



**Integrated Care System Board meeting
Thursday 9 May 2019 – 13:30 – 17:00
Rufford Suite, County Hall, Nottingham
Meeting held in public**

Draft minutes

Item 3. Enc. A1

Present:

ICS Board members	ORGANISATION
Amanda Sullivan	Accountable Officer, Nottinghamshire CCGs
David Pearson	ICS Chair
Dean Fathers	Chair, Nottinghamshire Healthcare NHS FT
Eric Morton	Chair, Nottingham University Hospitals NHS Trust
Ian Curryer	Chief Executive, Nottingham City Council
John Brewin	Chief Executive, Nottinghamshire Healthcare NHS FT
John MacDonald	Chair, Sherwood Forest Hospitals NHS FT
Jon Towler	Lay Member, Nottinghamshire CCGs
Melanie Brooks	Corporate Director Adult Social Care and Health, Nottinghamshire County Council
Richard Henderson	Chief Executive, East Midlands Ambulance Service
Richard Mitchell	Chief Executive, Sherwood Forest Hospitals NHS FT
Tracy Taylor	Chief Executive, Nottingham University Hospitals Trust

In Attendance:

Alex Ball	Director of Communications and Engagement, Nottinghamshire ICS
Andy Haynes	Clinical Director, Nottinghamshire ICS
Deborah Jaines	ICS Deputy Managing Director
Elaine Moss	Chief Nurse, Nottinghamshire CCGs and ICS
Helen Pledger	Finance Director, Nottinghamshire ICS
Joanna Cooper	Assistant Director, Nottinghamshire ICS
Lucy Dadge (item 6)	Director of Sustainability, Nottinghamshire CCGs
Lyn Bacon (item 5)	Chief Executive, Nottingham Citycare Partnership
Nicky Hill (item 5)	Director of HR, Nottingham University Hospitals NHS Trust
Nicole Atkinson	Clinical Lead from Greater Nottingham Clinical Chair, Nottingham West CCG
Richard Stratton	Clinical Lead from Greater Nottingham GP, Belvoir Health Group
Thilan Bartholomeuz	Clinical Lead from Mid Nottinghamshire Clinical Chair, Newark and Sherwood CCG
Tom Diamond	ICS, Director of Strategic Planning



Apologies:

Gavin Lunn	Clinical Lead from Mid Nottinghamshire Clinical Chair, Mansfield and Ashfield CCG
Cllr. John Doddy	Councillor and Chair of the Nottinghamshire Health and Well Being Board, Nottinghamshire County Council
Cllr. Sam Webster	Executive Member for Adult Social Care and Health
Cllr. Stuart Wallace	Councillor and Chair of the Adult Social Care and Health Committee, Nottinghamshire County Council
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 items on the agenda were declared.

3. Minutes of 11 April 2019 and Action log

Minutes of ICS Board meeting on 11 April 2019 were agreed as an accurate record of the meeting by those present. The action log was noted.

4. Patient story on smoking in pregnancy

EIM presented a patient story to the ICS Board on smoking at time of delivery and the Love Bump campaign. A dedicated website for the campaign and supporting posters are available here <https://lovebump.org.uk/nottinghamshire/>

EIM highlighted the need for a consistent approach engaging with ICS partners and wider partners such as schools. It is important to galvanise support from mothers in a similar position to act as champions and promote smoking cessation during pregnancy.

ACTIONS:

JC to circulate the patient story presentation to the Board with the minutes.

Outcomes Framework, Prevention and Inequalities

No items on the agenda.



Strategy and System Planning

5. Local Workforce Action Board – update

Lyn Bacon and Nicky Hill attended the meeting to present the circulated papers on workforce. A revised People and Culture Strategy has been developed across partner organisations. LB and NH highlighted two key areas for further consideration:

1. Governance and connections across the system to the Local Workforce Action Board (LWAB). In future LWAB will be more ICS led and rather than no longer a joint endeavour with Health Education England (HEE).
2. Resources to deliver the workforce strategy are at risk.

The Board discussed the presentation and noted the following aspects:

- Recognised workforce as one of the biggest challenges for the system.
- Further consideration needs to be given to how to connect strategic imperative to the AHSN and the rest of the NHS system.
- A need to demonstrate the right role modelling behaviours around recruitment and retention.
- Further consideration to be given to where it might be possible to create shared HR services across ICS partners.
- Further information needed on the impact that implementing the People and Culture Strategy will have.
- Multiskilling of the workforce.
- Further insight needed on how workforce implications will fit at ICS / ICP and PCN level.

The ICS Board endorsed the revised People and Culture Strategy and asked for further detail on what the impacts of the initiatives delivered to date have been. Further consideration to be given to how the LWAB links to the ICS and resource requirements to support the workstream.

