



**Integrated Care System Board**

Meeting held in public

**Thursday 8 August 2019, 09:00 – 12:00**  
**Rufford Suite, County Hall, Nottingham**

**Present:**

| <b>NAME</b>         | <b>ORGANISATION</b>   |
|---------------------|---|
| Alex Ball           | Director of Communications and Engagement, Nottinghamshire ICS  |
| Andrew Haynes       | Clinical Director, Nottinghamshire ICS  |
| Colin Monckton      | Director of Strategy and Policy, Nottingham City Council  |
| David Pearson       | ICS Independent Chair   |
| Dean Fathers        | Chair, Nottinghamshire Healthcare NHS FT  |
| Deborah Jaines      | Deputy Managing Director, Nottinghamshire ICS   |
| Elaine Moss         | Chief Nurse, Nottinghamshire CCGs and ICS   |
| Eric Morton         | Chair, Nottingham University Hospitals NHS Trust  |
| Gavin Lunn          | Clinical Lead from Mid Nottinghamshire<br>Representing PCNs<br>Clinical Chair, Mansfield and Ashfield CCG |
| Helen Pledger       | Finance Director, Nottinghamshire ICS   |
| John Brewin         | Chief Executive, Nottinghamshire Healthcare NHS FT  |
| John MacDonald      | Chair, Sherwood Forest Hospitals NHS FT   |
| Jon Towler          | Lay Chair, Nottinghamshire CCGs   |
| Jonathan Gribbin    | Consultant in Public Health, Nottinghamshire County Council   |
| Lucy Dadge          | Director of Commissioning, Nottinghamshire Clinical Groups  |
| Richard Henderson   | Chief Executive, East Midlands Ambulance Service  |
| Richard Stratton    | Clinical Lead from Greater Nottingham representing PCNs<br>GP, Belvoir Health Group                       |
| Thilan Bartholomeuz | Clinical Lead from Mid Nottinghamshire<br>Clinical Chair, Newark and Sherwood CCG                         |
| Tracy Taylor        | Chief Executive, Nottingham University Hospitals Trust  |

**In Attendance:**

|                       |  |
|-----------------------|--|
| Joanna Cooper         | Assistant Director, Nottinghamshire ICS              |
| Julie Repper (item 4) | Director of IMROC, Nottinghamshire Healthcare NHS FT |
| Jill Mathers (item 4) | Patient  |



|                      |  |
|----------------------|--|
| Will Legge (item 10) | Director of Strategy and Transformation, East Midlands Ambulance Service |
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**Apologies:**

|                       |   |
|-----------------------|---|
| Amanda Sullivan       | Accountable Officer, Nottinghamshire CCGs                                       |
| Eunice Campbell-Clark | Chair, Nottingham City Health and Wellbeing Board                               |
| Ian Curryer           | Chief Executive, Nottingham City Council  |
| Melanie Brooks        | Corporate Director Adult Social Care and Health, Nottinghamshire County Council |
| Richard Mitchell      | Chief Executive, Sherwood Forest Hospitals NHS FT                               |
| Steve Vickers         | Chair, Nottinghamshire County Health and Wellbeing Board                        |
| Tony Harper           | Chair, Nottinghamshire County Council Adult Social Care and Health Committee    |
| Wendy Saviour         | ICS, Managing Director  |

**1. Welcome and introductions**

Apologies received as noted above.

**2. Conflicts of Interest**

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

**3. Minutes of 12 July 2019 ICS Board meeting and action log**

The minutes of the ICS Board meeting held on 12 July 2019 were agreed as an accurate record of the meeting by those present. The action log was noted.

**4. Patient Story**

Julie Repper and Jill Mathers attended the meeting to discuss the Let's Live Well in Rushcliffe (LLWiR) project and how taking a personal centred holistic informal approach can support health and wellbeing.

Board thanked Jill and Julie for their inspirational presentation.

Board to reflect on the need for informal support structures in communities to support the health and wellbeing of citizens, sustainable sources of funding, and the language used by health and care professionals (e.g. social prescribing) and how services are promoted to communities.

RS offered to work with Jill to establish support in her local community.



## 5. ICS Workstream Review

DJ presented the circulated paper on the ICS workstream review highlighting that current workstreams do not provide a cohesive system approach and do not fully meet the requirements of the Long Term Plan.

