## Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Items</th>
<th>Paper</th>
<th>Lead</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 09:00</td>
<td>Welcome and Introductions</td>
<td>Verbal</td>
<td>Chair</td>
<td>To note</td>
</tr>
<tr>
<td>2. 09:05</td>
<td>Conflicts of Interest</td>
<td>Verbal</td>
<td>Chair</td>
<td>To note</td>
</tr>
<tr>
<td>3. 09:10</td>
<td>Minutes of 6 November ICS Board meeting and action log</td>
<td>Papers</td>
<td>Chair</td>
<td>To agree</td>
</tr>
<tr>
<td>4. 09:15</td>
<td>Patient Story - Hearing the Voice of Bereaved Parents - Maternity Voices Partnership and Zephyr’s working together</td>
<td>Paper B</td>
<td>Rebecca Gray and Carly</td>
<td>To discuss</td>
</tr>
<tr>
<td>5. 09:30</td>
<td>Prevention, Inequalities and the Wider Determinants of Health</td>
<td>Paper C</td>
<td>Chris Packham</td>
<td>To discuss</td>
</tr>
<tr>
<td>6. 09:50</td>
<td>NHS Long Term Plan, ICS Strategy and Operational Planning for 2020/21</td>
<td>Paper D</td>
<td>Tom Diamond and Helen Pledger</td>
<td>To agree</td>
</tr>
<tr>
<td>7. 10:00</td>
<td>Winter Planning:</td>
<td>Paper E</td>
<td>Amanda Sullivan, Tracy Taylor and Richard Mitchell</td>
<td>To discuss</td>
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<tr>
<td></td>
<td>• Update on Winter Plans and Seasonal Influenza Primary Care Programme</td>
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<td>• Nottingham and Nottinghamshire Response to Drivers of Demand Report</td>
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<tr>
<td></td>
<td>Break</td>
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<tr>
<td>8. 10:40</td>
<td>Primary Care Network Support Fund and the OD offer to PCNs</td>
<td>Paper F</td>
<td>Nicole Atkinson</td>
<td>To discuss</td>
</tr>
<tr>
<td>9. 11:00</td>
<td>Mental Health Strategy Delivery Arrangements</td>
<td>Paper G</td>
<td>Amanda Sullivan</td>
<td>To agree</td>
</tr>
<tr>
<td>10. 11:30</td>
<td>Update from ICPs:</td>
<td>Paper H</td>
<td>Ian Curryer</td>
<td>To discuss</td>
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<tr>
<td>Time</td>
<td>Agenda Items</td>
<td>Paper</td>
<td>Lead</td>
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<tr>
<td></td>
<td>• South – to note</td>
<td>H2</td>
<td>Andy Haynes &amp; Helen Pledger</td>
<td>To discuss</td>
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<tr>
<td></td>
<td>• Mid – to note</td>
<td>H3 H4</td>
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</tbody>
</table>

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

| 11.   | 11:40 Integrated Performance and Finance Report                           | Paper | Andy Haynes & Helen Pledger | To discuss |
|       |                                                                             | I1 I2 |                             |            |

**Governance**

| 12.   | 11:50 Governance issues to note:                                          | Verbal| Chair                       | To agree   |
|       | • Arrangements for strengthening ICS governance                            |       |                             |            |
|       | • National ICS Evaluation                                                   |       |                             |            |

**12:00 Close**

Next meeting date: 13 February 2020, 09:00-12:00
**Integrated Care System Board**

Meeting held in public

**Wednesday 6 November 2019, 09:00 – 10:30**

Rufford Suite, County Hall, Nottingham

Present:

<table>
<thead>
<tr>
<th>NAME</th>
<th>ORGANISATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adele Williams</td>
<td>Councillor, Nottingham City Council</td>
</tr>
<tr>
<td>Alex Ball</td>
<td>Director of Communications and Engagement, Nottinghamshire CCGs and ICS</td>
</tr>
<tr>
<td>Amanda Sullivan</td>
<td>Accountable Officer, Nottinghamshire CCGs</td>
</tr>
<tr>
<td>Andy Haynes</td>
<td>ICS Executive Lead, Nottinghamshire ICS</td>
</tr>
<tr>
<td></td>
<td>Executive Medical Director, Sherwood Forest Hospitals NHS FT</td>
</tr>
<tr>
<td>Colin Monckton</td>
<td>Director of Strategy and Policy, Nottingham City Council</td>
</tr>
<tr>
<td>David Pearson</td>
<td>ICS Independent Chair</td>
</tr>
<tr>
<td>Eric Morton</td>
<td>Chair, Nottingham University Hospitals NHS Trust</td>
</tr>
<tr>
<td>Eunice Campbell-Clark</td>
<td>Chair, Nottingham City Health and Wellbeing Board</td>
</tr>
<tr>
<td>Helen Pledger</td>
<td>Finance Director, Nottinghamshire ICS</td>
</tr>
<tr>
<td>Hugh Porter</td>
<td>Clinical Lead, Nottingham City CCG (representing Nottingham City ICP)</td>
</tr>
<tr>
<td>John Brewin</td>
<td>Chief Executive, Nottinghamshire Healthcare NHS FT</td>
</tr>
<tr>
<td>John MacDonald</td>
<td>Chair, Sherwood Forest Hospitals NHS FT</td>
</tr>
<tr>
<td>Jon Towler</td>
<td>Lay Chair, Nottinghamshire CCGs</td>
</tr>
<tr>
<td>Jonathan Gribbin</td>
<td>Director of Public Health, Nottinghamshire County Council</td>
</tr>
<tr>
<td>Jonathan Harte</td>
<td>GP Partner and PCN Clinical Director (representing PCNs in Nottingham City ICP)</td>
</tr>
<tr>
<td>Lyn Bacon</td>
<td>Chief Executive, Nottingham CityCare</td>
</tr>
<tr>
<td>Michael Williams</td>
<td>Chair, Nottingham CityCare</td>
</tr>
<tr>
<td>Nicole Atkinson</td>
<td>Chair Nottingham West Clinical Commissioning Group (representing South Nottinghamshire ICP)</td>
</tr>
<tr>
<td>Richard Mitchell</td>
<td>Chief Executive, Sherwood Forest Hospitals NHS FT</td>
</tr>
<tr>
<td>Richard Stratton</td>
<td>GP Lead Partners Health (representing South Nottinghamshire ICP)</td>
</tr>
<tr>
<td>Steve Vickers</td>
<td>Chair, Nottinghamshire County Health and Wellbeing Board</td>
</tr>
<tr>
<td>Thilan Bartholomeuz</td>
<td>Chair Newark and Sherwood Clinical Commissioning Group (representing Mid Nottinghamshire ICP)</td>
</tr>
<tr>
<td>Tony Harper</td>
<td>Councillor, Nottinghamshire County Council</td>
</tr>
<tr>
<td>Tracy Taylor</td>
<td>Chief Executive, Nottingham University Hospitals Trust</td>
</tr>
</tbody>
</table>
In Attendance:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greg Hobbs (item 4)</td>
<td>Consultant in Pain Medicine</td>
</tr>
<tr>
<td>Ian (item 4)</td>
<td>Patient Story</td>
</tr>
<tr>
<td>Janine Curtis (item 4)</td>
<td>Wellbeing Practitioner</td>
</tr>
<tr>
<td>Joanna Cooper</td>
<td>Assistant Director, Nottinghamshire ICS</td>
</tr>
<tr>
<td>Leanne (item 4)</td>
<td>Patient</td>
</tr>
<tr>
<td>Maria Principe (item 5)</td>
<td>Population Health and Outcomes Lead</td>
</tr>
<tr>
<td>Mike O’Neil (item 5)</td>
<td>Clinical Architect for the Nottinghamshire CCGs Data Management Team</td>
</tr>
<tr>
<td>Paula Banbury (item 4)</td>
<td>Clinical Lead</td>
</tr>
<tr>
<td>Tom Diamond (item 4)</td>
<td>Director of Strategy, Nottinghamshire CCGs and ICS</td>
</tr>
</tbody>
</table>

Apologies:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Role</th>
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</thead>
<tbody>
<tr>
<td>Elaine Moss</td>
<td>Chief Nurse, Nottinghamshire CCGs and ICS</td>
</tr>
<tr>
<td>Dean Fathers</td>
<td>Chair, Nottinghamshire Healthcare NHS FT</td>
</tr>
<tr>
<td>Gavin Lunn</td>
<td>Chair Mansfield and Ashfield Clinical Commissioning Group (representing Mid Nottinghamshire ICP)</td>
</tr>
<tr>
<td>Ian Curryer</td>
<td>Chief Executive, Nottingham City Council</td>
</tr>
<tr>
<td>Melanie Brooks</td>
<td>Corporate Director Adult Social Care and Health, Nottinghamshire County Council</td>
</tr>
<tr>
<td>Richard Henderson</td>
<td>Chief Executive, East Midlands Ambulance Service</td>
</tr>
</tbody>
</table>

1. Welcome and introductions

Apologies received as noted above. DP welcomed JH and AW to the Board.

2. Conflicts of Interest

JH declared an interest as a Director of a GP federation across Nottingham.

3. Minutes of 9 October ICS Board meeting and action log

The minutes of the ICS Board meeting held on 9 October 2019 were agreed as an accurate record of the meeting by those present.

The action log was noted.

4. Patient Story

With representation from patients and staff of the service, Greg Hobbs presented the circulated paper on the Patients story from Primary Integrated Community Services Ltd (PICS) on the Nottinghamshire Pain Pathway.

Greg outlined the development of the Pain service including how the team focussed on developing integrated services: evidence based commissioning and changes to
service specification; shared electronic communication; providers working together and taking a collaborative approach to working; outcomes based focus rather than activity based.

Ian and Leanne attended the meeting to share their stories.

DP thanked everyone for presentation on behalf of the Board. Board discussed the presentation:

- AB highlighted the impact of the role of the employer and the need for ICS Board and ICPs to support strong connections with employers to support citizens into work. LB advised that there is work underway with all partners.
- DP advised that there is national ICS work focussed on economic development issues, including employment.
- JB highlighted the IPS support services for those with mental health issues. Worthwhile in exploring this model and how partners could work together to support citizens to stay in / gain employment.
- SV invited Board members to input to the output of a recent County HWB workshop on employment and health. JG to facilitate input from partners.
- NA highlighted the importance of the social prescriber model and potential links to this service.

Board to give further consideration to employment and how Board can work with wider partners.

**ACTIONS:**

- **JG** to secure input from Ian and/or Leanne to contribute to the County HWB workshop item on employment and health on 4 December 2019.
- **NA** to establish links between the Primary Integrated Community Services Ltd (PICS) on the Nottinghamshire Pain Pathway and the social prescriber model.
- **AB** to lead on the production of a case study on this patient story for the ICS website.

### 5. Population Health Management Progress Report

AH introduced the item on Population Health Management (PHM) and shared insight from the 4-6 November Medical Leaders in Healthcare conference that a lack of PHM contributes to inequity.

Maria Principe and Mike O’Neil attended the meeting to provide an update on the progress being made in Nottingham and Nottinghamshire as a national leader in PHM.

Board will have a development session on PHM in January 2020.

Board praised the progress to date and asked for the development session to incorporate:

- What great would look like for PHM in Nottingham and Nottinghamshire, and what actions need to be taken imminently.
4. CM asked whether attitude towards self-care and behaviour of an individual are incorporated in the PHM approach in reference to one third of diabetes patients meeting their health and care outcomes.

AH emphasised that this is the first time that detail has been available at place and neighbourhood level. Board to give consideration to how as a system this is addressed as part of 20/21 planning.

6. Update from ICPs

Updates from the ICPs noted.

DP advised that a paper on resources for ICPs will be brought to Board at a future meeting.

**ACTIONS:**

HPI to ensure that ICPs provide an update on Transformation Funding for the January meeting.

7. ICS Integrated Performance report – Finance, Performance & Quality

AH presented the circulated Integrated Performance Report highlighting the key risk areas:

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

HPI advised financial challenges continue across health and social care. Joint financial assurance meetings with NHSE/I continue, with further follow up on actions due at the end of November. Work continues to identify mitigating actions across ICS partners.

DP highlighted that ICS had received letters on safeguarding, and learning disabilities and transforming care requesting further action.

Board discussed the performance report and noted the following:

- RM observed that the system’s focus on delivering the financial plan was ongoing and SFH NEDs are keen to continue to be updated on the position. The rating on Emergency Department performance in the report needs to be reviewed for accuracy.
- LB advised that a set of workforce metrics have been developed for the Long Term Plan. The People and Culture Board will frame these key workforce metrics for inclusion in the Integrated Performance Report going forward.
HPI advised the Board that System Review Meeting information has been shared with Finance Directors to share internally. The system position reflects information consolidated from organisations which has been through internal assurance and regulatory processes. This issue is to be considered as part of the arrangements to review and strengthen ICS governance.

A focussed discussion on system finance was proposed for a future Chairs, NEDs and Elected Member event.

Board noted the report and recommendations for a further meeting to be convened to review recovery plans for ICS Cancer as a system, and for the plans for reducing waiting lists to be reviewed.

**ACTIONS:**

AH to ensure that the Integrated Performance Report rating on Emergency Department performance is reviewed for accuracy.

LB to confirm workforce metrics for the Integrated Performance Report.

DP and AH to incorporate a discussion on system finance into the workplan for a future Chairs, NEDs and Elected Member event.

**Time and place of next meeting:**

12 December 2019

09:00-12:00

Rufford Suite, County Hall
## ICS Board Action Log January 2020

<table>
<thead>
<tr>
<th>ID</th>
<th>Action</th>
<th>Action owner</th>
<th>Date Added</th>
<th>Deadline</th>
<th>Action update</th>
</tr>
</thead>
<tbody>
<tr>
<td>B194</td>
<td>To confirm that their organisation / ICP endorses the ICS MOU and confirm how they will contribute to the delivery of priorities</td>
<td>Organisation Leads and ICP Leads</td>
<td>08 August 2019</td>
<td>31 October 2019</td>
<td>Organisations and ICP Boards to confirm to the ICS Board that they will contribute to the delivery of the ICS MOU in 2019/20 through submitting a brief statement of commitment. Responses outstanding from City Council and City ICP.</td>
</tr>
<tr>
<td>B203</td>
<td>To provide an estimation of the timeline to develop and embed the outcomes framework based on the current levels of resourcing and what impact additional capacity and capability could have on this.</td>
<td>Tom Diamond</td>
<td>12 September 2019</td>
<td>31 March 2020</td>
<td>Initial discussion held. The ICS Executive Group will consider this in the first instance and report recommendations to the ICS Board.</td>
</tr>
<tr>
<td>B205</td>
<td>To work with AS to develop an approach to devolving “tactical commissioning” to ICPs and PCNs</td>
<td>ICS Team</td>
<td>12 September 2019</td>
<td>31 March 2020</td>
<td>Initial discussion held. The ICS Executive Group will consider this in the first instance and report recommendations to the ICS Board.</td>
</tr>
<tr>
<td>B179</td>
<td>AS to lead conversations on the alignment of resources during Autumn reporting back to the October ICS Board for a wider discussion</td>
<td>Amanda Sullivan</td>
<td>12 July 2019</td>
<td>31 March 2020</td>
<td>The ICS Executive Group will consider this in the first instance and report recommendations to the ICS Board.</td>
</tr>
<tr>
<td>B231</td>
<td>To establish links between the Primary Integrated Community Services Ltd (PICS) on the Nottinghamshire Pain Pathway and the social prescriber model</td>
<td>Nicole Atkinson</td>
<td>06 November 2019</td>
<td>31 March 2020</td>
<td>Contact made with Primary Integrated Community Services (PICS) to discuss how this might happen. Meeting to be organised in the New Year given diary constraints.</td>
</tr>
<tr>
<td>ID</td>
<td>Action</td>
<td>Action owner</td>
<td>Date Added</td>
<td>Deadline</td>
<td>Action update</td>
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<tr>
<td>B232</td>
<td>To lead on the production of a case study on this patient story for the</td>
<td>Alex Ball</td>
<td>06 November 2019</td>
<td>31 March 2020</td>
<td>Update requested</td>
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<td></td>
<td>ICS website</td>
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<tr>
<td>B235</td>
<td>To confirm workforce metrics for the Integrated Performance Report.</td>
<td>Lyn Bacon</td>
<td>06 November 2019</td>
<td>31 March 2020</td>
<td>Update requested</td>
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<tr>
<td>B210</td>
<td>To circulate the RedThread evaluation report to Board members</td>
<td>Joanna Cooper</td>
<td>09 October 2019</td>
<td>31 March 2020</td>
<td>Redthread evaluation to be finalised in Q3 and circulated to the Board.</td>
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<tr>
<td>B236</td>
<td>To incorporate a discussion on system finance into the workplan for a</td>
<td>David Pearson and Andy Haynes</td>
<td>06 November 2019</td>
<td>1 June 2020</td>
<td>It is proposed to strengthen financial governance and oversight of ICS finances to include:</td>
</tr>
<tr>
<td></td>
<td>future Chairs, NEDs and Elected Member event.</td>
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<td></td>
<td>1. Formal processes to assure the ICS Board of individual organisation consistency with ICS planning</td>
</tr>
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<td>2. Formal processes of escalation for individual organisation risk to be considered for ICS solutions/mitigation</td>
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<td>3. Establishment of a Non-Executive Finance Committee - to be populated by individual organisation Finance Committee chairs. Initial meeting would be 20/21 planning focussed.</td>
</tr>
</tbody>
</table>
## 1. Background

The national maternity transformation programme, Better Births (2016) is delivering quality improvements through nine work streams to reduce the number of stillbirths, neonatal deaths, maternal deaths and brain injuries that occur during or soon after birth. The ambition is to reduce these incidents by 20% by 2020 and 50% by 2025. In 2016 NHS England divided the country up into 44 Local Maternity Systems. The Nottingham and Nottinghamshire Local Maternity and Neonatal System (LMNS) covers the same footprint as the Integrated Care System and has brought together local providers, commissioners and organisations tasked with implementing the ambitions set out in Better Births (2016). The vision is that through this transformation, all maternity services across England will become safer, more personalised, kinder, professional and more family friendly. Every woman will have access to information to enable her to make decisions about her care; and she and her baby can access support that is centred around their individual needs and circumstances.

The NHS Long Term Plan (2019) sets out a 10-year plan for the NHS and reaffirms the national aims to:

- Halve the number of stillbirths, neonatal deaths, maternal deaths and brain injuries by 2025
- Expand the choices and control that people have over their own care
- Shared responsibility for health and encouraging people to manage their own health with expert advice and peer support e.g. maternity and parenting support; mental health
- Enhanced and targeted Continuity of Carer (CoC) model to help improve outcomes for the most vulnerable mothers and babies.
2. **Maternity Voices Partnership**

NHS England recommended the ‘establishment of independent formal multidisciplinary committees, ‘Maternity Voices Partnerships’ (formerly MSLCs), to influence and share in local decision-making. All women and families in the local area should be able to participate in an MVP by giving feedback or becoming service user members of an MVP. Service user participation and coproduction, via MVPs, should be at the centre of all planning. Service user feedback from a ‘full range’ of service users, including women and families who have experienced loss, will be needed to inform local transformation at LMS level’.

3. **Engagement with local families**

It is important for the MVP to be aware of health inequalities and the importance of positive inclusion as a principle. As a result of the engagement work completed by the MVP 18/19 a number of key themes requiring further feedback were identified:

- The care and support needs for families who have suffered a pregnancy loss or the death of a baby or child was one such theme
- An engagement plan was agreed with the MVP, supported by Healthwatch Nottingham and Nottinghamshire and the ICS Communications and Engagement team which would include working closely with families affected by loss.
- Strong links were established between Zephyr’s and the MVP to ensure that feedback was gathered in a sensitive and supportive way.

4. **Zephyr’s**

Zephyr’s Appeal is a charitable organisation providing nurturing support for bereaved parents and families after a pregnancy loss, or the death of a baby or child. Zephyr’s has been offering families support at their centre on the Nottingham City Hospital Campus since its founding by Carly and Martin following the loss of their son Zephyr in December 2013.

6. **Patient Story**

Zephyr’s innovative approach has helped to support local families and is working to enable further development of services in partnership with the MVP and the LMNS.

The patient story aims to capture how families, providers, charities and commissioners can work together to ensure compassionate care is delivered across our services. It also shows how such services improve and enhance the experience of care and that equitable access to such services would further enhance the offer to women and families across the LMNS.

Whilst the main intention is to demonstrate the positive impact Zephyr’s is having, the aim is to also highlight the proactive approach to co-production which is integral...
To the work of the MVP and the LMNS in order to ensure that our transformed maternity services will meet the needs of local women and families.

**Actions requested of the ICS Board**
To note and discuss the issues raised.

**Recommendations:**

**Presented to:**

<table>
<thead>
<tr>
<th>Board</th>
<th>Partnership Forum</th>
<th>Finance Directors Group</th>
<th>Planning Group</th>
<th>Workstream Network</th>
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<tr>
<td>Performance Oversight Group</td>
<td>Clinical Reference Group</td>
<td>Mid Nottinghamshire ICP</td>
<td>Nottingham City ICP</td>
<td>South Nottinghamshire ICP</td>
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**Contribution to delivering the ICS MOU priorities:**

<table>
<thead>
<tr>
<th>Urgent and Emergency Care</th>
<th>Proactive and Personalised Care</th>
<th>Cancer</th>
<th>Mental health</th>
<th>Alcohol</th>
<th>Clinical services strategy</th>
<th>System architecture</th>
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**Contribution to delivering System Level Outcomes Framework ambitions**

<table>
<thead>
<tr>
<th>Our people and families are resilient and have good health and wellbeing</th>
<th>Our people will have equitable access to the right care at the right time in the right place</th>
<th>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</th>
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**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**
<table>
<thead>
<tr>
<th>Risk Ref</th>
<th>Risk Category</th>
<th>Risk Description</th>
<th>Residual Risk</th>
<th>Risk owner</th>
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<tbody>
<tr>
<td>Ref</td>
<td>e.g. quality, financial, performance</td>
<td>Cause, event and effect There is a risk that…</td>
<td>L1-5</td>
<td>L x I</td>
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</table>

**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.
**Summary:**

This paper outlines the proposed approach and underpinning principles for operational planning for 2020/21, following discussions at the ICS Planning Group and ICS Executive Group in December 2019.

The 2020/21 Operational Planning Guidance (NHS) is now expected to be issued mid-January. The ICS Planning Group will review the approach when the planning guidance is issued and provide an update to the February ICS Board of any implications. As the proposed approach and principles reflect all information provided to date from NHS England and NHS Improvement on 2020/21 Operational Planning, material changes to the approach are not anticipated.

2020/21 is Year 2 of the ICS Five-Year Strategic Plan and it is essential that the 2020/21 Operational Plan aligns and any changes to this are agreed with regulators and fully aligned across ICS Partners.

**Actions requested of the ICS Board**

**Recommendations:**

1. The ICS Board is asked to APPROVE the proposed system planning approach and principles for 2020/21 Operational Plans.

**Presented to:**

<table>
<thead>
<tr>
<th>Board</th>
<th>Partnership Forum</th>
<th>Finance Directors Group</th>
<th>Planning Group</th>
<th>Workstream Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
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<td>☒</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Performance Oversight Group</td>
<td>Clinical Reference Group</td>
<td>Mid Nottinghamshire ICP</td>
<td>Nottingham City ICP</td>
<td>South Nottinghamshire ICP</td>
</tr>
<tr>
<td>☒</td>
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<td>☒</td>
</tr>
</tbody>
</table>

**Contribution to delivering the ICS MOU priorities:**

<table>
<thead>
<tr>
<th>Urgent and Emergency Care</th>
<th>Proactive and Personalised Care</th>
<th>Cancer</th>
<th>Mental health</th>
<th>Alcohol</th>
<th>Clinical services strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>System architecture</td>
<td></td>
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<td>--------------------------------------------------</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Contribution to delivering System Level Outcomes Framework ambitions**

<table>
<thead>
<tr>
<th>Our people and families are resilient and have good health and wellbeing</th>
<th>Our people will have equitable access to the right care at the right time in the right place</th>
<th>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</th>
</tr>
</thead>
</table>

**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**

Risks identified by the ICS Planning Group are included in the ICS Risk Register

**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.*
Introduction

1. This paper has been developed by the ICS Planning Group. Its purpose is to set out the approach for developing an operational plan for the Nottingham and Nottinghamshire Integrated Care System (ICS) for 2020/21 that is fully aligned with and underpinned by the plans of its constituent organisations and its Integrated Care Partnerships (ICPs).

2. In developing the approach set out in this paper, the following has been considered:

- Previous experiences of operational and strategic planning across the Nottingham and Nottinghamshire health and care system;
- The context within which 2020/21 operational plans are being developed; and
- The current approach, status and constraints of operational planning within individual organisations and across the three ICPs.

Context

3. There are several key aspects to the context within which 2020/21 Operational Planning will take place that need to be considered and reflected in the approach the Nottingham and Nottinghamshire health and care system takes:

- The changing NHS regulator environment as clarified at the November NHS System Review Meeting (SRM):
  i. Organisational regulatory assurance meetings have been replaced by system assurance (CE/AO level)
  ii. Therefore, a system governance structure is required that enables system assurance to support the ICS Board and CE/AOs in responding to the changing regulatory requirements.
- The constituent organisations and bodies of the ICS have come together to develop a five-year strategic plan, which clearly articulates a do nothing and do something position:
  i. This now needs to be operationalised for 2020/21 (Yr2)
  ii. Expectations on the ICS for delivering the strategic plan, starting in 2020/21, are high – the system has received significant investment to transform over recent years and it’s ‘now time to deliver’.
- The environment within which health and care organisations are operating remains complex:
i. System architecture is continuing to evolve i.e. Strategic Commissioner, ICPs, and Primary Care Networks (PCNs)

ii. With regards to NHS operational planning requirements, a system plan supported by individual operational plans will be the ask. However, it is unclear currently if organisational plans will be aggregated up to or a subset of a system plan

iii. A disconnect exists between strategy, planning and operations across health and care organisations.

