



**Integrated Care System Board meeting  
Thursday 11 April 2019 – 09:00 – 12:00  
Rufford Suite, County Hall, Nottingham  
Meeting held in public**

**Minutes**

**Present:**

<b>ICS Board members</b>	<b>ORGANISATION</b>
Alison Wynne	Director of Strategy and Transformation, Nottingham University Hospitals NHS Trust
Amanda Sullivan	Accountable Officer, Nottinghamshire CCGs
Anthony May <i>from item 4</i>	Chief Executive, Nottinghamshire County Council
David Pearson	ICS Chair
Dean Fathers	Chair, Nottinghamshire Healthcare NHS FT
Eric Morton	Chair, Nottingham University Hospitals NHS Trust
John Doddy	Councillor and Chair of the Nottinghamshire Health and Well Being Board, Nottinghamshire County Council
John MacDonald	Chair, Sherwood Forest Hospitals NHS FT
Jon Towler	Lay Member, Nottinghamshire CCGs
Richard Henderson	Chief Executive, East Midlands Ambulance Service
Simon Crowther	Director of Finance, Nottinghamshire Healthcare NHS FT
Stuart Wallace	Councillor and Chair of the Adult Social Care and Health Committee, Nottinghamshire County Council

**In Attendance:**

Alex Ball	Director of Communications and Engagement, Nottinghamshire ICS
Andy Haynes	Clinical Director, Nottinghamshire ICS
Elaine Moss	Chief Nurse, Nottinghamshire CCGs and ICS
Gavin Lunn	Clinical Lead from Mid Nottinghamshire Clinical Chair, Mansfield and Ashfield CCG
Helen Pledger	Finance Director, Nottinghamshire ICS
Hugh Porter	Clinical Lead from Greater Nottingham Clinical Chair, Nottingham City CCG
Joanna Cooper	Assistant Director, Nottinghamshire ICS
Richard Stratton	Clinical Lead from Greater Nottingham GP, Belvoir Health Group
Thilan Bartholomeuz	Clinical Lead from Mid Nottinghamshire Clinical Chair, Newark and Sherwood CCG
Wendy Saviour	Managing Director, Nottinghamshire ICS

**Apologies:**

John Brewin	Chief Executive, Nottinghamshire Healthcare NHS FT
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Nicole Atkinson	Clinical Lead from Greater Nottingham Clinical Chair, Nottingham West CCG
Richard Mitchell	Chief Executive, Sherwood Forest Hospitals NHS FT
Tracy Taylor	Chief Executive, Nottingham University Hospitals Trust

## 1. Welcome and introductions – Chairs vision and ambition for the ICS

Apologies received as noted above.

DP welcomed colleagues and members of the public to the first ICS Board meeting to be held in public.

DP highlighted the *What Matters To You* consultation launched March 2019. Further details are available from AB.

DP presented the circulated paper. As part of induction, DP is meeting with Board members individually.

## 2. Conflicts of Interest

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

## 3. Minutes of 15 March and 1 April 2019 and Action log

Minutes of ICS Board meeting on 15 March and 1 April 2019 were agreed as an accurate record of the meeting by those present. The action log was noted.

DP informed the Board that the City Council are due to consider its suspension of ICS membership on 16 April. City Council published paper on 9 April with the recommendation that the suspension be lifted. The report that was published demonstrates how we have made progress as an ICS Board through better acknowledgement of the specific needs of the City and its geography and improved democratic accountability through the inclusion of elected members in the ICS Board membership. It is likely that concerns remain about approaches to procurement across the ICS, which a number of partners may be interested in. A paper will be presented to the 9 May meeting on best value decision making for the ICS Board to consider.

## 4. Patient Story from ICS Cancer Workstream

Simon Castle attended the Board meeting to present the circulated paper and share two patient stories demonstrating the progress to date with cancer transformation. National funding has been secured to expand on the pilot in the City for lung cancer screening to Mansfield and Ashfield.

