ICS Board, 8 August 2019 Item 9, Enc F3

ICS Maturity Progress

Self-assessment Baseline review Nottinghamshire

July 2019

NHS England and NHS Improvement

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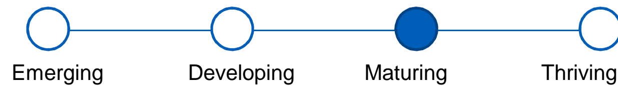
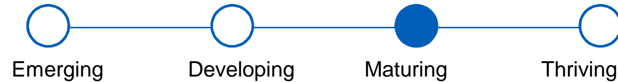
Overview of current self-assessment for Nottinghamshire

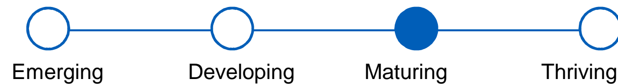
Domain one: System Leadership, Partnerships and Change Capability



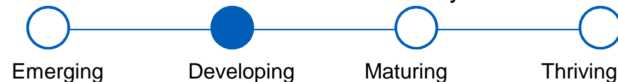
Domain two: System Architecture and Strong Financial Management and Planning



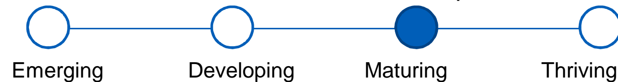
Domain three: Integrated Care Models



Domain four: Track Record of Delivery



Domain five: Coherent and Defined Population



● *System maturity*

The diagram on the left provides a high level summary of how Nottinghamshire performs against the ICS maturity framework as confirmed with ICS Board members.

Additional detail of **performance against each domain is found on slides 4-9.** (Please refer to the cells that are highlighted in blue on slides 4-9).

Mapping the maturity of Nottinghamshire has allowed us to identify the following key areas of strength as well as the domains requiring focus going forward:

Nottinghamshire is **performing well** in domains 1, 2, 3, and 5 with key areas of work on leadership, developing our architecture and governance, and delivery of transformation being implemented.

Whilst **good progress** is being made against some elements of domain 4 **challenges remain** in the Greater Nottingham area on delivery of urgent care constitutional standards.

Slides 10-15 provide details of the specific actions and **development plans** that are needed to secure further progress across the maturity matrix.

Process:

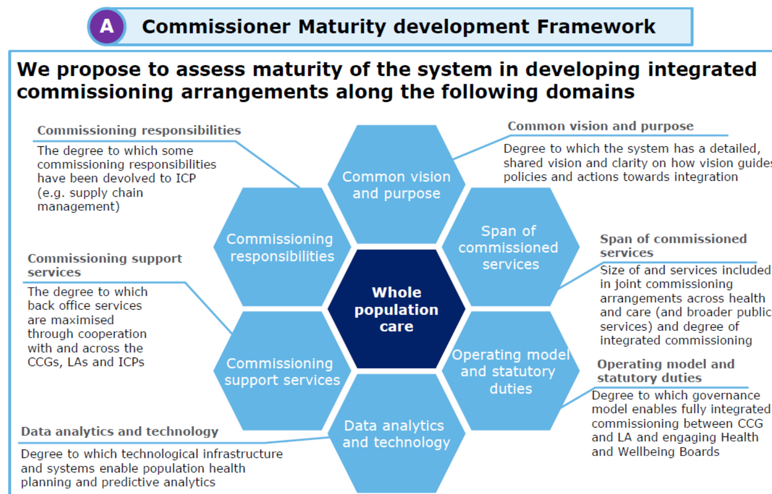
The ICS Board has undertaken self-assessments in the past (see slide 3) and has an established 'System Architecture' group that is comprised of director-level colleagues nominated by statutory partner organisations and reporting to the ICS Board.