ACTIONS:

LB and NH to provide further detail to the ICS Board on the impact of the initiatives in the People and Culture Strategy.

WS to work with LB and NH to give further consideration to how the LWAB links to the ICS and the resource requirements for the workforce workstream.

6. ICS approach to Best Value Decision Making

DP presented the circulated paper on Best Value Decision Making further to the discussion at the 18 January ICS Board meeting. The paper summarises the legal parameters and proposed a set of guiding best practice principles for all partners, and highlights the importance of transparency and coherence at a strategic level.



ICS Board members welcomed the report and asked that the following be given further consideration:

- That it be made clear that the approach applies to commissioners within the ICS to retain a focus on what can be directly influenced. The report should be amended to include reference to the impact of other commissioners currently outside of the ICS, e.g. specialised commissioning. JB to keep the Board appraised of developments in relation to specialised commissioning.
- The report should read best value for the population (as opposed to the system) not individual organisations. Any implications for individual organisations needs to be considered and addressed by the whole ICS.
- That when Foundation Trusts take major items with wider implications for decision from their governors that the ICS Board is asked for endorsement.
- That consideration needs to be given to the consequences of holding a competitive procurement process for part of a pathway.

The ICS Board agreed the approach to Best Value Decision Making and best practice principles with the proviso that comments made by the Board are reflected. The ICS Board agreed that an annual item on commissioning intentions would be added to the future workplan.

ACTIONS:

DP and Lucy Dudge to make the required amendments to the approach to Best Value Decision Making.

JC to add an annual item on commissioning intentions to the ICS Board workplan.

7. ICS Strategy / 5 Year Plan - Outputs of ICS Board Strategy Session 24 April 2019

TD attended the meeting to present the circulated paper following key discussion points and agreement from the 24 April ICS Board development session. The paper was agreed as an accurate record of the discussion and the priorities agreed.

The Board discussed the item and made the following points:

- The ICS Board should give consideration to how urgent care services will function in the future, whether that be managing demand or creating alternative options in the community
- The same day urgent care model options appraisal will draw upon work already complete or underway.
- Leads for urgent and emergency care, and any other relevant subject matter experts, to be invited to the July development session to support discussions.
- The importance of stating an ambition for transformation in quantitative terms and robustly measuring to understand progress.
- That further emphasis needs to be given to broader work across the system including social care.

TD to address points made and build into the next ICS Board strategy development session.



ACTIONS:

TD to address points made and build into the next ICS Board strategy development session.

8. Local priorities for inclusion in the 2019/20 MoU with NHS England and Improvement

TD attended the meeting to present an early proposal of local priorities for inclusion in a 2019/20 Memorandum of Understanding (MoU) with NHS England and Improvement. Paragraph 8 of the report proposes four priorities.

Board members asked that the following be addressed:

- More emphasis be given to priorities which will demonstrate tangible changes rather than an emphasis on structure and governance. Suggested that structure and governance priorities could form one overarching priority to reflect this.
- Red rated performance issues such as urgent care should be stated as local priorities for the system.
- Further work is needed to cross reference with the ICP priorities.
- Emphasis on system architecture should be to conclude rather than to develop further.
- Implementation of the mental health strategy and its impact should be incorporated.
- Priorities should be ordered as “big ticket” items, how the system is organised, and local priorities.
- Priorities should be reflected in the ICS Board workplan.

Board agreed that a proactive approach to decide system priorities was welcome.

ACTIONS:

TD to develop the local priorities for inclusion in a 2019/20 Memorandum of Understanding (MoU) with NHS England and Improvement to be agreed by the ICS Board at a future meeting.

9. NHS Long Term Plan engagement plan and system narrative

AB presented the circulated papers on the NHS Long Term Plan engagement plan and system narrative following the meeting on 15 February. The papers provide:

- An update on the progress to date on the Engagement activities regarding the NHS Long Term Plan.
- An update on the deployment of the ICS System Narrative.
- A summary of the insights regarding the priorities and attitudes of the citizens and staff.
- An outline of the further engagement activities due to be delivered over the coming weeks.



Board members made the following points:

- That the engagement is focussed on NHS rather than the wider system. MB to support AB on incorporating social care.
- That the findings to date reinforce current system priorities.
- The importance of engaging with staff from across the system.

ACTIONS:

AB to give further consideration to engagement activity focussed on wider system issues.

10. Developing the roles and functions at ICS, ICP and PCN level

DJ presented the circulated paper on the roles and functions at ICS, ICP and PCN levels.