DP thanked Simon for the presentation on behalf of the Board. The Board discussed the following key points:

- AH advised that the CRG have considered cancer pathways and the issues raised. AH emphasised the importance of monitoring the stage shift in cancers being detected earlier.
- HPo highlighted that the FIT should be celebrated as a local innovation based on research which is now being adopted nationally.
- TB raised concerns about inequalities arising due to differential access to services based on CCG areas and proposed that consideration be given to initiatives being rolled out at PCN level in the future. TB also highlighted the rising burden of treating cancers.
- DF highlighted that more joined up thinking on research agenda. ICSB to consider wider system to improve productivity. AB updated that AHSN will be attending a future ICSB meeting to discuss these issues.
- JM acknowledged the demand on diagnostic services and asked for clarity on where workforce implications are being considered. Simon advised that the East Midlands Cancer Alliance considers workforce issues across the region.
- JD highlighted the depth of information available in the JSNA to inform these decisions.
- EM asked that as a system consideration should be given to the totality of pathways.

## Outcomes Framework, Prevention and Inequalities

### 5. ICS MOU prevention priority – alcohol

Alison Challenger and Chris Packham attended the meeting to provide an update to the ICS Board on the ICS MOU prevention priority.

Following the identification of alcohol as the ICS prevention priority and related work, the Board noted a decline in alcohol related hospital admissions. Additional funding has been secured to improve access to brief advice and alcohol related projects. A national visit was coordinated on 2 April which was well received.

The Board noted the very good progress made and the ongoing work on the implementation plan. The Board agreed to provide ongoing support for this prevention priority.

AS clarified that the prevention priority has been incorporated into the commissioning intentions of all CCGs with resources committed to support this work.

### 6. ICS Outcomes Framework

Chris Packham attended the meeting to provide an update on the refinement and development of the ICS Outcomes Framework following feedback from the Board at the 15 March meeting.

The Board endorsed the next steps and agreed the updated ambitions and outcomes, recognising that the framework will continue to be developed. The Board will be updated on progress and situated in the context of the local system strategy response to the Long Term Plan.

WS highlighted to the Board that the analytical capacity and capabilities needed to proceed with this work should not be underestimated. Whilst a short term solution is in place, consideration needs to be given to longer term resources for this work.

## **7. Embedding Personalised Care in Nottinghamshire**

Jane North and Roz Howie attended the meeting to present the circulated paper on personalised care for the Board to note progress against the 2018/19 Memorandum of Understanding (MOU) with NHSE. The following key points were made during the discussion:

- JT encouraged the Board to endorse the approach in table 3 of the report in support of developing plans at ICS, ICP and PCN level.
- AS welcomed the report and advised the Board that resources have been embedded within the CCG structure to take this work forward.
- AB advised that early results from the engagement on the Long Term Plan are supportive of the personalised care approach.

The Board agreed a further one-year MOU with NHSE as an advanced Personalised Care Demonstrator site for 2019/20. The Board agreed the next steps set out in the report to jointly develop a plan between the ICS, ICP and PCNs for 2019/20 on universal personalised care and support a resource plan on future funding to deliver commitments under the NHS Long Term Plan.

DP thanked JN and RH for the presentation, and Rosa Waddingham for work on this agenda.

## **Strategy and System Planning**

### **8. Agree the approach to June 2019 NHSI/E Estates Strategy**

HP presented the circulated paper on the approach to developing the Estates Strategy based on the process put in place for 2018/19. HP highlighted that a new SRO has been appointed – Simon Crowther (SC) – and that new processes are in place with the Planning Group making connections to five-year plan including the Clinical Services Strategy, IM&T, and the wider public estates through the One Public Estate (OPE) programme. Estates is now a key agenda item on Financial Sustainability Group.