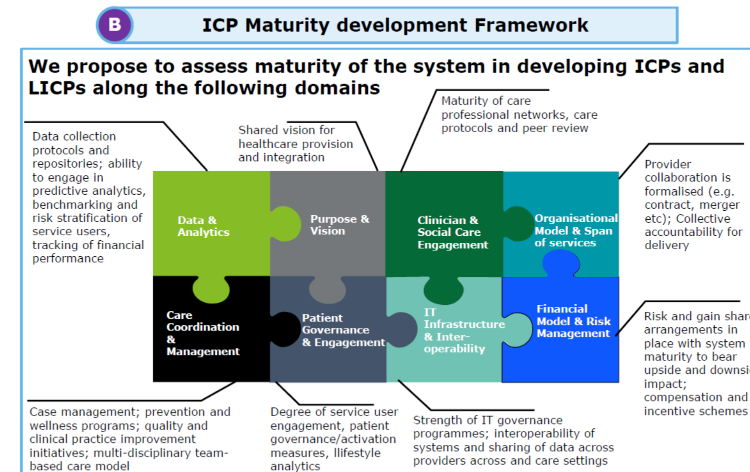
This expert group completed the self-assessment, which was then subject to a 'confirm and challenge' process by the ICS Board.

Overview of previous self-assessment for Nottinghamshire

Facilitated self assessments undertaken as part of ICS development . Most recently:

- Ernst Young assessment of financial elements – January 2019
- Deloitte system readiness assessment (commissioner and ICP maturity) – July 2018





Appendix A – 2019 ICS Maturity Matrix

Domain 1 - System Leadership, Partnerships and Change Capability				
Domain 1 Themes	**4 Stages of Maturity**			
	Emerging	**Developing**	**Maturing ICS**	**Thriving ICS**
Strong collaborative and inclusive system leadership and governance	Leadership team that lacks authority with no collectively-owned local narrative or sense of purpose.	All system leaders signed up to working together with ability to carry out decisions that are made.	Collaborative and inclusive system leadership and governance; including primary care, NEDs, the voluntary and community sector, local authorities and social care providers.	Strong collaborative and inclusive system leadership, including primary care, NEDs, the voluntary and community sector, local authorities and social care providers. Robust governance in place including clinical leadership and health and wellbeing boards.
Shared system vision and objectives	Little progress made to finalise system vision and objectives or embed these across the system and within individual organisations.	An early shared vision and objectives, starting to build common purpose and a collectively-owned narrative among the broader leadership community including primary care and wider 'out of hospital' services.	Clear shared and vision and objectives, with consistent progress seen.	A strong public narrative outlining how integrated care is being developed with, and benefiting the public showing demonstrable impact on outcomes.
System transformation partnership and engagement	Minimal meaningful engagement with local government, voluntary and community partners, service users and the public.	Plans to increase the involvement of local government, voluntary and community partners, service users and the public in decision-making at system, place and neighbourhood.	Effective ongoing involvement of voluntary and community partners, service users and the public in decision-making at system, place and neighbourhood levels.	A greater emphasis on partnership working and system wide quality in its regulatory activity.
Capacity and system transformation change capability	Lack of transparency in ways of working, and little understanding of current workforce, capacity and capability requirements for system transformation.	Plans to secure dedicated capacity and system transformation infrastructure, including clinical leadership and close working with local government, Health and Wellbeing Boards and social care providers.	Dedicated capacity and supporting infrastructure being developed to enable change at system, place (including health and well being boards) and neighbourhood level (through primary care networks (PCNs)).	Dedicated clinical and management capacity and infrastructure to execute system-wide plans.
System culture and talent management	Lack of a collectively-owned system narrative and agreed ways of working.	A developing culture of learning and sharing with system leaders solving problems together and drawing in the experiences of others.	A proactive approach to talent identification and management to build a strong pipeline of leaders.	Leaders across the system skilled at identifying and scaling innovation, with a strong focus on outcomes and population health, and building relationships.

