



**Item 3. Enc A1.**  
**ICS Board 13 February 2020**

**Integrated Care System Board**

Meeting held in public

**Thursday 16 January 2020, 09:00 – 10:30**  
**Council Chamber, County Hall, Nottingham**

**Present:**

<b>NAME</b>	<b>ORGANISATION</b>
Adele Williams	Councillor, Nottingham City Council
Alex Ball	Director of Communications and Engagement, Nottinghamshire CCGs and ICS
Andy Haynes	ICS Executive Lead, Nottinghamshire ICS
David Pearson	ICS Independent Chair
Elaine Moss	Chief Nurse, Nottinghamshire CCGs and ICS
Eric Morton	Chair, Nottingham University Hospitals NHS Trust
Eunice Campbell-Clark	Chair, Nottingham City Health and Wellbeing Board
Hugh Porter	Clinical Lead, Nottingham City CCG (representing Nottingham City ICP)
Ian Curryer	Chief Executive, Nottingham City Council
Jon Towler	Lay Chair, Nottinghamshire CCGs
Lucy Dadge	Director of Commissioning, Nottinghamshire Clinical Commissioning Groups
Lyn Bacon	Chief Executive, Nottingham CityCare
Melanie Brooks	Corporate Director Adult Social Care and Health, Nottinghamshire County Council
Mike Naylor	Director of Finance, East Midlands Ambulance Service
Nicole Atkinson	ICS Clinical Lead and Chair Nottingham West Clinical Commissioning Group (representing South Nottinghamshire ICP)
Paul Devlin	Chair, Nottinghamshire Healthcare NHS Foundation Trust
Paul Robinson	ICS Finance Director, Chief Financial Officer Sherwood Forest Hospitals Foundation Trust
Richard Stratton	GP Lead Partners Health (representing South Nottinghamshire ICP)
Steve Vickers	Chair, Nottinghamshire County Health and Wellbeing Board
Thilan Bartholomeuz	Chair Newark and Sherwood Clinical Commissioning Group (representing Mid Nottinghamshire ICP)
Tracy Taylor	Chief Executive, Nottingham University Hospitals Trust

**In Attendance:**

Alison Challenger (item 5)	Director of Public Health, Nottingham City Council
Carly (item 3)	Patient Story
Chris Packham (item 5)	Associate Medical Director, Nottinghamshire Healthcare NHS Foundation Trust
Deborah Wildgoose	Interim Executive Director of Nursing, Nottinghamshire Healthcare NHS Foundation Trust
Hazel Buchanan (item 5)	Director of Operations NHS Nottingham North and East Clinical Commissioning Group
Helen Griffiths (item 8)	Associate Director of Primary Care Networks, Nottinghamshire CCGs
Helen Pledger (item 6)	ICS Lead for System Value Improvement
Rebecca Larder	Programme Director, Nottingham and Nottinghamshire ICS
Rebecca Gray (item 3)	LMNS Delivery Manager
Tom Diamond (item 6)	ICS Lead for System Value Improvement

**Apologies:**

Amanda Sullivan	Accountable Officer, Nottinghamshire CCGs
Gavin Lunn	Chair, Mansfield and Ashfield Clinical Commissioning Group (representing Mid Nottinghamshire ICP)
John Brewin	Chief Executive, Nottinghamshire Healthcare NHS FT
John MacDonald	Chair, Sherwood Forest Hospitals NHS FT
Jonathan Harte	GP Partner and PCN Clinical Director
Michael Williams	Chair, Nottingham CityCare Partnership
Richard Henderson	Chief Executive, East Midlands Ambulance Service
Richard Mitchell	Chief Executive, Sherwood Forest Hospitals NHS FT
Tony Harper	Chair, Nottinghamshire County Council Adult Social Care and Health Committee

**1. Welcome and introductions**

Apologies received as noted above.

DP welcomed PD as a new member of the Board, and PR and NA in their new roles; PR as ICS Finance Director and NA as ICS Clinical Lead.

**2. Conflicts of Interest**

No conflicts were noted in relation to items on the agenda.

### 3. Minutes of previous meeting/Action log

The minutes of the meeting held on 6 November 2019 were agreed as an accurate record of the meeting by those present.

