICS. • Sense check the impact of ICS changes on individual ICS organisations, highlighting any clinical risks. • Provide clinical opinion or advice as requested by the ICS Leadership Board, system groups and / or partner organisations, including commissioning additional work from expert bodies when needed. • Identify, assessing and gaining assurance on strategic clinical risks to delivery. • Provide the conduit with NHSEI Midlands on system leadership and engagement; and with external bodies supporting transformation and improvement e.g. the Academic Health Science Network. • Provide senior clinical sponsorship to system wide engagement activities such as the 'Webinar Wednesdays.' • From a clinical and care giver perspective ensure alignment and linkages between system priorities, work-streams and groups including the clinical cabinets. • Lead by example, embodying a set of values and behaviours for ICS success.
MEMBERSHIP	The Clinical Executive Group draws its membership from a core group together with wider clinical / professional membership for specific responsibilities.

Membership of both the core and wider group includes clinicians and caregivers representing a range of professions and experience from the different sectors of health and care, including medicine, public health, nursing, allied health professionals, social care. Other clinicians and caregivers may be invited for a specific meeting/agenda item as needed.

The ICS Clinical Lead is the Chair of the Clinical Executive Group and is a practising clinician in Nottinghamshire. A named Deputy Chair is agreed by the core group.

Members of the Group aspire to be able to deputise and cross cover for each other. In the short-term members will determine whether nominated deputies are required recognising busy schedules and to ensure balance and consistency for meetings.

Core Group membership:

Core membership is detailed below. This continues to evolve and be strengthened and is expected to include Public Health in the coming months. .

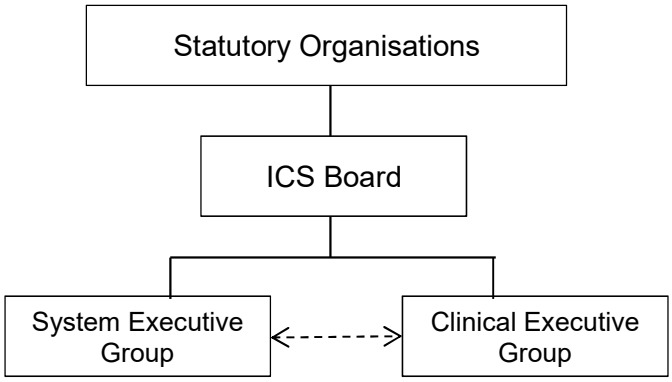
Sector / Organisation and Profession	**Member**
ICS Clinical Lead	Nicole Atkinson
CCG Clinical Chairs	Stephen Shortt James Hopkinson
CCG / ICS Chief Nurse	Rosa Waddingham
Secondary Care Medical Directors and Directors of Nursing	Keith Girling Dave Selwyn Julie Hogg Sarah Moppett
Mental Health and Community Services Medical Director and Director of Nursing	Sue Elcock Anne Maria Newham
Community Services Director of Nursing and AHPs	Tracy Tyrrell
Local Authority Directors of Social Care / Principal Social Workers	Sara Storey Mary Read
ICP Clinical Lead Representatives	Thilan Bartholomeuz Hugh Porter
PCN Clinical Director Representatives	Gavin Lunn Mike Crowe Tim Heywood
Chief Pharmacist	Mindy Bassi

Wider Group Membership:

This will include the Chairs of the Clinical Cabinets ensuring the link with the workforce agenda.