Board discussed the paper and noted the following:

- Clarity needed on workstream governance with the work led by workstreams to be more visible to the Board.
- Endorsement of the proposed oversight structure.
- Board needs assurance that workstreams are integrated and not working in silos.
- Configuration of workstreams should be shifted from organisational / workstream to population and population groups to aid integration.
- Rationalisation of workstreams and resources supported.
- Meaning of integrating to “business as usual” need to be clarified for workstreams as accountability for different parts of the system (ICP / PCN roles) is not fully scoped and established e.g. 52ww are not a system issue, they are an organisational issue where ICS Board discussion does not add value.

Board endorsed the paper as presented. Further work to take place on workstreams to ensure that the Board receives regular updates on progress.

Board supported a governance review to bring clarity to the issues raised. Board member support needed to understand:

- Role and purpose of groups across the different levels of the system
- Strengths and weaknesses of the current configuration
- Topics which should be discussed at and owned by the ICS Board
- Membership of the groups within the ICS structure
- Consideration to an Executive Team layer within the system with NEDs and Chairs holding Executives to account for delivery.

### **ACTIONS:**

**DJ** to ensure that workstream reporting to the Board is in place.

**DP** to lead the development of a governance review for the ICS.

## 6. ICS Five Year Plan update

HP presented the circulated paper to update the Board on progress with the Long Term Plan. HP highlighted that this is a complex planning round made more challenging by the operational and financial challenges facing the system. The timeframe for development of the plan is tight and guidance is continuing to emerge.



Measures are in place to manage this process and work is being led by the ICS Planning Group which is meeting on a fortnightly basis.

Workshops are taking place with representation from across all levels the system, this is a pragmatic approach recognising the timeframe and the importance that this is co-designed and owned by the system. Clinical and professional ownership is vital to the development of the plan, this will be through established ICS and ICP clinical forums. ICPs are being involved in the planning process and planning group.

Board agreed that an extraordinary meeting should be convened on 13 / 14 November to agree the final Five Year Plan submission on 15 November. Prior to this meeting, the Boards / Governing Bodies of statutory organisations will receive the plan for approval.

**ACTIONS:**

**HP / Tom Diamond** to prepare a report for the 6 November ICS Board meeting.

**JC** to arrange for an extraordinary Board meeting to be held on 13 or 14 November to agree the Long Term Plan response.

**All** organisations to confirm approval mechanisms for the Long Term Plan to ensure approval of the plan prior to 13 November.

**7. Update from ICPs**

JB presented the circulated paper from South Nottinghamshire ICP which is in the early stages of forming.

Circulated papers from Mid Nottinghamshire and City ICPs noted.

Greater Nottingham Transformation Board role and Terms of Reference to be finalised and agreed.

**ACTIONS:**

**AS** to lead development of Greater Nottingham Transformation Board role and Terms of Reference

**8. Update on information exchange with EMAHSN**

AH has met with AHSN and discussed at the Clinical Reference Group on 25 July. Innovation Exchange to be coordinated for the system. AH to bring an update to the Board at a future meeting.

**ACTIONS:**

**AH** to update the Board on progress with the AHSN Innovation Exchange.



## 9. Nottinghamshire ICS MOU with NHSE/I

DJ presented the circulated paper outlining the requirements of the ICS MOU and the July Maturity Matrix assessment.

Board noted the final contents of the MOU and agreed to ensure that organisational Boards were aligned to its contents. Organisations to provide a brief statement of intent in response to this request. Annex to be amended with simple form of words to be signed up to.

TB highlighted that the cancer target timescales are incorrect. The correct timescales for this change is April 2020.

JM asked that it be clarified which priorities are the responsibility of the ICS Board and which are the responsibility of organisations.

### **ACTIONS:**

**Organisation Leads and ICP Leads** to confirm that their organisation / ICP endorses the ICS MOU and confirm how they will contribute to the delivery of priorities.

**WS** to raise the cancer target timescales in the ICS MOU with colleagues in NHSE/I.

**JC** to amend the report to organisational Boards to clarify the requirements from organisations.

## 10. EMAS Current Position and Future Plans

RH and Will Legge presented the circulated paper providing an overview of the future clinical operating model and the opportunities that this brings for PCN, ICP and ICS development.

