



Integrated Care System Board

Meeting held in public

Wednesday 9 October, 13:30 – 15:15
Rufford Suite, County Hall, Nottingham

Present:

NAME	ORGANISATION
Alex Ball	Director of Communications and Engagement, Nottinghamshire CCGs and ICS
Amanda Sullivan	Accountable Officer, Nottinghamshire CCGs
Andy Haynes	ICS Executive Lead, Nottinghamshire ICS Executive Medical Director, Sherwood Forest Hospitals NHS FT
David Pearson	ICS Independent Chair
Elaine Moss	Chief Nurse, Nottinghamshire CCGs and ICS
Eric Morton	Chair, Nottingham University Hospitals NHS Trust
Helen Pledger	Finance Director, Nottinghamshire ICS
Hugh Porter	Clinical Lead, Nottingham City CCG (representing Nottingham City ICP)
Ian Curryer	Chief Executive, Nottingham City Council
John Brewin	Chief Executive, Nottinghamshire Healthcare NHS FT
Jon Towler	Lay Chair, Nottinghamshire CCGs
Lyn Bacon	Chief Executive, Nottingham CityCare
Melanie Brooks	Corporate Director Adult Social Care and Health, Nottinghamshire County Council
Michael Williams	Chair, Nottingham CityCare
Nicole Atkinson	Chair Nottingham West Clinical Commissioning Group (representing South Nottinghamshire ICP)
Richard Henderson	Chief Executive, East Midlands Ambulance Service
Thilan Bartholomeuz	Chair Newark and Sherwood Clinical Commissioning Group (representing Mid Nottinghamshire ICP)
Tony Harper	Chair, Nottinghamshire County Council Adult Social Care and Health Committee
Tracy Taylor	Chief Executive, Nottingham University Hospitals Trust

In Attendance:

Chloe	RedThread Ambassador
David Bentley	Nottingham Programme Manager, RedThread
Joanna Cooper	Assistant Director, Nottinghamshire ICS
John Poyton	CEO RedThread
Rich Collinson	Business Development Manager RedThread

Apologies:

Eunice Campbell-Clark	Chair, Nottingham City Health and Wellbeing Board
Gavin Lunn	Chair Mansfield and Ashfield Clinical Commissioning Group (representing Mid Nottinghamshire ICP)
John MacDonald	Chair, Sherwood Forest Hospitals NHS FT
Richard Mitchell	Chief Executive, Sherwood Forest Hospitals NHS FT
Richard Stratton	GP Lead Partners Health (representing South Nottinghamshire ICP)
Steve Vickers	Chair, Nottinghamshire County Health and Wellbeing Board

1. Welcome and introductions

Apologies received as noted above. DP welcomed MW to the Board and highlighted that AH is now attending in capacity as ICS Executive Lead.

2. Conflicts of Interest

None.

3. Minutes of 12 September 2019 ICS Board Meeting and action log

The minutes of the ICS Board meeting held on 12 September 2019 were agreed as an accurate record of the meeting by those present.

The action log was noted and the following updates were given:

- B137 – a number of workstreams underway to implement the Mental Health Strategy. JB asked that the Board receive a paper at the 6 November meeting including a revised TOR.
- B174 – RH to email a further update on progress to date and asked that the deadline be extended to enable implementation.

JT posed a challenge to members of the Board to keep the action log updated.

4. Patient Story

John Poyton and colleagues from RedThread attended the Board to present on RedThread's Youth Violence Intervention Programme (YVIP) delivered at Queens Medical Centre. Board members are invited to visit the service. Chloe, a previous service user of the RedThread service and now volunteer mentor for the organisation shared her story of being a victim of violent crime and how RedThread used this 'teachable moment' to support her in avoiding the cycle of violence.