	Sector	Member
	Consultant Paramedic	Leon Roberts
	Nursing and Midwifery Cabinet	James Pratt
	Medical (incl. Pharmacy) Cabinet	Tbc
	Allied Health Professional Cabinet	Della Money / Carl Miller
	Chief Scientist Representative	Claire Greaves

WAYS OF WORKING	Members of the group are asked to: • Bring their expertise and understanding of the system • Be a conduit for bringing the views and reporting back to the sector that they represent • Make appropriate links and alignment with other local and regional clinical groups Members of the Clinical Executive Group have agreed a set of 'team rules,' which include expectations of self and others, as expressed in the following statements. **Values** • We will work collaboratively • We will respect one another • We will be open and honest with each other • We will embody a collective leadership commitment • We will support each other and our colleagues **Behaviours** • We will be active participants in system working • We will use language that enables participation • We will offer high support and high challenge • We will take pride in our joint achievements and share them
MEETING AGENDA	Standing items on the Clinical Executive Group agenda include: • Member updates and peer support requirements. • Response to requests from the ICS Board, system groups and / or partner organisations. • Agreeing issues and recommendations to report back to the System Executive Group and ICS Board.
FREQUENCY OF MEETINGS	The core Clinical Executive Group will meet weekly as required. Wider group meetings will be scheduled on a regular basis and, as a minimum, bimonthly. The Clinical Executive Group will also act as a virtual advisory group as and when needed.
QUORUM	The meeting will be quorate when 50% of members are present.
REPORTING PROCEDURES	The Chair of the Clinical Executive Group sits on the ICS Board and will act as the main conduit between the two. A written report will be presented to the ICS Board as a specific agenda item once a quarter. Members of the Clinical Executive Group will take collective leadership responsibility for other system activities and relationships.

STRUCTURE	
SERVICING	The Clinical Executive Group will be serviced by the System support team. All members will contribute items to the Group's Forward Plan which will form the basis for each agenda. Additional items will be taken as part of the standing agenda item on 'member updates and peer support requirements'. Papers will be circulated at least 24-hours before each meeting. The Group's meeting log will be updated after each meeting and circulated on the same day.
REVIEW DATE	These Terms of Reference will be reviewed in April 2022.
DATE APPROVED	Tbc

ICS Board 1 July 2021. Item 13. Enc K6

Appendix 5: Proposed 2021/22 Strategic Risks

ICS shared purpose – ***'Every citizen enjoying their best possible health and wellbeing'***

ICS strategic aims (subject to legislation):

- **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**

Strategic Risks	ICS Risk Owner
Risk 1: Culture and partnership working Failure to establish a cohesive system culture, conducive of successful partnership working.	Independent Chair and Executive Lead
Risk 2: Transformation of services to improve outcomes Failure to work effectively across the system to transform services, in line with 2021/22 priorities.	Executive Lead
Risk 3: Health inequalities Failure to adequately address the health inequalities experienced by Nottingham and Nottinghamshire citizens.	Health Inequalities SRO
Risk 4: Quality improvement Failure to maintain and improve the quality of services.	Chief Nurse
Risk 5: Clinical and multi-professional leadership Failure to establish and maintain a robust and distributed clinical and multi-professional leadership model to drive clinical and care prioritisation and transformation.	Medical Director
Risk 6: Patient and public involvement Failure to effectively engage with the diverse local population and ensure that patient and public insights inform decision making.	Director of Communications and Engagement
Risk 7: Workforce Failure to ensure sufficient capacity, capability and wellbeing support within the local workforce.	People and Culture SROs
Risk 8: Finance Failure to establish robust financial governance and resource allocation arrangements.	Director of Finance
Risk 9: Data, analytics, information and technology Failure to deliver digital transformation and establish effective system intelligence solutions.	DAIT SRO

Strategic Risks	ICS Risk Owner
Risk 10: Service delivery standards Failure to deliver required service delivery standards, in line with 2021/22 priorities.	Executive Lead
Risk 11: ICS Operating Model Failure to establish an effective ICS Operating Model.	Executive Lead
Risk 12: Governance and Decision Making Failure to establish robust governance, accountability and assurance arrangements.	Executive Lead
Risk 13: Emergency preparedness, resilience and response Failure to be adequately prepared to respond to major and/or business continuity incidents.	Executive Lead
Risk 14: Demand management Failure to have sufficient capacity to meet current and future demand.	Executive Lead