



**Integrated Care System Board  
Meeting in Public**

**Thursday 10 December 09:00 – 10:30  
Via Zoom**

<b>Name</b>	<b>Organisation</b>
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
Diane Gamble	Deputy Director of Strategic Transformation, NHSEI
Eric Morton	Chair, Nottingham University Hospitals NHS Trust
Eunice Campbell-Clark	Chair, Nottingham City Health and Wellbeing Board
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
Jonathan Harte	GP Partner and PCN Clinical Director (representing PCNs in Nottingham City ICP)
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

Name	Organisation
Apollos Clifton-Brown	Framework
Helen Pledger	Nottingham and Nottinghamshire ICS
Jane Bethea	Consultant in Public Health, Nottingham City Council
Phil Britt	Programme Director, Tomorrow's NUH, Nottingham University Hospitals Trust
Rebecca Larder	Programme Director, Nottingham and Nottinghamshire ICS
Tom Diamond	Nottingham and Nottinghamshire ICS

## Apologies

Name	Organisation
David Pearson	ICS Independent Chair
Fran Steele	Director of Strategic Transformation, North Midlands, NHSEI
Catherine Underwood	Corporate Director of People, Nottingham City Council

### 1. Welcome and introductions

JT welcomed everyone to the meeting and confirmed that, for members of the public, Board papers could be accessed via the ICS website.

Apologies received as noted above. JT confirmed that PR and PD would be late in joining the meeting.

### 2. Conflicts of Interest

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

### 3. Minutes of 12 November ICS Board meeting and action log

The minutes of the meeting held on 12 November 2020 were agreed as an accurate record of the meeting by those present.

The action log and updates were noted as follows:

B271: JBr confirmed the local Health Inequalities Group was being convened with an initial meeting planned for early in the New Year. Links were now in place with the NHSEI Midlands Health Inequalities Group. MB requested that the new Group also align with the Health and Wellbeing Boards preventing duplication.



B274: AB confirmed that a letter had been drafted for circulation to staff to express thanks for the local response to Covid-19. DP has prepared a video to accompany the letter.

#### **4. Patient Story: Supporting Rough Sleepers in Nottingham**

JBe and AC-B shared with Board work to support people with severe multiple disadvantage in Nottingham City, specifically rough sleepers, initiated during the first Covid-19 lockdown.

A multi-partner response was put in place for 130 people, who were accommodated in two hotels ensuring this population group were safe, cared for and the opportunity to improve their lives was maximised. The initiative resulted in 36 people being permanently housed.

Health and care teams were given the permission to act as needed with everyone working together to remove barriers ensuring services were better connected. Evaluations are being undertaken and improved outcomes are being achieved.

Work is underway to sustain the change supported by Nottingham City ICP and centred on key areas of focus including the MDT, workforce strategy, technology enabled care. The aim is to extend the joined up offer to more groups impacted by severe multiple disadvantage.

Board thanked JBe and AC-B for sharing this important development and noted the following:

- HPO said this is an excellent example of what integration really means in the context of a permissive environment. The challenge now is to sustain.
- AS confirmed the opportunity to embed this exciting example of Place based working through new programme ways of working.
- MB highlighted similar work from Mid Notts, previously shared with Board, and confirmed the need to assess the approaches and embed best practice across the system including South Notts.
- THE confirmed opportunity to strengthen vertical integration by confirming the responsibilities at PCN, Place and System level for this development.

JT concluded that this was a good news story, which should be celebrated and thanked all involved. JT asked that the System Executive Group ensure learning and sharing of best practice from the varying approaches together with a plan for how this development would be taken forward in 2021/22. AS advised that the CCG / ICP Group would provide a forum for progressing next steps.



**ACTIONS:**

**AS** to work with System Executive Group and the CCG/ICP Group to ensure learning and best practice across the whole system; and the ICP plan for 2021/22 includes a programme approach for this population group.

**5. Covid-19 response**

AH updated Board on the current situation, with the system continuing to experience pressure from the second peak of Covid-19 across all sectors. AH confirmed the expectation of on-going challenges and complexity in managing Covid, winter, and recovery, with staff feeling tired following a difficult year.

RM highlighted a potential third peak and pressures that could arise from the EU exit.

JT confirmed that the ICS should take pride in achievements to date together with the importance of continuing to support staff over the coming months.