- Capacity is a key constraint, the health and care system needs to ensure a balance between planning, assurance and delivery.
- The status quo isn’t working, with operational and financial challenges in 2018/19 and 2019/20 for the NHS and Local Authorities, a different approach is required.

4. This context has been reflected in the principles and approach to system operational planning for 2020/21 set out in this paper.

**Principles for developing the ICS 2020/21 Operational Plan**

5. To inform the system approach to 2020/21 operational planning and align the constituent organisations and bodies of the ICS in developing their plans, a set of principles have been defined. These do not replace the ICS principles and behaviours (Appendix 1) agreed by the ICS Board, which still apply to the development of the system operational plan, they provide additional granularity for this specific requirement.

6. The principles for developing the ICS 2020/21 Operational Plan are as follows:

**A. There should be one 2020/21 System Operational Plan** – that can be presented at ICS, ICP and organisation level, as appropriate:

- The single system operational plan is underpinned by individual organisation plans, health and social care, that together:
  
  i. Implement the System Priorities, Long Term Plan ‘must dos’ and Priority Enablers set out in the ICS five-year strategic plan (Appendix 2)
  
  ii. Implement the initial outputs from the Population Health Management (PHM) and Clinical and Community Services Strategy (CCSS) programmes
  
  iii. Contribute to delivery of all three components of the ICS Sustainability Model (Outcomes, Performance KPIs and Resource Model)

- ICPs will be the ‘footprints’ for ICS partner organisations to come together to co-develop change projects (with implementation plans) that deliver the five-year strategic plan (2020/21 is Yr2) - this may mean cross-working between ICPs to develop joint plans where appropriate to ensure a single efficient and effective programme e.g. Transforming Care.

- To optimise capacity and ensure integrity of the plan a single system technical (activity, workforce, finance and metrics) planning group will hold the ring on the technical elements of the single system operational plan (including triangulation) and support the presentation of these at ICS, ICP and organisation ‘level’, where appropriate - this group will test and assess whether the sum of the parts (i.e. individual organisation and ICP plans) add up to the overall requirement of the system plan. This is particularly important as most organisations cross more than one ICP.

B. Developing the ICS 2020/21 Operational Plan should continue to move the system towards a fully bottom up health and care system plan – that aligns to the ICS five-year strategic plan:

- Based on the five-year strategic plan and other relevant strategies an ICS 2020/21 Operational Plan Framework will be produced to support individual organisations and ICPs to develop their operational plans

- Through their ongoing development and evolution each ICP should continue to embed key building blocks to support the 2020/21 planning and contracting round, including:
  i. Plans should be developed at the right level to add value and/or deliver change. The starting point should be ‘we look to do things once’ except where local variation is necessary and justified i.e. adds value or is a mechanism to drive change at a local level
  ii. Fully embed system control total approach (ICS and ICP level) which includes plans based on system cost, this may include building on the national approach
  iii. Rules of engagement between partner organisations and decision-making forums and processes
  iv. Continue to develop and build on the financial management and payment mechanisms (System Priority Enabler) work to date e.g. aligned incentive contracts, which will include contractual arrangements and risk share / incentive schemes
  v. Ensure contracts are enacted in line with the ICS five-year strategic plan and 20/21 system operating plan.
Recognising each ICP is at different stages of development and maturity, the approach each follows to develop its plans may be different. However, all plans developed must contribute to delivery of the ICS five-year plan and Sustainability Model and meet the requirements for 2020/21, and there should be checkpoints through the planning process to test this.

C. Accountability and governance for developing and agreeing the 2020/21 System Operational Plan needs to be clear from the outset – this needs to reflect both the ambition for how the ICS should operate as well as the reality of where it currently is in its evolution:

- The ICS Board will have ultimate responsibility for the development of a single system operating plan for 2020/21 that aligns to the strategic direction set through the ICS five-year strategic plan. The ICS Board will exercise this responsibility through the ICS Executive Group and ICS Planning Group
- Accountable Officer/Chief Executive of each of the ICS partner organisations as ICS Board members and in some instances ICP Leads are responsible for ensuring their plans align to the ethos and ambitions set out in the ICS five-year strategic plan and Sustainability Model
- Regulators will hold the system to account and will expect all individual organisation plans to fully align to the system operational plan and will expect the system to take collective responsibility for delivery of key planning requirements.

Approach to developing the ICS 2020/21 Operational Plan

7. The intention of the operational plan approach is to continue to move the system towards a fully bottom up operational plan that delivers the five-year strategic plan agreed by the ICS Board. To support this approach an ICS 2020/21 Operational Plan Framework will be developed to act as a bridge between the strategic direction set by the ICS Board (the ‘What’) and the operational delivery plans of the ICPs and their constituent organisations (the ‘How’). An overview of the approach is set out in the diagram below:
A. ICS Five-Year Strategic Plan

8. Following the publication in January 2019 of the NHS Long Term Plan, all STPs/ICSs in England are required to create a five-year strategic plan for the period 2019/20 to 2023/24 setting out how they will deliver all the commitments within the Long Term Plan (LTP).

9. On behalf of the Nottingham and Nottinghamshire ICS, the ICS Board has led the development of the Nottingham and Nottinghamshire 2019/24 Five-Year Strategic Plan to not only deliver the commitments within the LTP but to also meet its responsibility to produce and champion a coherent vision and strategy for health and care in Nottingham and Nottinghamshire.

10. The five-year strategic plan for Nottingham and Nottinghamshire ICS has been developed with input from all partner organisations and bodies.
represented on the ICS Board and key stakeholders, including key providers, patients and the public.

11. As part of the organisational and system approval of the five-year strategic plan, the Chief Executives and Accountable Officers of the ICS constituent organisations have committed:

As leaders of the Nottingham and Nottinghamshire Integrated Care System (ICS) partner organisations we are fully committed to addressing the challenges we face through the delivery of integrated health and care services.

Our organisations have worked together to develop this five-year strategic plan, which sets out our ICS’s strategic ambition and intent to improve the health and wellbeing of our local people through high quality care delivered in a sustainable way.

All health and care system partners have agreed this five-year strategic plan will provide the foundation and framework for developing our system operational plans and resource allocation for 2020/21, and will underpin the development of our detailed implementation plans for delivery of our ICS priorities and initiatives.

B. ICS 2020/21 Operational Plan Framework

12. The ICS 2020/21 Operational Plan Framework will act as the ‘bridge’ between the ICS five-year strategic plan and the system’s 2020/21 operational plan, and will be comprised of two related parts each with a specific purpose:

- Part One – the purpose of this part of the framework is to provide a breakdown of the key elements of the five-year strategic plan to support ICPs and their constituent organisations to develop their operational plans for 2020/21. This is the starting point for the 2020/21 operational plan for activity, finance and workforce and will include a breakdown of the:
  1. ‘Do nothing’ assumptions
  2. Investment assumptions
  3. Care/programme area milestones, CCSS outputs and PHM outputs
  4. ICS Sustainability model – headline and programme KPIs and the ICS Sustainability Model (10 high level levers of change).

The use of the same starting point by all the ICS partner organisations ensures that the operational plans deliver the five-year strategic plan, CCG commissioning intentions and are fully triangulated. During the operational planning round there may be changes to the starting point to reflect the latest forecast outturn positions and for further actions to close the residual gap. However, it will essential the system follows the same process for any agreed changes.

- Part Two – the purpose of this part of the framework is to define the key priority areas of change for 2020/21 for the Nottingham and
Nottinghamshire ICS (drawing on the five-year strategic plan, CCSS outputs and PHM outputs) together with a small subset of measures from the ICS Sustainability Model (Outcomes, KPIs, Resource Model/10 levers) to track and show progress through the year and build momentum for the transformation over the next five years.

Tracking the delivery of these priorities and their benefits will be a top priority for the ICS in 2020/21 as it will not only demonstrate the evolution and maturity of working as an integrated health and care system it will also show a consistency in embedding the ‘lift and shift’ of good practice in a robust and business as usual way.

13. An overview of the 20/21 Operational Plan Framework is set out in the diagram below:

![ICS Operational Plan Framework Diagram]

C. ICS 2020/21 Operational Plan

14. The Operational Plan Framework outlines the system approach to operationalising the five-year strategic plan (Yr. 2) and requires all ICS partners to work collectively to develop and deliver implementation plans for 2020/21, through ICPs and organisational plans. This Framework builds on
the foundations established in the five-year planning round, embedding the key principles and approach agreed by all ICS partners.

15. The diagram below identifies how the elements of the 2020/21 Operational Plan will be developed across the system architecture. We will develop our plans at different levels (ICP and Organisation) within the system as appropriate, to do this we will consider where we are best placed to deliver increased value for our population and drive transformational change. This will ensure that the system can respond to national operational planning guidance and the changing regulatory requirements.

Roles and responsibilities

16. Given the complexity of the environment within which 2020/21 operational planning will take place, having clarity on the leads together with their
respective roles and responsibilities is key. These are set out in the table below:

<table>
<thead>
<tr>
<th>Lead</th>
<th>Roles and responsibilities</th>
</tr>
</thead>
</table>
| ICS constituent organisation CE/AOs | • Ensure organisation’s 20/21 operational plans align to ethos & deliver ambitions set out in 5-year strategic plan and Sustainability Model  
• Collectively ensure organisational 20/21 plans deliver ambitions set out in five-year strategic plan  
• Member of ICS Board, which has ultimate accountability for 20/21 system operational plan and ICS Executive Group that has day-to-day oversight of 2020/21 system operational plan |
| ICP Chief Executive leads | • Ensure ICP’s 20/21 operational plans align to ethos & deliver ambitions set out in five-year strategic plan and Sustainability Model  
• Collectively ensure organisational 20/21 plans deliver ambitions set out in 5-year strategic plan  
• Member of ICS Board, which has ultimate accountability for 20/21 system operational plan and ICS Executive Group that has day-to-day oversight of 2020/21 system operational plan |
| ICP planning leads | • Define ICP 20/21 change project portfolio, drawn from ICS 5-year strategic plan and initial outputs of the CCSS and PHM programmes  
• Facilitate coming together of relevant ICS partner organisations onto ICP ‘footprints’ to co-develop change projects (with implementation plans) within the change project 20/21 portfolio – using existing (e.g. Transformation Boards) or new forums as necessary  
• Inform decision making on cross-working between ICPs where appropriate to ensure efficient and effective change projects  
• Work with individual organisation planning leads to identify where organisation plans/change projects don’t support delivery of the ICS five-year plan and escalate as appropriate  
• Member of ICS Planning Group, which has self-assurance and oversight of the delivery of the agreed system operational plan process and responsibility for escalating issues and risks to plan development |
| Organisation planning leads (NHS/LA comm/provider) | • Work with ICP planning leads to identify where change projects don’t support delivery of the ICS five-year plan and escalate as appropriate  
• Act as the conduit between system planning (ICS and ICP) and organisational operational leads to ensure coherent implementation plans for the delivery of the ICS five-year strategic plan and 2020/21 operational plan  
• Member of ICS Planning Group, which has self-assurance and oversight of the delivery of the agreed system operational plan process and responsibility for escalating issues and risks to plan development |
| Organisational technical planning leads (NHS/LA comm/provider) | • Lead on technical aspects of organisation operational plans  
• Work collectively to ‘hold the ring’ on the technical elements of the single system operational plan (incl. triangulation)  
• Member of ICS Technical Planning Group, which supports presentation of plans at ICS, ICP and organisation ‘level’ and escalates issues as required |
| CCG commissioning leads | • Co-develop change projects that deliver the five-year strategic plan (Yr2) and initial outputs of the CCSS an PHM programmes  
• Work with ICP and Organisation Planning leads to ensure coherent implementation plans for five-year strategic plan and 2020/21 operational plan  
• Inform decision making on cross-working between organisations/ICPs where appropriate to ensure a single efficient and effective programme  
• Escalate issues to ICP/Organisation Planning Leads |
Governance arrangements

17. In addition to having clarity on the key leads and their roles and responsibilities, ensuring clear governance arrangements is also critical. The system governance arrangements for developing the 2020/21 System Operational Plan are set out below:

### 2020/21 System Operational Plan

<table>
<thead>
<tr>
<th>Forum</th>
<th>Accountability and Responsibilities</th>
<th>Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICS Board</td>
<td>• Ultimate accountability for developing 20/21 system operational plan that delivers the ICS five-year strategic plan</td>
<td>• ICS Board members</td>
</tr>
<tr>
<td></td>
<td>• Accountable to ICS Board</td>
<td>• CE/As of ICS partner organisations</td>
</tr>
<tr>
<td></td>
<td>• Day to day oversight and ICS ‘self-assurance’ of 20/21 system operational plan development</td>
<td>• ICP Chief Executive leads (who are also CE of partner organisations)</td>
</tr>
<tr>
<td></td>
<td>• ICS partner organisations hold each other to account</td>
<td>• ICS Planning Group Lead (as appropriate)</td>
</tr>
<tr>
<td>ICS Executive Group</td>
<td>• Accountable to ICS Executive Group</td>
<td>• Organisation planning leads*</td>
</tr>
<tr>
<td></td>
<td>• ‘Self-assurance’ and oversight of system operational planning process</td>
<td>• ICP planning leads*</td>
</tr>
<tr>
<td></td>
<td>• ICP/organisational planning leads report plan development against ICS Operational Plan Framework</td>
<td>• ICS strategic planning, performance and finance leads</td>
</tr>
<tr>
<td></td>
<td>• Escalation of issues and risks on plan development</td>
<td>• ICS Technical planning group SME leads (activity, finance, workforce)</td>
</tr>
<tr>
<td>ICS Planning Group</td>
<td>• Technical support to ICS Planning Group</td>
<td>• Organisation finance leads*</td>
</tr>
<tr>
<td></td>
<td>• ‘Hold the ring’ on the technical elements of the single system operational plan (including triangulation)</td>
<td>• Organisation activity/performance leads*</td>
</tr>
<tr>
<td></td>
<td>• Support presentation of these at ICS, ICP and organisational</td>
<td>• Organisation workforce leads*</td>
</tr>
<tr>
<td>ICS Technical Planning Group</td>
<td>• Technical support to ICS Planning Group</td>
<td>• ICS strategic planning, performance and finance leads</td>
</tr>
</tbody>
</table>

*Individual needs capacity to contribute to work and sufficient autonomy to be conduit to organisation decision making and information sharing

### Planning timetable

18. A high-level timetable for developing the 2020/21 System Operational Plan is set out in the table below:

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 November – 11 December 2019</td>
<td>ICS Planning Group review system operational planning processes and develop a proposed approach and draft framework for 2020/21 operational planning round (how we operationalise year 2 of ICS five-year strategic plan)</td>
</tr>
<tr>
<td>December 2019</td>
<td>ICS Executive Group review proposed approach</td>
</tr>
<tr>
<td></td>
<td>National Planning Guidance issued (NOTE: now expected mid-January)</td>
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</tbody>
</table>
November 2019/December 2019
ICS Planning Group review national planning guidance (when received) and produce a report, including any amendments to planning approach. System 20/21 operational planning framework and timeline.

ICS Board (January 2020) receive report on national planning guidance and planning approach/framework/timeline

January 2020
First week: Confirmation of the level (ICP (1,2 or 3) or organisation) plans will be developed and implemented, which forums will oversee plan development and who the SROs are

Continued development of Operational Plan and supporting implementation plans (ICP and Organisation). This will include actions to address the residual gap.

Mid-January: Draft implementation plans: ICP and organisation

ICS Board receives updated Draft Operational Plan (2020/21) and Progress Update

February 2020
Continued development of Operational Plan and supporting implementation plans (ICP and Organisation). This will include actions to address any residual gap.

ICS Board receives updated Draft Operational Plan (2020/21) and Progress Update

March 2020
Continued development of Operational Plan and supporting implementation plans (ICP and Organisation). This will include actions to address any residual gap.

- ICS Board receives updated Draft Operational Plan (2020/21) and Progress Update (mid-March)
- ICS Board approve System Operational Plan (2019/21): Extra-ordinary meeting at the end of March

NHS Operational Planning Guidance for 2020/21

19. The detailed planning guidance for 2020/21 is now expected mid-January. On the 27th December the ICS received an update from the NHSEI Regional Planning Group (see Appendix 3).

20. The update outlined the role of the systems in 2020/21 operational planning as follows:

- Systems (ICSs/STPs) have a significant role to play in operational planning – even though this is more organisationally focused. It is expected that systems must be able to demonstrate how the operational plans submitted for all the providers and commissioners in their system collectively deliver the 2020/21 component of their five-year strategic plan.

- It is expected that ICSs/STPs will convene system partners to discuss identified areas of variation and to mitigate these in advance of plan submission.
• Where there remains variation when compared to the strategic plan, then the system will collectively need to discuss this with the region so that the driver(s) for variation can be identified and corrective actions jointly agreed.

Conclusion and Recommendations:

21. The approach and principles included in this paper are consistent with the update and discussion at the NHSEI Regional Planning Group and therefore no changes are recommended. This position will be reviewed when the detailed operational planning guidance is received (mid-January) and the ICS Board will receive an update in February.

22. The ICS Executive Group and ICS Planning Group support the principles and approach for developing the single system 2020/21 operational plan set out in this paper and recommend its adoption to the ICS Board.

Tom Diamond
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ICS Leads for System Value Improvement

Helen Pledger
Helen.Pledger@nhs.net
Appendix 1: ICS Board – Principles of Working Together

ICS Board - Principles of Working Together

To ensure the ICS’s effectiveness, credibility, cohesion, and advancement toward common goals, ICS Board Members discussed and agreed some principles of working together to guide conduct of member organisations. This is not a definitive statement of responsibilities but is concerned with the common understanding of the broad principles by which the ICS Board Members will operate and hold each other to account.

Overarching Principles for Working Together

1. Retaining a focus on outcomes for patients and the public, to not lose sight of the fact that this underpins all our work
2. Shaping and sharing actively the ICS Board vision and purpose
3. Agreeing together our approach and priorities for transformation – what we can do as well as what we can’t
4. Supporting the opportunities identified and overcoming barriers to change
5. Accept that Board members have organisational as well as system responsibilities – work together to manage any potential difficulties to progress this creates
6. Working towards managing risks collectively, recognising organisational risks as a cumulative risk to the system
7. Creating the space and capacity which allow us to plan for tomorrow whilst also effectively dealing with today’s priorities, supported by appropriate metrics
8. Accepting that in making progress we will often be working with ambiguity
9. Facing the right issues, even when these feel challenging and potentially uncomfortable
10. Working towards a mutual understanding of the evidence and facts which support discussions and ensure decisions based on the issues rather than individual interests
11. Ensuring that tasks are led at the most appropriate level of the system by actively working together to take ownership of the issues
12. Recognising and supporting an increasing emphasis in accountability for the ICS

Behavioural Commitments

The ICS Board Members agree to:

1. Acting in good faith by having open and honest approaches (no hidden agendas) that support transparent discussions and processes
2. Seeking agreement by working to understand each other’s point of view and abiding by decisions that are made as a collective
3. Ensuring that decisions and agreed approaches are not undermined or ignored outside of the meetings
4. Acknowledge and seek understanding of all Board Member’s accountabilities and issues (organisation and system) and recognise any tension related to this
## Appendix 2: ICS Five-Year Strategic Plan System Priorities, LTP ‘must-dos’ and Priority Enablers

<table>
<thead>
<tr>
<th>Enabler Priority</th>
<th>Service Priority 1</th>
<th>Service Priority 2</th>
<th>Service Priority 3</th>
<th>Service Priority 4</th>
<th>Service Priority 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention, inequalities and wider determinants of health</td>
<td>More action on and improvements in the upstream prevention of avoidable illness and its exacerbations</td>
<td>Proactive care, self-management and personalisation</td>
<td>Improve support to people at risk of and living with long term conditions and disabilities through greater proactive care, self-management and personalisation</td>
<td>Urgent and Emergency Care</td>
<td>Re-design the urgent and emergency care system, including integrated primary care models, to ensure timely care in the most appropriate setting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Proactive care, self-management and personalisation</td>
<td></td>
<td>Mental Health</td>
<td>Re-shape and transform services and other interventions so they better respond to the mental health and care needs of the population</td>
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<td>Value, resilience and sustainability</td>
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<td></td>
<td></td>
<td></td>
<td>Deliver increased value, resilience and sustainability across the system (including estates)</td>
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<td></td>
<td>LTP Must Do</td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td>Cancer, Planned Care, Maternity, LD and Autism</td>
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<td></td>
<td>National Rehabilitation Centre</td>
</tr>
</tbody>
</table>
Introduction

• Systems have been developing responses to the NHS Long Term Plan during 2019/20 and submissions of final plans were made to NHS E/I on 15 November 2019.

• Reviews of these plans highlighted that further work was required to update the Long Term Plan Metrics Collection Tool and Strategic Planning Tool.

• A final version of the LTP Metrics Collection Tool was collected during w/c 9 December 2019 and another version of the Strategic Planning Tool is expected to be collected, by exception, during w/c 6 January 2020.

• The operational plans that will be developed for 2020/21 will function as annual plans for organisations and also as the delivery plan for year two of the five year strategic plan.

• As a result of this, systems will need to ensure that that operational planning submissions are aligned to those made via the Strategic Planning and Long Term Plan Metrics tools.

• Operational Planning guidance is currently in development and is expected to be published following the conclusion of the strategic planning round. This will, most likely, be in the new year.
Expected Contents

- Current expectations are that the operational planning submission will include:
  - **Activity return**
    Comprising an activity waterfall, permitting effective reconciliation between strategic and operational planning.
    Alignment tool, which compares the commissioner / provider alignment contained within the strategic planning tool to the commissioner / provider alignment forecast in the operational plan.
  - **Workforce**
    The People Plan has reinforced the need for a much more integrated approach to service, financial and workforce planning, based on population health principles.
    Work is currently underway to develop operational planning templates which identify any changes between strategic and operational plans, generate a monthly profile and support triangulation with activity and finance submissions.
  - **Finance**
    Reconciles the strategic and operational plans in the operational financial planning templates of providers and commissioners.
    Proposal to include a reconciliation section between LTP submissions and the STP plan alignment submissions. This reconciliation will only be possible for contract relationships that are common to both submissions (i.e. the contract relationships within an STP footprint).
  - **Narrative**
    Operational plan submissions will be supported by a narrative document which is expected to capture elements of the plan which cannot be covered by data – examples include approach to quality and sustainability
Role of ICS / STP in Operational Planning

- Systems (ICS'/STPs) have a significant role to play in operational planning – even though this is more organisationally focused. It is expected that systems must be able to demonstrate how the operational plans submitted for all the providers and commissioners in their system collectively deliver the 2020/21 component of their five-year strategic plan.

- It is expected that ICS'/STPs will convene system partners to discuss identified areas of variation and to mitigate these in advance of plan submission.

- Where there remains variation when compared to the strategic plan, then the system will collectively need to discuss this with the region so that the driver(s) for variation can be identified and corrective actions jointly agreed.
The high level timetable for operational planning is outlined below—over the next few weeks work will take place to ensure that this timetable is better developed to support functional and locality teams to manage the activities that will support the delivery of a successful Operational Planning Round.

The timetable is draft and, therefore, subject to revision.

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial system planning submission</td>
<td>By 27 September 2019</td>
</tr>
<tr>
<td>Tariff Engagement Document published</td>
<td>October 2019</td>
</tr>
<tr>
<td>S118 Tariff Consultation published</td>
<td>December 2019</td>
</tr>
<tr>
<td>Further operational and technical guidance ready for issue</td>
<td>January 2020</td>
</tr>
<tr>
<td>Publication of the national implementation programme for the LTP</td>
<td>January 2020</td>
</tr>
<tr>
<td>NHS Standard Contract consultation opens</td>
<td>December 2019</td>
</tr>
<tr>
<td>National tariff published</td>
<td>Mid-January 2020</td>
</tr>
<tr>
<td>First submission of draft operational plans</td>
<td>Early February 2020</td>
</tr>
<tr>
<td>NHS Standard Contract published</td>
<td>Mid-February 2020</td>
</tr>
<tr>
<td>System Led review of submissions</td>
<td>End February 2020</td>
</tr>
<tr>
<td>Contracts signed</td>
<td>31 March 2020</td>
</tr>
<tr>
<td>Final submission of operational plans</td>
<td>Early April (LTP said ‘By end March 2020’ but plans would usually be submitted after contract are signed. An early April submission date would accommodate this)</td>
</tr>
</tbody>
</table>

DRAFT
To support systems in the development of their Operational Plans for 2020/21, NHS E/I will host fortnightly meetings (alternating between face-to-face and teleconferences). The timetable for these meetings is illustrated below:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 January 2020</td>
<td>11:30 – 12:30</td>
<td>Teleconference</td>
</tr>
<tr>
<td>29 January 2020</td>
<td>11:00 – 13:00</td>
<td>Cardinal Square, Derby</td>
</tr>
<tr>
<td>11 February 2020</td>
<td>10:00 – 11:00</td>
<td>Teleconference</td>
</tr>
<tr>
<td>26 February 2020</td>
<td>11:00 – 13:00</td>
<td>Cardinal Square, Derby</td>
</tr>
<tr>
<td>10 March 2020</td>
<td>10:00 – 11:00</td>
<td>Teleconference</td>
</tr>
<tr>
<td>24 March 2020</td>
<td>11:00 – 13:00</td>
<td>Fosse House, Leicester</td>
</tr>
<tr>
<td>7 April 2020</td>
<td>10:00 – 11:00</td>
<td>Teleconference</td>
</tr>
<tr>
<td>21 April 2020</td>
<td>13:00 – 15:00</td>
<td>St Chads Court, Birmingham</td>
</tr>
</tbody>
</table>
Summary:
The purpose of the report is to provide an update on the implementation of the winter plans for Mid Nottinghamshire and Greater Nottingham, system performance and flu across the Nottinghamshire system.

December System Performance

Throughout December the system has remained pressured, particularly impacting NUH with high Operational Pressures Escalation Levels (OPEL) levels including 12 days at OPEL 4.

The pressure was exacerbated by the Norovirus outbreak causing high volume of bed closures, increase in flu and respiratory cases and high acuity, combined with lower than required discharges particularly on Mondays. The most frequent trigger to OPEL 4 was the number of bed waits in the Emergency Department (ED).

