



**Integrated Care System Board
Meeting in Public**

**Thursday 12 November 09:00 – 09:30
Via Zoom**

Name	Organisation
Adele Williams	Councillor, Nottingham City Council
Alex Ball	Director of Communications and Engagement, Nottingham and Nottinghamshire CCG and ICS
Amanda Sullivan	Accountable Officer, Nottingham and Nottinghamshire CCG
Andy Haynes	Executive Lead, Nottingham and Nottinghamshire ICS
Catherine Underwood	Corporate Director of People, Nottingham City Council
Eric Morton	Chair, Nottingham University Hospitals NHS Trust
Eunice Campbell-Clark	Chair, Nottingham City Health and Wellbeing Board
Fran Steele	Director of Strategic Transformation, North Midlands, NHSEI
Gavin Lunn	GP (representing PCNs in Mid Nottinghamshire ICP)
Hugh Porter	GP, Clinical Director and Interim Lead for Nottingham City ICP (representing Nottingham City ICP)
John Brewin	Chief Executive, Nottinghamshire Healthcare NHS FT
John MacDonald	Chair, Sherwood Forest Hospitals NHS FT
Jon Towler	Non-Executive Director, Nottingham and Nottinghamshire CCG
Kevin Rostance	Chair, Health and Wellbeing Board, Nottinghamshire County Council
Lyn Bacon	Chief Executive, Nottingham CityCare Partnership
Melanie Brooks	Corporate Director Adult Social Care and Health, Nottinghamshire County Council
Michael Williams	Chair, Nottingham CityCare Partnership
Nicole Atkinson	GP, Nottingham and Nottinghamshire ICS Clinical Lead and South Nottinghamshire ICP Clinical Lead
Paul Devlin	Chair, Nottinghamshire Healthcare NHS FT
Paul Robinson	ICS Finance Director and Chief Financial Officer, Sherwood Forest Hospitals FT
Richard Henderson	Chief Executive, East Midlands Ambulance Service
Richard Mitchell	Chief Executive, Sherwood Forest Hospitals NHS FT
Rosa Waddingham	Chief Nurse, Nottingham and Nottinghamshire CCG and ICS
Thilan Bartholomeuz	GP and Clinical Lead for Mid Nottinghamshire ICP (representing Mid Nottinghamshire ICP)
Tim Heywood	GP and PCN Clinical Director (representing PCNs in South Nottinghamshire ICP)
Tony Harper	Councillor, Nottinghamshire County Council
Tracy Taylor	Chief Executive, Nottingham University Hospitals Trust



In attendance

Joanna Cooper	Assistant Director, Nottingham and Nottinghamshire ICS
Rebecca Larder	Programme Director, Nottingham and Nottinghamshire ICS

Apologies

NAME	ORGANISATION
David Pearson	ICS Independent Chair
Jonathan Harte	GP Partner and PCN Clinical Director (representing PCNs in Nottingham City ICP)

1. Welcome and introductions

Apologies received as noted above. A shorter meeting has been agreed with Board members based on the current pressure on the system.

2. Conflicts of Interest

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

As agreed at the 15 October meeting a declarations of interest log has been compiled of interests declared to employing organisations. The declarations of interest log has been circulated with the meeting papers.

3. Minutes of previous meeting/Action log

The minutes of the meeting held on 15 October 2020 were agreed as an accurate record of the meeting by those present.

The action log and updates were noted. As agreed at the 15 October meeting AH and AS will include next steps for the Outcomes Framework into the report to Board on 10 December.

4. Covid-19 Response in Nottingham and Nottinghamshire

AH presented Board with the latest data on Covid-19 with an emphasis on Nottingham and Nottinghamshire.

AH highlighted the lessons learnt across the system: more is known about the disease, there are improved treatments and outcomes for patients, the LRF cell structure is agile and responsive, mutual aid has been seen across the system.

Board discussed and noted the following:

- JM asked whether decisions are needed to manage demand and capacity. AH advised that discussions are already underway to manage capacity and clinical prioritisation taking place.



- NA highlighted the valuable contribution of the health and care workforce and celebrating their success. Support and wellbeing of staff key. LB advised that HR Directors are working together to share learning and best practice.
- LB noted the welcome focus on maintaining the quality of services.
- RM highlighted that the system approach strengthened during Covid-19, in particular shared learning and mutual aid. Highlighted that welfare and wellbeing of staff needs to be at the centre of Board thinking. Opportunity for ICS to thank colleagues.
- TT noted that NUH are managing capacity to deliver crucial elective care but there are challenges.
- CU highlighted the positive partnership working with Local Authorities and learning about the types of integrated systems that can be taken forward.

ACTIONS:

AH to update Board at the 10 December meeting on Covid-19.

AB to work with the System Executive Group to develop letter to staff on behalf of ICS Board to thank colleagues.

5. Moving from CCG Commissioning Intentions to System Prioritisation and Strategic Planning

AS presented the circulated paper on the proposed way of working differently and collaboratively to deliver services. The approach builds on learning from the system Covid-19 response and recovery.

This approach has been discussed and endorsed at the System Executive Group and CCG Governing Body.

Board discussed and noted the following:

- JB highlighted the importance of outcomes and asked whether the approach supports joint commissioning. AS confirmed that the approach does support joint commissioning and emphasized the reliance on utilising expertise across the system.
- NA noted the paper from the CRG circulated to Board members. CRG have discussed and are supportive of the approach. NA is keen for a mechanism for translating the Clinical and Community Services Strategy to implementation.
- PD emphasised learning from Black History Month that addressing inequalities and better understanding the disproportionate impact on minority groups needs to be built into how the system works, including Board being sighted on evidence that inequalities are being impacted in a positive way. AH highlighted that baselining and assessing progress against health inequalities will be a part of the maturity of systems going forward.
- AW welcomed the approach and focus on inequalities. AW asked how decision making will be shared across the system.



- HP highlighted that addressing health inequalities requires a long term approach and focus on prevention, which may not be evidenced in the short term.

Board agreed the proposed principles, the proposed arrangements and planning forums for the 2021/22 planning round.

ACTIONS:

AS to develop the system prioritisation and strategic planning proposal in line with comments from ICS Board emphasising: importance of outcomes, joint commissioning, golden thread of inequalities, not short term and understanding prevention, social capital, true transformation and not tinkering, and an approach built up from Population Health Management.

AS to provide an update to Board at 21 January meeting on next steps for embedding system prioritisation and strategic planning.

Time and place of next meeting:

10 December 2020

09:00 – 12:00