Domain 2 - System Architecture and Strong Financial Management and Planning				
Domain 2 Themes	**4 Stages of Maturity**			
	Emerging	**Developing**	**Maturing ICS**	**Thriving ICS**
System architecture and oversight	Limited understanding of system architecture across the footprint and limited plans to organise delivery around neighbourhood, place and system.	Clear plans to organise delivery around neighbourhood, place and system.	System is working with regional teams to take on increased responsibility for oversight.	System has progressed to the most advanced stage of oversight progression – i.e. self-assurance, with clear communication and relationships with regional team.
Streamlined commissioning arrangements	Fragmented commissioning landscape with few agreed plans to streamline arrangements.	Plans to streamline commissioning (including the interface with local NHSE commissioning functions), typically with one CCG that is leaner and more strategic.	Plans to streamline commissioning are underway.	Streamlined commissioning arrangements fully embedded across all partners. Incentives and payment mechanisms support objectives and maximises impact for the local population.
System control totals, operating plans and financial risk sharing	System not in financial balance and unable to collectively agree recovery trajectory.	Good understanding of system financial drivers and efficiency opportunities, with a shared plan to address issues.	System has credible plans for meeting system control total and, where not already achieved, for moving towards system financial balance.	System is in financial balance and is sharing financial risk using more sophisticated modelling of current and future population health and care needs.
System wide financial governance and cross-cutting strategies	Lack of system wide plans on workforce, estates and digital.	System wide plans being developed to address workforce, estates and digital infrastructure across the breadth of local health and care services.	System wide plans for workforce, estates and digital infrastructure being implemented.	Improvements in workforce, estates and digital infrastructure being seen across the system.

Domain 3 - Integrated Care Models				
Domain 3 Themes	**4 Stages of Maturity**			
	Emerging	**Developing**	**Maturing ICS**	**Thriving ICS**
Population health management	Limited use of national and local data to understand population health and care needs.	Some understanding of current and future population health and care needs using local and national data.	PHM capability being implemented including segmenting and stratifying population using local and national data to understand needs of key groups and resource use.	Full population health management capability embedded at neighbourhood, place and system levels which supports the ongoing design and delivery of proactive care.
Long term plan - care models and service changes	Minimal collaboration or engagement across providers.	Early development of the 5 service changes within the LTP, and care models aiming to: 1) address unwarranted clinical variation; 2) integrate services around the needs of the population in neighbourhoods; 3) integrate services vertically at place; 4) collaborate horizontally across providers at the system and/or place level.	Starting to implement plans to: 1) address unwarranted clinical variation; 2) deliver the 5 service changes in the LTP; 3) tackle the prevention agenda and address health inequalities.	Implementation of the 5 service changes set out in the LTP demonstrating improvement in health outcomes. Integrated teams demonstrating improvement in outcomes.
Development of Primary Care Networks	Limited thinking about how to scale up primary care and how to integrate services at neighbourhood or place.	PCNs developing clear vision and plans for local integrated care models and providing services together. Plans include primary care and community services, and have started to form approaches with social care.	PCNs implementing plans to deliver national service specifications (in preparation for implementation of specifications as they become available nationally) and starting to design care models with partners to meet population need.	Fully mature PCNs across the system delivering care with partners (at a neighbourhood level and collectively with secondary care and local government at the place level) that meets population needs.
Redesigning outpatient services and using new technologies and digital advances	There are limited plans to redesign outpatient services or they are limited to individual organisational plans	Plans in place to support interoperable access to care records across health and social care providers.	There is a clear plan for how interoperability can enable care redesign with a clear vision and strategy in place to redesign services, focussing initially on outpatient redesign.	Digital and new technologies are fully functioning and operating at a system level to deliver redesign of services such as Outpatients

Domain 3 continues onto next slide...

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Domain 3 continued - Integrated Care Models

Domain 3 Themes	4 Stages of Maturity			
	Emerging	Developing	Maturing ICS	Thriving ICS
The prevention agenda and addressing health inequalities	Limited plans or strategies to tackle health inequalities or to create a system-wide prevention agenda.	Plans developing to align local plans to address key issues in health inequality and prevention.	Use of robust data to identify key determinants of health inequalities and population specific prevention needs. Plans in place to address these across all system level organisations and stakeholders.	Implementing priorities in prevention and reducing health inequalities as part of care model design and delivery.
Workforce models	There is no workforce strategy aligned to the system vision.	Full system involvement to develop workforce strategy aligned to new models of care and population needs.	Integrated care teams operating at neighbourhood and place bringing together PCNs, mental health, social care and hospital services as per the triple integration set out in the LTP. Community services teams are increasingly organised to align with PCN footprints.	Workforce model is agile and adaptable to population need, organisational boundaries are blurred and roles aligned to population needs rather than organisational need.
Personalised care models	There are no plans in place to implement the NHS comprehensive model of personalised care.	Plans developing to understand population needs and working groups set up to understand how to develop personalised care models.	There is a clear plan for how personalised care models can improve quality of life. Initial models are being tested and delivered across system, place and neighbourhood levels.	All 6 components of the comprehensive model for personalised care are in place across all pathways of care.