The action log was noted and following points raised:

- JT requested a progress update on B203 (Outcomes Framework) as timescales have slipped. AH advised the Outcomes Framework was developed based on the triple aim which is underpinned in the local response to the NHS Five-Year Plan. ICS Board have considered an initial view of proxy measure for smoking and alcohol, but there is work underway to develop further in line with the Five Year Plan and emerging national policy. There are capacity issues to progress.
- EM questioned the accuracy about the action update on B236 and that NUH do not agree with the establishment of a Non-Executive Finance Committee. JC to update the action log to remove bullet point 3.

The following actions are noted as closed on the action log; B194, B232, B231, and B235.

**ACTIONS:**

**JC** to make the necessary amendments to the action log in line with the discussion at the ICS Board.

### 4. Patient Story – Hearing the Voice of Bereaved Parents – Maternity Voices Partnership and Zephyr’s working together.

Rebecca Gray and Carly attended the meeting to provide an overview of the work of the Maternity Voices Partnership and Zephyr’s service for bereaved parents.

DP thanked Rebecca and Carly for their presentation on behalf of the Board. Board discussed the presentation:

- RS offered to support the establishment of links to community services.
- LB highlighted the value of smaller charities working within a framework of support offered by larger charities. Opportunity for Board to consider how smaller charities can be supported in a similar way in the future.
- TB asked for assurance on how Board can ensure continuity across Nottingham and Nottinghamshire.
- ECC offered to promote the service through Nottingham City ASKLiON.

Board thanked Rebecca and Carly for their moving presentation.

**ACTIONS:**

**EIM** to raise consistency of neonatal and maternity service provision across Nottingham and Nottinghamshire at the LMNS Board.

**EIM** to provide Board with a broader understanding of neonatal and maternity services and challenges at a future meeting.

## 5. Prevention, Inequalities and the Wider Determinants of Health

Chris Packham and Alison Challenger attended the meeting to present the circulated paper on the role of health inequalities, prevention and wider determinants in addressing system priorities.

Board discussed the report and made the following comments:

- JT asked for greater emphasis to be given to the CCG and existing CCG duties and in order to sign up to the recommendations, proposed that discussion is considered further as part of the planned presentation to the Board on the CCG commissioning strategy
- PD highlighted the overlap in membership and specific responsibilities of the Health and Wellbeing Boards (HWBs). Further work needed to define the purpose, benefit and added value of this collaborative working.
- AW highlighted that the opportunity to make an impact lies with aligning everything together and challenged the Board on how this can include consideration of aligning resources to make a difference and as such, lead the way.
- IC suggested that taking forward an approach such as that done in Wigan is the responsibility of ICPs and not the ICS. IC emphasised that the discussions need to focus on a different model with debate on what practically can be done.
- Asked that the impact key priorities that underpin wider determinants be aligned, and IC suggested that this is best done at ICP and PCN level.
- MB posed challenge to ICS Board that current investment and plans focus on consumption and unanswered question is on flow and how to best allocate resources
- AH highlighted that this is about impact and not governance and how does the Board know that there has been the intended impact. AH keen to focus on outcomes and impact on the system such as through the system work on alcohol.
- SV welcomed a conversation about collaboration, and what and how to do this in relation to the three Boards. HWB Chairs are on the ICS Board and representation has not included a discussion as to how best to collaborate. CCG restructure provides an ideal opportunity to reconsider membership of the HWB. SV agreed to write a paper on how the two Boards can collaborate going forward for future discussion.

DP summed up that there was resounding support of the approach. That there is a need for a more detailed discussion on implementation and practically what is done across the system to make progress and where does this sit.

Board support a short, medium and long term approach through the priorities identified in the ICS Prevention Plan and recognises that the joint approach across the system and in organisations delivers to the outcomes framework.

Board asked for further detailed discussion on what mechanisms for ICS and HWBs working together, and practical next steps are needed.

**ACTIONS:**

**AW** to work with Local Authority colleagues in City Council and County Council to bring items to ICS Board on wider determinants of health.

**AS** scheduled to present commissioning strategy in March and as part of this, to include draw out the specific responsibilities for prevention and wider determinants.

## 6. NHS Long Term Plan, ICS Strategy and Operational Planning for 2020/21

Tom Diamond and Helen Pledger attended the meeting to present the circulated paper on planning. The paper is presented with the caveat that planning guidance is yet to be published and is anticipated week commencing 20 January. There are no changes to organisations statutory duties.