**6. Reshaping health services in Nottinghamshire; Tomorrow's NUH, and Clinical Services Strategy**

AS introduced Board to this item advising wide public engagement is underway on 'Reshaping health services in Nottinghamshire' in the lead up to a formal consultation in Spring 2021. The reshaping services programme encompasses the clinical services strategy work together with Tomorrow's NUH (TNUH) programme which is part of the Government Health Infrastructure initiative. AS confirmed that investment into how hospital services are developed is inextricably linked to wider community and primary care services as well as digitally enhanced models of care. There is a strong case for change with opportunity to resolve legacy issues from the QMC and City hospitals merger and the ageing estate and also to promote the research agenda.

PB joined Board to update on TNUH. The Health Infrastructure Plan (HIP) is more comprehensive than just buildings and focused on integrated, digitally enabled care. Investment objectives have been agreed to inform the development of options and proposals. These investment objectives have been mapped to the ICS Outcomes Framework. A Clinical Advisory Group, with cross system representation, has developed the clinical case for change. The resultant outline clinical model is based on six clinical design principles. In January a preferred way forward will be proposed to enable public consultation to commence in Spring 2021, subject to approval of the PCBC by the CCG governing body. The programme timeline is available with major construction work expected to commence at the end of 2024.

TT advised Board that the TNUH programme is aligned with the Clinical Services Strategy (CSS) work. The CSS is acting as a key enabler and driver to the TNUH programme. By the end of 2020/21, 20 evidence based reviews will have been completed. 180 patients have been involved in this work, 1500 staff together with community and voluntary sector partners.

Board discussed and noted the following:

- JM advised that the six clinical design principles are specific to the TNUH programme rather than ICS strategy with care needed on communicating these to prevent unnecessary concern to the Mid Nottinghamshire public; clarity is needed on the process and timeline for ICS sign off; and a focus on workforce implications is needed.
- AB confirmed that public consultation is led by the CCG who will ensure clear communications on what is a NUH as opposed to a system objective.
- TT agreed the need to be clear on what is a TNUH objective as opposed to a wider system objective with the need for clear delineation between the two. The presentation by PB was specific to the internal TNUH programme but with recognition that the Trust works in an integrated manner with wider partners and the integrated care context.
- AS confirmed that a Strategic Oversight Group is in place with representation from system partners and a timeline in place driven by the HIP programme.
- LB advised that the ICS People and Culture work-stream was involved in the workforce element but with more work to do especially in relation to community services.
- NA offered to circulate an update document on the CSS work to Board.
- JT confirmed the need for the ICS Board to be sighted and engaged in this work as part of a confirmed Board forward plan.

**ACTIONS:**

**AB** to ensure clear messaging that differentiates TNUH objectives with ICS objectives.

**NA** to circulate an update document on the Clinical Services Strategy to Board.

**RL** to include the Board forward plan with future meeting papers, including clarity on ICS Board engagement with the TNUH programme

## **7. ICS System Level Outcomes Framework – Stock Take and Progress Update**

TD and HPI shared with Board three worked examples of how the ICS Outcomes Framework, system improvement priorities and evaluation approach are all being aligned and progressed in practice. The first example related to diabetes and the population health management approach to this; the second to the flu vaccination programme including addressing inequalities in access which have been exacerbated during Covid-19; and the third example focused on integrated discharge together with the evaluation approach in place which covers strategy, commissioning and delivery of this service.

Board considered the worked examples and noted the following:

- TB advised it was helpful to see the impact of Covid-19 on inequalities and outcomes being factored into the worked examples.



- JT confirmed that positives can be taken from progress being achieved with this work. The examples presented demonstrate outcomes are driving our plans but there is more to do to ensure the ICS Outcomes Framework is front and centre and that we have visibility on how we're doing and able to hold ourselves to account. At present there is still a lack of detail on the how and who with a request that the System Executive Group determine next steps.
- AH confirmed that whilst it would not be appropriate to report progress against outcomes on a monthly basis due to the timescales associated with impact, a biannual report might be the best way forward.

**ACTIONS:**

**AH/System Executive Group** to agree next steps in enabling the ICS to be able to hold ourselves to account for achieving progress against the Outcomes Framework.

## 8. ICP Updates

JBr, RM and HPo provided brief ICP updates, which were noted by Board:

- The South Notts ICP continues to make progress as detailed in the update report.
- The Mid Notts ICP continues to meet and is currently rolling out a Welfare and Wellbeing offer.
- The City ICP's focus includes work on a local maturity matrix in the absence of a national framework.

**Time and place of next meeting:**

**21 January 2020**

**09:00 – 12:00**