

Minutes of the LLR ICS NHS Board
Tuesday 16 March 2021
8.30-10.00 am
Via MS Teams

Present:

Mr David Sissling	Integrated Care System (ICS) Chair
Mrs Cathy Ellis	Chair, Leicestershire Partnership Trust (LPT)
Professor Azhar Farooqi	Chair, Leicester City CCG
Mr Karamjit Singh	Chair, UHL
Mr Richard Henderson	Chief Executive, East Midlands Ambulance Service (EMAS)
Mrs Pauline Tagg	Chair, EMAS
Mr Stephen Bateman	Chief Executive, Derbyshire Health United (DHU)
Mr David Whitney	Chair, DHU
Dr Hilary Fox	East Leicestershire and Rutland Primary Care Network Representative
Ms Nicci Briggs	Executive Director, Finance, Contracting, Corporate Governance, LLR CCGs.
Professor Mayur Lakhani	Chair, West Leicestershire CCG
Ms Angela Hillery	Chief Executive, LPT
Mr Ket Chudasama	Deputy Director of Strategy and Planning, LLR CCGs
Ms Caroline Trevithick	Executive Director of Nursing, Quality and Performance, LLR CCGs
Ms Rachna Vyas	Executive Director of Integration and Transformation, LLR CCGs
Dr Anu Rao	West Leicestershire PCN / LMC representative
Dr Aruna Garcea	Leicester City PCN Representative
Ms Sarah Prema	Executive Director of Strategy and Planning, LLR CCGs
Ms Nicci Briggs	Executive Director of Finance, Contracting and Governance, LLR CCGs

Apologies for Absence:

Mr Andy Williams	Chief Executive, LLR CCGs
Ms Alice McGee	Executive Director of People and Innovation, LLR CCGs
Mr Ben Holdaway	Director of Operations, EMAS
Ms Rebecca Brown	Acting CEO, University Hospitals Leicester (UHL)
Dr Vivek Varakantam	Chair, East Leicestershire and Rutland CCG

In Attendance:

Ms Lynnette Farmer	Directorate Executive Assistant to Sarah Prema (Note taker)
Mr Mark Pierce	Head of Population Health Management, LLR CCGs

ITEM		LEAD RESPONSIBLE
NHSB/21/17	Welcome and Introductions Mr Sissling chaired the meeting and welcomed all attendees.	
NHSB/21/18	Apologies for absence Please see apologies noted above.	
NHSB/21/19	Notifications of Any Other Business There were no items of Any Other Business.	
NHSB/21/20	Declarations of Interest on Agenda Items	

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	No specific declarations were noted on agenda items.	
NHSB/21/21	<p>Minutes of Meeting held on 19 January 2021 (Paper A) The minutes of the meeting held on 19 January 2021 were agreed as a true and accurate reflection of the meeting.</p>	
NHSB/21/22	<p>Matters Arising and Actions of the Meeting held on 19 January 2021 (Paper B) The matters arising/action log of the meeting held on 19 January 2021 were reviewed:</p> <p>Action NSE/21/11 Single CCG Merger/ICS Designation: Ms Prema advised that there had been a successful membership vote in all three LLR CCGs at the end of February 2021. The next stage was to submit the merger application to NHSE/I within the next few days. The process following submission will include a panel meeting with NHSE/I in April 2021 to review the application. At that point NHSE/I will make a recommendation to the national team.</p> <p>Regarding the ICS Designation, there is a national meeting today (16.3.21) to consider LLR's ICS application. The application was fully supported by the regional team. There will be some conditions around the continuing development of the ICS and the development plan which is currently being revised. Ms Prema will provide updates as and when they are received.</p> <p>Action NSE/21/14 Vaccination Data Ms Tagg advised the report referred to at the last meeting is not routinely produced for the midlands region.</p> <p>All actions were recorded as completed.</p>	
NHSB/21/ 23	<p>Update from ICS Independent Chair Mr Sissling advised that he had been asked to join the Leicester City Health and Wellbeing Board and was also in discussion with Rutland and Leicestershire Health and Wellbeing Board Chairs.</p> <p>An action arising from the first LLR NHS Health and Care Partnership meeting in February 2021 was an agreement to spend time thinking about the purpose, vision, and values of the partnership. Three workshops have been arranged to further consider these (15 April, 29 April, and 13 May 2021).</p> <p>Further engagement sessions on the ICS are going to be launched for wider board members and executives, local government and the third party sector.</p> <p>Mr Sissling advised he had given some thought to the structure of the LLR ICS NHS Board meetings and proposed to shape them into three sections:</p>	