Board noted and congratulated RH and the rest of the team at EMAS on their recent 'Good' rating from CQC which included an 'Outstanding' rating for Caring.

Board noted the following points:

- That the model needs to be costed for the implications to be fully understood. It was felt there could be a risk in the model that the approach to Category Two calls could increase the risk of pressure on resources.
- AH encouraged EMAS to be radical as Trusts are seeing increasing numbers of people being conveyed and no treatment needed.
- Further consideration should be given to rotational posts
- Previous learning shows that implementation at PCN level is not sustainable and that ICPs is the preferred option.
- Connections between the development of the model and the Long Term Plan response are needed.

ICPs, Clinical Leads and Commissioners to work together to develop a business case for Nottinghamshire to test this new model. RH to provide a report on progress to the Board at a future meeting.



**ACTIONS:**

**RH** to ensure that ICPs, Clinical Leads and Commissioners to work together to develop a business case for Nottinghamshire to test a new model for EMAS. RH to provide a report on progress to the Board at a future meeting.

### **11. ICS Integrated Performance Report - Finance, Performance & Quality.**

HP presented the July 2019 Integrated Performance Report for information. Issues and emerging risks are detailed in the report:

- Urgent Care System delivery
- Cancer Services Delivery
- Financial Sustainability
- Mental Health OAPs

Report also contains response to the request for the system to revisit capital plans.

CCGs have all received a rating of good for the 2018/19 annual assessment, which is an improved position for Mid Nottinghamshire CCGs.

HP highlighted that the first System Review Meeting is taking place on 16 August. Organisational Performance Review Meetings have been stood down as part of this. Joint assurance meetings with NHSI/E are being established and have commenced with financial assurance meetings for Mid Nottinghamshire and Greater Nottingham.

EM queried the absence of data from the City Council. HP advised that this is due to a timing issue and the finance teams are currently working together to address this.

Board agreed that benchmarking should be included in the performance report, and that the governance review should consider requirements in the MOU and reporting formats used in other ICSs.

**ACTIONS:**

**HP** to liaise with Sarah Bray to ensure that future performance reports include benchmarking data for key metrics.

### **12. Flexible Transformation Fund Plans**

HP presented the circulated paper on Flexible Transformation Fund Plans following the discussion at the 22 July meeting.

JT queried the Clinical Services Strategy request for funding in 19/20 and 20/21. HP confirmed that the funding relates to 19/20 only and therefore the decision was for 19/20 at this stage. Future transformation funding has now been incorporated in to the 5 year planning process and the request for 20/21 would be considered as part of that process.

Board approved the system wide proposals for Flexible Transformation Funding.

### **13. Revised ICS Board Assurance Framework and Risk Register**

EIM presented the circulated paper on the Board Assurance Framework and risk register. Following discussion of earlier items, EIM proposed that the Board Assurance Framework be considered as part of the proposed governance review.

Board agreed the proposed categories in the Board Assurance Framework and that the risks identified in the report are not impacted by discussions today. EIM highlighted that there are high scoring risks which have not been considered at this meeting, which will need to form part of the governance review.

RS highlighted the potential duplication with CCG risk registers and JT asked for the CCG and ICS risk registers to be compared and consolidated as appropriate.

Work underway to develop risk registers for workforce and health inequalities.

#### **ACTIONS:**

**EIM** to develop the Board Assurance Framework in line with the discussion at the Board.

### **14. Governance Matters for Approval:**

DP presented the circulated paper outlining three issues for approval:

- Approach to Conflicts of Interest
- Finance Group TOR
- Membership

Board approved the approach to Conflicts of Interest and the Terms of Reference for the Finance Group.

EM highlighted the importance of the governance review in determining this longer term and that representation for workforce may be better suited to an executive level group.

Board did not agree recommendation 3 to amend the membership of the ICS Board to include the 'system SRO for Workforce'. Board did agree that membership should include CityCare Chief Officer as a significant provider within the system.

#### **ACTIONS:**

**DP** to secure membership of CityCare for the ICS Board.



**Integrated  
Care System**  
Nottingham & Nottinghamshire



**Nottingham**  
City Council



**Nottinghamshire**  
County Council



## **15. Any other business**

None

**Time and place of next meeting:**

**12 September 2019**

**9am – 12pm**

**Rufford Suite, County Hall**