Domain 4 - Track Record of Delivery				
Domain 4 Themes	**4 Stages of Maturity**			
	Emerging	**Developing**	**Maturing ICS**	**Thriving ICS**
Evidencing delivery of LTP priorities and service changes	Slow progress towards delivering national priorities especially the 5 service changes set out in the LTP.	Evidence of progress towards delivering national priorities especially the 5 service changes set out in the LTP and further local priorities identified by the system.	Evidence of tangible progress towards delivering national priorities especially the 5 service changes set out in the LTP and further local priorities as identified by the system..	Evidence of delivering national priorities especially the 5 service changes set out in the LTP and further local priorities as identified by the system.
Delivery of constitutional standards	Lack of relative progress in delivering constitutional standards without system agreement to work together to support improvements.	Improved delivery of constitutional standards.	Consistently improving delivery of constitutional standards with credible system plans to address risks.	Delivery of constitutional standards including working as a system to mitigate risks.
System operating plans	Weak system operating plan developed and system unable to make collective decisions around system funding.	System operating plan in place that demonstrates a shared set of principles to start to manage finances collectively.	Robust system operating plan and system financial management in place, with a collective commitment to shared financial risk management.	Demonstrating early impact on improving population health outcomes and consistently delivery system control total with resources being moved to address priorities.
Challenging systemic issues	Limited evidence of support or understanding of challenged organisations within the system.	Evidence of progress towards understanding of each organisational issues and alignment across the system.	Robust approach in place to support challenged organisations and address systemic issues.	As issues emerge, leaders join forces to tackle them as a system including when under pressure.

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Domain 5 – Meaningful Geographical Footprint		
Domain 5	**Stages of Maturity**	
Do you have a meaningful geographical footprint that respects patient flows and, where possible, is contiguous with local authority boundaries or have clear arrangements for working across local authority boundaries?	Yes	No

Domain 1: *System Leadership, Partnerships and Change Capability*

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Domain 1 discussion points: System Leadership, Partnerships and Change Capability	Discussion feedback	Next steps and agreed actions	Potential support required
Theme 1: Strong collaborative and inclusive system leadership and governance • System leaders signed up to working together with the ability to make decisions. • Collaborative leadership including primary care; NEDS; the voluntary and community sector; local authorities and social care providers. • Governance in place, including clinical leadership and health and wellbeing boards.	Rated as 'Maturing' .Recognition that although the ICS is considered to be 'maturing' on system leadership and governance, further thought is needed on VCS involvement in the ICS Board. VCS involvement is already being embedded, to varying degrees, at Place and Neighbourhood levels.	Use the LTP to continue to build on the development of the ICS Partnership Forum, which constitutes CVS involvement strengthening the interconnection with the ICS Board. Continue to clarify and strengthen the governance interrelationship between ICS Board, H&WB boards, and ICP Boards.	None requested.
Theme 2: Shared system vision and objectives • Progress made to build a common purpose. • Collectively owned narrative among leadership community, specifically primary care and wider "out of hospital" services. • Public narrative outlining how integrated care is being developed with and benefiting the public showing demonstrable impact on outcomes.	Rated as 'Maturing'.	Continued progress. Continue progress with ICPs and Organisations enabling greater clarity and alignment of plans with the agreed ICS objectives.	None requested.
Theme 3: System transformation partnership and engagement • Progress made for engagement with local government, voluntary and community partners, service users and the public, including involvement in decision making at system, place and neighbourhood. • Greater emphasis on partnership working and system wide quality and regulatory activity.	Rated as 'Developing' with examples of good practice at all levels, on partnerships and engagement, with further work planned.	Progress with patient involvement groups already under development for the three Places. Ensure that Councillors are fully engaged and involved in the work of the ICPs	None requested.
Theme 4: Capacity and system transformation change capability • Plans to secure dedicated capacity and system transformation infrastructure, including clinical leadership, and close working with local government, Health and Wellbeing Boards and social care providers. • Progress towards dedicated capacity and infrastructure to enable change at system, place and neighbourhood level (through primary care networks). • Dedicated clinical and management capacity to execute system-wide plans.	Rated as 'Maturing' but with appreciation that transformation change capacity and capability is not currently consistently embedded at Place level.	Transformation change capability and capacity being devolved and aligned to Places through the CCG merger process with plans to embed over the coming weeks. Continue to develop PCNs, ICPs and Transformation Boards with a clear distinction of the work being progress at neighbourhood/place level, and the work being undertaken once across a wider footprint (multiple ICPs/whole ICS).	Continued benefit from national and regional support as required.
Theme 5: System culture and talent management • Progress made in developing a culture of learning and sharing with system leaders solving problems together and drawing on the experience of others. • A proactive approach to identify talent and build a strong pipeline of leaders. • Skilled system leaders who can identify and scale innovation, with a strong focus on outcomes for population health, and building relationships.	Rated as 'Developing' with People and Culture Strategy approved by the ICS Board. Programme of cultural change and leadership/skills development underway e.g. ICS wide leadership conference; OD support to the ICS Board; Nottingham City ICP participation in the NHS Leadership Academy Living Systems programme; Leadership development programme for an initial cohort of 50 leaders based on best practice from	Continued implementation of the ICS wide People and Culture Strategy and QSIR approach to QI.	Continued benefit from national and regional support as required.