Throughout December SFHFT did not escalate to OPEL 4, however performance against the 95% standard did dip below 80% on five occasions due to pressure both from increased acuity of attendances and low discharge numbers.

System Winter Agreements

Both systems implemented a system wide winter agreement to between all system partners in to detail the work being carried out to improve system flow, maximise capacity and sustain performance during the winter period of 2019/2020. These agreements focused on the core planning undertaken in preparation for winter 2019/20 including the learning from previous years, six national key priority areas for focus, and additional System Initiatives to support system delivery during winter 2019/20 and beyond.

The six national default expectations were to:

1. More General and Acute (G&A) hospital beds open, to reflect increased levels of patient need and admissions.
2. Ensure the same or more care packages and nursing/residential home beds are available over the winter period than last year, with the same level of visibility and dual sign-off on these plans.

3. GP Out of Hours services should be expected to deliver services from 8pm to 8am 7 days per week and, critically, over bank holidays.

4. Ensure mental health services can respond quickly and comprehensively, particularly in relation to ED presentations.

5. Community health services able to operate to the same ‘clock speed’ of responsiveness as acute emergency services, e.g. 2 hour home response where that would avoid hospital admissions or speed discharges.

6. Improving uptake of the flu vaccine

Full details of these and the additional system initiatives are included in the separate winter agreements appended to this document, and some of the key local schemes are listed below by system with current performance.

**Winter Plan Implementation – Greater Nottingham**

Key schemes from the winter delivery agreements and winter plans from each system are already delivering improvements across Nottinghamshire, details of delivery to date are summarised below by system.

**NUH Schemes**

**Tier 0 Length of Stay improvements** – revised forecast as some of the original opportunities were not deliverable. On track to deliver against current forecast.

**Tier 1 (convert escalation beds to core)** – Physical capacity is in place. Seasonal capacity on Southwell, Patience 1 and CF 70 total beds unit opened earlier than original plan.

**Tier 2 (St Francis)** – Opened in line with plan delivering 23 beds on October 2019 and 23 beds in December 2019.

**Tier 3 – (Clinic 1)** – Delayed opening due to complexity of build. Building works complete. Commissioning works underway. Mitigating actions in place with beds open on ward C6 functioning as short stay / assessment 30 medical beds to support with flow into the hospital.

**Greater Nottingham System Schemes**

**Pulmonary Rehab** – Significant increase in patients being referred to courses, but delivery of avoided admissions calculated on number of patients completing 12 week courses, so a lag in ability to calculate delivery.

**Hospital to Home: Housing Scheme** formal reporting is due to commence from March 2020, however intelligence from the service suggests the project is on plan.
End of Life Care Planning – RESPECT training completed, work to link into EMAS systems is underway. Good progress in NUH training staff and use of respect forms.

HVSU (High Volume Service Users) – Expected to deliver based on previous year's pilot scheme.

Care Co-Ordination (Effective Multidisciplinary Teams (MDTs)) – Evidence through Ehealthscope Workflow that high proportion of eligible patients are being identified for discussion at MDTs, however work is required to look at the quality of the MDTs, Standard Operating Procedure (SOP) developed and available for practices to follow.

Call for Care – Over delivery in Call for Care Scheme which is delivering avoided admissions, mobilisation has been faster than expected and above the planned level, this is reflected in the forecast for remainder of the year.

Integrated community respiratory service and hospital to home respiratory service bed saving predictions have been reduced due to a high number of respiratory admissions and readmissions currently seen throughout the system.

Intensive support at home planned delivery has been revised down after low uptake in initial stages of starting this service. All complex case managers for this service are now in place and will enable faster identification of patients eligible for this service.

SFHFT Schemes

Acute Beds – SFH opened 59 extra beds this winter (33 G&A internally, 26 externally). With conversion of some surgical capacity to medicine there will be a total of 80 more beds available to the medical admission pathway

Intermediate Care – SFH have increased intermediate care/community bedded capacity by 8 beds internal to the hospitals.

Mid Nottinghamshire System Schemes

Intermediate Care - Externally to the hospital 26 additional transfer to assess beds have been commissioned with community partner, Ashmere Homes.

Call for Care & CURRT - C4C accepting a further 576 calls and responding to a further 460 from October to March. Community Urgent Response and Rehab Team (CURRT) will accept a further 109 patients from October to March.

Primary Care – Direct booking is in place for Orchard, Newark and Sherwood. The Mansfield North go live is planned for the end of Jan. For the remaining PCN areas the GP engagement will commence from January. All areas are to be live with direct booking by March 2020.
Flu

Report includes an update on the seasonal influenza primary care programme position for the Nottinghamshire system in Appendix 1.

Actions requested of the ICS Board

Note the updates and attached.

Recommendations:

1. That the Board NOTES the attached updates and interim winter plan update and offers comments as appropriate.

Presented to:

<table>
<thead>
<tr>
<th>Board</th>
<th>Partnership Forum</th>
<th>Finance Directors Group</th>
<th>Planning Group</th>
<th>Workstream Network</th>
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<tr>
<td>Performance Oversight Group</td>
<td>Clinical Reference Group</td>
<td>Mid Nottinghamshire ICP</td>
<td>Nottingham City ICP</td>
<td>South Nottinghamshire ICP</td>
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Contribution to delivering the ICS MOU priorities:

- Urgent and Emergency Care
- Proactive and Personalised Care
- Cancer

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

<table>
<thead>
<tr>
<th>Risk Ref</th>
<th>Risk Category</th>
<th>Risk Description</th>
<th>Residual Risk</th>
<th>Likelihood</th>
<th>Consequence</th>
<th>Score</th>
<th>Classification</th>
<th>Risk owner</th>
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</table>

### Is the paper confidential?

- [ ] Yes
- [x] 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.
Appendix 1

SEASONAL INFLUENZA PRIMARY CARE PROGRAMME
ICS BOARD BRIEFING
January 2020

Introduction

1. The objective of the National Flu Programme/Plan is to minimise the health impact of Flu through effective monitoring, prevention and treatment, including actively offering flu vaccination to 100% of all those in eligible groups. NHS England commission the flu programme which is then delivered by the GP Practices and other providers and services as relevant.

2. CCGs have a responsibility to support the implementation of the flu programme and this includes having oversight and supporting an increase in the uptake of flu vaccines and this includes having a named flu lead. Uptake figures across the localities with South Nottinghamshire being the closest to target.

3. Each year providers are incentivised to encourage the uptake of flu vaccinations amongst healthcare workers and as such, run their own programmes. Current figures range from 69.2% to 85.7%.

4. Planning and commissioning for new services to support the flu programme is done jointly by the CCGs and NHS England and starts in January for the next season. During 2019/20 there has been a continued system wide approach to increasing the uptake of flu vaccinations however, as with other parts of the country, numbers to date have been lower than last year.

5. Through the introduction of ICPs and PCNs there is an increased opportunity to enhance on the local flu programme by providing a system wide response in 2020/21.

2019/20 Flu Programme

At risk groups

6. As part of the 2019/20 flu programme, the following are the at risk groups and are those who are eligible for free flu vaccinations:

- all children aged two to ten (but not eleven years or older) on 31 August 2019
- those aged six months to under 65 years in clinical risk groups
- pregnant women
- those aged 65 years and over
- those in long-stay residential care homes
- carers
• close contacts of immunocompromised individuals

7. Reporting on uptake is at GP practice and CCG level and for 2019/20 we have built reports to provide information at PCN level.

8. Other than for the over 65 cohort, uptake has been down on 2018/19 and this is being seen across other areas outside of Nottingham and Nottinghamshire. The following provides a breakdown of average take up by Locality as of 31 December.

<table>
<thead>
<tr>
<th>Locality</th>
<th>65 and over</th>
<th>Under 65</th>
<th>2-3 yr olds</th>
<th>4-10 yr olds</th>
<th>Pregnant Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>75%</td>
<td>55%</td>
<td>50%</td>
<td>65%</td>
<td>55%</td>
</tr>
<tr>
<td>City</td>
<td>69%</td>
<td>39%</td>
<td>39%</td>
<td>37%</td>
<td>35%</td>
</tr>
<tr>
<td>South Notts</td>
<td>75%</td>
<td>46%</td>
<td>45%</td>
<td>66%</td>
<td>48%</td>
</tr>
<tr>
<td>Mid Notts</td>
<td>73%</td>
<td>43%</td>
<td>44%</td>
<td>58%</td>
<td>39%</td>
</tr>
</tbody>
</table>

Healthcare staff and front line social care and hospice workers

9. Providers continue to be incentivised to vaccinate staff through a CQUIN with a target of 80% uptake. A minimum payment is made for reaching a 60% target up to a maximum of 80%.

10. The uptake figures vary across Nottingham and Nottinghamshire with current figures ranging from 69.2% to 85.7%. Providers will be inputting updated data the beginning of January 2020 with final figures to the end of December 2019 being available mid-January.

11. When considering staff, it should also be noted that as part of the flu programme NHS England fund vaccinations for social care and hospice workers. These programmes are supported by the Local Authorities.

System Wide Actions

12. The following provides a list of actions that have been taken across the system during 2019/20. Actions are at a Nottingham and Nottinghamshire level as well as by ICPs and PCNs. Alongside the actions below Local Authorities are also taking forward programmes to support an increase in uptake.

- GP Practice flu clinics targeting at risk groups including a variety of appointment options to support accessibility for all.
- Regular communications including direct patient letters, posters, notices on electronic display boards, notices on repeat prescriptions, advertising via practice social media, support and actions taken by practice patient groups.
- CCG Quality Teams and Locality Teams monitor uptake and contact practices to see what support can be provided to help to increase.
Programme for 2-3-year olds and school aged children has been implemented across Nottingham and Nottinghamshire with the support of Astra Zeneca programme. The programme has included Promotional packs for GP practices and providers including schools and nurseries, Small Steps Big Changes, training including for GP practices and for schools, support for GP Practices with lower uptake, communications campaign directly targeting children including social media and in cinemas, messages on local radio.

Invitation letter sent directly to parents of all 2 and 3-year olds in Nottingham City and Mansfield and Ashfield, as the areas with the lowest uptake.

Targeting nurseries with letters to encourage promotion of the vaccine.

Fluathon across Nottingham and Nottinghamshire including:
  - Universal and targeted campaign to pregnant women, parents of 2 and 3-year olds, people with respiratory conditions
  - Social media campaign
  - Practice specific events to encourage parents to attend clinics on 3 November 2019 for 2 and 3-year olds
  - Respiratory events in specific surgeries
  - Flu promotion adverts in district/borough magazines
  - Targeted videos

NHS England commissioned programme for the delivery of the flu vaccination to renal dialysis patients.

Provision of flu vaccination within maternity services at Nottingham University Hospitals NHS Trust.

Local Authorities focus on schools and to support uptake through e-consent.

Nottinghamshire County Council has also implemented a scheme to target care homes who previously had a low rate of staff take up.

Pharmacies also support the flu vaccination programme.

**Opportunities for 2020/21**

13. Planning has started for the 2020/21 flu season with a greater focus on what can be done as a system and identifying opportunities to commission the programme differently through NHS England. Planning is required well in advance as there are a number of factors to consider including ordering, supplies and reimbursement for vaccines, training of different clinical groups, workforce planning, commissioning programmes, funding for programmes, consideration of how to maintain the vaccine cold chain, joined up approach including processes to record that individuals have been vaccinated, effective communications campaigns. The following are opportunities which will form the foundation for the planning:

- As a system, identifying and training a wider range of clinical groups that can support the flu programme and providing training accordingly i.e. health care assistants;
• At locality level, identifying optimum locations for clinics outside of GP practices;
• Planning and support across PCNs including providing additional funding to optimise clinics;
• Through ICPs, aligning with Local Authorities to promote the uptake of the vaccination through different services including leisure centres;
• Through ICPs, commissioning services to reach out and go to different communities i.e. roving nurse;
• Through ICPs, targeting specific at-risk groups across the different touch points;
• Improving means of and processes for data sharing when individuals have received the vaccination.

Conclusion

14. During 2019/20 there has been considerable effort taken to increase flu uptake however, numbers remain low compared to 2018/19. Work will continue during the early part of 2020 to increase uptake across the at-risk groups in order to meet the respective targets.

15. The new system architecture and early planning provides the opportunity to work at a whole system, locality and neighbourhood level and have a joined-up approach to providing vaccinations and in relation to communication campaigns.

16. All system partners are encouraged to consider how they might continue to support the flu programme as a joint up approach both for the current flu season and for 2020/21.
The Greater-Nottinghamshire A&E Delivery Board Winter Delivery Agreement 19/20
Executive Summary of System Winter Scheme Improvements and Additional Capacity:

The system has focused on increasing provision where required to address demand pressure for winter 2019/20, these initiatives have been summarised in the table below.

<table>
<thead>
<tr>
<th>Service / Area</th>
<th>19/20 Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Beds</td>
<td>• 1609 G&amp;A Beds by Q4 19/20 giving 63 more acute G&amp;A hospital beds open in 2019/20 Q4 than in 2018/19 Q4</td>
</tr>
</tbody>
</table>
| Acute Assessment Areas              | • AMRA opened Oct-19; designed to support increase in SDEC  
• Both St Francis wards open as part of acute bed base  
• Clinic 1 delayed opening till 17.1.19 with mitigation plan in place (20 beds on AMRA) clinic 1 will provide 30 beds .                                                                                                                                                                                                                           |
| Frailty In Reach Services in ED     | • The service now in place is working to extended hours and a different model to last winter (was initially a physical location in ED and now an in-reach service)                                                                                                                                                                                                 |
| Community Beds                      | • 209 beds with improved flow and good occupancy 92% (versus 244 beds with 86% occupancy in 2018/19)  
• More higher acuity beds at LBH with 24 (versus 12 in 2018/19)                                                                                                                                                                                                                                                                           |
| Primary Care                        | • Primary care additional capacity outside core hours (08:00 – 18:30) available county wide via extended access services in the evening and weekends to sit alongside normal out of hours services                                                                                                                                                                                                                                    |
| Community Caseload-ISAH             | • Intensive Support at Home – 10 admission preventions and 10 early discharge caseload per week                                                                                                                                                                                                                                                   |
| City Reablement care Packages       | • 20 more patients per month more during 19/20 than in 18/19 (increased capacity by 15% in 19/20)  
• Additional capacity created by patients being discharged from reablement services quicker, meaning a reduction of 5 hours long term support per patient                                                                                                                                                                                                 |
| City Interim Beds and Extra Assessment Beds | • 6 interim beds to be available throughout winter at the Oaks came online in October 2019.  
• An additional three extra care assessments beds also available  
• Additional 8 spot purchase beds procured week commencing 16/12/19                                                                                                                                                                                                                                                                       |
| County Start / Reablement packages  | • increasing by a further 250 people a year by March 2020 by increasing START capacity in the south                                                                                                                                                                                                                                             |
| Mental Health Liaison Psychiatry in ED | • Core 24 provision for Psychiatric Liaison in NUH                                                                                                                                                                                                                                                                                                 |
| Crisis psychiatry hours              | • Out of hours CAMHS crisis cover will be in place throughout the winter months (currently only covers 8am-8pm).                                                                                                                                                                                                                                    |
| Call for Care                        | • Call for Care additional care at home - 11 patients                                                                                                                                                                                                                                                                                            |
| Stroke Rehab Wards                  | • Stroke Rehabilitation has move into second St Francis ward so now in one place                                                                                                                                                                                                                                                                  |
| Respiratory Ward                    | • Beeston ward (vacated by Stroke) opened as winter respiratory ward on 4-Dec (net increase 23 beds)                                                                                                                                                                                                                                               |
| Hospital 2 Home                     | • Hospital to Home Respiratory Service preventing admissions/early discharge - 15 patients per week                                                                                                                                                                                                                                               |
| End Of Life Care Planning           | • End of life care planning - additional 8 patients at home                                                                                                                                                                                                                                                                                     |
This agreement between all system partners in Greater Nottinghamshire details the work being carried out to improve system flow, maximise capacity and sustain performance during the winter period of 2019/2020.

Winter Planning Background

System workshops took place during September 2019 to further review and improve the OPEL framework as well as surge and escalation plans in the same way that well-received workshops took place in the previous year. These workshops allowed for the testing of the updated 2019 winter plans and responses in line with both the updated system structure as well as new ED standards to ensure all organisations escalation actions and triggers were aligned, and that escalation actions are appropriate for the situation in hand.

A preparing the workforce for winter workshop took place during October 2019 in line with similar events the previous year that were well received by system clinicians. This event focused on preparing the Clinical workforce for winter - promoting our community services, flu, infection prevention etc.

For winter 2019/20 for the first time in Greater Nottinghamshire there is a live system view of all Acute and Community beds to allow for more proactive use of capacity within the system.

Additional system capacity through new schemes coming online during Q3 2019/20, and more efficient use of current capacity through re-specification have also been utilised as part of the winter planning process to increase system capacity for the winter period.

Post Critical Incident reviews are also taking place throughout December to review system and trust escalation triggers and actions, allowing for both earlier identification of upcoming issues, and actions to help prevent them earlier in the escalation process.

National Default Expectations

There are six nationally defined expectations that all systems must adhere to, these expectations, and the system responses are included below.

1. This winter the goal should, wherever possible locally, be more General and Acute (G&A) hospital beds open, to reflect increased levels of patient need and admissions.

NUH forecast to have 63 more acute G&A hospital beds open in 2019/20 Q4 than in 2018/19 Q4. In addition, NUH have converted beds previously open as escalation to be part of the core bed stock allowing for more proactive rota and workforce planning.
2. Work with Local Authorities to ensure the same or more care packages and nursing/residential home beds are available over the winter period than last year, with the same level of visibility and dual sign-off on these plans.

City reablement

- 20 patients per month more during 19/20 than in 18/19, increased capacity by 15% in 19/20
- Combination of care: Occupational Therapy, Assistive Technology, Age UK outcome focused to improve independence
- Capacity created by patients being discharged from reablement services quicker, with a reduction of 5 hours long term support per patient, and reablement achieved in under 29 hours of direct care.
- 6 interim beds to be available throughout winter at the Oaks came online in October 2019, these have come online earlier in 2019 than the previous year, and City Social care are looking to extend these further through SPOT purchase agreements.
- An additional three extra care assessments beds also available.

County Reablement

- Home based reablement capacity in south is increasing by a further 250 people up to 1,069 a year by March 2020. This has increased STARTs capacity by 23% since September 2018.
- Home first rapid response service (2018 additional capacity maintained) = 160 people per month countywide - approx. 58% of which is used by QMC and City hospitals. This represents a 35% increase since September 2018.
- Homecare funded by the Council is provided to approx. 1,770 people countywide (approximately 30% of which is in Broxtowe, Gedling, Rushcliffe)
- Purchasing framework is in place to buy interim residential care home beds in times of pressure
3. GP Out of Hours services should be expected to deliver services from 8pm to 8am 7 days per week and, critically, over bank holidays.

NEMS provide the GP OOH services in Greater Nottingham, these services are in place from 18:30 - 08:00 weekdays, all day on the weekend and bank holidays. NEMS rota fill for the out of hours period expands for historically busier days such as Boxing day, 28th & 29 December and new year’s day with an extra 56 GP hours per day to cope with the additional demand over this 3 day period.

4. Ensure mental health services can respond quickly and comprehensively, particularly in relation to ED presentations.

Nottinghamshire Healthcare NHS Foundation Trust has the following countywide services in place to ensure mental health ED presentations can be responded to quickly and comprehensively:

- Core 24 provision for Psychiatric Liaison in Mid and Greater Notts Acute Trusts.
- Recruitment of 20 senior crisis clinicians to Greater Notts, providing gate keeping and home treatment. These are all in place and having a positive impact on flow. Additional recruitment taking place in November and December for additional 10 senior crisis clinicians for the Mid Notts area.
- Out of hours CAMHS crisis cover is now in place throughout the winter months (previously only covered 8am-8pm).
- Additional post put into Police Triage Service.
- Currently recruiting to bolster local community mental health teams, to compliment the crisis pathway, this recruitment includes:
  - Transformation Lead
  - X8 care coordinator
  - X1 Psychologist
  - X2 Pharmacy Tech
  - X10 Peer Support Workers
  - X2 Physical Health Lead
  - X3.5 Admin
  - X3 Community Support Workers
- 4 additional beds supported in Rusticus care home with mental health cover.

To further improve the position NHT has also submitted winter pressure bids for CAMHS which would fund the additional CAMHS rota and provide additional cover for core services to allow a more intensive crisis response, which would support admission prevention and facilitate discharge from ED and/or support for those admitted. For adult mental health, bids are also in progress for the provision of substance misuse workers to support in ED and NHT services as well as additional cover to provide 7 day community MH dementia care and support for EMAS for mental health element of conveyance reduction.

5. Community health services able to operate to the same ‘clock speed’ of responsiveness as acute emergency services, e.g. 2 hour home response where that would avoid hospital admissions or speed discharges.

Call for care service available across Mid Notts and Greater Notts and provides a 2 hour response and mobilisation of support to prevent admission or facilitate discharge. The scheme aims to increase provision
of rapid response home based care which will in turn reduce both attendances at, and admissions to an acute setting.

Health and Care professionals can call and will be taken through a triage process known as SBAR (Situation, Background Action, Recommendation) to support getting people seen and treated closer to home and avoiding going into hospital unnecessarily. This call takes on average of four minutes.

General practice have a single point of contact and triage to provide solutions for patients/families/carers where there are potentially complex care needs. One call to Call for Care will provide the solution and activate the plan from 8am to 10pm, 7 days.

6. Improving uptake of the flu vaccine

All system partners are working to increase flu vaccination update in staff with both NUH and NHT at over 65% update of front line staff covered before the end of November 2019.

As of the beginning of November 2019 population coverage across all age groups in Nottinghamshire is higher than the England average for uptake at this point in the year, with the 65 and over age group considerably higher than the same time in the previous year across all GP practices. The national target is set at 80% as a baseline and as close to 100% as is possible.

There is also a Fluathon event planned in November, with localities supporting GP practices with low uptake, including multiple GP flu clinics and targeted work with children, particularly 2-3 years of age.

Additional System Initiatives Supporting Delivery During and Beyond Winter 2019/20

GP Streaming

Within the UTU, 28% of patients are deemed ‘primary care’ and are seen treated and discharged in an average of 157 minutes (2 hours 36 mins). A review of the primary care workforce within the UTU has been undertaken and senior clinical leads have confirmed that the following categories of patients can, and are being, seen by the primary care clinicians;

- Urgent Ambulatory
- Primary Care Stream
- Primary Care children

Within the integrated service, patients in the primary care stream are seen by the most appropriate clinician available at the time of presentation. This is ensuring discharge within 3 hours (data above).

In addition to the development and implementation of the UTU, work is taking place to develop an approach to re-directing patients away from A&E to a more appropriate service. To support this, a trial on ‘see and street’ (i.e. see a patient and discharge them home or back to primary care) has been completed and a further trial on ‘enhanced first contact’ (enhancing the first contact assessment to support quicker discharge of patients) is planned over the winter period (commencement 10/12/2019). Results from these trials will inform a re-direction protocol for patients attending with primary care needs. This is expected to result in a reduction in patients with primary care needs attending A&E and improve estates and staffing capacity within UTU and A&E to better manage patients with urgent and emergency needs.

Same Day Emergency Care (SDEC) & Acute Frailty Capacity
SDEC services are in place 24/7 across NUH, with 24.8% emergency admissions seen in SDEC services on the same day in November 2019, the overall target is to reach 30%. Work is underway to consider SDEC maximisation across the Medical Ambulatory Care Unit, Head and Neck Surgical Triage Unit and Older Persons Admissions Unit. NUH is one of the best performers in the region for the proportion of SDEC amenable conditions that stay in hospital for over one day (based on 18/19 SUS data).

The Acute Frailty Unit is open 24/7. A frailty in-reach team in ED is in place 08:00 to 17:00 Mon-Fri with IDT until 20:00 and a frailty registrar in place until 22:00. At the weekend there is a frailty registrar in-reaching into ED from 0800 to 21:00. Frailty in-reach into ED for 96 hours per week.

The service now in place is working to extended hours and a different model to last winter (was initially a physical location in ED and now an in-reach service). Improvements have been seen in ED discharges (>4%), length of stay on HCOP wards (<1.25 days) and more discharges within 48hr LOS (>2%). Norovirus that has been present on HCOP wards is likely to have impacted on LOS during the end of November and beginning of December 2019.

Weekend Discharges
Weekend discharge rate over the past 6-weeks (To w/e 24th November) has ranged between 56-67% of week day performance (with 23rd / 24th November weekend being 67%).

Daily dynamic discharge targets are in place; routine delivery against these targets at the weekend will support improved weekend discharge performance. Bronze meetings take place between the site team and divisions at the weekend to review progress against discharge targets. Targeted work is underway in HCOP with a small MDT team (therapist, pharmacist, junior doctor and discharge coordinator) working across HCOP wards to increase weekend discharges. CAS division have a senior nurse in place over the weekend throughout the winter period to support with patient flow.

Reducing Long Length of Stay Patients
NUH beds occupied by long LOS patients (>=21 days) have reduced since May 2019 (247) to 229 in October 2019 against the target of 209. Actions are in place to continue reducing the number of beds occupied by patients with a LoS over 21 days, these include:

- Weekly system Long LOS meeting for all HCOP patients took place throughout October (in addition to local Long LOS meeting).
- Long LOS steering group.
- Senior attendance at local Long LOS meetings on a rotating basis from the end of October.
- Ward level escalation processes have been strengthened to reduce delays (via Red2Green).
- Division-level improvement trajectory for long stay reduction which is being monitored via the Emergency Pathway Taskforce.

Future actions include:

- External review by 360 Assurance of ward-level long stay meetings to ensure that the ECIST methodology is followed and actions are completed in a timely way.
- Establishment of Integrated Discharge Operational delivery group (system-wide representation) with 25 high impact improvement actions over 6/12 period (10 of which will have a direct impact on further reducing Long LOS of day for those patients requiring a supported discharge).
Development of focussed approaches for those who have Long LOS due to high acuity (e.g. stroke, critical care, major trauma) versus those who may be frail/older and require supported discharge via Integrated Discharge Team (IDT).

