STANDARD MATERIAL FOR USE IN STATUTORY BOARD MEETINGS IN THE NOVEMBER BOARD CYCLE

Establishing an Integrated Care System Board for Nottingham and Nottinghamshire

Sherwood Forest Hospitals NHS Foundation Trust
Board of Directors

29th November 2018

Background

1. Nottingham and Nottinghamshire has been formally designated as an Integrated Care System (ICS). There are only 14 designated ICSs in England.

2. In brief, the purpose of an ICS is a system in which:

NHS commissioners and providers and Local Authorities, working closely with GP networks, and other partners including the Voluntary and Community Sector, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they use their collective resources to improve quality of care and health outcomes. They are expected to make faster progress than other health systems in transforming the way care is delivered, to the benefit of the population they serve.

ICSs will:

- re-design and integrate clinical and care pathways to better meet the needs of the local population
- develop population health management approaches that facilitate the integration of services
- work with key system partners and stakeholders including patients and citizens and their democratic representatives, health and care staff, local government and the voluntary sector to achieve these aims;
- take collective responsibility for managing financial and operational performance, quality of care and health and care outcomes;
- implement new methods of payment that support integration of services and population health management approaches, whilst enabling delivery of a shared system control total;
- create more robust cross-organisational arrangements to tackle the systemic challenges that the health and care system is facing;
- act as a leadership cohort, demonstrating what can be achieved with strong local leadership, operating with increased freedoms and flexibilities

This paper provides an update to the Sherwood Forest Hospitals Board of Directors following agreements reached at the October STP Leadership Board, and reviewed in a leadership workshop held on 12th and 13th November[1], about the next steps in Governance arrangements as we transition into becoming an Integrated Care System. (ICS)

Next steps in developing our new architecture

3. The current STP Leadership Board has undertaken a number of development sessions (some of which have included non-executive director input from SFH) and the STP elected members and non-executive directors advisory and oversight group has also participated in discussions about the new governance that we now need to adopt since Nottingham and Nottinghamshire has been designated as an ICS.

4. Making these proposed changes will bring about positive benefits for patients and citizens because they will result in better system management. Establishing an ICS Board and better system oversight should also mean hospitals are there for people who really need to be there and they are less likely to be overwhelmed by the demand. For Local Government, integrated care will provide a better integrated response for citizens with greater cost effectiveness.

5. The new governance 'architecture' is set out in **Annex A**.

6. Progress is being made in developing all of these areas.

- It is intended to have a single Accountable Officer for the six Nottinghamshire CCGs. This, coupled with a project plan to develop a single CCG, signals a strong direction of travel for a single CCG for Nottinghamshire
- A specific workshop on role, responsibility, function and next steps for **LICP** development was held on 11 September 2018
- A specific workshop on role, responsibility, function and next steps for **ICP** development was held on 14 September 2018
- A further two-day workshop for senior leaders was held on 12-13 November to further develop the detail of the system architecture
- A detailed programme plan has been established to ensure delivery of the necessary changes.

7. As a result of discussions at the STP Leadership Board and at the STP elected members and non-executive directors advisory and oversight group we determined that it would be necessary to establish a **Strategic Board (the ICS Board - ICSB)** to oversee the Nottinghamshire Integrated Care System. In the medium term, the **ICSB** will become part of the architecture itself. In the short term, it would be in shadow form to oversee the development and implementation of the new architecture.

8. The proposed purpose, scope and membership of the **ICSB** are shown in **Annex B.** The ICSB will fulfil a different role to the current STP Leadership Board and membership needs to evolve to reflect this changed role and purpose, but crucially to

[1] The workshop had representation from all statutory organisations

also increase accountability and transparency through the direct inclusion of elected members and non-executive directors/Chairs.

9. This overhaul of membership will ensure:

- 'Lay' and executive input from each statutory organisation with improved balance of lay input
- Strengthened links with social care commissioning, provision and public health
- Strengthened clinical representation

10. The new ICSB would be set up and a review would be undertaken after six months to determine the effective functioning of the group. As the membership of the provider organisational forms and Partnership Forum become constituted, further rationalisation of the groups in the current STP governance structure is likely to be required. (The STP elected members and non-executive directors advisory and oversight group can be disestablished, for example.)

11. The new arrangements and membership should take effect from December 2018 (with the first meeting of the ICSB replacing the current STP Leadership Board scheduled on 14 December 2018).

Recommendations

12. The SFH Board of Directors is asked to

- Note this update;
- Confirm the nomination of members and attendees, and their deputies, at the ICSB from Sherwood Forest Hospitals.

Deborah Jaines
Deputy Managing Director
November 2018

Annex A

Using the national ICS model of Neighbourhood / Place / System

1. **Primary Care Networks** (PCNs) will be the key delivery unit for integrated care at a **Neighbourhood** level. These PCNs would consist of primary care practitioners in the widest sense (not just GPs but also pharmacists, nurses, mental health staff, social care staff, occupational therapists and others) joining up to provide wrap-around care to people.

- PCNs would operate at a grouping that serve between approximately 30-50,000 people and will be based on the GP list of registered patients.

- For some services, it would be necessary to co-ordinate and aggregate the activities of these PCNs at a level greater than the 30-50,000 population but at a level less than the 250-500,000 population (Place). However the co-ordination, management and performance management of these PCNs would not require a "one-size-fits-all" and potentially inflexible solution.

- PCNs might need to cluster into larger groups, perhaps by using the frameworks of existing Federations or partnerships, where there was an issue that required them to work collectively. This sort of collaboration would be facilitated by the ICP in agreement with their PCNs.