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	1) Policy and planning. 2) Operational. 3) To note.	
NHSB/21/24	<p>System Finance Strategy / Impact of Proposed Change to Procurement Legislation on Contracts such as the Alliance (Paper H) / Current 2020-21 Financial Plan Position</p> <p>Ms Briggs provided an update and highlighted the key points as follows:</p> <p>Current 2020-21 Financial Plan Position: As of 16 March 2021 formal finance guidance is still awaited from NHS England and Improvement (NHSE/I) in relation to planning for 2021/22. The expectation is the current COVID financial regime will rollover into Quarter 1 2020/21.</p> <p>In the first half of 2021/22 the financial allocations and envelopes will be largely based on months 7-12 200/21 with an uplift to reflect inflation. These should include additional primary care funding for long COVID and the mental health investment standard.</p> <p>The system will not be asked to submit individual organisational plans but a system plan will be required.</p>	
NHSB/21/ 30	<p>Financial Strategy: NHSE/I have confirmed they are expecting the system to stretch the ambitions of their current 4-year plan to enable a balanced position within 3 years; recognising the three years will not start until the new finance regime is introduced. To support this NHSE/I are working with UHL to confirm all relevant issues.</p> <p>NHSE/I has asked the system to work towards an end of March/early April 2021 submission date and have asked for a high level 3 year system strategy to be in place that links with the position that UHL are developing for the national team.</p>	
NHSB/21/31	<p>Impact of Proposed Change to Procurement Legislation on Contracts such as the Alliance (Paper H): Ms Briggs introduced paper H and highlighted:</p> <p>As part of the proposed national policy changes, all health services will be subject to revised procurement and competition arrangements from April 2022. The proposal is currently being consulted on and paper H sets out the key proposals and starts to describe how LLR may manage the intervening period from now until any new legislation and guidance is in place.</p> <p>The paper highlighted the preferred approach of a move to a</p>	

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<p>system way of working when considering procurements. Ms Briggs stated that she would work with partners to further refine the approach and aim to bring a proposal to the next meeting.</p> <p>Mr Sissling invited members of the Board for their comments on the three items presented by Ms Briggs, the key points are summarised below.</p> <p>UHL is holding a special board meeting on Monday 22 March 2021 to review the forecast for the next 3-4 years and will have a clear position following that.</p> <p>In relation to the paper H, the question of conflicts of interest was raised and a request made for the Board to think about how conflicts could be managed across the system. A number of further issues were also raised and discussed; how the system could ensure value for money; how it could ensure public confidence in terms of the process and how it could provide appropriate transparency. The Board recognised the requirement to have robust governance processes in place and were aware that challenges may arise whilst these are being developed. The patients' view should be the founding principle and all opportunities should be pursued to ensure that health inequalities are reduced.</p> <p>In summary Mr Sissling stated this signified a move away from a transactional market and was an opportunity to plan with stability and make decisions in a measured way in terms of the future of the provider landscape, which was welcomed.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the finance updates for information and noting. 	<p>Ms N Briggs</p>
<p>NHSB/21/25</p> <p>Update on Planning including Governance (Paper C) Planning</p> <p>Mr Chudasama presented paper C. The guidance from NHSE/I on operational planning is expected by the end of this month. This guidance should be similar to the phase 3 planning that was undertaken in September 2020. The expectation is that draft plans will be submitted in early May 2021 and the final submission will be in early June 2021, but further details are awaited.</p> <p>It is possible that an extraordinary LLR ICS NHS Board meeting may be required at the end of April 2021 to sign off the draft plan to enable submission in early May 2021, but that will be determined once full guidance has been received.</p> <p>Some of the risks will be the same as Phase 3 and the national</p>	