Continuing the increase of the number of people accessing support and bookable services through NHS 111

The London Road Urgent Care Centre previously offered 4 appointments per day that could be booked directly though NHS111, this increased from Monday 18th November to 7 appointments a day. This will be rising further on Monday 2nd December to 12 or 13 appointments a day, this equates to 1 bookable appointment per hour from 8am-8pm inclusive. This will be reviewed against utilisation and outcomes to see if more appointments would be of benefit to the system.

Bookable GP appointments through NHS111 continue to expand across the county, with two live GP practices in greater Nottinghamshire, and testing scheduled for January 2020 for all extended access hubs in NNE / NW & Rushcliffe localities.

Urgent Treatment Centre Provision

Greater Nottingham has an UCC on London Road with x ray facilities, the UCC is on track to be designated a UTC by January 2020. This service is directly bookable from NHS111 and is prioritised above A&E in the DoS ranking services to ensure suitable patients are directed there first. Public advertising of services outside of A&E includes promotional materials on use of the UCC to promote the service to the public, and internal system messages routinely go to all EMAS staff to encourage utilising alternate routes to A&E.

The UCC has also expanded to take the 0-5 years old age range and maternity they were previously unable to see, numbers attending the UCC have steadily increased since August 2018:

System Escalation Procedures to increase Patient Flow Reduce Ambulance Handover Delays

Following the introduction of new first contact processes in the majors unit of ED, less than 3.5% of ambulance handovers exceed 30 minutes. The average ambulance handover time remains stable at circa 15 minutes. The volume of ambulance arrivals to NUH is 14.5% higher Nov-19 to date than it was for the same period in 2018.

Flow out of ED into the hospital bed base remains a key challenge; despite the regular use of escalation actions and full capacity protocol. The key constraint is bed availability at QMC.
NUH are progressing with plans to open 30 extra assessment beds at QMC to address the current shortfall in Acute Medicine, which is hoped will reduce the waits for beds that some patients experience within the Emergency Department, and in turn improve the overall experience for the patients; these beds are due to open in December 2019.

Primary Care Capacity

In Hours primary care provision will in place across all Greater Nottinghamshire with all practices open apart from weekend or public holiday days, which will be covered by the Out of Hours Service. Service coverage is based on historical attendance patterns.

NEMS regularly look at anticipated demand and adjust rotas for the Out of Hours service accordingly. Extended access hubs are advertised in GP practices and online and will form part of the CCG communications plan for winter 2019/20.

<table>
<thead>
<tr>
<th>Date</th>
<th>Staffing Uplift</th>
<th>Additional GP Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>23-Dec-19</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>24-Dec-19</td>
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</tr>
<tr>
<td>25-Dec-19</td>
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<td>31-Dec-19</td>
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<td>01-Jan-20</td>
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<td>56</td>
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<tr>
<td>02-Jan-20</td>
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<td>0</td>
</tr>
<tr>
<td>03-Jan-20</td>
<td>0%</td>
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</tr>
</tbody>
</table>

Intermediate Care Capacity

A Community bed specification review has taken place in conjunction with system community bed providers to re specify the bed offering in Greater Nottinghamshire ensuring we have the right capacity for Greater Nottingham population to support effective discharge for winter and beyond. This breaks down as 209 beds available in 2019/20 with improved flow and good occupancy 92% (versus 244 beds with 86% occupancy in 2018/19), as well as a higher number of higher acuity beds at LBH, 24 (versus 12 in 2018/19)

Call for care service available across MN and GN and provides a 2 hour response and mobilisation of support to prevent admission or facilitate discharge. The scheme aims to increase provision of rapid response/Intermediate home based care which will in turn reduce both attendances at, and admissions to an acute setting.

A system SPOT purchase agreement and protocol is being put in place with appropriate care homes by Greater Nottingham CCP to support spot purchase beds in times of system escalation. The spot purchase escalation bed capacity is designed to work to the principles of promoting best practice underpinned with
appropriate supported discharges to further assess patients in a community setting. This agreement will allow for quick enactment of appropriate SPOT beds at the time of need by the system.

Elective Care Capacity

Elective activity with day case is 5% below the original plan agreed between the trust and commissioners, with forecast out-turn being 7% below plan. The national pensions issue has restricted activity which has caused capacity constraints. This has been compounded by consultant vacancies that we have struggled to fill and a highly pressurised emergency pathway that has resulted in the cancellation of some routine elective activity. Part of our original plan was to convert an Elective Orthopaedic ward to medical beds for January 2020; we have had to bring forward this transfer to November in response to the pressures on the emergency pathway. EO ward conversion resulted in the service being circa 100 cases behind plan in November. In response to this expected pressure, EO winter plan options are being considered by the Trust’s Management Board on 17 December.

A number of specialities in the Trust have actions to maintain elective flow, increase their activity and subsequently reduce their PTL size as well as their backlog. Initiatives to increase activity include:

- Consultant recruitment to increase establishment in Upper GI and ENT;
- Recruitment of locum staff in Cardiology, Colorectal Surgery, Gastroenterology, Allergy and Dermatology;
- Waiting list initiatives in Ophthalmology and Urology;
- Extended use of theatres for example paediatric ENT;
- Extra lists and clinics in Paediatric Urology;
- Introduction of Telederm to address referrals into Dermatology;
- Outsourcing of radiology work to reduce delays in pathways.

The private sector has been used by Urology in order to free up surgical capacity for cancer patients. Neighbouring Trusts have offered to take Spinal and ENT patients.

NUH are experiencing much earlier pressure on the emergency and elective pathways this year compared to previous years. The Trust has strived to cancel as few electives as possible and the EO ward converted for Medicine has now returned to surgical use until January (when it is to convert to a medical ward as part of the winter plan).

Cancer Care Capacity

Capacity constraints continue to impact on performance against the Cancer 62-day standard. Whilst performance has improved in August and September 2019 (compared with March to July 2019), the backlog remains too high for the improvement to be sustained in the short term. The private sector has been utilised to help alleviate internal capacity shortages and rightsizing actions have been undertaken which we expect to begin to have impact from February 2020 as more theatre capacity is available. Action plans are in place for each tumour site and all diagnostic areas to improve the position. The key focus for sustained 62-day delivery is eliminating surgical waits predominately in Urology and Lower GI. Critical care capacity will be a key constraint over winter; a surge plan is in place and three extra critical care beds are opening in 19/20.

The additional theatre capacity will allow one additional gynaecology list per week and up to two additional urology lists per week. In the cancer RAP we forecasted that the sum of all cancer recovery actions would reduce the 62-day backlog by 20 from Feb-20 to Mar-20.
Diagnostic Capacity

Year to date there have been pressures on diagnostic capacity that has resulted in the underperformance of MRI, audiology and more recently Cardiac CT. Recovery plans are in place with performance expected to recover. Overall, diagnostic capacity remains a constraint with areas with wait times longer than desired (cancer patients are prioritised). Staff and equipment shortages are the main factor with recruitment underway for the staffing and a plan is in place to both increase the number endoscopes whilst maximising the caseload for the current available scopes in the trust.

Full rotas are compiled at organisational level for each department showing which services are available by day, manager and consultant rotas (with contact details) and key agreed actions to maintain flow over the holiday period.

Directory of Services Accuracy

The Directory of Services is updated with service information received from local partners on an on-going basis. Profiling reviews and updates are currently underway to ensure access to service information via Service Finder will support clinical signposting locally.

EMAS are engaged with Service Finder roll-out, and will be trialling DoS searches to support admissions avoidance via reduced conveyance prior to Christmas. Full roll-out is expected in the New Year.

Pharmacies are responsible for maintaining their service information on the Directory of Services, and utilisation of the new Community Pharmacy Consultation Service is expected in all areas throughout the winter period.

Bank holiday capacity planning

The Greater Notts Notts capacity and demand template for Christmas and New year has been compiled at a system level. It is being used as an assurance process to monitor capacity across each organisation and will be actively monitored by the operational executive meeting.

The CCG urgent care team are in receipt of demand prediction figures from EMAS and will align these to NUH ambulance predictions in order to identify specific hot spots. 111 data is in the process of being obtained, in order to identify a whole system picture and co-ordinate a proactive response where appropriate.

Patient Transport Provider Change

ERS Medical took over the patient transport service form Arriva at 00.01am on Sunday 1st December. Previous operational contacts in Arriva transferred to ERS in their operational roles, as well as operational front line staff, drivers, bases, booking systems and vehicles (albeit with different brandings), this allowed for a smoother transfer than if an entirely new system and staff were being introduced.

From Monday 2nd - Friday 6th December ERS Medical provided two additional crews 1400-2200 and on site managers during normal working hours.

Daily calls with the ERS MD also took place each afternoon for the first week of operation where any issues were directly escalated.

Winter Social Care Capacity
County Services

Based on available data for predicted demand the County service assessment is that flow in the county can be maintained through acute and health and social care short term home and accommodation based community services. There are a number of actions in place in partnership with system partners to improve flow including:

- Ensuring appropriate use of health and social care short term services at point of discharge in order to make best use of resources
- Minimising length of stay in all health and social care short term services
- Utilising interim residential care beds at times of pressure if needed to maintain flow.

Communications Update

The system communications plan sets out the approach to delivering proactive and reactive communications across the ICS to support Winter resilience. Using established communications channels, and those of local partners to support the national Help Us, Help you campaign messages and create internal system assets to ensure a consistent response to winter issues across Nottingham and Nottinghamshire.

Based on previous years analysis, we have identified the following communications and engagement priorities for Winter 2019/20:

- Focussing promotion and targeted social media to increase the number of eligible patients to have the flu jab
- Supporting patients to choose well including the promotion of extended hours at GP Practices, plus urgent and pre-bookable appointments at evenings and weekends, plus pharmacy opening times and repeat prescriptions ordering.
  - This also includes raising awareness of the options when services are closed over Christmas
- Supporting patients to seek help earlier before their condition becomes acute by raising awareness of the benefits of early intervention with some of the most common conditions seen in ED
- Promoting self-care messages, with a specific push during self-care week
- Improving communications to practices and care home partners
- Working with the voluntary sector to ensure their ‘workforce’ are informed of the key messages

Raising awareness of the extended access and pharmacy options by:

- Communicating about pre-booking appointments and weekends throughout Winter and particularly prior to the Christmas holidays
- Promoting mental health support - particularly IAPT and Samaritans in the run up to Christmas

Fortnightly system wide communication calls are set up and quarterly face-to-face meetings will take place throughout the year to support discussing and agreeing a coordinated approach to the seasonal pressures on the system.

Demand Avoidance and Winter Capacity Schemes

Updates on the below schemes will be provided each month to the A&E delivery board and weekly operational Executive meetings.
1. Community Beds and Intensive Support at Home
2. Delivering Call for Care
3. Hospital to Home: Respiratory Scheme
4. Integrated Community Respiratory Service
5. Pulmonary Rehab
6. End of Life Care Planning
7. HVSU
8. Hospital to Home: Housing Scheme
9. Care Co-Ordination (Effective MDTs)
10. NUH Tier 0 (LOS Improvements)
11. NUH Tier 1 (Convert Escalation Beds)
12. NUH Tier 2 (Beds Move - St Francis)
13. NUH Tier 3 (AMRAU)
14. Intensive Support at Home Discharge Scheme

System Winter Agreement Signatures

The initiatives and agreements listed in this document are fully supported by the organisations represented at the Greater Nottinghamshire A&E Delivery board, and were signed off at the December meeting of this board by all organisations listed below:

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Authorised Executive</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nottingham University Hospitals NHS Trust</td>
<td></td>
<td></td>
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<tr>
<td>Nottingham Emergency Medical Service</td>
<td></td>
<td></td>
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<tr>
<td>Nottinghamshire Healthcare NHS Foundation Trust</td>
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<td>Nottinghamshire County Council</td>
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<td>Nottingham City Council</td>
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<td>CityCare</td>
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<td>East Midlands Ambulance Service</td>
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<tr>
<td>DHU Health Care (NHS111 Provider for Nottinghamshire)</td>
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<tr>
<td>Nottingham and Nottinghamshire CCGs</td>
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</tbody>
</table>

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The Mid-Nottinghamshire ICP/A&E Delivery Board Winter Delivery Agreement 19/20
Executive Summary of System Winter Scheme Improvements and Additional Capacity:

The system has focused on increasing provision where required to address demand pressure for winter 2019/20, these initiatives have been summarised in the table below.

<table>
<thead>
<tr>
<th>Service / Area</th>
<th>19/20 Additional Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Beds</td>
<td>• SFH are opening 59 extra beds this winter (33 G&amp;A internally, 26 externally). With conversion of some surgical capacity to medicine there will be a total of 80 more beds available to the medical admission pathway.</td>
</tr>
<tr>
<td>Intermediate Care</td>
<td>• SFH have increased intermediate care/community bedded capacity by 8 beds internal to the hospitals. Externally to the hospitals 26 additional transfer to assess beds have been commissioned with community partner, Ashmere Homes.</td>
</tr>
<tr>
<td>Primary Care</td>
<td>• Primary care additional capacity outside core hours (08:00 – 18:30) available county wide via extended access services in the evening and weekends to sit alongside normal out of hours services</td>
</tr>
<tr>
<td></td>
<td>• Directly bookable GP Practice extended access clinics will be available across the Mid Notts PCN footprint by the end of November.</td>
</tr>
<tr>
<td>County Start / Reablement packages</td>
<td>• increasing by a further 250 people a year by March 2020 by increasing START capacity in the south</td>
</tr>
<tr>
<td>Mental Health Liaison Psychiatry in ED</td>
<td>• Core 24 provision for Psychiatric Liaison in SFH</td>
</tr>
<tr>
<td>Crisis psychiatry hours</td>
<td>• Out of hours CAMHS crisis cover will be in place throughout the winter months (currently only covers 8am-8pm).</td>
</tr>
<tr>
<td>Call for Care &amp; CURRT</td>
<td>• C4c to accept a further 576 calls and respond to a further 460 from October to March. CURRT will accept a further 109 patients from October to March.</td>
</tr>
</tbody>
</table>
This agreement between all system partners in Mid Nottinghamshire details the work being carried out over the winter 2019/20 period to improve system flow, maximise capacity and sustain performance.

Winter Planning Review

The 18/19 winter de-brief session which took place at the April 2019 A&E Delivery Board meeting concluded that winter 18/19 was a success against the system-wide winter plan, despite some significant challenges experienced by the network as a whole and some individual providers more than others. Poor weather and a severity of flu were noticeable by their absence and senior system leaders and staff surveys agreed that winter planning was more robust than in previous years, which is largely attributable to an earlier enactment of plans creating additional resource, capacity, and a cohesive system approach to escalation and de-escalation.

The 19/20 system winter plan attempts to build upon the successes of 18/19 to offer a significantly more sophisticated response and to meet the continued demands of increased urgent care activity across the footprint. Because the seasonal and calendar boundaries and associated peaks and troughs in demand are no longer as defined as in previous years, the system winter plan forms part of an overarching system-wide seasonal plan, which offers a high level overview of thematic challenges to and responses from the mid-Nottinghamshire system.

On Friday 20th September 2019 a task and finish group made up of representatives from the mid-Nottinghamshire A&E Delivery Board met to undertake a desk top test of the winter plan, the overarching aim of the session was to understand how the mid-Notts 19/20 winter plan would stand up to periods of both planned and unplanned surge which are common during the period, acknowledging that the system is already operating at an above plan baseline position for activity. Partners discussed not only how they would provide a stepped up response during periods of escalation but also how they could support each other to de-escalate quicker.

A winter preparedness event took place on 29th October with over 100 staff across all system organisations attending. The event was a success and primarily focused on how partners were preparing for winter and detailed the support they needed to ensure that they could maintain resilience throughout winter pressures. A debrief will be taking place to consider next steps in order to maintain momentum of discussions

National Default Expectations

1. This winter the goal should, wherever possible locally, be more General and Acute (G&A) hospital beds open, to reflect increased levels of patient need and admissions.

SFH are opening 59 extra beds this winter (33 G&A internally, 26 externally). With conversion of some surgical capacity to medicine there will be a total of 80 more beds available to the medical admission pathway

2. Work with Local Authorities to ensure the same or more care packages and nursing/residential home beds are available over the winter period than last year, with the same level of visibility and dual sign-off on these plans.

County Social Care Reablement

- Home first rapid response service (2018 additional capacity maintained) = 160 people per month countywide, this represents a 35% increase since September 2018.
- Homecare funded by the Council is provided to approx. 1,770 people countywide
• Purchasing framework is in place to buy interim residential care home beds in times of pressure

3. GP Out of Hours services should be expected to deliver services from 8pm to 8am 7 days per week and, critically, over bank holidays.

NEMS provide the GP OOH services in Nottinghamshire, these services are in place from 18:30 - 08:00 weekdays, all day on the weekend and bank holidays.

4. Ensure mental health services can respond quickly and comprehensively, particularly in relation to ED presentations.

Nottinghamshire Healthcare NHS Foundation Trust has the following countywide services in place to ensure mental health ED presentations can be responded to quickly and comprehensively:

- Core 24 provision for Psychiatric Liaison in Mid and Greater Notts Acute Trusts.
- Recruitment of 20 senior crisis clinicians to Greater Notts, providing gate keeping and home treatment. These are all in place and having a positive impact on flow. Additional recruitment taking place in November and December for additional 10 senior crisis clinicians for the Mid Notts area.
- Out of hours CAMHS crisis cover is now in place throughout the winter months (previously only covered 8am-8pm).
- Additional post put into Police Triage Service.
- Currently recruiting to bolster local community mental health teams, to compliment the crisis pathway, this recruitment includes:
  - Transformation Lead
  - X8 care coordinator
  - X1 Psychologist
  - X2 Pharmacy Tech
  - X10 Peer Support Workers
  - X2 Physical Health Lead
  - X3.5 Admin
  - X3 Community Support Workers
- 4 additional beds supported in Rusticus care home with mental health cover.

To further improve the position NHT has also submitted winter pressure bids for CAMHS which would fund the additional CAMHS rota and provide additional cover for core services to allow a more intensive crisis response, which would support admission prevention and facilitate discharge from ED and/or support for those admitted. For adult mental health, bids are also in progress for the provision of substance misuse workers to support in ED and NHT services as well as additional cover to provide 7 day community MH dementia care and support for EMAS for mental health element of conveyance reduction.

5. Community health services able to operate to the same ‘clock speed’ of responsiveness as acute emergency services, e.g. 2 hour home response where that would avoid hospital admissions or speed discharges.

Call for care service available across MN and GN and provides a 2 hour response and mobilisation of support to prevent admission or facilitate discharge. C4c to accept a further 576 calls and respond to a further 460 from October to March. CURRT will accept a further 109 patients from October to March.
6. Improving uptake of the flu vaccine

As of the beginning of November 2019 population coverage across all age groups in Nottinghamshire is higher than the England average for uptake at this point in the year, with the 65 and over age group considerably higher than the same time in the previous year across all GP practices. The national target is set at 80% as a baseline and as close to 100% as is possible.

There is also a Fluathon event planned in November, with localities supporting GP practices with low uptake, including multiple GP flu clinics and targeted work with children, particularly 2-3 years of age.

Additional System Updates Supporting Delivery During and Beyond Winter 2019/20

GP Streaming

Recently agreed revised streaming specification with SFHFT went live on 1st November; within the revised spec there is a commitment to look at opportunities to increase the types of patients that can be streamed.

October streaming
PC24 – 20.1%
ED – 79.9%
Target – 80/20 (ED/PC24)

As part of IRRS the system is monitoring streaming identifying additional cohorts that will start to be streamed, which will lead to an increase over winter. NEMs are already offering to take some minor injury patients when they have the appropriately trained staff on shift. The aim is for 1000 more patients over six months.

Same Day Emergency Care (SDEC) & Acute Frailty Capacity

29% SDEC has been achieved for medical patients throughout Q1 2019/20 and opening times of AECU have been expanded. The use of AECU continues to increase with July being the highest month for activity at 640 patients. The key constraint on SDEC is the size of AECU and the ability to medically staff it at the weekends to ensure consistency with the in-week offer. AECU expansion would require capital development, Medical staffing funding has been requested as part of the NHSE/I potential additional winter funding

Acute frailty team currently in operation Monday – Friday 8 hours a day, as part of IRRS the frailty intervention team at the front door of ED are being extended to cover 7 days over winter

Increasing the proportion of patients discharged over weekends to reduce pressures on inpatient beds and patient flow at the start of the week

Current weekend discharge activity is on average <50% of normal week day discharge activity and compromises emergency flow throughout the organisation at the beginning of the week.

Weekend discharges have been identified as an issue at SFH and a consultant-led work stream is now in place. A PDSA trial is to take place at the end of November to test the impact of all schemes being available across a weekend. This should ensure that discharge is seen as a focus during weekends, and reduce the number of days lost. There have been a number of trials of additional schemes at weekends during Q3 including additional medical, pharmacy and therapy support. A trial of a Consultant Geriatrician within ED/EAU has also take place and the use of the discharge lounge at weekends has also been trialled. All of the trialled changes are being aggregated to see what a perfect weekend would look like for the weekend of 30/11.
HFID scheme in place in which oversees the discharge workstreams in MN, and this will be reported month to the A&E Delivery Board.

**Reducing Long Length of Stay Patients**

A combined LoS and DToC action plan is in place in mid-Notts and is driven by SFH colleagues. The plan is delivering the required LoS reductions. October data shows that only 10.57% of patients had a LoS of 21 days and over at SFHFT.

The Home First Integrated Discharge (HFID) pathway has been operational since May 2019 and once fully delivered will provide the required improvements to discharge processes, timelines & reduce DToCs.

The Trust run NHS/E best practice on the review of patients in the hospital over 21 days. Along with the support of partners this has successfully delivered the NHSI target of 70 by March 2020, months earlier. An internal stretch standard of 60 is now in place and SFH, along with the support of partners, will need to continue to sustain the progress made in this area.

**Continuing the increase of the number of people accessing support and bookable services through NHS 111**

The Newark Urgent Care Centre offers 1 patient booking per hour 24 hours a day via NHS111 and has been live with this service since July 2018.

Directly bookable GP Practice extended access clinics will be available across the Mid Notts PCN footprint by the end of November.

A review of DOS profiles is currently underway ahead of winter to ensure that available patient pathways are up to date.

**Urgent Treatment Centre Provision**

Both UTC specifications have been agreed and designation visits completed with go live planned for December and January.

Direct booking is in place for Newark from NHS111 and is prioritised above A&E in the DoS ranking services

**System Escalation Procedures to increase Patient Flow Reduce Ambulance Handover Delays**

SFH have revised their OPEL actions and triggers ahead of winter 2019 as well having a patient flow and access escalation policy.

SFH is currently reviewing both the escalation process and will review the FCP. The former is likely to be in place in mid-December, the latter for the start of January 2020.

**Primary Care Capacity**

NEMS regularly look at anticipated demand and adjust rotas accordingly. Extended access hubs are advertised in GP practices and online.

In Hours primary care provision will in place across all of Mid Nottinghamshire with all practices open apart from weekend or public holiday days, which will be covered by the Out of Hours Service.

The CCG Urgent Care Team have access to the staffing rota system and will monitor staffing gaps. Primary Care Team managing the promotion of extended access hubs across a PCN footprint. A leaflet has been developed which has been distributed to GP Practices, pharmacies and dentists.
• Intermediate care – local community services should be assured that step-up/step-down beds and workforce capacity are sufficiently resourced for increased winter demand

SFH have increased intermediate care/community bedded capacity by 8 beds internal to the hospitals. Externally to the hospitals 26 additional transfer to assess beds have been commissioned with community partner, Ashmere Homes.

**Elective Care Capacity**

Elective (IP/DC) activity plans are forecast to achieve the commissioned levels at Trust level. There will be the usual level of reduced elective Orthopaedic activity during Jan/Feb 2020 to accommodate the additional medical demand and acuity.

**Cancer Care Capacity**

There will be no change to capacity available for cancer patients over the winter period and SFH expect to deliver the agreed revised trajectory with the NHSI/E and the Trust Board

**Diagnostic Capacity**

SFH have an internal professional standard that all inpatients in base wards will receive a scan within 24 hours of request. Currently around 80% of scans are managed within this standard, with 86% within 30 hours. This will continue to be the focus during the winter period

**Directory of Services Accuracy**

The Directory of Services is updated with service information received from local partners on an on-going basis. Profiling reviews and updates are currently underway to ensure access to service information via Service Finder will support clinical signposting locally.

EMAS are engaged with Service Finder roll-out, and will be trialling DoS searches to support Admissions avoidance prior to Christmas. Full roll-out is expected in the New Year.

Pharmacies are responsible for maintaining their service information on the Directory of Services, and utilisation of the new Community Pharmacy Consultation Service is expected in all areas throughout the winter period.

**Bank Holiday capacity planning**

The Mid Notts capacity and demand template for Christmas and NY is currently being compiled. It will be used as an assurance process to monitor capacity across each organisation.

The CCG urgent care team are in receipt of demand prediction figures from EMAS and will align these to SFH ambulance predictions in order to identify specific hot spots. 111 data is in the process of being obtained, in order to identify a whole system picture and co-ordinate a proactive response where appropriate.

Once received the CCG urgent care team will look at the collated capacity to see if / where there are gaps in provision or dips in capacity, they will then work with the relevant areas to gain assurance that either appropriate contingency capacity is in place, or put in the appropriate capacity to ensure the risk is mitigated.
Patient Transport Provider Change

ERS Medical took over the patient transport service from Arriva at 00.01am on Sunday 1st December. Previous operational contacts in Arriva transferred to ERS in their operational roles, as well as operational front line staff, drivers, bases, booking systems and vehicles (albeit with different brandings), this allowed for a smoother transfer than if an entirely new system and staff were being introduced.

From Monday 2nd - Friday 6th December ERS Medical provided two additional crews 1400-2200 and on site managers during normal working hours.

Daily calls with the ERS MD also took place each afternoon for the first week of operation where any issues were directly escalated.