Domain 2: *System Architecture and Strong Financial Management and Planning*

Domain 2 discussion points: System Architecture and Strong Financial Management and Planning	Discussion feedback	Next steps and agreed actions	Potential support required
Theme 1: System architecture and oversight • Clear plans to organise delivery around neighbourhood, place and system. • Systems working with regional teams to take on increased responsibility for oversight. • System progress towards to advanced stage of oversight – self- assurance and clear relationship with regional team.	Rated as 'Maturing' with the ICS engaged, alongside the regional teams, in oversight meetings and arrangements.	Continued progress. Continue to align and strengthen the role between the emerging ICPs and cross-cutting forums (e.g. A&E Delivery Boards, Transformation Boards) in relation to performance assurance and delivery.	Continued benefit from national and regional support as required.
Theme 2: Streamlined commissioning arrangements • Plans to streamline commissioning (including the interface with local NHS E commissioning functions). E.g. One leaner more strategic CCG. • Further detail on the level of financial balance and how plans are progressing to get there • Incentive and payment mechanisms to support objectives and maximise outcomes for the local population.	Rated as 'Maturing'.	Continued progress.	Continued benefit from national and regional support as required.
Theme 3: System control totals, operating plans and financial risk sharing • Progress towards a good understanding of system financial drivers and efficiency opportunities. • Shared plan to address issues collaboratively. • Credible plan for meeting system control total and moving towards financial balance. • Sharing financial risk using more sophisticated modelling of current and future population health and care needs.	Considered to be 'Developing' for system control totals, operating plans and financial risk sharing. Refer to information on evidence provided.	Range of actions underway to enable a move to a maturing system e.g. ICPs working together to develop system contingency plans to support delivery of the 2019/20 operational plan and control total; continued development and implementation of new payment/contracting arrangements to better manage costs and risk (working with national team). Sharing and learning from emergent best practice amongst other ICSs.	Continued benefit from national and regional support as required.
Theme 4: System wider financial governance and cross-cutting strategies • System wide plans developed to address workforce, estates and digital infrastructure. • Progress towards system wide implementation for workforce, estates and digital infrastructure. • Agreed outcome measures across the system for cross-cutting strategies.	Overall considered to be 'Developing' in this area as system wide plans are at varying stages of development, approval and implementation.	• Development of detailed workforce plan to underpin the ICS approved People and Culture strategy. • Development of an ICS wide Digitalisation, Analytics and IMT strategy by 31-10-19. This will build on local work, including the exemplar Digital Road Map. • Continuation of maturing work on estates.	Continued benefit from national and regional support as required.