Board discussed the presentation and made the following observations:



- TT and EM endorsed the service and the positive impact that it has had on the Trust.
- MB highlighted the well established evidence base for this type of service. This was the topic of the County Director of Public Health report in 2018 and as a result two Youth Workers have been funded from the Public Health grant.
- IC highlighted the focus on knife crime in Nottingham City and work underway to address this.
- JT queried how opportunities in primary care could be utilised. JP outlined some approaches from other areas including organising drop in sessions in primary care rather than appointments, allowing young people to bring friends to the drop in session who aren't necessarily registered with that practice, and in south London, The Well Centre, a youth health hub for 11 to 20 year olds, which is a partnership between a GP practice, Redthread and CAHMS.
- LB emphasised the opportunities of charities working together with statutory organisations.
- AH queried whether resources are optimised in the right places across the system and whether there are opportunities to address inequalities between PCNs.

Redthread evaluation report to be circulated to the Board once it has been finalised.

DP thanked JP and Chloe for their presentations on behalf of the Board and asked that Board members give further consideration to the sustainability of the service.

ACTIONS:

JC to circulate the Redthread evaluation report to Board members.

Board members to give further consideration to the sustainability of the service.

5. ICS Estates Strategy and Checkpoint Process

HPI provided the Board with an update on the ICS Draft Estates Strategy (2018) and Checkpoint Process, the process has now concluded and NHSEI colleagues are recommending that the assessment rating moves from “improving” to “good”. This is being considered at a NHSEI committee and we expect the outcome in October. There will be an ongoing assurance process with NHSEI colleagues and they will monitor delivery of the agreed actions included in the paper.

As part of the Long Term Plan we need to develop a 5 year system capital plan, this is split into two elements:

- Expenditure against notified capital budget (not yet received)
- Prioritised schemes aligned to LTP and ICS strategy, should additional capital funding become available

Recognising that we are moving from organisational capital planning to system capital planning, HPI has been working with Simon Crowther (Estates SRO) and Finance Directors to develop an approach to strengthen the submission for the LTP. The Financial Sustainability Group will initially consider the arrangements for this on 11

October followed by discussion at the 17 October Board development session. This will support the submission of the 15 November Long Term Plan.

TT asked that consideration be given to a wider conversation on estate in Nottinghamshire at a future ICS Board meeting or development session. Seconded by AS and HPO.

HPI confirmed that opportunities for collaborative working with One Public Estate representatives are being explored and a key part of the ICS Strategic Estates Group.

POST MEETING NOTE – Confirmation was received on 9 October that the Nottinghamshire Estates Strategy has been re-banded as Good.

ACTIONS:

HPI/Tom Diamond and Simon Crowther to lead the development of an ICS Board Development Session on Estates Strategy.

6. Update on the ICS Innovation Exchange with the East Midlands Academic Health Science Network

AH presented the circulated paper on the work to date to develop an ICS Innovation Exchange. The first event is planned for 1 November with proposal to hold three-four events a year ongoing. Further consideration to be given to involving wider partners.

AB welcomed how this has progressed and updated the Board that the local Universities are launching a new civic strategy. As part of this the Universities will seek to play a wider role in the public sector and deploy assets to fulfil local ambitions.

Board agreed that the ICS Clinical Reference Group should provide the clinical approval mechanism for the adoption of EMAHSN or Innovation Exchange initiatives on behalf of the ICS.

Milind Tadpatrikar highlighted that in Mid Nottinghamshire pharmacists have been recruited to support the implementation of PINCER: Pharmacist-led INFORMATION technology intervention for Reducing Clinically Important Errors. Focus is now on rolling out learning.

ACTIONS:

Board members to confirm research and innovation leads to be invited to the Innovation Exchange to Rebecca Larder.

7. Winter Plans for Greater Nottingham and Mid Nottinghamshire

AS presented the Mid Nottinghamshire Winter Plan and highlighted that this is a live working document which will continue to be developed across partners to account for seasonal variation.



TT presented the Greater Nottingham Response to Drivers of Demand Report and Winter Plan. Greater Nottingham have seen an increase in demand for services across system, in particular in recent weeks and in minors at the Urgent Treatment Unit. There is a focus on giving consideration to demand from a wider public health perspective.

Increased demand driven by flu is anticipated in the coming months across the system.