Winter Social Care Capacity

Based on available data for predicted demand the County service assessment is that flow in the county can be maintained through acute and health and social care short term home and accommodation based community services. There are a number of actions in place in partnership with system partners to improve flow including:

- Ensuring appropriate use of health and social care short term services at point of discharge in order to make best use of resources
- Minimising length of stay in all health and social care short term services
- Utilising interim residential care beds at times of pressure if needed to maintain flow.

Communications Update

The system communications plan sets out the approach to delivering proactive and reactive communications across the ICS to support Winter resilience. Using established communications channels, and those of local partners to support the national Help Us, Help you campaign messages and create internal system assets to ensure a consistent response to winter issues across Nottingham and Nottinghamshire.

Based on previous years analysis, we have identified the following communications and engagement priorities for Winter 2019/20:

- Focussing promotion and targeted social media to increase the number of eligible patients to have the flu jab
- Supporting patients to choose well including the promotion of extended hours at GP Practices, plus urgent and pre-bookable appointments at evenings and weekends, plus pharmacy opening times and repeat prescriptions ordering
  - This also includes raising awareness of the options when services are closed over Christmas
- Supporting patients to seek help earlier before their condition becomes acute by raising awareness of the benefits of early intervention with some of the most common conditions seen in ED
- Promoting self-care messages, with a specific push during self-care week
- Improving communications to practices and care home partners
- Working with the voluntary sector to ensure their 'workforce' are informed of the key messages

Raising awareness of the extended access and pharmacy options by:
• Communicating about pre-booking appointments and weekends throughout Winter and particularly prior to the Christmas holidays
• Promoting mental health support - particularly IAPT and Samaritans in the run up to Christmas

Fortnightly system wide communication calls are set up and quarterly face-to-face meetings will take place through the year to support discussing and agreeing a coordinated approach to the seasonal pressures on the system.

**System Winter Agreement Signatures**

The initiatives and agreements listed in this document are fully supported by the organisations represented at the Mid Nottinghamshire A&E Delivery board, and were signed off at the December meeting of this board by all organisations listed below:

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<thead>
<tr>
<th>Organisation</th>
<th>Authorised Executive</th>
<th>Signature</th>
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<td>Nottingham Emergency Medical Service</td>
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<td>Nottinghamshire Healthcare NHS Foundation Trust</td>
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<td>Nottinghamshire County Council</td>
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<td>East Midlands Ambulance Service</td>
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<td>DHU Health Care (NHS111 Provider for Nottinghamshire)</td>
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<td>Nottingham and Nottinghamshire CCGs</td>
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</table>
### Summary:
The purpose of this report is to provide an update on the key lines of enquiry being explored and early results regarding the drivers of demand in the Urgent and Emergency Care system in Nottingham and Nottinghamshire. The work is being managed through the Operational Delivery Group (in Mid Nottinghamshire) and the Demand Avoidance Group (in Greater Nottingham) which then report to their respective A&E Delivery Board (A&EDB).

### Actions requested of the ICS Board

To note the contents of the report and discuss.

### Recommendations:

#### Presented to:

<table>
<thead>
<tr>
<th>Board</th>
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#### Contribution to delivering the ICS MOU priorities:

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<th>☐ Cancer</th>
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<td>☐ Alcohol</td>
<td>☐ Clinical services strategy</td>
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<tr>
<td>System architecture</td>
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</tbody>
</table>

#### 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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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.
Nottingham and Nottinghamshire Response to Drivers of Demand Report

Background and Context

1. To better understand the drivers of demand for each urgent care system (Greater Nottingham and Mid Nottinghamshire), work has been informed by a system wide clinically led piece of analysis to explore ‘The Drivers of Non elective Demand’. This confirmed that there is no single factor causing the rise observed but rather that drivers are multifactorial in nature and demand has increased across a number of areas.

2. In addition, a public health analysis approach was taken to better understand the population demand for services at Nottingham University Hospitals (NUH) highlighting key population statistics and use of A&E (Appendix 1). This concluded that the population in the NUH catchment area is ageing (mainly in the county but also increases in the city 85+ population) and deprivation is a key factor in service use.

3. In order to better understand population behaviour and how we might impact these, a survey was carried out at each A&E department, with a focus on ambulatory patients. Results from both systems demonstrate:

   • Patient attendance is influenced by perceived urgency of the problem
   • Patient attendance is not necessarily driven by clinical need – patients often had an issue for longer than 24 hours
   • Awareness of alternative services (111, GP, UCC) is high but people still choose to attend A&E
   • Contact with alternative services prior to attendance is high but people still choose to attend A&E (potentially based on advice given)
   • High attendances from under 35 cohort and majority under 65 (NUH specific).

   (see Appendix 2 for Greater Nottingham’s results)

4. This comprehensive approach to understanding the drivers of demand has informed key actions to deliver impact across Nottinghamshire with clear governance routes to ensure delivery in each UEC system.

Implementation

Key Actions

5. Nottinghamshire Programmes:

   • **Integrated Urgent Care** - The new Clinical Assessment Service (CAS) went live on the 1st October and is integrated with out of hours services.
This will increase current clinical assessment rates of Emergency Department (ED) dispositions from 18% to 50%, thereby reducing the volume of patients directed to ED for treatment.

- **GP/primary care demand** – this includes testing the multidisciplinary teams (MDTs) in line with standard operating procedures and best practice guidance, maximising utilisation of extended access and direct booking via 111
- **EMAS non-conveyance** – the existing CQUIN requirement in Q3/4 remains in place. A comprehensive project plan has been developed that focuses on increasing use of demand management initiatives alongside specific pathway improvements for falls and mental health
- **Review of the DOS** – A review of the Directory of Services (DOS) has taken place to ensure that services are correctly mapped to facilitate 111 being able to sign post the public to the most appropriate service.
- **Proactive Care** – this is made up of a number of work-streams which include:
  - **Intensive Support at Home Service (ISaH)** supporting more complex patients to be discharged directly home without need for a community bed, this is providing up to 10 packages of care per week
  - **Frailty** – Review of community geriatrician services
  - **Integrated Community Respiratory Service** – strengthening community respiratory services with a stronger focus on prevention, structured chronic disease management and care planning
  - **Call for care** – this is now live and providing a 2-hour rapid response for care within the community to reduce attendance at and admission to hospital
  - **Care homes** –The existing proactive care homes service has refocused its attention on a new group of homes and non-elective admissions (NEL) admissions are being monitored weekly. There has already been a drop in NELs from the new cohort of homes targeted.

6. Mid Nottinghamshire:

- **IRRS (integrated rapid response service) development and implementation** – This is an existing 19/20 QIPP scheme. The project steering group is in place overseeing a detailed implementation plan. To date this has resulted in additional staffing of the frailty intervention team in ED and a rise in discharges from ED for those that would have previously been admitted to Emergency Admission Unit (EAU). A trajectory for a rise in call for care activity has been agreed and is being monitored weekly. Frailty practitioners have been recruited by NHT to support admission/attendance avoidance. These staff will work closely with PCNs.
- **Streaming to PC24** – increasing the streaming rates from ED to PC24 (via review and extension of current protocols) which is monitored daily to identify any issues and follow up with associated actions. Streaming % has risen in December 2019 and continues to be closely monitored
7. Greater Nottingham:

- **Frailty In – Reach** - development of frailty in-reach service at NUH based in ED which will reduce the time older patients stay in ED and LoS (Length of Stay)
- **Development of Streaming and Re-direction** – development of streaming protocols and pathways to increase patients streamed to the Urgent Treatment Unit. Work undertaken to develop opportunities for re-directing patients from the front door to other services. To support this, a ‘see and street’ trial has been completed, demonstrating a number of patients can be re-directed from the front door. In addition, an enhanced streaming trial is being developed to reduce LoS in the dept.

**Governance Approach**

*Mid Nottinghamshire:*

8. The management of non-elective demand in Mid Nottinghamshire is underpinned by existing QIPP plans and enhanced with additional real time actions. Director oversight has been established to increase the pace of change and to provide assurance that any operational challenges are rapidly unblocked. Improved project co-ordination and system wide ownership is in place.

9. A clinical panel made recommendations on actions to be taken which were ratified by the A&E DB. Detailed updates are provided to the ODG (Operational Delivery Group).

10. A system wide action plan has been mobilised via weekly meetings (up until December 2019). These meetings are now fortnightly as the core QIPP project steering group is well established with a clear reporting route into the PMO.

11. The Drivers of Demand plan is a live document and is currently updated on a weekly basis. There is effective system ownership and the administration is supported by the ICP team. More detailed plans exist underneath this, for example for IRRS etc. The associated activity reports continue to be developed (for each scheme detailed above) supported by the ICP team.

12. To support the continuation of the drivers of demand work in 2020/2021 it is intended that all shared ICP transformation schemes will have system wide oversight (reporting via the CCG PMO) clear ownership and accountability with defined roles and responsibilities.

*Greater Nottingham:*

13. Aligned with Mid Nottinghamshire the management of non-elective demand in Greater Nottingham is also underpinned by existing QIPP and transformation plans and enhanced with additional real time actions. It is worth noting that
the two areas share commissioning and transformation resource within the CCGs to ensure work is aligned and successful schemes rolled out across the ICS as appropriate.

14. Actions to manage the key themes are being managed by the monthly Demand Avoidance group which is chaired by the AO and includes senior representatives from all system partners. This workstream reports through to the Greater Nottingham A&E Delivery Board and the Transformation Board.

15. The demand avoidance group is supported by business intelligence colleagues who provide a dashboard that monitors key KPIs and programme delivery.

Next Steps

16. Planning for 20/21 is underway and will be overseen by the ODG and Demand Avoidance groups. This will include an evaluation of the impact of the schemes in 19/20 and a forecast impact for 20/21.

17. In addition, an ICS wide workshop is taking place as part of the clinical services strategy review on urgent care demand to discuss what further can be done in 20/21, the outcomes of which will be aligned to 20/21 QIPP and planning workstreams.
Appendix 1- Key population statistics

- NUH Catchment – 2.5 million people (4 million for major trauma)

Nottingham City:

- Population: 331,100 (2018) having risen by 1,860 since 2017
- Large amount of population 'churn', with 31,020 people arriving from elsewhere within the UK and 32,850 leaving
- Growth driven by international migration and increased student numbers
- By 2027, it is estimated the population will rise to 344,300
- Stable numbers over retirement age but increasing number 85y+
- 11th most deprived district in England with 34.2% of children & 25.8% adults aged 60y+ living in poverty

Nottinghamshire County:

- Population: 823,100
- Expected to reach 836,000 by 2021
- Growth driven by internal (UK) migration
- There is an ageing population with increases expected in those aged 65y+ and 85y+

Use of Urgent and Emergency Care at NUH

- There were 183,854 attendances at ED between April 2018 and March 2019 (HES data set extracted 23/10/2018).
- In quarter 4, there was a significant improvement in the proportion of uncoded attendances. Led to 4,000 additional coded episodes i.e. some of the change within particular conditions in Q4 is explained by coding but not the total number of attendances.
- Respiratory, Cardiac and Gastrointestinal conditions accounted for over half of all medical diagnoses.
- Respiratory diagnoses show large increases in quarter 3 and 4 which may be related to winter (October – March)
- In quarter 4, there was a significant improvement in the proportion of uncoded attendances. Led to 4,000 additional coded episodes i.e. some of the change within particular conditions in Q4 is explained by coding but not the total number of attendances.
- Cardiac attendances tend to be older people peaking around 70-80 years; 40% are over 75 years. Respiratory attendances are overwhelmingly children under 5 (43%) and GI attendances affect under 5s (12%) and younger adults age 20-40 (26%).
## Appendix 2: Plan on a page – Greater Nottingham A&E Survey Results

<table>
<thead>
<tr>
<th>Issue Identified</th>
<th>Short term action (6 -12 months)</th>
<th>Long Term Action (12+ months)</th>
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<tbody>
<tr>
<td><strong>Patient attendance is influenced by perceived urgency of the problem (54%)</strong></td>
<td>N/A – long term action related to understanding patient perceptions</td>
<td>ICS Steering Group implemented to develop an agreed vision for urgent care pathways including the role of 111 and CAS, access for treatment (walk up and wait vs. booked appointments) and pro-active re-direction to the most appropriate place. To be convened mid-December. This group will undertake a programme of activity review and patient and public engagement to better understand people’s preferences, tolerances and perceptions.</td>
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<tr>
<td><strong>Patient attendance is not necessarily driven by clinical need (61% had issue longer than 24 hours)</strong></td>
<td>Re-direction process review for ‘Non-urgent’ patients - Undertake a ‘see and street’ trial (front door turnaround) – November 2019 - Review of patient cohorts and activity who could potentially be re-directed - Nov/Dec 2019 - Develop re-direction protocol (Dec/Jan 2019)</td>
<td>Active promotion from Cripps (student GP practice) at fresher’s weeks/student forums to promote GP registration (active) Use of 111 online to support symptom checking (Active) Review of digital services at A&amp;E to encourage patients to access alternatives (Dec/Jan 2019)</td>
</tr>
<tr>
<td><strong>High attendances from under 35 cohort (50%) and majority under 65 (85%)</strong></td>
<td>Active promotion from Cripps (student GP practice) at fresher’s weeks/student forums to promote GP registration (active) Use of 111 online to support symptom checking (Active) Review of digital services at A&amp;E to encourage patients to access alternatives (Dec/Jan 2019)</td>
<td></td>
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<tr>
<td><strong>Awareness of alternative services (111, GP, UCC) is high (between 63% - 90%) but people still choose to attend A&amp;E</strong></td>
<td>See below</td>
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</tr>
<tr>
<td><strong>Contact with alternative services prior to attendance is high (66%) but people still choose to attend A&amp;E (potentially based on advice given)</strong></td>
<td>Increase in clinical assessment for 111 calls with an ED dispositions from 18% - 50% to increase diversion from 111 and direct patients to appropriate place – Full mobilisation April 2020 Integrate current Clinical Navigation pathway to offer a single point of access for health care professionals to aid direction to appropriate place – Full mobilisation April 2020 Direct booking live at UCCs and roll out to extended access hubs/GPs to improve access and ensure alternative pathways are the path of least resistance and meet the patient’s need</td>
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<tr>
<td><strong>Majority of attendances were for injuries and illnesses (82%)</strong></td>
<td>Alternative services are in place to manage injuries and illnesses</td>
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Summary:
The enclosed paper provides a progress update to the ICS Board on the plans and implementation progress on primary medical care investment funds.

In 2019/20 the ICS has received £2.9m of ‘fair shares’ funding to support the development of primary care across a number of programme areas, including improving access, PCN development and workforce training.

NHSE/I have provided allocations over a 5-year period to provide certainty of funding availability and the ability to implement on a recurrent basis.

Governance is through the Primary Care Programme Board and is supported by a funding agreement between the ICS and NHSE/I.

The ICS Board should take note of the risks to delivery of the programme. In particular the ability to deliver an extensive change management programme when general practice is under significant operational pressure. This is exacerbated by a lack of workforce supply in a number of areas.

Actions requested of the ICS Board

The report is primarily to provide the ICS Board with an update on plans and implementation of primary care investment funds. The Board is encouraged to recognise and discuss the identified risks to the implementation of the programme and associated development of PCNs.

Recommendations:

1. NOTE the planned use of primary medical funds in 2019/20 and progress to date.

2. NOTE the risks to delivery of the programme of work.

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**Contribution to delivering the ICS MOU priorities:**

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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**

- ☒ No conflict identified
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**Risks identified in the paper**

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<td>Grading</td>
<td>Person responsible for managing the risk</td>
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**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.
Primary Care Investment Programme Update

16 January 2020

Background and Context

1. The General Practice Forward View (GPFV), published in April 2016, seeks to improve patient care and access, and invest in new ways of providing primary care. This is further supported through the NHS Long Term Plan which indicates £2.3 billion will be invested in primary care from 2019/20 to 2023/24 across a number of programme areas.

2. Some of these funds are provided to STPs/ICSs on a ‘fair shares’ basis. This equates to £2.2m in 2019/20 for Nottinghamshire growing to £2.9m in 2023/24. The remaining funding is to be targeted for specific schemes on a needs basis. The process for accessing targeted funding remains under development at a national level.

3. This paper seeks to provide the ICS Board with an understanding of the funds available, how these have been committed locally and implementation progress. It also identifies risks to delivery of the programme.

4. The following table provides a summary of primary medical funding received by the Nottinghamshire ICS in 2019/20. Note that these funds are in addition to expenditure made from core and delegated CCG budgets – e.g. GMS/PMS contracts with GP practices and allocations for GP extended access.

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<th>Primary Care Strategic Plan Funding - £’000</th>
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<td><strong>Primary Care Investment Programme</strong></td>
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<tr>
<td>of which:</td>
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<tr>
<td>Practice Resilience</td>
<td>145</td>
</tr>
<tr>
<td>Reception and Clerical</td>
<td>182</td>
</tr>
<tr>
<td>Online Consultation</td>
<td>297</td>
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<td>PCN Development</td>
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<td>Fellowships - Core Offer</td>
<td>163</td>
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<td>Fellowships - Aspiring Leaders</td>
<td>208</td>
</tr>
</tbody>
</table>

Governance

5. The funds above have been allocated to the ICS in June 2019, underpinned by a funding agreement between the ICS and NHSE/I. The funding agreement sets out the requirements and deliverables to be achieved through use of this ring-fence budget.
6. The Primary Care Programme Board has been established to oversee the planned use of these funds and implementation progress. It is expected that the ICS, in close collaboration with the CCGs, will decide how best to spend the budget in the most effective way.

7. NHSE/I will operate on a ‘light touch’ basis based on informal progress reporting alongside a formal in-year review and end of year impact report.

Use of funds by programme area

8. For each of the programme areas this section provides an overview of how funds are to be used and progress to date.

Practice Resilience

9. 19/20 budget available: £182k
   Plan sign off: Primary Care Programme Board, July 2019

10. Overview of planned use of funds:
   - GP TeamNet (part supported – see PCN Development section)
   - Roving Practice Management Support
   - Practice Manager Training
   - Group Consultations

Roving Practice Management Support

11. A team of ‘roving’ practice management supporters to work on an in-hours on-call basis with practices requiring operational assistance. The aim of the scheme is to achieve greater practice business resilience. Eleven practices have been accepted for support; seven are in progress with four yet to start.

12. Next Steps: There is a requirement written into the scheme specification that an evaluation is undertaken with each practice at the end of each engagement and follow-up at three and six month points post intervention.

Practice Manager Training

13. “Step Up to Practice Management” is a course of learning modules aimed at anyone working in practice looking to develop into the role of a Practice Manager. This course was developed and is provided by Nottingham City GP Alliance. Sixty-three participants from the six CCGs have signed up.

14. Delays have been experienced with ascertaining cost and capacity with the course provider; however, it is anticipated that training will take place before March 2020 except where participating practices have opted to undertake training over a six-month period instead of over two days. Evaluation will be carried out once training has been completed.
Group Consultations

15. Group consultations or shared medical appointments, are one of NHS England’s 10 High Impact Actions to help GPs free up time to deliver more clinical care. In the model up to 12 patients are seen in a 40 – 50-minute slot potentially doubling clinician capacity:

- Three training cohorts have been established, six practices in each cohort representing five of the six CCGs
- Training for cohort one & two has successfully been delivered with all 12 practices provided with resources to set up their own group consultations
- Cohort one & two practices committed to dates to complete their first three group consultation sessions. These are scheduled to be completed by Mid-February
- Third training cohort scheduled for 30th January. Rushcliffe practices will be encouraged to take up the remaining space for this cohort

16. Next steps: Practices from cohort one and two practices will be contacted after their first group consultation to obtain initial feedback. Further evaluation is planned for the New Year. A celebration event in spring 2020 is booked for those practices who attended the initial training to share their experiences and best practice.

Reception & Clerical Training and Development

17. 19/20 budget available: £182k
Plan sign off: Primary Care Programme Board, July 2019

18. Overview of planned use of funds:

- To develop and implement a coordinated system-wide GPFV funding programme that maximises the impact, benefits, and delivery of the GPFV requirements, focusing on reception and clerical staff training.
- Workflow optimisation, will give the opportunity to train members of the GP practice clerical staff to read, code and action incoming clinical correspondence according to a framework based on practice protocols. Through the accurate and consistent application of read coding this will ease QOF collection and accuracy of submission.

19. Progress to date:

- Care Navigation / Active Signposting Training delivered to 122 reception and clerical practice staff across Nottingham and Nottinghamshire. Evaluation was positive, additional training sessions to be booked for the new year
- Correspondence Management pre-agreed next phase of training for Mid-Nottinghamshire practices. In addition, an Intensive Support Programme will be offered
• Identified a limited need for Correspondence Management in Greater Nottingham due to training opportunities taken up by practices in previous years of GPFV funding
• Large number of requests for clinical coding, medical terminology and note summarising training. Expression of interest form has been circulated to all practices with a mid-January closing date

Online Consultation
20. 19/20 budget available: £297k
Plan sign off: Primary Care Programme Board, July 2019

21. Initial plan will offer 20 GP sessions per month across selected practices expanding following evaluation in 2020/21. Significant cost of hardware and development of local systems is required.

22. Initial funding was utilised following extensive research into the most effective model for delivery, patient requirements and barriers, as well as the procurement activities associated with the project. Additional funding is required to support the significant change management requirements.

PCN Development
23. 19/20 budget available: £791k
Plan sign off: Primary Care Programme Board, October 2019 and Joint CCGs Primary Care Co-Commissioning Committees, November 2019.

24. Overview of planned use of funds:

• Consistency of Funding for Clinical Director (CD) time across all PCNs - £141k
• Set-up and development support for PCNs - £338k
• Organisational Development for PCN members provided by East Midlands Leadership Academy (EMLA) - £10k
• Support to PCN Clinical Directors - £53k
• System wide enablers (e.g. digital) - £133k
• Training and support for PCN workforce (Allied Health Professionals, link workers, clinical pharmacists) - £116k

25. Further detail can be found in appendix A.

26. Progress to date:

• Consistency of funding for PCN Clinical Directors (CDs) and Individual PCN support monies in line with individual organisational development plans
• PCN organisational development programme currently being developed with EMLA to be delivered 2019/20 and 2020/21, in line with a completed training needs analysis completed by PCN CDs
• This programme will be aligned to the NHSE PCN prospectus and will cover the leadership skills for PCN CDs, including media training, as well as workshops for PCN members including: Social prescribing, Population health management and Collaborative working
• Three PCN CDs (from each ICP) are representatives on a national NHSE Leadership Programme
• Individual coaching and mentoring programme underway for PCN CDs.
• Monthly PCN CD Network established
• Successful PCN Conference held in December 2019, attended by 150 delegates from across the ICS, supported by The Kings Fund
• Additional resource to support the implementation of the new PCN service specifications being planned
• Teamnet licences have been purchased for every GP practice across the ICS and will be rolled out from January 2020
• Development of the additional emerging roles: Link Workers and Clinical Pharmacists are underway

Workforce Training Hubs
27. 19/20 budget available: £181k
   Plan sign off: Primary Care Programme Board, August 2019

28. Overview of planned use of funds:

29. The training hub infrastructure has developed organically to date and individual training hubs are therefore at varying stages of development and maturity. Recognising the variation that exists across the country, all training hubs have also undertaken a self-assessment against an agreed maturity matrix and are now working to reach the expected maturity level for each of the eight functions by the end of March 2020.

30. This ring-fenced funding, therefore, supports the continued development of the Nottinghamshire Training Hub Alliance specifically, the training hubs operating guidance outlines the expectation of training hubs to be at a “mature” stage in leadership and organisational development and stakeholder engagement by March 2020, and in workforce planning and education and training by March 2021

31. Progress to date:

   The Nottinghamshire Training Hub Alliance is at an expected level of development given past infrastructure funding to support embedding new
roles and with its collaboration with the Phoenix Programme in supporting retention. The system requires capacity and capability to complete workforce planning and development of strategies to support PCNs.

- A proposal was presented to the Primary Care Delivery Board and approved to recruit to both a workforce development and analyst role.
- This proposal will utilise £114k of the fund. The funding supports a 12-month fixed term appointment of these roles with consideration to extend subject to further funding and ICS system development of workforce planning resources.
- Recruitment process is underway (aligned to system development of System Analytical Support)
- The remaining £67k will be discussed at both the Primary Care Workforce Group and Primary Care Delivery Board in January following the outcomes of the HEE development workshop to be held on 7th January 2020 ‘Seven Steps to a Shared Vision’

GP Retention and Fellowships – New to Practice Core Offer & Aspiring Leaders plus Senior & Mid-career fellowships

32. 19/20 budget available: £600k
Plan sign off: Primary Care Delivery Board – December 2019

33. Overview of planned use of ring fenced funds:

- The Fellowships Programme is a two-year programme of support, available to all newly-qualified GPs and nurses working in general practice, with an explicit focus on working within and across a Primary Care Network (PCN).
- It is a continuation of support, learning and development post-registration, supporting nurses and newly-qualified GPs to take up substantive roles, understand the context they are working in and maintain high levels of participation in the General Practice workforce.
- In 2019/20 Fellows will benefit from a supported induction, mentorship and peer support.
- Delivery of this partial programme in 2019/20 is a precursor to a broader national programme which is being further refined for launch in 2020/21. NHSE/I will be issuing further guidance on the broader programme in January 2020.
- In addition to the New to Fellowship programme it was agreed within the system that GPFV GP retention funds support senior and mid-career fellowships along with fundamentals training for newly appointed GP nurses.

Progress to date:
34. General Practice Nurse (GPN) Programme:

- Supporting 17 nurses in post who are new to general practice;
- This cohort of nurses will undertake "GPN Fundamentals programme" delivered by DMU locally in 2020;
- Practices will receive funding to release these new to practice GPNs for formal learning (equivalent to the GP scheme) and a training and supervision grant to ensure GPNs are adequately supported to achieve full competence in line with the programme; and
- Practices are supported directly with the mentorship and supervision of each GPN, a community of practice/action learning model put in place to support this.

GP New to Practice Proposal:

35. The Phoenix Programme’s creation in the first half of 2019 has led to Nottinghamshire being further forward than most areas in England in providing a New to Practice programme to newly qualified GPs. It is already delivering most of the expected outcomes in the initial guidance released in September. Although non-recurrent funds were received earlier in the year to put in place robust support systems and education delivery for newly qualified GPs, we are still signing up 10 GPs/trainees a month that all require at least basic support as well as funding for education and placements.