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	<p>requirements will be around addressing the elective care backlog. There were significant associated risks in light of the current size of the backlog.</p> <p>The second risk area is workforce. Mitigation will require action focussing on both recruitment and retention. Linked to workforce will be the COVID impact on staff. There will need to be appropriate attention to the health and well-being of staff over coming months.</p> <p>The final risk is around finance. Our plans must show a balance of disciplined cost control alongside service transformation.</p> <p>Governance Changes are proposed for the governance of key planning processes and oversight arrangements. The basic ask is to split the System Planning Operational Group (SPOG) into two areas:</p> <ol style="list-style-type: none"> 1) SPOG would continue with operational planning and; 2) The assurance and delivery would be moved to a Transformation Assurance Group (TAG) who would monitor and challenge on delivery. <p>No other changes are being proposed to the governance arrangements with the System Operational Group (SOG) and the NHS ICS Board unchanged. SPOG and TAG would escalate issues to SOG.</p> <p>Mr Sissling clarified that Mr Chudasama was asking the Board to approve the proposals and had given forewarning that the Board may be required to convene at the end of April 2021 in order to sign off the operational plan, dependent on further guidance being received.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • SUPPORT the proposals in broad terms whilst waiting for a further update in terms of any requirements to endorse / approve the plans/propositions at the end of April 2021. • APPROVE the changes to governance as outlined. 	
NHSB/21/26	<p>Provider Collaboratives (East Midlands Specialised Commissioning Hub) (Paper D)</p> <p>Ms Hillery advised that the paper provided an example of what had been established in relation to provider collaboratives across the East Midlands.</p> <p>The aim of the Alliance is to bring together planning for services at a population level and more strategic planning at a sub-regional level. She stated that the concept is of a lead provider model which has been through robust assessment and gateway</p>	

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<p>processes with NHSE/I. A business case sits beneath the proposal.</p> <p>LPT will be leading on adult eating disorders and Northamptonshire on Children and Adolescent Mental Health Services (CAMHS). She reiterated that the aim is to ensure that patients are at the centre of what is being delivered and developing a collaboration around that.</p> <p>The East Midlands will be setting up a joint commissioning hub and will be contracting and commissioning on an integrated basis. The hub will oversee quality, governance, finance and contracting and provides an example of effective provider collaboratives.</p> <p>Ms Hillery added she would be able to bring further information on how the journey materialises in due course. The final gateway meeting is today with a possible go live date of 1st April 2021 of the adult eating disorders and CAMHS services.</p> <p>Ms Prema added that NHSE/I had offered some additional project management support for the development of provider collaboratives and they would work with team and the PCNs to put together a proposal, which should start in the next week or two.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the progress to date and future updates to be provided when available. 	
<p>NHSB/21/27 Collaborative Integrated Commissioning Agreement (Paper E)</p> <p>Ms Prema stated that paper E provided an update from NHS/IE in relation to Clinical Commissioning Groups (CCGs) across the Midlands agreeing to integrate and jointly commission services on an East and West footprint at System, Place and Neighbourhood levels.</p> <p>The paper sets out the current position with two boards being created; one for the East Midlands and another for West Midlands. Some services will be integrated at an ICS level, with other at regional and national levels.</p> <p>The process is ongoing and there are a few challenges to work through as the ICS development plan is produced in relation to how the finance and resources would flow and how to integrate specialised commissioning into local systems.</p> <p>She highlighted that there is a lot of work to do but assured</p>	

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	<p>members that regular meetings are taking place to ensure delivery of what's required. Ms Prema advised she would provide updates as received.</p> <p>Mr Sissling emphasised the need to understand future arrangements but was reassured by the progress to date.</p> <p>It was RESOLVED to</p> <ul style="list-style-type: none"> • NOTE the progress to date and future updates to be provided when available. 	
NHSB/21/28	<p>LLR ICS Health Inequalities Framework (Paper F)</p> <p>Ms Prema introduced paper F and stressed the amount of work undertaken over the past couple of months to develop the framework. She stated that the document sets out the current position, providing high level actions.</p> <p>Mrs Prema advised that an initial engagement exercise has been undertaken with a second is about to commence. Comments received to date include adding in evidence based interventions; more focus on the first 1001 days of life; using lived experiences from patients or the public; ensuring the workforce is representative and to include some case studies.</p> <p>Members were reminded that the current framework is not a public facing document, but this will be developed once the engagement phase has been completed.</p> <p>Mrs Prema stated that the framework will be presented to the next LLR NHS Health and Care Partnership meeting for approval on the 17th June 2021, following which it will be shared with design and place groups who will be tasked with putting systems in place to deliver the framework, ensuring that they identify their key priorities.</p> <p>Mr Sissling invited members of the Board for their comments on which are summarised below.</p> <p>The Board reiterated the need to ensure that health equality and inequalities remain at the forefront of core ICS business.</p> <p>In addition, the Board agreed that having a health inequalities support unit in place operating in a similar way to the current transferring care safely function should be pursued.</p> <p>Members highlighted the issue of inequality and equity of access within communities, including that of the university community and agreed the principles of equity should apply to their needs too.</p>	