Board discussed the reports and made the following comments:

- TB highlighted that the approach to flu vaccination was not consistent across the system and that data capture is poor and underutilised. Current guidance undermines opportunistic interventions in primary care.
- HPO observed that there are further opportunities for flu vaccination within the wider public sector e.g. using electronic systems in schools to gain consent to vaccinate.
- LB asked that consideration be given to supporting the frontline workforce to understand changes during a high pressure period.
- JT, AH and TT highlighted the importance of understanding the drivers of demand, tracking outcomes and retaining visibility at ICS Board.
- RH noted the importance of not duplicating the work at A&E Delivery Boards.
- AS emphasised that importance of continuing system work across Greater Nottingham and Mid Nottinghamshire to understand interdependencies and joint understanding.

ACTIONS:

EIM to coordinate on behalf of the Board the system response to flu vaccinations with involvement from all partners.

TT and AS to update the Board on implementation of winter plans.

TT, AS, RM and AH to discuss how to take forward further work on considering the wider public health perspective of understanding the drivers of demand in urgent care across the system.

8. Update from ICPs

Board noted the reports from the ICPs.

9. ICS Integrated Performance Report – Finance, Performance and Quality.

AH presented the circulated Integrated Performance Report. As part of the arrangements to review and strengthen governance how performance is monitored will be considered.

HPI confirmed that City Council finances will now be incorporated into the report. Month 6 numbers are being finalised and will be discussed at Financial Sustainability Group on 11 October. Assurance on financial recovery plans with NHS England and Improvement is continuing and Board will be updated at the 6 November meeting.



10. Governance Issues for Consideration

DP provided the Board with a verbal update on governance issues.

At the 16 September ICS Board development session, members present agreed with a proposal put forward by the Independent Chair to establish an ICS Executive Group whilst the work to review and strengthen ICS governance is progressed.

The ICS Executive Lead is progressing this action on behalf of the Board and will convene an initial meeting on 11 October to discuss the Terms of Reference for this group. An update will be provided to the ICS Board at the 6 November meeting.

NHS Regulators are now formally engaging with the ICS and NHS organisations via System Review Meetings (SRMs). The first of these meetings took place on 16 August and the next is scheduled for 12 November 2019. These meetings replace the formal Provider Review Meetings and CCG Assurance Review Meetings which have been held with NHSEI over the previous years.

In addition, a new NHS Oversight Framework 2019/20 has been published which now supplements the Single Oversight Framework (Provider) and Integrated Assurance Framework (Commissioner). This will be a focal point for joint work and support dialogue between NHSEI, CCGs, Providers and Systems. The new approach to oversight outlines how regional teams will review performance at a system and organisational level, and identify support needs across ICSs. The changes are characterised by several key principles, which include single regulatory voice, emphasis on system performance, working with and through system leaders, and progressive earned system autonomy.

The ICS Executive Lead will be writing to Chief Officers on behalf of the Board to outline the new arrangements and ensure that each organisation is adequately represented at the ICS Performance Oversight Group.

RH highlighted that the arrangements for oversight of EMAS differ. AS and RH to discuss how this can be addressed from a Nottinghamshire perspective.

The next ICS Elected Member and Non-Executive Workshop is scheduled for 9am to 12pm on Tuesday 19 November at County Hall and will build on the previous sessions, which have evaluated well. These workshops underpin the Board's commitment to this important stakeholder group in providing them with a forum to shape the development and work of the ICS.

The Board is requested to support the November workshop by raising awareness and encouraging participation from their organisational Elected Member, Non-Executive and Lay Members.

ACTIONS:

DP to write to Board members to confirm representation from organisations and ICPs.



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Care System**
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City Council**



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County Council**



AH, AS and RH to discuss how EMAS can best contribute to Nottinghamshire System Review Meetings.

Board members to ensure that invitations to the ICS Elected Member and Non-Executive workshop on 19 November have been cascaded within their organisation.

Time and place of next meeting:

6 November 2019

09:00 – 12:00

Rufford Suite, County Hall