The Board agreed that the Planning Group would have delegated authority to approve the draft ICS estates strategy submission for submission in June, which was a feedback and review process. The ICS Board will consider the final estates strategy as part of the approval of the five year plan and will get regular updates from the Planning Group.

AS asked for estate and utilisation to be considered across the system recognising that there is good and inadequate estate across acute, community and primary care.

WS highlighted that a more strategic approach needs to be taken for 19/20 to support the development of a coherent estates strategy underpinned by the clinical strategy. DP asked Board members to commit leadership time to support this work led by SC.

**ACTIONS:**

**Board members** to support the delegation of the June 19 submission to the Planning Group. All system partners to engage in the development of the estates strategy, in line with five-year plan (including clinical services strategy).

### **9. Receive an overview of the 2019/20 operational plan submission**

HP provided a verbal update on 2019/20 NHS operational plan submission. Following detailed discussions at the meeting on 1 April, organisations and ICPs have been working to further develop plans. Organisational plans were submitted on 4 April and system plan to be submitted 11 April with delegated authority agreed for DP, WS and HP at the 1 April meeting.

HP updated the board on the key changes from the 1 April discussion:

- System control total – the system plan does not currently meet the system control total due to a shortfall of £1.9 million. This relates to a technical issue on the NUH financial plan in relation to MRET funding and the calculation of the organisational control total. NUH have raised this issue directly with NHS Improvement and are awaiting a response.
- A letter has been received on the national ICS financial framework which outlines how the incentive scheme will work for 2019/20. Systems are eligible for the scheme if the plan delivers the system control total and the key elements are the linking of provider sustainability funding to the delivery of the system control total, transformational funding and agreement of freedoms and flexibilities with NHS England and Improvement. The ICS is required to respond by the 26<sup>th</sup> April to confirm whether it will participate in the scheme. There is a Financial Sustainability meeting on the 24<sup>th</sup> April, this group will review scenarios and agree the ICS response.
- Transformational Plans – work is continuing in organisations and ICPs, and the actions discussed on 1 April are underway. A further update will be provided to the May Board.
- Activity Plans – there is an error on the Mid Nottinghamshire CCGs outpatient activity plan submission, this has been flagged with NHS England and Improvement.
- The 2019/20 operational plan will be restated across the 3 ICPs by the end of May.



**ACTIONS:**

**Financial Sustainability Group** to consider scenarios for ICS financial framework and agree ICS response by 26<sup>th</sup> April.

**Oversight of System Resources and Performance Issues (including MoU)**

**10. ICS Integrated Performance Report – Finance, Performance & Quality.**

WS presented the circulated performance report which is a summary report following feedback from the Board at the 15 March meeting. Further work is underway with CCG colleagues to improve further and develop a dashboard for the ICS Board.

The Board noted the contents of the ICS Integrated Performance Report. Key areas of concern are highlighted in the report summary along with actions being taken to address the performance issues. The red-rated performance areas remain urgent and emergency care, mental health transformation delivery and financial sustainability. WS additionally highlighted risk of delivery in relation to cancer, transforming care and maternity.

EM welcomed summary version and asked that further attention be given by the ICS Board to the red-rated performance areas.

EIM asked that areas with sustained issues are reported into the Governance Group to ensure that risks are captured and managed through the ICS risk register.

**ACTIONS:**

**JC** to incorporate red-rated performance areas into the forward workplan for the Board.

**EIM and JC** to ensure that red-rated performance issues are reported into the Governance Group.

**11. Receive a report on the delivery of MOU National and Local priorities and deliverables**

WS presented the circulated year end report on the ICS MOU. The Board noted the progress to date and year end position on ICS MOU priorities and deliverables. WS highlighted the areas to progress in 2019/20 outlined in the report.

JT asked for clarity on next steps. WS advised that there has been no recent information from the national team in respect of the MOU for 2019/20. The Board requested that a proposal be produced for the 9 May Board meeting highlighting the ICS team's suggested priorities for the system to be used to inform and shape the 19/20 MOU.