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Domain 3: *Integrated Care Models*

Domain 3 discussion points: Integrated Care Models	Discussion feedback	Next steps and agreed actions	Potential support required
Theme 1: Population health management • Developing understanding of current and future population health and care needs using local and national data. • Progress towards developing PHM capability including segmenting and stratifying the population. Understanding needs of key groups and resource use. • Progress toward PHM capability at neighbourhood, place and system level. Supporting ongoing design and delivery of proactive care.	Rated as 'Maturing'	Continued progress at the forefront of this work nationally.	Continued benefit from national and regional support as required.
Theme 2: Long term plan – care models and service changes • Progress towards developing and implementing the 5 services changes in the LTP* and care models aiming to 1) address unwarranted clinical variation, 2) integrate services around the needs of the population in neighbourhood's , 3) integrate services vertically at place, 4) collaborate horizontally across providers at the system and /or place level. • Progress towards implementing plans to tackle the prevention agenda and address health inequalities.	Rated as 'Maturing'.	Continued progress.	Continued benefit from national and regional support as required.
Theme 3: Development of Primary Care Networks • Progress towards PCNs developing a clear vision and plans for integrated care and providing services together including an approach to forming with social care. • PCNs readiness for delivering national service specifications and to design care models for with partners to meet population need. • Plan for becoming fully mature by delivering care with partners at a neighbourhood level and collectively with secondary care and local government at place level, that meets population health.	Considered to be 'Developing' with opportunity to move to 'Maturing' over the next few months. Multi-disciplinary teams in place at neighbourhood level (health and social care) with varying models of collectivised general practice as the base component. National exemplars in some areas.	Use the LTP to progress the development of the Primary Care Networks building on general practice alongside all other community partners to secure solid involvement of all necessary delivery partners.	Continued benefit from national and regional support as required.
Theme 4: Redesigning outpatient services and using new technologies and digital advances • Plans in place to support interoperable care records across health and social care. • Progress made towards a clear vision and strategy for how interoperability can enable care redesign with an initial focus on outpatient redesign. • Moving towards digital and new technologies functioning at a system level to deliver redesign of services such as outpatients.	Rated as 'Maturing.'	Continued progress.	Continued benefit from national and regional support as required.

Domain 3 continued: *Integrated Care Models*

Domain 3 discussion points: Integrated Care Models	Discussion feedback	Next steps and agreed actions	Potential support required
Theme 5: The prevention agenda and health inequalities • Plans developing for align local plans to address key issues in health inequality and prevention. • Using robust data to identify key determinants of health inequalities and population specific prevention needs. Progress towards addressing these across all system level organisations and stakeholders. • Progress towards implementing priorities in prevention and health inequalities as part of care model design and delivery.	Rated as 'Maturing' with both the Outcomes Framework and ICS Prevention Strategy approved at Board level. Action based improvement being achieved.	Continued progress.	Continued benefit from national and regional support as required.
Theme 6: Workforce models • Progress made towards full system involvement in developing the workforce strategy aligned to new models of care and population needs. • Integrated care teams operating at neighbourhood and place bringing together PCNs, mental health, social care and hospital services as per the triple integrations aims set out in the NHS LTP. • Progress towards organising community services teams alignment with PCN footprints. • Aiming towards the workforce model being agile and adaptable to population need, blurred organisation boundaries, and roles aligned to population need rather than organisational need.	Rated as 'Maturing' with significant progress made.	Continued progress.	Continued benefit from national and regional support as required.
Theme 7: Personalised care models • Progress towards understanding population need and working groups set up to understand how to set up personalised care models. • Initial plans for personalised care models are being tested across system, place, and neighbourhood levels and there is a clear plan for demonstrating how personalised care models improve quality of life. • Working towards all 6 components of the comprehensive personalised care model across all pathways of care.	Rated as 'Maturing'. MOU agreed with specific programme of work in place	• Approach embedded in commissioning approach and plan in place to focus on short and medium term priorities. • Report to be presented to the Personalisation Board in September to propose sustainable approach.	Continued benefit from national and regional support as required.