- Whilst the proposed *activities* (which are yet to be finalised) of what has previously been described as Local Integrated Care Providers (LICPs) would continue to be required, there was an agreement in the interests of efficiency and effectiveness not to proceed with these LICPs as a *hard organisational structure*.

2. Turning to a **Place** level, **Integrated Care Providers** (ICPs) will have responsibility for:

- Managing a capitated budget for all health and care in their area
- Delivering on the strategic objectives set by the ICS Board as tailored for their area
- Directing the resources needed to deliver this – increasingly moving to be a geographically oriented provider with a mixture of acute, community and primary provider within them.

The ICP would be made up of, and governed by, a partnership of the key constituent organisations including PCNs, acute, community, social care and mental health providers and potentially a wider group of stakeholders with interests in tackling the wider determinants of health. ICPs would have freedom within a framework to deliver on the objectives set by the ICS Board and would be the key drivers of the overall health and care delivery.

The ICPs would take up the functions and activities of co-ordinating and supporting all the partner organisations (including PCNs) as the main engine room for the delivery of the ICP objectives.

In line with the desire to allow for flexibility in the construction of the management of PCNs, it was recognised that there is a requirement to deliver a specific solution that respects the particular health and care needs of the citizens of the City of Nottingham. This therefore may have implications for the construction of ICPs and a meeting will be arranged to consider this further in the next 2 weeks.

3. At a **System** level, the **ICS Board** (which is proposed to be set up in shadow form by December this year and to come into full existence by April 2019) would have responsibility for:

- Setting the strategic direction of the system and articulating the outcomes expected and priority areas
- Allocate the capitated budget to the ICPs
- Increasingly take on the current assurance and performance management functions of NHSE/I.

Annex B

(Shadow) Integrated Care System Board

Purpose:

The role of the Integrated Care System Board (ICSB) is to provide leadership and development of the overarching strategy for the Nottinghamshire Integrated Care System. The ICSB will also provide oversight and facilitation of the transformation and design of the future state of health and care.

The ICSB will:

- Produce and champion a coherent vision and strategy for health and care in Nottingham and Nottinghamshire
- Develop and describe the high level strategic objectives for the system that are related to health and wellbeing
- Produce an outcomes framework for the whole geography to deliver increasing healthy life expectancy, addresses local variation and seeks to reduce health inequalities
- Work with the provider partnerships to determine the service offer to be expected of each.
- Undertake stakeholder engagement which will include engaging with staff, patients and citizens
- Develop a coherent approach to measuring outcomes and strategic objectives within the framework
- Ensuring the delivery of high quality outcomes, putting patient safety and quality first.
- Be responsible for the allocation of financial resources and the overall management of the system financial control total.

Meeting arrangements:

The ICSB will meet in shadow form on a monthly basis to consider progress and risks in the implementation of the Integrated Care System's aims and objectives and approve any mitigation measures and other action required to ensure success, in line with the approved programme.

Membership will comprise:

Voting Membership (one vote per organisation)	**Notes**
Chief Executive Nottinghamshire Healthcare NHS FT	To be confirmed
Chair or nominee Nottinghamshire Healthcare NHS FT	To be nominated
Chief Executive Sherwood Forest NHS FT	To be confirmed
Chair or nominee Sherwood Forest NHS FT	To be nominated
Chief executive Nottingham University Hospitals NHS Trust	To be confirmed
Chair or nominee Nottingham University Hospitals NHS Trust	To be nominated

Chief/Accountable Officer, CCGs	To be confirmed
CCG Chair	To be nominated
EMAS Chief Executive	To be confirmed
Nottinghamshire County Council CEO or nominee	To be nominated
Nottingham City Council CEO or nominee	To be nominated
Nottinghamshire County Council elected member	To be nominated
Nottingham City Council elected member	To be nominated
NHSE/I representative	DCO / DID
Non-voting members	
ICS Chair	To be appointed
In attendance	
ICS Managing Director	Wendy Saviour
The ICP lead from Greater Nottingham ICP	To be confirmed If not already part of membership
The ICP lead from Mid Nottinghamshire ICP	To be confirmed If not already part of membership
Two clinical leads from Greater Nottingham ICP with one to represent primary care providers	To be confirmed If not already part of membership
Two clinical leads from Mid Nottinghamshire ICP with one to represent primary care providers	To be confirmed If not already part of membership
ICS Officer - finance director lead	Helen Pledger
ICS Officer - Clinical director	To be confirmed
ICS Officer - Nursing/Quality director	To be confirmed
ICS Officer – Public Health Director	To be confirmed
ICS Officer - Director of Communications and Engagement	Alex Ball

Principles

Membership provides an improved balance of Executive/Non-Executive and Local Authority representation and better reflects the nature of the ICS in its partnership role. Each member is to have a nominated deputy who will be sufficiently senior to make decisions on behalf of the organisation.

These governance arrangements provide a fair approach to representation from individual organisations. No single member (or the organisation they represent) will have a right of veto over system-wide decisions. There will be one vote per statutory organisation with decisions made by a simple majority. Quorum will be reached with at least one member from each Nottinghamshire only based statutory organisation present (i.e. this specifically excludes EMAS).

The independent chair will not have voting rights. It is proposed that the vice chair is the chair of the CCG.

The recommendations that emerge from the priority work streams of the partnership can be passed en-route to the ICS Board through a number of advisory groups for assurance.

This includes assurance on clinical priority by the CRG, economic priority by the Finance Directors Group and commissioning feasibility by the Planning Group.