**ACTIONS:**

**WS** to oversee the development of a report to the 9 May ICS Board meeting on the system priorities to shape the ICS MOU for 2019/20.

## **12. Update from the Mid Nottinghamshire ICP**

JM presented the circulated paper providing an update on the Mid Nottinghamshire ICP. JM highlighted two critical areas for the ICP on access to transformation funding and access to information.

JM welcomed ICS Board members to attend the visit to Wigan on 26 April. Colleagues to contact RM if they are interested in attending.

JD welcomed representative from ICPs to make use of existing forums to foster working relationships such as the County Health and Wellbeing Board Healthy and Sustainable Communities Group.

## **Governance**

### **13. ICS Board Terms of Reference**

DP presented the circulated paper providing an overview of the legal advice sought on the ICS Board Terms of Reference following the discussion at the 15 March meeting.

The Board discussed the proposed review of the Board in July. AM proposed that a review of the Board should be deferred to allow the Board to form over the next 12 months, which was agreed by the Board.

The Board raised issues that need to be addressed in the short-term ahead of the review:

- Indemnity
- Voting arrangements for clinical members of the group
- Membership and representation on the Board, which could be fulfilled by existing Board members, including public health, workforce and Information/digital.

DP asked that the issues to be considered be collated. The Board agreed that bilateral discussions take place and for a report to be presented to the 13 June meeting.

**ACTIONS:**

**DP** to oversee the collation of issues to be considered further to support the development of the ICS Board TOR.

**Time and place of next meeting:  
9 May 2019, 13:30pm – 16:30pm  
Rufford Suite, County Hall**



**ICS Board membership**

Role	John Brewin	Dean Fathers	Richard Mitchell	John Macdonald	Tracy Taylor	Eric Morton	Amanda Sullivan	Anthony May	Stuart Wallace	John Doddy	Wendy Saviour	David Pearson	Jon Towler	Richard Henderson	Simon Crowther	Alison Wynne	Not represented at this meeting
ICS Chair												X					
Chief Executive Nottinghamshire Healthcare NHS FT															X		
Chair or nominee Nottinghamshire Healthcare NHS FT		X															
Chief Executive Sherwood Forest NHS FT																	X
Chair or nominee Sherwood Forest NHS FT				X													
Chief Executive Nottingham University Hospitals NHS Trust																X	
Chair or nominee Nottingham University Hospitals NHS Trust						X											
Chief/Accountable Officer, CCGs							X										



Role	John Brewin	Dean Fathers	Richard Mitchell	John Macdonald	Tracy Taylor	Eric Morton	Amanda Sullivan	Anthony May	Stuart Wallace	John Doddy	Wendy Saviour	David Pearson	Jon Towler	Richard Henderson	Simon Crowther	Alison Wynne	Not represented at this meeting
CCG Chair													X				
EMAS Chief Executive														X			
Nottinghamshire County Council CEO or nominee								X									X
Nottinghamshire County Council elected member									X	X							
NHSE/I representative											X						



**In attendance:**

	Wendy Saviour	Helen Pledger	Alex Ball	Richard Mitchell	Nicole Atkinson	Richard Stratton	Hugh Porter	Gavin Lunn	Thilan Bartholomeuz	Andy Haynes	Elaine Moss	Alex Ball	Not represented at this meeting
ICS Managing Director	X												
The ICP lead from Greater Nottingham ICP						X	X						
The ICP lead from Mid Nottinghamshire ICP													
Two clinical leads from Greater Nottingham ICP with one to represent primary care providers													
Two clinical leads from Mid Nottinghamshire ICP with one to represent primary care providers								X	X				
ICS Officer - finance director lead		X											
ICS Officer - Clinical director										X			
ICS Officer - Nursing/Quality director											X		
ICS Officer – Public Health Director													X
ICS Officer - Director of Communications and Engagement			X									X	