Domain 4: *Track Record of Delivery*

Domain 4 discussion points: Track Record of Delivery	Discussion feedback	Next steps and agreed actions	Potential support required
Theme 1: Evidencing delivery of LTP priorities and service changes • Progress made in evidencing the delivery of national priorities, especially the 5 service changes set out in the NHS LTP, and further local priorities identified by the system. • Plans for evidencing *tangible* delivery of national priorities, the 5 service changes and local priorities.	Considered to be 'Developing' with pockets of exemplar practice specifically relating to vanguard initiatives but with the requirement for further work/progress across other care models.	Continued progress building on exemplar practice.	Continued benefit from national and regional support as required.
Theme 2: Delivery of constitutional standards • Improving delivery of constitutional standards. • Progress towards consistently improving deliver of constitutional standards with credible system plans to address risk, including working as a system to mitigate risks.	Considered to be 'Emerging' due to U&EC within the Greater Nottingham system. Improved delivery being achieved in mental health.	Continued implementation of the U&EC transformation programme in Greater Nottingham. Ongoing delivery of improvement plans across all the constitutional standards.	Continued benefit from national and regional support as required.
Theme 3: System operating plans • Progress towards a system operating plan being in place that demonstrates a shared set of principles to start to manage finances collectively. • Work towards a collective commitment to shared financial risk management. • Ability to demonstrate early impact on improving population health outcomes and consistently deliver system control total with resources being moved to address priorities.	Considered to be 'Maturing' with lessons learnt each year. Progress being achieved on shared financial risk management but with further work to embed the system approach to financial risk management.	Continued progress.	Continued benefit from national and regional support as required.
Theme 4: Challenging systemic issues • Ability to evidence progress towards understanding each organisational issues and alignment across the system. • Working towards putting in place a robust system to support challenged organisations and address systemic issues. • Leaders are able to join forces as issues emerge to tackle them as a system, including when under pressure.	Considered to be 'Maturing' with increasing collective leadership for challenging systemic issues.	Continued progress.	Continued benefit from national and regional support as required.

Domain 5: *Meaningful Geographical Footprint*

Domain 5 discussion points: Meaningful Geographical Footprint	Discussion feedback	Next steps and agreed actions	Potential support required
• A meaningful geographical footprint that respects patient flows and, where possible, is contiguous with local authority boundaries or have clear arrangements for working across local authority boundaries?	Geographical footprints agreed at System, Place and Neighbourhood levels, with ongoing work to ensure these meet the needs of the populations served and work for all partners.	Continued development at System, Place and Neighbourhood levels in accordance with ICS wide agreed principles/framework. Continue to develop PCNs, ICPs and Transformation Boards with a clear distinction of the work being progress at neighbourhood/place level, and the work being undertaken once across a wider footprint (multiple ICPs/whole ICS). Evaluation of the ICP footprints after 12-months of operation.	Continued benefit from national and regional support as required.

Appendix C – Acknowledgements

The following people were involved in drafting this ICS Maturity Progress Self-assessment

Name	Role
Nicole Atkinson	ICS Board member Clinical Lead from Greater Nottingham
Alex Ball	ICS Board member Director of Communications and Engagement, Nottinghamshire ICS
Sarah Bray	Head of Assurance, NHSE/I
Melanie Brooks	ICS Board member Corporate Director Adult Social Care and Health, Nottinghamshire County Council
Simon Crowther	Director of Finance, Nottinghamshire Healthcare NHS Foundation Trust on behalf of Chief Executive
Simon Gascoigne	Nottingham University Hospitals NHS Trust
Tim Guyler	Director of Improvement and Integration, Nottingham University Hospitals NHS Trust
Cllr Tony Harper	ICS Board member Chair, Nottinghamshire County Council Adult Social Care and Health Committee
Deborah Jaines	Deputy Managing Director, Nottinghamshire ICS
Rebecca Larder	Greater Nottingham Transformation Director
Richard Mitchell	ICS Board member Chief Executive, Sherwood Forest Hospitals NHS FT

Appendix C – Acknowledgements continued

Name	Role
Eric Morton	ICS Board member Chair, Nottingham University Hospitals NHS Trust
Helen Pledger	ICS Board member Director of Finance, Nottinghamshire ICS
Angela Potter	Director of Business Development & Marketing, Nottinghamshire Healthcare NHS Foundation Trust
Wendy Saviour	ICS Board member Managing Director, Nottinghamshire ICS
Richard Stratton	ICS Board member Clinical Lead from Greater Nottingham representing PCNs
Amanda Sullivan	ICS Board member Accountable Officer, Nottinghamshire CCGs
Tracy Taylor	ICS Board member Chief Executive, Nottingham University Hospitals NHS Trust
Jon Towler	ICS Board member Lay Member, Nottinghamshire CCGs
Cllr Steve Vickers	ICS Board member Chair, Nottinghamshire County Health and Wellbeing Board