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	<p>It was agreed that a process would be in place to monitor the implementation and outcomes of the framework and the impact it has at a place level.</p> <p>It was recognised that the public facing document should highlight the work that has been undertaken across LLR around inequalities</p> <p>It was queried whether access of equity would form part of PCN delivery plans given variations across LLR that are impacted by transport, geography and language. The need for equitable access for patients was emphasised. Members were reassured that the design groups would be able to agree their priorities with tools in place to ensure that these are identified.</p> <p>Mr Sissling stated that the Boards' comments would be included in future versions of the framework and welcomed further iterations.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE and support the latest version of the framework which would be updated based on the Boards' comments and those received following the second round of engagement. 	
NHSB/21/29	<p>Update on Transformation Programmes (Paper G)</p> <p>Ms Vyas presented paper G which she summarised as follows:</p> <p>The slides provide an update on the work of each design group. The groups are currently looking at the health inequalities framework with a view to working more closely at place and neighbourhood levels to deliver the outcomes required.</p> <p>The slides provide highlights from each of the design groups and work that has been undertaken by them that have become of interest regionally, nationally and internally.</p> <p>Ms Vyas stated that it is important to note that work of the design groups brings together all partners to develop proposals. The following areas were highlighted to members:</p> <ul style="list-style-type: none"> • Annual health checks carried out have seen a significant increase from 5.1% to 54% and it is hoped that the 67% target will be achieved over the next couple of months. • The COVID ward programme is a partnership between UHL, general practice and LPT have seen a 51% reduction in admission rates. • Cancer care reviews have increased to 60% in the past couple of weeks. • Pre-transfer clinical discussion and assessment (PTCDA) 	

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	<p>is a partnership between various partners who focus on the most complex patients across LLR that are admitted to UHL. This has been in operation for the past six months and has demonstrated that 80% of those referred have remained at home.</p> <ul style="list-style-type: none"> • Covid vaccination confidence programme: 69% of patients have changed their views as a result of a GP/ practice call to the patient to understand their hesitancy and to dispel any myths in relation to the vaccine. <p>The next steps will focus on the first 1001 days; re-set and recovery plans that will be produced in partnership with LPT, UHL, DHU and EMAS colleagues.</p> <p>Mr Sissling commented that important and impressive work was clearly progressing and asked for thanks to be passed on to everyone involved.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE update for information. 	
NHSB/21/32	<p>Summary Report from Quality and Performance Group (Paper I)</p> <p>Ms Trevithick presented paper I for noting. She advised that this was the first time the report had been presented to the NHS ICS Board and monthly updates would be provided to the LLR ICS NHS Board going forwards.</p> <p>Members were advised that the role of the System Quality and Performance group is to identify quality issues and provides an opportunity for organisations to come together to look at resolving the issues through a joint approach.</p> <p>She drew attention to the proposed dashboard which will be a combination of objectives and targets and as it evolves it will inform the work programme of the group. She emphasised that the purpose of the group is not to provide assurance and stated that as the system develops and moves into an ICS it will need to think about how to have oversight of performance to be in a position to provide the levels of assurance required.</p> <p>Mr Sissling stated he was keen that the Board should have an appropriate focus on quality and safety issues and this paper was the first step in developing that.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE paper I for information. 	

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NHSB/21/33	<p>Update on COVID-19 (Paper J)</p> <p>MS Vyas presented paper.</p> <p>Mr Sissling praised the quality of the report received which highlighted the issues relating to the management of the COVID pandemic and progress being made with the vaccination programme.</p> <p>Ms Vyas advised that the report provided the current position in relation to COVID. She stated that further work is required on re-set and recovery which would be undertaken in conjunction with partners.</p> <p>Ms Trevithick provided an update on the vaccination programme data highlighting the following:</p> <p>At the end of last week a total (first and second doses) 402,000 vaccinations had been administered across the system. She stated that variability across the cohort's remains, but the system has been given control of distributing the vaccine allocated to it which should improve the position.</p> <p>Members were advised that the cohorts were being called for vaccinations at pace with cohort 9 commencing on the 15th March 2021. She advised that regionally cohort 10 (40-49 year olds) is due to be opened up this week.</p> <p>Following media coverage of the AstraZeneca vaccine, concerns have been raised by members of the public asking if they are able to choose Pfizer instead. Ms Trevithick advised that appropriate information and reassurance is being provided.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE paper J for information. 	
NHSB/21/34	<p>Any Other Business</p> <p>None recorded. However, Mr Sissling asked members to let him know via email if they had any suggestions for the format of the meeting.</p> <p>The meeting concluded at 9.57am.</p>	
	<p>Date and Time of next meeting:</p> <p>The next scheduled meeting of the LLR NHS System Executive will take place on Thursday 20 May 2021 at 10.30 am via MS Teams.</p>	