36. The approved proposal for New to Practice (NtP) (fellowships will deliver:

- Initial set-up of support, fellowships and a coaching and mentoring service for newly qualified GPs using non-recurrent funds has enabled a robust local induction so far but NtP funding will be crucial to supporting 2019-20 delivery, including supervision, facilitated action learning (peer support) and programme evaluation.
- All GPs within their first year post Certificate of Completion of Training (CCT) will be offered access to monthly educational sessions to provide information and advice on a wide range of topics as well as providing access to peer support. These topics are non-clinical areas that these cohorts of doctors have identified and will include: finance, legalities, HR and operational management, population health management skills, leadership basics, quality improvement, education skills and mentoring, supervision and coaching skills.

37. The Senior and mid-career fellowships has been included within the delivery of the Phoenix Programme. The aims of these schemes are:

Seniors:

- More GPs retained in their practices for longer when actively considering early retirement
- Growth of extra GP support for others in the system as mentor hub forms
Managed succession planning for individuals and practices as well as learning from GPs leaving via exit interviews
Utilisation of skills of retiring GPs and those already retired to contribute to retention, recruitment and development opportunities

Mid-career:
- The overarching aim is for more mid-career GPs to be retained in Nottinghamshire with a greater pool of GPs able to offer additional skills/services to the ICS.
- It offers the opportunity to learn additional specialist skills e.g. community Gynaecology or support for urgent and emergency healthcare.
- It will involve undertaking sessions within different clinical settings for which the GP will be paid.
- The offer is to all GPs who work a minimum of two sessions in a GP practice per week

Recurrency of allocated funds

38. The NHS 5-year strategic plan has indicated that the allocated funds will be available on an annual basis throughout the strategic plan timescales (until 2023/24). Fair-shares funding, over and above CCG allocations, is provided at a total primary medical services level but not broken-down by programme area. Funding grows from the £2.2m receivable in 19/20 to £2.9m in 2023/24.

39. The annual values by programme area are unclear. However, there is sufficient clarity over the availability of funds from 2020-24 to commit to expenditure over the time period. This will assist the ICS in moving away from non-recurrent commitment of expenditure and support the delivery of the primary and PCN strategy.

40. Note that at this stage any funds will come to an end in 2023/24 so future plans should contain a provision for an exit strategy at that point.

Risks to delivery of the programme

41. The major risk to delivery of the programme of work is the fragility of general practice and the capacity to deliver a significant change programme over and above operational delivery and growing demand. Despite the funding being made available to drive this forward it will require leadership and capacity from the newly formed PCNs, the appointed Clinical Directors, and the ongoing support and engagement of all system partners.

42. NHSE’s requirement to evolve the PCNs at pace, for example, the additional five PCN service specifications which are due to come online April 2020, is a challenging and ambitious timetable. The consultation on the specifications is due to close 15th January 2020.

43. The availability of wider workforce in primary care also remains a risk. Without a stable and permanent workforce, right-sized to cope with increasing
demand, primary care will be unable to deliver the changes needed to support the wider system.

44. The facilitation, implementation and delivery of this transformation programme is reliant on a small cohort of staff within the CCGs. Competing pressures and lack of resilience may lead to slippage in implementation and expected deliverables.

Recommendations

45. The ICS Board are asked to:

NOTE the planned use of primary medical funds in 2019/20 and progress to date.
NOTE the risks to delivery of the programme of work.
### Appendix A

<table>
<thead>
<tr>
<th>Description of Schemes</th>
<th>Funding Allocation 19/20</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funding Split Across PCNs</strong></td>
<td><strong>Weighted Population at 1st January 2019</strong></td>
</tr>
<tr>
<td></td>
<td>1,100,287</td>
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<tr>
<td></td>
<td>202,859</td>
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<tr>
<td></td>
<td>145,308</td>
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<td></td>
<td>375,775</td>
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<td>143,049</td>
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<td></td>
<td>107,425</td>
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<td></td>
<td>125,871</td>
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<tr>
<td><strong>Total Amount Available</strong></td>
<td><strong>M&amp;A PCNs (4)</strong></td>
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<tr>
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<td>£141,245</td>
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</tbody>
</table>

**Funding allocated at an individual PCN Level**

- Consistency of Funding for Clinical Director (CD) time across all PCNs.

- Individual PCN Support
  * Facilitation for each PCN for support and set up - in line with NHSE Proposals.
  * Facilitated support for each PCN to develop ethos and culture.
  * Organisational development and change for system partners.
  * Facilitation and development for PCN Boards.
  * Freeing up clinical time for meetings and leadership.
  * Diagnostic support for each PCN.
  * Support to other PCN members to attend meetings / events.

- **£338,193**
  - £62,352
  - £44,663
  - £115,501
  - £43,969
  - £33,019
  - £38,689
Funding allocated at a Place Level to support the 'Network of Networks'

<table>
<thead>
<tr>
<th>Organisational Development for PCN members to access core modules in line with NHSE Prospectus:</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Supporting collaborative working.</td>
</tr>
<tr>
<td>* Social Prescribing and asset based community development.</td>
</tr>
<tr>
<td>Full day or two half day workshops per ICP footprint delivered by East Midlands Leadership Academy (EMLA). Costs include hospitality.</td>
</tr>
</tbody>
</table>

| £9,830 | £1,966 | £983 | £3,931 | £1,966 | £492 | £492 |

Funding allocated at a System Level to support all 20 PCNs

<table>
<thead>
<tr>
<th>PCN Clinical Director Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual coaching and mentoring procured by EMLA.</td>
</tr>
<tr>
<td>Training Needs Analysis - online survey and workshop - delivered by EMLA</td>
</tr>
<tr>
<td>Media training workshops - delivered by the ICS Comms Team.</td>
</tr>
<tr>
<td>Notts PCN CD monthly meetings - including hospitality.</td>
</tr>
<tr>
<td>Notts ICS Leadership Programme - delivered by the ICS OD Collaborative</td>
</tr>
<tr>
<td>CDs Leadership Framework - in line with the NHSE Prospectus 3 day programme - scheduled February 2020.</td>
</tr>
</tbody>
</table>
Costs include co-production of OD framework; DISC profiling; and hospitality. Delivered by EMLA.

<table>
<thead>
<tr>
<th>Costs</th>
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<tbody>
<tr>
<td>NHSE Primary Care Leadership Programme (3 places - 1 for each ICP) - 4 day programme and coaching sessions - Travel costs</td>
<td>£1,500</td>
</tr>
<tr>
<td>Attendance at NHSE PCN Regional events - Travel costs</td>
<td>£1,500</td>
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</table>

**Organisational Build - System wide Enablers**

<table>
<thead>
<tr>
<th>Costs</th>
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<tbody>
<tr>
<td>ICS PCN Conference - supported by The Kings Fund</td>
<td>£11,000</td>
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<tr>
<td>Additional resource to support all PCNs: Deliver service models around: emerging roles; IT Digital; OD programmes; implementation of PCN service specifications. Collaboration and integration across PCNs to support delivery of the Long Term Plan.</td>
<td>£45,000</td>
</tr>
<tr>
<td>Implementation of Population Health Management - workshop for each network of PCNs. Speakers; hospitality for each ICP footprint.</td>
<td>£30,000</td>
</tr>
<tr>
<td>Purchase of licences and roll out of generic IT platform / intranet - 'Teamnet' is preferred software and has already been adopted across Nottingham City.</td>
<td>£47,000 £15,667 £7,833 £15,667 £3,917 £3,917</td>
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**Support of Workforce**

<table>
<thead>
<tr>
<th>Costs</th>
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<tbody>
<tr>
<td>1. Allied Health Professional (AHP) workforce lead to enable team of workforce leads to cover all posts (GP/Nurse/AHP).</td>
<td>£14,000</td>
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</tbody>
</table>
2. Training and support to Link Workers. | £51,000
---|---
3. Training and support to Clinical Pharmacists. | £51,000

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<tbody>
<tr>
<td><strong>TOTAL</strong></td>
<td>£791,000</td>
<td>£79,985</td>
<td>£53,479</td>
<td>£150,725</td>
<td>£123,104</td>
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<tr>
<td><strong>Total Funding being transferred to PCNs</strong></td>
<td>£536,268</td>
<td></td>
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<tr>
<td><strong>Total Funding that CCG is spending on behalf of PCNs with other Organisations</strong></td>
<td>£254,732</td>
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Summary:
The Mental Health and Social Care Partnership Board was set up in early 2018, primarily to oversee the development of an ICS mental health strategy. This strategy was signed off by the ICS Board in early 2019. Working as an integrated board has led to improved connectivity, cross working and relationships between organisations and there has been continued commitment across the sector.

It is proposed to adjust the terms of reference and membership of the board and to bring closer together the different strands of oversight, performance and delivery. It will be co-chaired by Julie Attfield and Amanda Sullivan, joint SROs for MH.

The delivery resource requirements are now better understood and structures to implement some mandated health elements are now embedded. However, progress on whole system developments and prevention is not really evident and some shared resource will be required to coordinate and oversee wider system activities. Board will receive a proposal for resource requirements at a future meeting to consider alongside the requirements for ICP and ICS workstreams.

Recommendations:
1. To APPROVE the proposed terms of reference and meeting structure
2. To AGREE an ICS approach to the delivery of the multi-agency components of the strategy
3. To SUPPORT further development of joint arrangements for intellectual and developmental disorders

Presented to:

<table>
<thead>
<tr>
<th>Board</th>
<th>Partnership Forum</th>
<th>Finance Directors Group</th>
<th>Planning Group</th>
<th>Workstream Network</th>
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<tr>
<td>Performance Oversight Group</td>
<td>Clinical Reference Group</td>
<td>Mid Nottinghamshire ICP</td>
<td>Nottingham City ICP</td>
<td>South Nottinghamshire ICP</td>
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**Contribution to delivering the ICS MOU priorities:**

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<thead>
<tr>
<th>Urgent and Emergency Care</th>
<th>Proactive and Personalised Care</th>
<th>Cancer</th>
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<thead>
<tr>
<th>Mental health</th>
<th>Alcohol</th>
<th>Clinical services strategy</th>
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<tr>
<th>System architecture</th>
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**Contribution to delivering System Level Outcomes Framework ambitions**

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<thead>
<tr>
<th>Our people and families are resilient and have good health and wellbeing</th>
<th>Our people will have equitable access to the right care at the right time in the right place</th>
<th>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</th>
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**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**

<table>
<thead>
<tr>
<th>Risk Ref</th>
<th>Risk Category</th>
<th>Risk Description</th>
<th>Likelihood</th>
<th>Consequence Score</th>
<th>Classification</th>
<th>Risk owner</th>
</tr>
</thead>
</table>

**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.*
MENTAL HEALTH STRATEGY – DELIVERY ARRANGEMENTS AND RESOURCES

12 December 2019

BACKGROUND

1. Health and care partners developed an ICS all system, all age strategy for mental health during 2018/19. This has been approved by the ICS Board, comprising some key aims:

   - Join up physical, mental and social care services
   - Improve timely access to mental health services
   - Reduce inequalities in life expectancy for people with serious mental illness

2. There are some very significant challenges for our system to solve. For example, mental health service users account for 19% of all A&E attendances and 26% of all unplanned admissions. We have low access rates for children and young people and our overall contacts with the crisis resolution and home treatment teams are lower than average. Out of area placements were three times higher than the national average, although they are now improving at a rapid rate. Mental health is therefore an important area of work across the ICS.

3. A number of work streams have been established, covering a range of delivery areas. These include out of area placements, dementia, crisis response, access to services for children and young people and early intervention in psychosis.

4. Some of the established work areas are national priority areas and are subject to local and regulatory scrutiny on progress. Performance and progress against these national targets are reported to the ICS Board via the performance report and into relevant organisations.

5. The Partnership Board was initially set up to engage stakeholders in the development of a strategy. Resources to take forward the implementation of the strategy were discussed by the ICS Board and it was felt that the overall requirements were not clear at that time. There was an intention for the work to be allocated at ICS and ICP levels, depending on the nature of the required intervention.

6. Since that time, the Partnership Board has continued to work collaboratively to understand our current status against key strategy areas and existing services. A mapping exercise of mental health initiatives is underway across the system and the outputs are due to be reported to the December meeting.
7. The Partnership Board has also considered how best to structure work programmes across the ICS and proposes a revised terms of reference and delivery structure. This is shown in the diagram below:

8. Key functions of the board would be:

- Oversight of the ICS MH strategy and strategic commissioning intentions – each ICP will be asked to identify a MH implementation lead who will sit on the board
- Ensure standardisation, with place deliberate variation, of MH pathways across PCNs
- Analysis, narrative and cross check across all partners to support ICS/strategic commissioner performance management
- Prioritisation and resource allocation between partners to address arising challenges/priorities
- Observatory for cross system data collection/analysis beyond health
- Interaction/liaison with other ICS work streams e.g. data management, population health, new care models
- Co-ordination of existing service user, carer, public and staff engagement/involvement.
9. Membership of the board will be reviewed to ensure that these functions can be carried out. Proposed membership is in the draft terms of reference (Appendix 1).

10. Discussions are also underway about potential joint arrangements to address local challenges in the provision of services for intellectual and developmental disorders. This would need to include health and care.

**DElivery resources**

11. National priority areas are primarily NHS focused and therefore have a very strong health component to the action plans and existing delivery arrangements. The CCGs and Trust have invested additional capacity and capability in these areas and are working jointly to instigate improvements. This aspect of the strategy implementation is working effectively. There is an established delivery and assurance process and infrastructure, with monitoring via Service Development and Improvement Plans (SDIPs).

12. When mental health was established as an ICS priority, a small programme team was put in place, with a Programme Director and administration resource. Some public health expertise was also designated as part of the team. There is also an arrangement for joint SROs, from the CCGs and NHT respectively. The programme team is no longer in place and that has resulted in a lack of recent progress on the wider system areas of work, such as prevention, stigma and the integration of services.

13. The Partnership Board believes that dedicated resource is required, working across the ICS, to coordinate, drive and oversee delivery across a range of agencies and sectors. A small team would work with subject matter experts to pull together delivery plans, oversee progress and coordinate activities. Plans to jointly resource this would need to be considered as part of an overall approach to delivery across the ICS, working alongside the ICPs and PCNs where this confers maximum benefit. Board will receive a proposal for resource requirements at a future meeting.
Appendix 1.
TERMS OF REFERENCE

<table>
<thead>
<tr>
<th>NAME OF GROUP:</th>
<th>ICS Mental Health and Social Care Partnership Board.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PURPOSE</td>
<td>The key functions of the Board would be:</td>
</tr>
<tr>
<td></td>
<td>• Oversight of the ICS MH strategy and strategic commissioning intentions – each ICP will be asked to identify a MH implementation lead who will sit on the board;</td>
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<td></td>
<td>• Ensure standardisation, with place deliberate variation, of MH pathways across PCNs;</td>
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<td></td>
<td>• Analysis, narrative and cross check across all partners to support ICS/ strategic commissioner performance management;</td>
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<td>• Prioritisation and resource allocation between partners to address arising challenges/priorities;</td>
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<td></td>
<td>• Observatory for cross system data collection/analysis beyond health;</td>
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<td></td>
<td>• Interaction/liaison with other ICS workstreams e.g. Connecting Notts, population health, new care models;</td>
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<tr>
<td></td>
<td>• Co-ordination of existing service user, carer, public and staff engagement/ involvement.</td>
</tr>
<tr>
<td>MEMBERSHIP</td>
<td><strong>Co-Chairs:</strong> Julie Attfield, Director of Mental Health, NHT Amanda Sullivan CCG AO</td>
</tr>
<tr>
<td></td>
<td><strong>Members:</strong></td>
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<tr>
<td></td>
<td>Associate Medical Director</td>
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<tr>
<td></td>
<td>SFH Clinical Representative (Chief Nurse)</td>
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<tr>
<td></td>
<td>GN MH Commissioning Lead</td>
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<td></td>
<td>Mid-Notts (MN) Commissioning Lead,</td>
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<td></td>
<td>ICP Clinical Leads</td>
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<tr>
<td></td>
<td>Commissioning Lead, County Council</td>
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<tr>
<td></td>
<td>Head of MH Social services, City Council</td>
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<td></td>
<td>Adult Social Services, County Council</td>
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<tr>
<td></td>
<td>City Council Public Health Consultant</td>
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<td></td>
<td>County Public Health Consultant</td>
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<tr>
<td></td>
<td>Senior Public Health and Commissioning Manager</td>
</tr>
<tr>
<td></td>
<td>Head of Mental Health Contracting and Transformation – Greater Nottingham CCGs</td>
</tr>
</tbody>
</table>
PROGRAMME STRUCTURE

ICS / strategic commissioner

MH and social care partnership board

Prevention and population health

Scheme delivery (SDIPs)

Recovery action plans

Formal contract and performance structures

Interface Collaborative group

Managed innovation networks as required

Short term task groups Eg urgent care

ICP – mid Notts

ICP – south Notts

ICP - City
### RESPONSIBILITIES

The key tasks of The Board will be to ensure that the full tasks and responsibilities as detailed below are fulfilled with a focus on longer term sustainability. Key responsibilities are as follows:

1. Provide system wide leadership across all partners.
2. Contribute to setting the vision at the start of the work.
3. Provide programme oversight and scrutiny to ensure completion of the following deliverables:
   - Current baseline from all available sources e.g. JSNA’s (City and County), Getting It Right First Time (GIRFT), Right Care, Five Year Forward View for Mental Health core data pack etc. established.
   - A meaningful baseline of current provision is collated, analysed and synthesised.
   - Workshops are held to review current state and develop the future state for mental health integrated care in Nottinghamshire.
   - Stakeholders are proactively involved in the mapping and strategy work to develop a comprehensive all age integrated mental health strategy for the Nottinghamshire Integrated Care System (ICS) describing the current position, desired future state, and key steps to get there.
4. Support decision making and unblock problems to ensure completion dates met.
5. Identification and agreement of key priorities to achieve sustained improvement at an ICS wide level.
6. Effective task and finish groups are in place to deliver sustained improvement, holding partners to account for delivery of each part of an integrated approach.
7. Robust project management processes are in place for workstreams, with reporting on progress and outcomes achieved through to the Board.
8. Provide oversight and scrutiny on any commissioning decisions that might impact on mental health services.
9. Actively encourage replication and spread if appropriate.

### FREQUENCY OF MEETINGS

The Board will meet formally on a monthly basis to conduct its business.

### REQUIRED ATTENDANCE

It is expected that members will prioritise these meeting and make themselves available exceptionally where this is not possible a Deputy may attend of sufficient seniority to support delivery in a timely manner and to have delegated authority to make decisions on behalf of their organisation or role on the Group in accordance with...
the objectives set out in the Terms of Reference for this Group. For Local Authority representatives this will be in accordance with the due political process.

Membership will comprise of representatives from the following organisations:

- Nottingham City Council
- Nottinghamshire County Council
- NHS Greater Nottingham and NHS mid-Nottinghamshire Clinical Commissioning Groups
- Nottinghamshire Healthcare NHS Foundation Trust

Additional subject matter experts and the acute 3rd sector may be invited to attend when discussing items that fall within their areas of responsibility.

<p>| QUORUM | The meeting will be quorate when 60% of members are present. |
| REPORTING PROCEDURES | The ICS Leadership Board will receive regular reports on progress from this group and exception and escalation reports from the transformation boards and system wide programmes. |
| REVIEW DATE | These Terms of Reference will be reviewed on a 12-monthly basis to ensure continued fitness for purpose in the light of potential changes to the expectations of national requirements or local issue. |
| DATE APPROVED |  |</p>
<table>
<thead>
<tr>
<th>Item Number:</th>
<th>10</th>
<th>Enclosure Number:</th>
<th>H1</th>
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<tbody>
<tr>
<td><strong>Meeting:</strong></td>
<td>ICS Board</td>
<td></td>
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<tr>
<td><strong>Date of meeting:</strong></td>
<td>16 January 2020</td>
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<tr>
<td><strong>Report Title:</strong></td>
<td>Update from the Nottingham City Integrated Care Partnership</td>
<td></td>
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<tr>
<td><strong>Sponsor:</strong></td>
<td>Ian Curryer</td>
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<tr>
<td><strong>ICP Lead:</strong></td>
<td>Ian Curryer</td>
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<tr>
<td><strong>Clinical Sponsor:</strong></td>
<td>-</td>
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<tr>
<td><strong>Report Author:</strong></td>
<td>Rich Brady, Programme Director, Nottingham City ICP</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Enclosure / Appendices:</strong></td>
<td>None</td>
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</table>

**Summary:**
To update on Integrated Care Provider progress over the last two months.

**Actions requested of the ICS Board**
The Board is asked to **note** the Nottingham City ICP work to date.

**Recommendations:**
1. The Board is asked to **note** the Nottingham City ICP work to date.

**Presented to:**

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<tr>
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**Contribution to delivering the ICS MOU priorities:**

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**Contribution to delivering System Level Outcomes Framework ambitions**

<table>
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<tr>
<th>Our people and families are resilient and have good health and wellbeing</th>
<th>Our people will have equitable access to the right care at the right time in the right place</th>
<th>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</th>
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### 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
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- ☐ Conflict noted, conflicted party to be excluded from meeting

### Risks identified in the paper

<table>
<thead>
<tr>
<th>Risk Ref</th>
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<th>Risk Description</th>
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<td>L1-5</td>
<td>L x 1</td>
<td>Grading</td>
<td>Person responsible for managing the risk</td>
</tr>
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### 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.
NOTTINGHAM CITY INTEGRATED CARE PARTNERSHIP UPDATE

3 January 2020

Planning

1. The City ICP is continuing to develop its high level programme plan, with a focus on five programme priorities:
   
   1. “Grip the City and confront the Brutal facts” – financial and performance grip on the city as a single view of the ICP.
   
   2. “Manage Now and sharpen our prioritisation and focus” - Leadership of the City Health and Care development activities.
   
   3. “Set the rules of engagement and decision making” – Establish great governance at the City and local PCN level.
   
   4. “Get behind the vision” – focus on Change Management relentlessly.
   
   5. “Build the team and lead the future” – identify roadmap for full population management.

2. The City ICP has received and discussed the submitted ICS response to the NHS Long Term Plan (LTP). Partners have discussed the City ICP’s response to this and will develop priorities in alignment with the ICS strategy, supporting an ICS operational plan.

3. To support this, the City ICP is developing a programme of workshops, targeted for different audiences, to develop a clear vision and a set of priorities for the ICP that are aligned to the ICS strategy. The workshops have been designed to ensure that priorities are developed collaboratively with citizens, partners and staff. An initial workshop will be held with community members and representatives on 28 January, followed by strategic and operational leads workshop on 5 February.

4. The City ICP recognises the importance of collaboration across ICP areas where it is appropriate to do so, and especially where there are opportunities for consistency in approach to service delivery. An initial joint working group with colleagues from Nottingham South ICP was held on 14 November to explore opportunities – further sessions have been set for early 2020. City ICP is now represented at the City and South Transformation Steering Group (formally the Greater Nottingham Transformation Steering Group) where there is a focus on alignment across the two ICP areas, where appropriate.

ICP Launch Event

5. The Nottingham City ICP held a ‘Launch’ event on the afternoon of Thursday 7th November 2019 at Trent Vineyard in Nottingham. The event was run as a ‘drop-in’ session for the workforce from all the Nottingham City ICP partner
organisations which included, CityCare, Framework, Nottingham City Council, Nottinghamshire Healthcare Trust, Nottingham University Hospitals, the Locality Team from City CCG, NCVS and many others.

6. An invitation was sent to all staff across the Nottingham City ICP area inviting them to the event as well as inviting all partner organisations to have a stall at the event where they could showcase their services and discuss how they would work as part of the ICP. The stalls were in three Zones; ICP Zone, Wellbeing Zone and Market Place. On the day there were 39 stalls in total from a wide range of partners.

7. The event ran from 1.30pm to 7pm to enable staff to drop in when it suited them. From the start there was a continuous stream of people coming through the door. 441 people signed in throughout the afternoon. It is believed that at least 10% of those attending missed the sign in desk so a reasonable estimate is that there were at least 500 people attending the event throughout the day. At least 67 different organisations were represented across the City from all the health and care sectors.

8. Up to 90 flu jabs were delivered to the staff attending from all organisations. Framework undertook a number of alcohol brief interventions at the event, as well as some full interventions. NCGPA undertook health checks on a number of people which included taking their height and weight to calculate their BMI, as well as taking their blood pressure and providing results to take to their GP if necessary.

9. Feedback from the event was positive. From the written feedback, 96% rated the overall event as very good (60%) or good (36%). 92% said that as a result of the event they felt more informed, involved and encouraged to work as part of the Nottingham City ICP.

“The future looks amazing. Working together to achieve really good patient care. It’s breaking down barriers and creating new partnerships for the population of Nottingham City”

“The future of health and social care for residents in Nottingham City looks bright. There are people who want to give a joined-up approach to health and care. We need to remember this is a marathon, not a sprint, we are going to get there. We all need to work together”.
Governance

10. Following the “Launch” of the ICP, the ICP Development Group has now evolved into an Executive Management Team (EMT). The EMT is made up of members including, Nottingham CityCare, Nottingham City Council, the Nottingham City GP Alliance, Nottingham University Hospitals NHS Trust, Nottingham City CCG, Nottinghamshire Healthcare NHS Foundation Trust, Nottingham City Homes, Nottingham Community and Voluntary Service and Nottingham and Nottinghamshire Healthwatch. When it is established, the EMT will report to the City ICP Partnership Forum.

11. Ian Curryer has written to the respective organisational Chief Executives who have been asked to consult with their Boards and agree a representation at the City ICP Partnership Forum. Initially this will focus on the relationships to support change management, on the 12 months support to get the ICP up and running and on developing the maturity path for the ICP. It is envisaged that the Partnership Forum will become the ICP Board in time. The inaugural Partnership Forum is scheduled to take place early February 2020.