Board discussed the report and made the following comments:

- JT supportive of working in a coordinated way. Role of CCG in planning and the interface between CCG and ICS teams emphasised. JT highlighted the significant amount of work which has already taken place collaboratively, e.g. commissioning intentions published.
- LD emphasised that there is more joint work to undertake, e.g. CCGs working with providers to ensure that services can be commissioned. ICPs are working on added values programmes which are locally focused and supplement systemwide working.
- TT asked that planning be considered alongside the financial plan to establish a connection between resources and aspiration. PR assured ICS Board that the ICS Finance Directors Group see the 2020/21 Operational Plan as a vehicle to deliver the financial plan.
- AH emphasised the need to demonstrate in 2020/21 how the system is working and beginning to transform. There is a risk of losing accelerator status and the opportunities and flexibility that come with this.

ICS Board approved the proposed system planning and approach and principles for 2020/21 Operational Plans. Further work to take place on the interface between CCG and ICS, and to ensure that system finances are central to the delivery of the plan.

## 7. Winter Planning

LD and TT provided an overview of the circulated papers on winter plan implementation and key issues impacting on system performance, and system response to drivers of demand.

TT noted the unprecedented demand this winter on all parts of the system. Plans have been fully implemented and a full debrief will take place.

Board discussed the report and made the following comments:

- Board welcomed adopting a more radical approach to procuring and administering flu vaccinations. TB welcomed the update on flu and highlighted the challenges for primary care in relation to the availability of vaccines and protocols. IC asked that consideration be given to flu being coordinated at PCN / ICP level to test new approaches.
- EM asked that system partners consider early on the capacity needed across the system during winter to produce a robust and thorough plan for winter 2020/21.
- AH acknowledged the progress made during this winter. Compared to other systems Nottingham and Nottinghamshire have done well and there is evidence that system is recovering more quickly than in previous years.

AH asked that a thank you to front line staff be formally recorded from ICS Board members.

**ACTIONS:**

**AS, TT and RM** to incorporate the views of the ICS Board into planning for winter through A&E Delivery Boards and provide an update at the 12 March meeting.  
**Chief Executives** to send a thank you to front line staff for work during winter.

## 8. Primary Care Network Support Fund and the OD offer to PCNs

NA and Helen Griffiths attended to present the circulated paper and share a short video from the PCN Development Conference in December 2019.

Board noted the planned use of primary medical funds in 2019/20, progress to date and risks to delivery making the following observations:

- LB acknowledged primary care workforce developments. LB has asked nationally that there are clearer pathways to ensure that the People and Culture Board locally have oversight of utilisation and impact of workforce funds.
- HP noted the good work to date and active adoption of PCNs, but highlighted the risk in relation to the draft specifications for PCNs. Helen advised that there is engagement at Strategic Commissioner level to support the offer going forwards. Primary Care Commissioning Committee have agreed a response to the consultation on behalf of the ICS and CCGs, and CCG locality teams are working with practices to feedback from a provider perspective.
- PD highlighted the pace of change being required through the draft specifications as a risk for the system whilst PCNs are in the early stages of development. PD offered leadership support to this work.
- LD emphasised the importance of community providers to support primary care as a sector.

**ACTIONS:**

**NA** to provide ICS Board with an update on PCN development at a future meeting.

## 9. Mental Health Strategy Delivery Arrangements

LD presented the circulated paper on mental health in response to ICS Board discussion at the 15 March 2019 meeting. LD highlighted that considerable progress has been made on the health elements of the delivery plan and that the system approach is working well. Board are asked to agree the updated Terms of Reference for the Mental Health and Social Care Partnership Board.

LD highlighted that whilst dedicated resources were initially in place for this work-stream, this is no longer the case. JB and AS will bring back a proposal to a future meeting on the resource requirements.

Board agreed the proposed Terms of Reference for the Mental Health and Social Care Partnership Board with the caveat that the title of the group be reviewed for clarity of purpose.

Board agreed the ICS approach to the delivery of the multi-agency components of the Mental Health Strategy and supported further development of the joint arrangements for intellectual and developmental disorders.

### **ACTIONS:**

**LD** to review the title of the Mental Health and Social Care Partnership Board in the Terms of Reference for clarity of purpose.

**JB and AS** to provide a report to ICS Board at a future meeting on the resource requirements for the mental health work-stream.