Board agreed the following recommendations:

- Endorse section 10 as an agreed description of how each part of the new system will relate to one another (the ‘Operating Behaviours’).
- Agree to receive a future report on how relationships are working out in practice and how provider partnerships are overcoming potential inconsistencies of approach. This will be incorporated into a review of ICPs in 12 months time.
- That Board members will ensure that the organisations they represent use Annex B as the basis for the establishment of the ICPs and PCNs.
- JT highlighted that Annex B was a good starting point but that it might be too simplistic – some parts of the system have a role (albeit less dominant a role) in areas that are not indicated in Annex B.
- JM welcomed the report and found Figure 2 especially helpful and asked whether more worked examples could be produced.

Work that AS is undertaking following the 24 April ICS Board development session will build on this approach to specifically make clear what needs to be done at each level where functions are multifaceted.

11. Development of the Model for Primary Care Networks

NA presented the circulated paper on the development of the model for Primary Care Networks (PCNs) following the approach agreed in November 2018. Paper provides an overview of the process undertaken and progress to date.

NA clarified that whilst the lower limit on the size of PCNs is fixed at 30,000, there is likely to be more flexibility with the upper size parameter of 50,000 stated in guidance in order to address local issues and work within established neighbourhoods. RS highlighted that there may be one PCN larger than the values stated in the paper.



TT noted the work that had gone in to getting to this point and the importance of the final agreed configuration of PCNs not undermining the decision-making principles that has been used to establish the ICPs.

Board approved the vision and aspirations for PCNs. Progress to date on configurations was endorsed and final approval of the submission to NHSE&I was delegated to the ICS Managing Director on behalf of the Board. Paper to be presented to the CCG joint PCC Committee for approval on the 23 May.

Oversight of System Resources and Performance Issues (including MoU)

12. ICS Integrated Performance Report - Finance, Performance & Quality.

HP presented the circulated Integrated Performance Report. Key messages are as follows:

- Consistent position for high and emerging risks.
- Cancer performance further deterioration in month.
- Significant improvement in children's wheelchairs performance.
- Comparison to other STP/ICS has been refreshed in this report and is broadly consistent with previous reports.

As discussed at the 11 April meeting, deep dives into red rated areas have been incorporated into the forward workplan for the Board. A report on Mental health performance will be presented to the Board at the 13 June meeting.

RH asked that the local performance information for ambulance response times be incorporated into the report, this was agreed. Consideration to be given to a Board development session on ambulance performance.

JB asked that the report be amended for mental health to ensure that performance reflects population and provider appropriately.

ACTIONS:

HP to ensure that the Integrated Performance Report is developed to incorporate local ambulance response times and mental health.

13. Mid Nottinghamshire ICP

RM presented the circulated paper from Mid Nottinghamshire. Board members to note the visit to Wigan and how Wigan have come together as a system and created a sense of identity. To discuss at Mid Nottinghamshire ICP Board meeting on 14 May 2019.

JM emphasised the strong relationships with Local Authorities and political support in Wigan and positive impact on transformation. DP highlighted the upcoming ICS workshop for Elected Members and NHS Non-Executives on 25 June and asked that Board members circulate this invitation within their organisation.



ACTIONS:

RM to share messages and learning from the visit to Wigan with members of the Board.

Board members to circulate the invitation to the ICS workshop for Elected Members and NHS Non-Executives on 25 June within their organisation.

Governance

No items on the agenda.

Time and place of next meeting:

13 June 2019, 09:00 – 12:00

Rufford Suite, County Hall

DRAFT



ICS Board membership

Role	John Brewin	Dean Fathers	Richard Mitchell	John Macdonald	Tracy Taylor	Eric Morton	Amanda Sullivan	Melanie Brooks	David Pearson	Jon Towler	Richard Henderson	Ian Curryer	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	Melanie Brooks	David Pearson	Jon Towler	Richard Henderson	Ian Curryer	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
Nottingham City Council CEO or nominee												X	
Nottingham City Council elected member													X
NHSE/I representative													X



In attendance:

	Deborah Jaines	Helen Pledger	Alex Ball	Richard Mitchell	Nicole Atkinson	Richard Stratton	Thilan Bartholomeuz	Andy Haynes	Elaine Moss	Not represented at this meeting
ICS Managing Director	X									
The ICP lead from Nottingham City ICP										X
The ICP lead from South Nottinghamshire ICP										X
The ICP lead from Mid Nottinghamshire ICP										
Two clinical leads from Greater Nottingham ICP with one to represent primary care providers					X	X				
Two clinical leads from Mid Nottinghamshire ICP with one to represent primary care providers							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							



Integrated Care System

Nottingham & Nottinghamshire



Nottingham
City Council



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