12. The PCNs in the City have now appointed a Clinical Director and a Deputy Clinical Director in each of the eight PCNs. In addition to membership from the Nottingham City GP Alliance, PCN Clinical Directors / Deputy Clinical Directors are attending City EMT meetings on a rotational basis.

13. The City ICP is seeking to recruit a Clinical Director to provide clinical leadership in the ICP. Joint work with the other ICPS has taking place to develop a consistent job description and person specification for these roles across the ICS. A consistent appointment process for the roles in each ICP is being utilised. Interviews for the City ICP Clinical Director are to be held at the end of January 2020.

Transformation Schemes

14. The December 2019 Transformation Funding report indicates that all of the Nottingham City schemes approved in August 2019 remain on track or with some recoverable issues for implementation. An update on the progress of each scheme is provided in the table below.

<table>
<thead>
<tr>
<th>Scheme 1</th>
<th>Brief description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community beds and intensive at home care</td>
<td>The scheme aims to right size the community capacity - both home based services and community beds - in Greater Nottingham to enable delays to discharge from NUH due to waits for community/home packages to be minimised</td>
</tr>
</tbody>
</table>

Progress update January 2020

This service commenced in November 2019. It provides a 2 hour response to discharge or admission avoidance, and provides 24 hour care for up to 3 days. Weekly updates take place with the urgent care team supporting referral pathways and linking this to NUH flow. A short evaluation is taking place to
explore how to flexibly meet the needs of complex discharge patients and respond to system demand in the City.

### Scheme 2
**Brief description**
Community beds and intensive at home care
Home based services in Nottingham City to enable GPs to keep people at home delivering with provision to overnight care and a new delivery model of care at home, including a 2 hour response time.

### Progress update January 2020
As above

### Scheme 3
**Brief description**
End of life
Development of an end of life care system that is co-ordinated and personalised through care plan discussion.

The City has revised its approach from recruiting 2 x End of Life (EoL) workers to absorbing the identification and support of patients nearing EoL within current community teams. Following an audit that was undertaken to identify patients, it was acknowledged that these patients were already known to their community teams. With the roll out of ReSPECT training across community teams, there has been the opportunity to both embed the use of Electronic Palliative Care Co-ordination Systems (EPaCCS) and ensure the workforce has the appropriate skills to both initiate and maintain good end of life care.

- 832 members of staff have now been trained on ReSPECT across the ICS.
- NUH are currently trialling ReSPECT within the Palliative Care Team.

### Scheme 4
**Brief description**
High Intensity Users
The project aims to develop a service to identify and case manage high intensity service users attending ED.

### Progress update January 2020
Recruitment is currently in progress for:
- 1 x High Intensity Service User Social Worker
- 2 x High Intensity Service User Case Worker

With 2 x designated Case Workers supporting the designated Social Worker this will enable capacity to be increased to support more people with the aim of;

- Reducing the volume of attendances at ED and the number of emergency admissions into hospital, for patients that are classed as High Intensity Users (HIUs)
- Provide better joined up care for HIUs across health and social care
- Facilitate better outcomes for patients
- Improve the care for HIUs through signposting to appropriate community services
- Ensure that the available services, suitable for HIU needs are fully utilised

Implementation is expected from February 2020.
Ian Curryer
Nottingham City ICP Lead
ian.curryer@nottinghamcity.gov.uk
**Summary:**
To update on South Nottinghamshire Integrated Care Provider progress over the last two months since the last update report.

**Actions requested of the ICS Board**

The Board is asked to NOTE the South Nottinghamshire ICP work to date.

**Recommendations:**

1. The Board is asked to NOTE the South Nottinghamshire ICP work to date.

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**Contribution to delivering the ICS MOU priorities:**

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<td>Alcohol</td>
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<td>Clinical services strategy</td>
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</tr>
<tr>
<td>System architecture</td>
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**Contribution to delivering System Level Outcomes Framework ambitions**

<p>| 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 | ☒ |</p>
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**Conflicts of Interest**
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- ✗ No
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Update from South Nottinghamshire Integrated Care Provider
16 January 2020

Background

1. This paper provides an update on the key areas of development that have taken place in the South Nottinghamshire ICP since the last update report.

ICP Planning and Implementation

2. Joint City and South Notts ICP planning meetings are taking place. On the 14 November both ICPs worked to identify key areas of delivery in the NHS Long Term Plan that would benefit from a City and South Notts approach.

3. The group suggested that the programme area for a joint approach would be frailty, with an initial focus on falls prevention.

4. Further discussion on the next steps for partners was undertaken at the SN ICP stakeholder event on 11 December where the frailty strategy was discussed alongside actions to address the frailty priorities for change.

5. On the 18 December ICP partners across City and SN agreed to undertake an initial assessment of the sub initiatives within the Five Year Plan Milestones to indicate which areas organisations are planning to work on during 20/21. The intention is to give early indications of where there is commonality and where initiatives may benefit from collaborative working at ICP level to help shape the next round of conversations.

6. A SN ICP development plan is in progress outlining the key actions and milestones in the areas of governance, strategy and planning, workforce, Primary Care Networks (PCNs), finance and performance, communications and engagement and organisational development.

Stakeholder Event – 11 December

7. A stakeholder event was held on Wednesday 11 December at Sir Julien Cahn Pavilion in West Bridgford with over 40 attendees from the partner organisations including District and Borough Councils, Health and Social Care commissioners and providers, and PCNs.

8. The event was an opportunity to

   a. Highlight the work to date of the ICP including PCN development, roll out of social prescribing and of Primary Care Psychological Medicine in Nottingham West and Nottingham North and East.

   b. Further refine the ICP development plan

   c. Update on the Long Term Plan
d. Discuss with partners the priorities for change in relation to frailty.

9. Next steps were to progress the development plan and identify early actions to support the frailty agenda as well as a wider stakeholder / launch event for the ICP in April 2020.

South Nottinghamshire ICP Transformational Funding Progress Report

10. The December 2019 report indicates that all of the South Nottinghamshire schemes approved in August 2019 remain on track or with some recoverable issues for implementation. Further detail is shown in Enclosure H4. Specifically

a. The roll out of social prescribing is on track and co-production sessions with IMROC have taken place in Rushcliffe, Nottingham West and Nottingham North and East

b. Dr Chris Schofield presented the Primary Care Psychological Medicine service at the Primary Care Networks Conference hosted by the Kings Fund in December 2019. This included the longer term impact of the service with evidence to date that the service in Rushcliffe has generated a net saving in year 2 and a return on investment of £1.50 for every £1 spent on the service in year 3. If activity reductions are maintained after year 3, and there is no reason to expect they would not be maintained, the return on investment would continue to grow

c. A business case for the Primary Care Psychological Medicine service will be presented to the CCG’s Clinical Effectiveness Committee in January. This will consider the recurrent funding of the service and potential for further roll out.

Resource requirements

11. Recruitment is underway for the ICP Clinical Lead role with the interviews taking place on 9 January.

12. To support the development of the ICP funding has been secured to recruit a Programme Director for a 2 year fixed term period to provide a focus for delivering the ICP. The post will be advertised during January 2020.

John Brewin
South Nottinghamshire ICP Lead
john.brewin@nottshc.nhs.uk
6 January 2020
Item Number: 10
Enclosure Number: H3

Meeting: ICS Board
Date of meeting: 16 January 2020
Report Title: Mid-Nottinghamshire ICP Board Update – December 2019
Sponsor: Richard Mitchell, Chief Executive Sherwood Forest Hospitals
ICP Lead: Richard Mitchell
Clinical Sponsor: -
Report Author: Kerry Beadling-Barron, Director of Communications and Engagement at Mid-Nottinghamshire ICP

Enclosure / Appendices:
- Appendix 1 – Our Link Workers
- Appendix 2 - Mid-Nottinghamshire Community Involvement Model

Summary:
The Board met on December 16 at the Everyday Champions Centre in Newark and welcomed four members of the public. Key items discussed were the Mid-Nottinghamshire Community Involvement Model, digital innovation and the YMCA health village.

Actions requested of the ICS Board
The Board is asked to NOTE the Mid-Nottinghamshire ICP work to date.

Recommendations:
1. To note the report

Presented to:

<table>
<thead>
<tr>
<th></th>
<th>Board</th>
<th>Partnership Forum</th>
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</tbody>
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Contribution to delivering the ICS MOU priorities:

<table>
<thead>
<tr>
<th></th>
<th>Urgent and Emergency Care</th>
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</tbody>
</table>

Contribution to delivering System Level Outcomes Framework ambitions:

<p>| | | | | | | |</p>
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<tr>
<td></td>
<td>Our people and families are resilient and have good health and wellbeing</td>
<td>Our people will have equitable access to the right care at the right</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>time in the right place</td>
<td>confidence and resources to deliver high quality care and support to our population</td>
<td></td>
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<td></td>
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### Conflicts of Interest

- ☒ No conflict identified
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- ☐ Yes
- ☒ No
- ☐ Document is in draft form

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MID-NOTTINGHAMSHIRE ICP BOARD UPDATE - December 2019

1. The Board met on December 16 at the Everyday Champions Centre in Newark and welcomed four members of the public. Below is a summary of the key items discussed. The full papers (and details of forthcoming meetings) can be found here: [http://bit.ly/ICPBoard](http://bit.ly/ICPBoard)

Mid-Nottinghamshire Community Involvement Model

2. In July 2019 the Board approved five key engagement principles with a number of next steps. One of these was to set up a task and finish group to agree a best practice model for engagement. This group was made up of representatives from NHS organisations, CVS, Healthwatch and Ashfield District and following several meetings proposed the Community Insight Model (see summary in Appendix 1) as a framework that aligns with existing models.

3. The Board agreed to endorse the model and discussed possible next steps. It was suggested that some areas for its use could be identified through the Mansfield Health Partnership which has held its first strategic group, chaired by PCN Deputy Clinical Director Dr James Mills.

4. It was agreed the model would be used on a small number of projects and feedback into later ICP Board meetings to see how it was working.

Digital Innovation

5. Jaki Taylor from Nottinghamshire Health Informatics Service, Kathy Fulloway from Nottinghamshire Healthcare NHS Foundation Trust and Rosie Gilbert from Nottinghamshire County Council, all gave an interactive presentation on the importance of the digital transformation work being undertaken across the county. The issue of digital inclusion was discussed and it was agreed the Board would continue to support this work and receive updates in the future.

YMCA Health Village

6. The Board received a presentation from Craig Berens, Chief Operating Officer of YMCA Newark and Sherwood and Jo Bradley-Fortune, Development Lead of YMCA Newark and Sherwood introduced by locality director David Ainsworth. The Board discussed the importance of using the YMCA village for community cohesion across the generations. The ground-breaking on the building is due to take place in June 2020 with it opening in May 2021. It agreed for partners to continue working with the YMCA to advise on the use of the health space.
7. The Board was also updated on the work of the new team of social prescribing link workers (see Appendix 2).

8. Next month’s meeting will take place on January 30 at 1pm. Papers will be available a week in advance on the ICP website.

**Mid Nottinghamshire ICP Transformation Funding Update - December 2019**

9. The Nottingham and Nottinghamshire Integrated Care System (ICS) received £5m of transformation funding in 2019/20 to promote and test integrated models of care which aim to improve quality for patients and reduce costs for the health system.

10. £1.5m of this funding was allocated to the Mid Nottinghamshire ICP to invest in the following transformation schemes:

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Brief Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated Rapid Response Service (IRRS)</td>
<td>Enhance a rapid response service to provide urgent community-based assessment and / or individualised care for patients at immediate risk of non-elective admission</td>
</tr>
<tr>
<td>Home First Integrated Discharge (HFID)</td>
<td>Strengthen an integrated discharge working to ‘home first’ principles function and community-based rehabilitation to reduce lengths of stay in hospital and community bedded facilities</td>
</tr>
<tr>
<td>Outpatient Transformation</td>
<td>Transformation of elective pathways, following evidence based best practice and utilising the latest technology, to support care closer to home and eliminate unnecessary follow ups</td>
</tr>
<tr>
<td>Targeted CIP support</td>
<td>Targeted support within SFHFT and NHCFT to delivery improvements as part of the financial improvement plans (FIPs)</td>
</tr>
<tr>
<td>High Intensity Service Users</td>
<td>A proactive care model providing comprehensive and more personalised care (health and social) for patients regularly attending ED</td>
</tr>
</tbody>
</table>
11. The transformation funding, anticipated gross savings and return on investment from each of these schemes is summarised in the following table:

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Transformation Funding</th>
<th>Anticipated Gross Savings</th>
<th>Return on Investment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated Rapid Response Service (IRRS)</td>
<td>£397k</td>
<td>£3057k</td>
<td>1:8</td>
</tr>
<tr>
<td>Home First Integrated Discharge (HFID)</td>
<td>£329k</td>
<td>£3178k</td>
<td>1:10</td>
</tr>
<tr>
<td>Outpatient Transformation</td>
<td>£362k</td>
<td>£2932k</td>
<td>1:8</td>
</tr>
<tr>
<td>Targeted CIP support</td>
<td>£300k</td>
<td>£12000k</td>
<td>1:40</td>
</tr>
<tr>
<td>High Intensity Service Users</td>
<td>£112k</td>
<td>£335k</td>
<td>1:3</td>
</tr>
<tr>
<td><strong>Total/Overall</strong></td>
<td><strong>£1500k</strong></td>
<td><strong>£21502k</strong></td>
<td><strong>1:14</strong></td>
</tr>
</tbody>
</table>

12. The Mid Nottinghamshire Transformation Board is overseeing delivery of each of these transformation schemes, investment of £1.5m transformation funding and achievement of the anticipated savings and return on investment on behalf of the ICP Board.

13. Detailed delivery plans are in place and a process has been established to ensure funds are only drawn down as resources are committed. As at 10th December £847k has been drawn down to support the transformations. The remaining funding should be drawn down as specific elements of the schemes yet to be implemented are put in place.

14. To ensure the funding is fully utilised the Transformation Board is considering requests for minor changes to how the transformation funding is deployed and ensuring that these remain consistent with the original improvement and financial saving being sought.

15. In recognition that a number of the transformation schemes will continue to be tested in 2020/21 the CCG has agreed to facilitate continuation of the transformation funding into 2020/21.

16. The Transformation Funding is only provided to test an innovation for a limited period. In the context of significant financial challenges in the system a robust evaluation will be carried out for each scheme and only those that demonstrate a return on investment will be considered for continued funding.
Appendix 1 – Our Link Workers

OUR LINK WORKERS

Saw over 100 referrals in their first month.

The top five reasons were for:
- mental health/wellbeing
- social isolation/loneliness
- lifestyle change
- self care / management of a long term condition
- financial advice

Appendix 2 - Mid-Nottinghamshire Community Involvement Model

1. Why: Why do you want to engage?
   There are many different reasons you may want to, from keeping people informed about general updates to having citizens co-produce a potential options.

2. What: What does the information tell us?
   a. Use data to understand a theme and the people it affects e.g. census, active life, JNSA, mosaic, Long Term Plan information etc. Make sure you come to data neutrally and do not use it to reaffirm your own biases.
   b. Understand what organisations and agencies are around that have an interest e.g. council, voluntary sector, county council, public health etc to build a team and that you can work in partnership with.
   c. Find local organisations and individuals e.g. churches, men in sheds and asset mapping of people, places, cycle paths.
      Who are the community ambassadors you can identify?

3. Who: Who is the target audience for this?
   Gain the trust of the organisations that work with them to see how is best to involve them. Check with community if the asset map makes sense to them, what do they use (and how do they use it).
   Understand and plan that some groups may need more resource and time to engage with e.g. those with English as a second language. Engage either directly or through the above groups in the best way for them e.g. focus groups, surveys, 121s.

4. When: When will this happen?
   Empower groups and individuals to come up with actions based on the results of the above and to make the changes they need.
   Evidence that people have the capability to make it better for themselves.

5. How: How has it worked?
   Check the impact by evaluating how it has worked and what changes have been seen. This may be done throughout the process rather than just at the end.
   Plan to share learning (positive and negative) with partners.

Mid-Nottinghamshire
Integrated Care Partnership
1.0 Introduction

The ICS is participating in the ICS Financial Framework incentive scheme for 2019/20. As part of the scheme the ICS will receive flexible transformation funding of £5 million.

The ICS agreed a high level transformation funding allocation of £1.5m to the Mid Nottinghamshire ICP, £1.3m to the South Nottinghamshire ICP and £1.3m to Nottingham City ICP to provide a source of non-recurrent funding to support delivery of transformation plans.

ICPs led the development of transformation funding proposals during May and June. Each ICP undertook a detailed review of transformational plans (QIPP and CIP/FEP) to support development of the proposals. The transformation funding proposals were formally approved by each ICP before being approved at the ICS Board on 11th July.

It is important to note that the expectation is that transformation funding should be used in 2019/20 to support improved quality, outcomes and efficiency.

ICPs have been asked to note that in the context of significant financial challenges in the system the default position for all transformation funding investments is that they will cease unless a robust evaluation can demonstrate the service is self-sustaining.

In line with the above formal evaluation will be required to inform future plans. Exit strategies are in place should return on investment not be demonstrated.

On-going monitoring at ICS level will be through ICPs supported by monthly reporting against implementation plans and key performance indicators.

2.0 Progress Update

2.1 Overall Progress

As at 10 December 2019 draw down requests have been received for £2,839,056 of the total transformation funding, with £1,502,805 of this due to be spent in 2019/20.

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Planned £</th>
<th>Revised Plan £</th>
<th>Drawdown bid £</th>
<th>Residual (not yet claimed) £</th>
<th>Approved for 2019/20 PYE £</th>
<th>Invoiced £</th>
<th>Paid £</th>
<th>Estimate Slippage @ 31/3/19 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>IRRS</td>
<td>£397,000</td>
<td>£397,000</td>
<td>£95,740</td>
<td>£301,260</td>
<td>£41,080</td>
<td>£27,500</td>
<td></td>
<td>£255,500</td>
</tr>
<tr>
<td>HFID</td>
<td>£329,000</td>
<td>£329,000</td>
<td>£172,004</td>
<td>£156,996</td>
<td>£86,002</td>
<td>£61,002</td>
<td></td>
<td>£190,666</td>
</tr>
<tr>
<td>Outpatient</td>
<td>£362,000</td>
<td>£362,000</td>
<td>£217,000</td>
<td>£145,000</td>
<td>£205,085</td>
<td></td>
<td></td>
<td>£108,582</td>
</tr>
<tr>
<td>Targeted Support</td>
<td>£300,000</td>
<td>£300,000</td>
<td>£250,000</td>
<td>£50,000</td>
<td>£250,000</td>
<td></td>
<td></td>
<td>£0</td>
</tr>
<tr>
<td>HISU</td>
<td>£336,000</td>
<td>£318,200</td>
<td>£112,000</td>
<td>£224,000</td>
<td>£88,665</td>
<td></td>
<td></td>
<td>£172,668</td>
</tr>
<tr>
<td>Community Beds</td>
<td>£1,100,000</td>
<td>£1,063,000</td>
<td>£1,127,603</td>
<td>£27,603</td>
<td>£516,583</td>
<td></td>
<td></td>
<td>£611,020</td>
</tr>
<tr>
<td>Community Beds - City only</td>
<td>£400,000</td>
<td>£400,000</td>
<td>£333,333</td>
<td>£66,667</td>
<td>£150,000</td>
<td></td>
<td></td>
<td>£183,333</td>
</tr>
<tr>
<td>Eol</td>
<td>£322,000</td>
<td>£322,400</td>
<td>£0</td>
<td>£322,000</td>
<td>£214,667</td>
<td></td>
<td></td>
<td>£214,667</td>
</tr>
<tr>
<td>Lets live well</td>
<td>£130,000</td>
<td>£131,000</td>
<td>£131,376</td>
<td>£-1,376</td>
<td>£51,255</td>
<td></td>
<td></td>
<td>£79,204</td>
</tr>
<tr>
<td>Pc Psych Medicine</td>
<td>£400,000</td>
<td>£400,000</td>
<td>£0</td>
<td>£400,000</td>
<td>£114,135</td>
<td></td>
<td></td>
<td>£285,865</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>£4,076,000</td>
<td>£4,029,600</td>
<td>£2,839,056</td>
<td>£1,236,944</td>
<td>£1,502,805</td>
<td>£338,502</td>
<td></td>
<td>£2,101,504</td>
</tr>
</tbody>
</table>

There has been very little movement since the November report (21st November) in terms of draw down requests received or invoices received.
Enc. I4. includes the latest highlight report for each Transformation in receipt of transformation funding (where currently available).

### 2.2. Key risks to Return on Investment

<table>
<thead>
<tr>
<th>Risk</th>
<th>Risk Owner</th>
<th>Mitigation Actions</th>
<th>Progress</th>
<th>Residual risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall delivery of schemes including making TF investments</td>
<td>Programme Directors responsible for each transformation</td>
<td>As per scheme highlight reports</td>
<td>Slippage in a number of schemes</td>
<td>Red</td>
</tr>
<tr>
<td>Drawdown process delays schemes</td>
<td>Ian Livsey</td>
<td>Simple process in place to support drawdown</td>
<td>Limited additional drawdowns between November and December.</td>
<td>Amber</td>
</tr>
<tr>
<td>Invoicing process delays getting money to providers</td>
<td>Ian Livsey</td>
<td>Simple process in place to agree invoices</td>
<td>No change in invoiced value between November and December</td>
<td>Red</td>
</tr>
<tr>
<td>TF investments will not be viable if they cannot be funded for the full 12 months</td>
<td>ICP TF Leads</td>
<td>CCG can facilitate funding into 20/21</td>
<td>Confirmed for GN and MN</td>
<td>Green</td>
</tr>
<tr>
<td>KPIs are not defined and monitoring put in place to support evaluation</td>
<td>Programme Directors</td>
<td>PMO has offered to support Programme Directors to develop KPIs</td>
<td>KPIs developed in MN KPIs are being finalised for GN.</td>
<td>Amber</td>
</tr>
<tr>
<td>Original savings logic not agreed resulting in limited or no cost savings and ROI in 2019/20 (specifically HFID, PCPM, Community Beds/HIS, Lets Live Well)</td>
<td>Programme Directors</td>
<td>Continue actions to deliver scheme and accept limited ROI in 2019/20. Ensure schemes can deliver ROI in 2020/21.</td>
<td>Delivery actions progressing at pace to deliver impact in 2019/20 to support a financial ROI in 2020/21</td>
<td>Red</td>
</tr>
<tr>
<td>Evaluation plans are not in place</td>
<td>Turnaround Team / Programme Directors</td>
<td>Evaluation plans to be defined for each scheme and will be at least 4 months before the end of the Transformation Funding</td>
<td>Evaluation plan schedule drafted and due to be confirmed by the end of November</td>
<td>Amber</td>
</tr>
</tbody>
</table>
Summary:

This report supports the ICS Board in discharging the objective of the ICS to take collective responsibility for financial and operational performance as well as quality of care (including patient/user experience). Key risks and actions are highlighted to drive focus and strategic direction from across the system to address key system performance issues.

Current key risk areas are outlined below, with a summary of key performance enclosed.

Main areas of current risk:

• Urgent Care System delivery – pressures increased over the Christmas period
• Cancer Performance – low performance continues for 62 days (70%-80%) and increased number of patients waiting longer for treatment
• Financial Sustainability
• Mental Health – CYP

Emerging & Continuing Risks:

• Planned Care – waiting list increases.
• Quality - performance across Maternity and risks within the Transforming Care Programme.
• Activity – Referrals at NUH now include treatment centre patients. Demand has continued to increase in line with unmitigated growth trend.

Areas of Improvement:

• Diagnostics continues to improve
• OAPs have significantly improved since the start of the year, with only PICU beds to be addressed. Redesign of services have improved patient and
staff experiences, and are positively impacting upon wider partner organisations. Plans for PICU service continue to be developed and implemented.

Regulatory Assurance

System Review Meeting:
The ICS NHS Executive leadership had a System Review meeting with the NHSEI regulators on the 12th November 2019. Specific areas of action and focus are required, which included:

- Financial Position – focusing on drug costs and asset management
- Shared clinical opportunities across the ICS to progress improvements in urgent care
- ICS recovery plan for waiting list sizes
- ICS recovery plan for cancer 62 day
- Review approach to ICS Executive level oversight of key performance metrics to rapidly make progress in underperforming areas

Escalation Areas:
As a system there are several areas where additional assurance and support processes are in place with NHSE-I Regulators, to support and monitor improvements.

- Urgent Care - Greater Nottinghamshire
- Mental Health – Out of Area Placements / IST support for CYP being discussed / EIP CCQI Level improvement
- Maternity – additional support offer being developed
- Finance – additional review meetings jointly chaired by NHSEI and ICS FD

There is increasing focus upon Cancer across the region, due to the deterioration of the positions. Trust recovery plans have been provided to the regulator.