**JB and AS** to provide ICS Board with report on the development of joint arrangements for intellectual and developmental disorders.

## 10. Update from ICPs

IC presented the circulated paper on the Nottingham City ICP highlighting the launch event was held 7 November, further events planned to shape ICP priorities, and the formation of the ICP Executive Group and Non-Executive Group.

HP highlighted the transformation schemes underway and the impact of the schemes to date, in particular the end of life scheme.

EM asked that ICS Board be provided with assurance on Transformation Funding allocations and the impact of schemes.

### **ACTIONS:**

**PR** to work with ICS Financial Sustainability Group to provide ICS Board with assurance on Transformation Funding allocations and the impact of schemes.

## 11. Integrated Performance and Finance Report

AH presented the circulated Integrated Performance and Finance Report highlighting:

- Progress in mental health performance, in particular Out of Area Placements. AH thanked staff for their hard work to improve performance.
- Unprecedented demand in urgent care across the system
- Planned care

Improvements are needed in areas of focus to support system performance and conversations at regulator System Review Meetings. Board agreed to progress System Review Meetings actions through the ICS Executive Group.

Work to develop the format of the report is under way to provide greater intelligence about system performance.

PR updated that month eight finances are adverse to plan and that there is a deteriorating underlying position which will be carried forward into 2020/21.

EM noted that Nottingham City Council finances have not been reported.

### **ACTIONS:**

**IC** to ensure that Nottingham City Council monthly finance figures are provided for the Integrated Performance Report on an ongoing basis.

## 12. Governance Issues to note

### ICS Governance Review and Strengthening

In October 2019, the Board agreed work to review and strengthen ICS governance arrangements. External support has been commissioned to provide advisory support for this and they commenced in post on 6 January 2020. The output of this work will be an ICS Governance Manual, which will underpin strengthened ICS governance arrangements from the lens of the ICS Board in readiness for 2020/21.

In the first instance, the views of ICS Board members are being considered on what is working well and what could be improved from a governance perspective. All members of the Board will have received a questionnaire survey and are asked to return by noon on 17 January 2020.

A desktop review of current governance arrangements is also taking place and, in so doing, is taking account of the expected direction of travel for ICSs in accordance with what is known on emerging national policy.

The ICS Board development session on 22 January 2020 will, in part, include a focus on the governance review.

Board discussed and noted concerns highlighted by TT and EM that the tight deadline for responding to the questionnaire doesn't give the ability to consult within organisations and that the format for the questionnaire via email doesn't give scope to explore issues in depth at an early stage.

### ICS Evaluation

NHSEI national System Transformation team has confirmed work to evaluate the ICS Accelerator sites including Nottingham and Nottinghamshire. NHSEI is looking to understand how ICSs are progressing and gain learning for the development of ICSs across the country including their national support offer. It is expected that the evaluation may be used, in time, to support the ongoing policy direction e.g. with the Treasury office and is also expected to be of practical value to each ICS.

The evaluation will take a multi-faceted approach focused on:

- Analysis of key performance data and plans;
- A staff survey – this is aimed at eliciting front-line staff experience of delivering integrated care for the benefit of local people. NHSEI is asking each ICS to confirm two pathways/areas of care for the staff survey with local proposal for this to be Support to Care Homes and Alcohol as two areas of whole system focus;
- A senior stakeholder focus group with the ICS Board where key lines of enquiry will be explored based on the finding of the analysis and staff survey.

The timescales are ambitious with the analysis underway, work on the staff survey to be undertaken at the end of January / beginning of February and the focus group with ICS Board to be scheduled towards the end of March 2020.

The output will be both a Nottingham and Nottinghamshire specific report together with a report summarising the findings from across all the Accelerator sites. This will be ready in May / June 2020.

Board discussed and noted concerns highlighted by TT in relation to time commitments from front line staff to participate in any survey at this time of the year.

#### **ACTIONS:**

**DP** to provide Board with an overview of requirements for the ICS Evaluation and input needed from front line staff.

**JC** to ensure that the requirements of the ICS Evaluation are recorded on the log of system support offers to share with Regional NHSEI colleagues.

#### **Time and place of next meeting:**

**13 February 2020**

**09:00 – 12:00**

**Civic Suite, County Hall, Nottingham NG2 7QP**