Actions requested of the ICS Board
To receive the report.
To approve the recommendations

Recommendations:
1. Progress SRM actions through the ICS Executive Group

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| 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 |

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<tbody>
<tr>
<td></td>
<td>e.g. quality, financial, performance</td>
<td>Cause, event and effect There is a risk that...</td>
<td>Likelihood: L1-5 Consequence: L1-5 Score: L x 1 Grading: Person responsible for managing the risk</td>
<td></td>
</tr>
</tbody>
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# Integrated Performance Overview

8th January 2020

## Red Risks to System Delivery

<table>
<thead>
<tr>
<th>RAQ</th>
<th>Performance Issues</th>
<th>Actions to Address</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A: Mental Health</strong></td>
<td><strong>Performance</strong> concerns relating to: &lt;br&gt; CYP Access : data capture issues ongoing relating to Kooth, being supported nationally. &lt;br&gt; EIP Concordant compliance &amp; Data – Level 2 assessment May 2019. Further improvements potentially at risk due to CBTp training requirements. &lt;br&gt; <strong>5YFV Transformation Areas</strong> issues: &lt;br&gt; Out of Area Inappropriate placements – remain national outlier on volumes of placements, however the position continues to improve. Revised trajectories were agreed for 2019/20, system has achieved Q1. &lt;br&gt; National clinical support and regulatory deep dive overview is in place. &lt;br&gt; IPS – Service not currently delivered across the ICS. Wave 2 funding has been received to progress the service across the ICS. &lt;br&gt; Physical Health Checks are currently not progressing in line with requirements, the system is reviewing alternative service models, and targeting specific cohorts of patients.</td>
<td>The ICS has Service Improvement plans for IAPT, EIP, CYP, Out of Area Placements (including Liaison &amp; Crisis) and Physical Health Checks which include phased performance improvements to deliver requirements planned for 2019/20. &lt;br&gt; ICS Executive Mental Health monthly oversight remains in place to progress the actions required through the service improvement plans. &lt;br&gt; Discussions continue with Health Education England to progress potential barriers to success, including EIP CBTp and IAPT training programmes. CBTp trained clinical lead has been recruited to for EIP. &lt;br&gt; NHSEI Intensive support is being progressed for a review CYP Eating Disorder services. &lt;br&gt; Funding requests have been approved for IPS, Crisis &amp; Liaison transformation, Perinatal and CYP School Trailblazer (Nottingham City expansion, and Mansfield &amp; Ashfield) &lt;br&gt; Further action to improve Physical Health Checks – focus is on those individuals who have had 4 or 5 of the 6 required checks to have all 6 within 2019/20.</td>
</tr>
<tr>
<td><strong>B: Urgent Care</strong></td>
<td>ICS A&amp;E performance remains below target at 88.25 % however this now only includes SFHT. NUH are trialling the new UEC metrics until April 2020. Pressures remain across all parts of the service. &lt;br&gt; There were 31 twelve hour ED waits across the ICS in November, 14 NUH, 17 SFHT relating to increased pressure across the county. &lt;br&gt; Urgent care attendances and admissions continue on the growth trajectory seen during 2018/19 (6.9% A&amp;E, 7.29% NEL), however are under the ICS plan (-0.14% A&amp;E, -6.4% NEL). There are differential positions within the ICP areas and between providers &amp; commissioners, with Mid-Notts being over plan (SFHT &amp; CCGs), whilst Greater Notts are under plan, but are over year-on-year. &lt;br&gt; EMAS has achieved category 1, however has not achieve category 2, due to continued increased volumes. Performance is more</td>
<td>NUH remains in regional escalation for urgent care performance as service difficulties continue. Significant volume increases have continued. Actions to address acute and community bed capacity gaps and front door /ambulatory service redesign continue to be implemented. Weekly executive calls continue to be in place to respond to the pressures across the system. ECIST support has been provided and the Trust are participating in the Same Day Emergency Care accelerator programme. &lt;br&gt; Key activities are focusing on reducing length of stay in ED, supporting High Volume users and homelessness discharge issues, conveyance protocols for EMAS and 111, and the progress of the UTCs at Newark and London Road.</td>
</tr>
<tr>
<td><strong>D: Cancer</strong></td>
<td>Cancer 62 performance has reduced to 79.8% for October 2019. (SFHT 76.1% / NUH 80%). Performance November – January is expected to be between 75-80%. NUH data now includes Treatment Centre performance. The trusts have focused on reducing 104 waits during October &amp; November and maintaining 62 day waits. Backlogs are expected to increase however over the Christmas period.</td>
<td></td>
</tr>
<tr>
<td><strong>E: Nursing &amp; Quality</strong></td>
<td>Transforming Care did not achieve by 1 patients against November 2019 plan. CHC: ICS achieved both QP standards for November 2019, however Mid Notts CCGs failed to meet the 28 days standard. TCP remains in regional escalation. Recovery plans are in place, focus on admission avoidance, with refreshed targets having been agreed for 2019/20. CCGs and Local Authorities are identifying any additional actions required, to be supported by virtual MDTs for CHC.</td>
<td></td>
</tr>
<tr>
<td><strong>F: Financial Sustainability</strong></td>
<td>The trusts expected performance for November 2019 to January 2020 is below target and is not expected to return to required levels during 2019/10. The trusts continue to work through the increased demand, and capacity constraints from revised pathways and workforce issues. Alternative capacity is being sourced, through workforce, alternative providers and additional equipment / clinical capacity. Recovery plans have been provided, however these do not expect recovery before the end of 2019/20. Risks remain regarding successful recruitment to key posts.</td>
<td></td>
</tr>
<tr>
<td><strong>G: Financial Sustainability</strong></td>
<td>There is no reporting of the City Council due to information not being received. The NHS and Local Authority system has not delivered against the system financial plan for November 2019 due to continuing pressures (activity/demand, staffing pressures and non-delivery of savings &amp; efficiency programmes). The NHS has not delivered on the system control total for November 2019 and therefore reporting a shortfall at Month 8 against the System Provider Sustainability Funding though forecast to receive all available by the end of the financial year. The system is forecasting to deliver against the financial plan and system control total by year-end. However, this is a very challenging position with key risks the under delivery of savings/efficiency programme and activity pressures across the system. The ICS Financial Sustainability Group are monitoring the year-to-date and forecast position and identifying where further actions are necessary. The system continues to have monthly joint assurance reviews by ICS FD and NHSEI.</td>
<td></td>
</tr>
<tr>
<td><strong>Amber Risks to System Delivery</strong></td>
<td>RTT has not achieved at ICS 89.8% November 2019. (SFHT 86.26% / NUH 90.77%). CCG Waiting lists have increased further to 17.2% over October trajectory. NUH 14.1% over plan (adjusted for treatment centre) and SFHT improved to 4.9%. Diagnostics have improved at both trusts, 1% NUH and 0.88% SFHT. Children’s wheelchair waits have continued to achieve at Q2 19/20 97.5%. The ICS has expanded the Drivers of Demand review to include planned care activity. This will be reviewed October 2019. SFHFT and the CCG are monitoring recovery plans at speciality levels. These include additional capacity within the trust and through independent sector, theatre productivity and outpatient transformation programmes are starting to generate positive impacts. NUH have investigated causal factors of growth in specific specialties during August/ September. ICS Diagnostics have made steady improvements over the past 5 months. Utilisation improvements have been made through direct patient contact and active review of lists, which have started to improve backlogs. SFHT have a focus on endoscopy business case to address long term Cystoscopy capacity gap.</td>
<td></td>
</tr>
</tbody>
</table>
**Integration of services, improving health of the population**

While healthy life expectancy has increased both nationally and locally over recent years, Nottingham and Nottinghamshire remain below both national and core city averages. Additionally, there is a significant downward trend in female healthy life expectancy across the previous four rolling averages.

The ICS performed well against the Personalisation agenda, and achieved all targets.

<table>
<thead>
<tr>
<th>Activity Data (number of people)</th>
<th>2017/18</th>
<th>Target 2018/19</th>
<th>Actual 2018/19</th>
<th>2019/20 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Person</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personalised Care and Support Plans</td>
<td>3709</td>
<td>10840</td>
<td>18519</td>
<td>16800</td>
</tr>
<tr>
<td>Personal Health Budgets &amp; Integrated Personal Budgets</td>
<td>1743</td>
<td>2050</td>
<td>2320</td>
<td>2900</td>
</tr>
<tr>
<td><strong>Community</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Management Support or Health Coaching</td>
<td>493</td>
<td>10840</td>
<td>17652</td>
<td>31615</td>
</tr>
<tr>
<td>Community Based Approaches</td>
<td>3352</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Strengthened Leadership**

ICS Governance arrangements are continuing to be strengthened, with on-going work programmes related to management of risk, organisational and system arrangements, and workstream oversight. This includes development of the ICS Outcomes Framework. A governance review is to be undertaken during Q4 2019/20.

The performance report will continue to be developed during 2019/20 to reflect the emerging governance of the ICS and ICPs and the establishment of the ICS Outcomes Framework.

CCG joint management arrangements are progressing, and the CCG proposal for merger April 2020 has been approved, pending conditions to ensure appropriate recruitment to key statutory posts for the new organisation, prior to the end of February 2020.
Recommendations

The Board are asked to note the report:

a. Integrated Performance Report and

b. Key risk areas:
   - Urgent Care System delivery
   - Mental Health - CYP
   - Financial Sustainability
   - Cancer Services Delivery

c. Areas of Emerging Risks:
   - Local Maternity & Neonatal Services Transformation
   - Planned Care – continual rising waiting lists

d. Areas of Improvement:
   - Diagnostics
   - Out of Area Placements – Mental Health

Sarah Bray
Associate Director for System Assurance
8th January 2020
sarah.bray6@nhs.net
### Nottinghamshire ICS System Integrated Performance Summary

**January 2020**

**ICS Board Meeting**
16 January 2020
Item 11. Enc. I2

**Key Performance Indicator**

<table>
<thead>
<tr>
<th></th>
<th>19/20 ICS Basis</th>
<th>National 19/20 Required Performance</th>
<th>19/20 Reporting Period</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Mental Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CYP Access Rate</td>
<td>CCG</td>
<td>34%</td>
<td>Q1 19/20</td>
<td>20.1%</td>
</tr>
<tr>
<td>CYP Eating Disorders Urgent 1st &lt;1 weeks</td>
<td>CCG</td>
<td>95%</td>
<td>Q2 19/20</td>
<td>85.7%</td>
</tr>
<tr>
<td>IAPT Access - 22% (4.94% Q1, 5.13% Q2, to 5.5% Q4)</td>
<td>CCG</td>
<td>95%</td>
<td>Q2 19/20</td>
<td>83.3%</td>
</tr>
<tr>
<td>IAPT Access - 18% (Rolling Quarter)</td>
<td>CCG</td>
<td>95%</td>
<td>Sep-19</td>
<td>4.69%</td>
</tr>
<tr>
<td>IAPT Access - 18% (Rolling Quarter)</td>
<td>CCG</td>
<td>95%</td>
<td>Sep-19</td>
<td>4.62%</td>
</tr>
<tr>
<td>IAPT Waiting Times - 5 weeks (Rolling Quarter)</td>
<td>CCG</td>
<td>75%</td>
<td>Sep-19</td>
<td>86.7%</td>
</tr>
<tr>
<td>IAPT Waiting Times - 5 weeks (Rolling Quarter)</td>
<td>CCG</td>
<td>75%</td>
<td>Sep-19</td>
<td>75.3%</td>
</tr>
<tr>
<td>EIP Recovery Standards (Rolling Quarter)</td>
<td>CCG</td>
<td>50%</td>
<td>Sep-19</td>
<td>53.2%</td>
</tr>
<tr>
<td>EIP NICE Concordant Care within 2 Weeks</td>
<td>CCG</td>
<td>56%</td>
<td>Sep-19</td>
<td>76.5%</td>
</tr>
<tr>
<td>Inappropriate Out of Area Placements (bed days)</td>
<td>CCG</td>
<td>2024</td>
<td>Sep-19</td>
<td>1920</td>
</tr>
<tr>
<td>Maintain Dementia diagnosis rate at 2/5 of prevalence</td>
<td>CCG</td>
<td>66.7%</td>
<td>Oct-19</td>
<td>68.11%</td>
</tr>
</tbody>
</table>

**Exception Narrative**

- **Dementia** – 66.7% target exceeded in October as the ICS achieved 76.6%.
- **IAPT** – 4.62% achieved against a target of 5.13%. M&A, Nottn City, Nottn NAE and Nottn West CCGs did not meet standard.

---

**B. Urgent & Emergency Care**

**aggregate performance of 4 Hour A&E Standard**

- **CYP specialist eating disorder service** - Performance remains below the national target of 95% response rate (routine 4 weeks, urgent 1 week).

- **CYP Eating Disorders Routine 1st <4 weeks**

- **IAPT Access**

- **IAPT Waiting Times**

- **EIP NICE Concordant Care within 2 Weeks**

- **Inappropriate Out of Area Placements (bed days)**

- **Maintain Dementia diagnosis rate at 2/5 of prevalence**

---

**C. Planned Care**

- **RTT Incomplete 92% Standard**

- **RTT Waiting List - March 2020 incomplete pathway < March 2019**

- **+52 Week Waits - to be halved by March 2019, and eliminated where possible**

- **Diagnostics +6 weeks**

- **Children’s Wheelchair Waits < 18 Weeks**

- **E-Referrals increased coverage 100%**

- **GP Referrals - Variance to Plan**

- **Other Referrals - Variance to Plan**

- **Total Referrals - Variance to Plan**

- **Outpatient 1st - Variance to Plan**

- **Outpatient F/U - Variance to Plan**

- **Total Elective - Variance to Plan**

---

**D. Exceptions**

- **A&E** - NUH continue to trial the new urgent and emergency care clinical standards and do not providing data against 4hr standard. Front door demand at NUH decreased by 407 attendances in Nov19 compared to Oct19 (2.97%). Minors activity decreased by 946 attendances in Nov19 compared to Oct19. SFH Performance in Nov19 was 88.29%, which has declined when comparing against Oct 19 (90.25%). Performance declined to 70.63% on 3rd Nov which was driven by a weekend of high ambulances, admissions and low discharges.

- **12 Hour Wait** - NUH x 14 and SFH x 17. All were due to capacity issues.

- **Diagnostics** - performance has been maintained for Q2 19/20 (4.94% in November)

- **RTT** - ICs missed the November target, achieving 89.76% (NUH 90.77% SFH 86.26%).
### Nottinghamshire ICS System Integrated Performance Summary

**January 2020**

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>19/20 ICS Basis</th>
<th>National 19/20 Required Performance</th>
<th>19/20 Reporting Period</th>
<th>National Average</th>
<th>2019/20 ICS Performance</th>
<th>Exception Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer 2 weeks - Suspected Cancer referrals</td>
<td>Provider</td>
<td>93.0%</td>
<td>Oct-19</td>
<td>91.4%</td>
<td>93.7%</td>
<td>October 62 day Performance - 79.80%. NUH – 80.00%, SFHT - 76.65%.</td>
</tr>
<tr>
<td>Cancer 2 weeks - Breast Symptomatic Referrals</td>
<td>Provider</td>
<td>93.0%</td>
<td>Oct-19</td>
<td>89.9%</td>
<td>96.2%</td>
<td>NUH - 31 Day DTT: Urology performance is still affected by significant increase in referrals seen this year (+30%) leading to a backlog of patients requiring treatment. Surgical waits in Urology, H&amp;N and LGI continue to impact on 31 day target. 62 Day RTT Breaches remains consistent at 46.5. Treatment numbers have increased from 236.5 in October from 202 in September, which has improved performance. 62 day backlog is 187 which has decreased from last month. Confirmed cancers have reduced slightly to 54.</td>
</tr>
<tr>
<td>Cancer 31 Days - First Definitive Treatment</td>
<td>Provider</td>
<td>96.0%</td>
<td>Oct-19</td>
<td>96.2%</td>
<td>94.7%</td>
<td>SFHT - Performance was 76.1% in October, reduction from 77.3% in September. 23 breaches in total compared to 22.5 in the previous month. Small reduction in backlogs, 45 (08/12/19) compared to 54 in the previous month. Backlog expected to increase through December as patients choose to delay their treatment until after Christmas, staff take annual leave and staff sickness</td>
</tr>
<tr>
<td>Cancer 31 Days - Subsequent Treatment - Surgery</td>
<td>Provider</td>
<td>94.0%</td>
<td>Oct-19</td>
<td>91.1%</td>
<td>89.5%</td>
<td>LeDeR: Learning Disability Mortality Reviews (LeDeR) 85% Mar 2020</td>
</tr>
<tr>
<td>Cancer 31 Days - Subsequent Treatment - Anti Can</td>
<td>Provider</td>
<td>98.0%</td>
<td>Oct-19</td>
<td>99.2%</td>
<td>100.0%</td>
<td>Learning Disability Mortality Reviews (LeDeR) 85% Mar 2020</td>
</tr>
<tr>
<td>Cancer 31 Days - Subsequent Treatment - Radiotherapy</td>
<td>Provider</td>
<td>94.0%</td>
<td>Oct-19</td>
<td>96.6%</td>
<td>97.5%</td>
<td>Learning Disability Mortality Reviews (LeDeR) 85% Mar 2020</td>
</tr>
<tr>
<td>Cancer 62 Days - First Definitive Treatment - OP Referral</td>
<td>Provider</td>
<td>85.0%</td>
<td>Oct-19</td>
<td>77.1%</td>
<td>79.8%</td>
<td>Learning Disability Mortality Reviews (LeDeR) 85% Mar 2020</td>
</tr>
<tr>
<td>Cancer 62 Days - Treatment from Screening Referral</td>
<td>Provider</td>
<td>90.0%</td>
<td>Oct-19</td>
<td>83.0%</td>
<td>71.9%</td>
<td>Learning Disability Mortality Reviews (LeDeR) 85% Mar 2020</td>
</tr>
<tr>
<td>Cancer 62 Days - Treatment from Consultant Upgrade</td>
<td>Provider</td>
<td>90.0%</td>
<td>Oct-19</td>
<td>82.1%</td>
<td>80.0%</td>
<td>Learning Disability Mortality Reviews (LeDeR) 85% Mar 2020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality Measures</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mixed Sex Breaches</td>
<td>Provider</td>
<td>No Target</td>
<td>Oct-19</td>
<td>TBC</td>
<td>MRSA: One hospital onset case NUH (City CCG resident) reported against a zero target. A post infection review is in progress.</td>
<td></td>
</tr>
<tr>
<td>MSSA Breaches</td>
<td>Provider</td>
<td>No Target</td>
<td>Oct-19</td>
<td>0</td>
<td>C. DIFF: System is achieving November plan of 40 cases with position of 26. Only Nottingham N&amp;E failed with 3 cases (1 above plan).</td>
<td></td>
</tr>
<tr>
<td>MRSA</td>
<td>Provider</td>
<td>No Target</td>
<td>Oct-19</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-Difficile</td>
<td>Provider</td>
<td>22</td>
<td>Oct-19</td>
<td>26</td>
<td>E. COLI: System is achieving November plan of 92 cases with a November position of 86. Only Nottingham N&amp;E failed with 16 cases (7 above plan).</td>
<td></td>
</tr>
<tr>
<td>E Coli</td>
<td>Provider</td>
<td>No Target</td>
<td>Oct-19</td>
<td>90</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**E. Nursing & Quality**

- **Transforming Care**
  - Continued reduction of inappropriate hospitalisation of people with Learning Disabilities focusing on long stay (5 year +) placements
  - Reductions in patients against Local planning trajectories - Total for Nottinghamshire
    - CCG: 41% in November, 42% in December
    - Learning Disability Mortality Reviews (LeDeR) 85% Mar 2020

- **Continuing Health Care**
  - Fewer than 15% of Continuing Health Care Full Assessments undertaken in acute setting
    - CCG: 1% in November, 8% in December
  - More than 80% eligibility decisions undertaken within 28 days from receipt of checklist
    - CCG: 80% in November, 81% in December

- **Maternity**
  - Deliver improvements in safety for maternity services, and improve personal and mental health service provision
    - Continuity of Carer
      - Provider: 20% in October, 11.00% in November

---

*LeDeR*: Current performance continues to demonstrate improvements and there continues to be an increase in the number of completed reviews. Monitoring of LeDeR reviews and GP annual health checks for people with LD/ASD continues at TCP/ICS level. National targets set for both programmes are challenging with ongoing improvements required for most CCGs in order to achieve 2019/20 targets for both areas. There are currently no unallocated reviews and the CCGs are able to allocate these to a reviewer immediately from notification of death. This is in line with the CCG's NHSE/I trajectories.

**Maternity**
- LMNS is not achieving national or local trajectory for CoC. Nottm and Notts LMNS are currently undertaking urgent work to improve performance in line with NHSE/I targets.
- Fewer than 15% of Continuing Health Care Full Assessments undertaken in acute setting
  - CCG: 1% in November, 8% in December
- More than 80% eligibility decisions undertaken within 28 days from receipt of checklist
  - CCG: 80% in November, 81% in December
- Continuity of Carer
  - Provider: 20% in October, 11.00% in November

---

**Quality Measures**

- **Mixed Sex Breaches**
  - Provider: No Target
  - October: TBC
- **MSSA Breaches**
  - Provider: No Target
  - October: 0
- **MRSA**
  - Provider: No Target
  - October: 0
- **C-Difficile**
  - Provider: 22
  - October: 26
- **E Coli**
  - Provider: No Target
  - October: 90
# Nottinghamshire ICS System Integrated Performance Summary

## January 2020

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>19/20 ICS Basis</th>
<th>19/20 ICS Required Performance</th>
<th>National 19/20 Reporting Period</th>
<th>National Average</th>
<th>Exception Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Revenue Financial Position (excluding Provider Sustainability Funding, Marginal Rate Emergency Threshold and Financial Recovery Fund)</td>
<td>ICS Health &amp; Social Care</td>
<td>Nil variance to the system financial plan of £65.7m in year deficit</td>
<td>-£14.2</td>
<td></td>
<td>Year-to-date deficit higher than planned due to Local Authority pressures as a result of social worker staffing pressures and growth pressures on external residential placements, commissioner pressures arising for acute activity &amp; non-delivery of QIPP and provider pressures arising from non-delivery of CIP.</td>
</tr>
<tr>
<td>Overall Revenue Financial Position (including Provider Sustainability Funding, Marginal Rate Emergency Threshold and Financial Recovery Fund)</td>
<td>ICS Health &amp; Social Care</td>
<td>Nil variance to the system financial plan of £8.3m in year deficit</td>
<td>-£18.9</td>
<td></td>
<td>Year-to-date deficit higher than planned due to the pressures above &amp; shortfall at M8 on PSF system monies due to the YTD financial position.</td>
</tr>
<tr>
<td>NHS Revenue System Control Total (excluding Provider Sustainability Funding, Marginal Rate Emergency Threshold and Financial Recovery Fund)</td>
<td>NHS</td>
<td>Deficit does not exceed System Control Total of £67.7m in year deficit</td>
<td>-£21.4</td>
<td></td>
<td>Year-to-date the NHS system was off plan due to acute activity pressures and non-delivery of savings.</td>
</tr>
<tr>
<td>System Capital Control Limit</td>
<td>NHS</td>
<td>Spend does not exceed system capital control limit of £70.5m</td>
<td>£10.0</td>
<td></td>
<td>All provider organisations are within the System Capital Control Limit year-to-date plan. YTD spend is £35m.</td>
</tr>
<tr>
<td>Savings &amp; Efficiency Programme</td>
<td>ICS Health &amp; Social Care</td>
<td>Nil variance to plan £159.7m (4.9%)</td>
<td>-£28.9</td>
<td></td>
<td>Delivered £81.6m of savings year-to-date, under delivery across the NHS offset by over-achievement of Local Authority savings plans.</td>
</tr>
<tr>
<td>Provider Sustainability Funding (PSF)</td>
<td>NHS</td>
<td>Nil variance to available PSF of £27.5m</td>
<td>-£4.4</td>
<td></td>
<td>The system is reporting to be off plan at Month 8 &amp; therefore a shortfall on PSF System monies.</td>
</tr>
<tr>
<td>Mental Health Investment Standard (MHIS)</td>
<td>NHS</td>
<td>MH spend (inc LD &amp; Dementia) is at least £165.1m</td>
<td>£25.6</td>
<td></td>
<td>The system if forecasting to be off target at the end of November 2019 with 5 out of the 6 CCGs projecting to fail the target.</td>
</tr>
<tr>
<td>Agency Ceiling</td>
<td>NHS</td>
<td>Agency Spend is within the ceiling limit of £45.4m</td>
<td>£4.8</td>
<td></td>
<td>All provider organisations are within the agency spend ceiling year-to-date.</td>
</tr>
</tbody>
</table>

**Note:** Nottingham City Council information not provided and therefore is not included in finance & efficiency reports.

**FIGURES NOT UPDATED DUE TO EARLIER TIMING OF THE NOVEMBER ICS BOARD**
Nottinghamshire ICS
System Integrated Performance Summary
January 2020

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
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<th>Exception Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hr. Workforce</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substantive WTEs</td>
<td>25748.26</td>
<td>Nov-19</td>
<td>625.71</td>
<td>Excludes Primary and Social Care and Nottingham City Care</td>
</tr>
<tr>
<td>Agency/Bank WTEs</td>
<td>1608.28</td>
<td>Nov-19</td>
<td>-194.70</td>
<td>Excludes NUH actual data as not included in NHSi return</td>
</tr>
<tr>
<td>Working in A&amp;E WTEs</td>
<td>438.24</td>
<td>Nov-19</td>
<td>-246.52</td>
<td>Taken from NHSi monthly returns excludes NUH planned figures</td>
</tr>
<tr>
<td>Transformational Roles WTEs</td>
<td>TBC</td>
<td>Nov-19</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Apprenticeships WTEs</td>
<td>TBC</td>
<td>Nov-19</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Vacancy Rates</td>
<td>10.0%</td>
<td>Nov-19</td>
<td>10.0%</td>
<td></td>
</tr>
<tr>
<td>12m Rolling Sickness Absence Rate %</td>
<td>3.0%</td>
<td>Nov-19</td>
<td>3.00%</td>
<td></td>
</tr>
<tr>
<td>12m Rolling Staff Turnover %</td>
<td>10.0%</td>
<td>Nov-19</td>
<td>10.00%</td>
<td></td>
</tr>
<tr>
<td>Primary Care Workforce - GPs</td>
<td>554.19</td>
<td>Nov-19</td>
<td>TBC</td>
<td>Data taken from NHS General Practice Workforce Statistics</td>
</tr>
<tr>
<td>Primary Care Workforce - Nurse</td>
<td>TBC</td>
<td>Nov-19</td>
<td>TBC</td>
<td>Data taken from NHS General Practice Workforce Statistics</td>
</tr>
<tr>
<td>Primary Care Workforce - Non-Clinical</td>
<td>1273.13</td>
<td>Nov-19</td>
<td>TBC</td>
<td>Data taken from NHS General Practice Workforce Statistics</td>
</tr>
<tr>
<td>Primary Care Workforce - Direct Patient Care</td>
<td>TBC</td>
<td>Nov-19</td>
<td>TBC</td>
<td>Data taken from NHS General Practice Workforce Statistics</td>
</tr>
<tr>
<td>Primary Care Workforce - Clinical</td>
<td>532.00</td>
<td>Apr-19</td>
<td>TBC</td>
<td>Data taken from Primary Care Census</td>
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