



Meeting in Common of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG

Meeting Title:	Governing Bodies (Open Session)	Date:	04 July 2019	
Paper Title:	Accountable Officer Report	Paper Reference:	GB/19/008	
Sponsor:	Amanda Sullivan, Accountable Officer	Attachments/ Appendices:	Appendices A, B and C	
Presenter:	Amanda Sullivan			
Summary Purpose:	Approve <input type="checkbox"/>	Endorse <input type="checkbox"/>	Review <input type="checkbox"/>	Receive/Note for: <input checked="" type="checkbox"/>
				<ul style="list-style-type: none"> • Assurance • Information

Executive Summary

The purpose of this paper is to present strategic updates and topical items to the Governing Bodies for information, assurance and approval (where relevant).
 This month's report includes:

- [Plans for continuity of services at the Nottingham Treatment Centre](#)
- [Nottingham and Nottinghamshire Integrated Care System \(ICS\) Updates](#)
- [Appointment of Integrated Care Provider \(ICP\) Leads](#)
- [Nottingham and Nottinghamshire Primary Care Networks \(PCNs\)](#)
- [Publication of the 2018/19 Annual Reports and Accounts](#)
- [Annual Public Meetings – July 2019](#)
- [Improving how the Office of the Public Guardian \(OPG\) supports people at risk](#)
- [Updates from Partnership Boards](#)
- [Engagement Updates](#)
- [Media Updates](#)
- [National Updates](#)

Relevant CCG priorities/objectives: *(please tick which priorities/objectives your paper relates to)*

Compliance with Statutory Duties	<input checked="" type="checkbox"/>	Establishment of a Strategic Commissioner	<input type="checkbox"/>
Financial Management	<input type="checkbox"/>	Wider system architecture development (e.g. ICP, PCN development)	<input checked="" type="checkbox"/>
Performance Management	<input type="checkbox"/>	Cultural and/or Organisational Development	<input type="checkbox"/>
Strategic Planning	<input checked="" type="checkbox"/>	Procurement and/or Contract Management	<input checked="" type="checkbox"/>

Conflicts of Interest: <i>(please indicate whether there are any conflicts of interest considerations in relation to the paper)</i>				
<input checked="" type="checkbox"/> No conflict identified <input type="checkbox"/> Conflict noted, conflicted party can participate in discussion and decision <input type="checkbox"/> Conflict noted, conflicted party can participate in discussion, but not decision <input type="checkbox"/> Conflict noted, conflicted party can remain, but not participate in discussion or decision <input type="checkbox"/> Conflict noted, conflicted party to be excluded from meeting				
Completion of Impact Assessments: <i>(please indicate whether the following impact assessments have been completed)</i>				
Equality / Quality Impact Assessment (EQIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	If the answer is No, please explain why
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Risk(s): <i>(please highlight any risks identified within the paper)</i>				
No risks identified				
Confidentiality: <i>(please indicate whether the information contained within the paper is confidential)</i>				
<input checked="" type="checkbox"/> No				
Recommendation(s):				
The Governing Bodies are requested to:				
<ol style="list-style-type: none"> RECEIVE the Accountable Officer Report for information 				

Accountable Officer Report

1. Plans for continuity of services at the Nottingham Treatment Centre

Plans to transfer patients to a new provider at the Nottingham Treatment Centre have been agreed. Circle Nottingham Limited is due to hand over services to Nottingham University Hospitals NHS Trust (NUH) on 29 July – with plans in place for a smooth transfer across all specialties.

The hand-over follows a rigorous process to manage the transfer of Circle employees as well as the premises, fixtures and equipment.

Over the last few weeks Circle have held a number of staff meetings to explain the transfer process and shared details of how the two providers are working together to ensure a safe transfer of services from the end of July.

Both providers are working with the CCGs to enable a smooth transition. All patients will be informed about how the transfer will or will not affect their treatment plans or regular appointments.

These plans also provide robust arrangements for the transfer of patient data as well as continuity of services.

The CCGs have reiterated their thanks to all the staff at Circle Nottingham who have provided dedicated service to local patients for many years, and look forward to seeing the Nottingham Treatment Centre continue to develop and thrive as a key part of the local Integrated Care System in the future.

2. Nottingham and Nottinghamshire Integrated Care System (ICS) Updates

The Nottingham and Nottinghamshire Integrated Care System (ICS) updates following the ICS Board meetings in May and June 2019 are attached at **Appendix A and B**.

At the Board's meeting on 9 May 2019, the following areas were discussed:

- 'Love Bump' Patient Story – supporting expectant mothers to avoid smoking whilst pregnant
- An update on workforce at Nottingham University Hospital (NUH)
- Best Value Decision Making – proposed approach to commissioning NHS services in the future
- ICS Strategy and Memorandum of Understanding – progress to date
- Local Engagement and Insight on the Long Term Plan
- ICS System Roles and Responsibilities
- Primary Care Networks (PCNs) – how PCNs will be established across Nottingham and Nottinghamshire

At the Board's meeting on 13 June 2019, the following areas were discussed:

- Patient Story – Primary Care Psychological Medicine Service
- East Midlands Academic Health Science Network – roll out of known innovations across the ICS
- Clinical Services Strategy
- Primary Care Strategy and Primary Care Networks – a draft Primary Care Strategy for the ICS and an update on the PCNs
- Memorandum of Understanding – a further update on the Memorandum of Understanding between the ICS and NHS England/Improvement
- Proposed Merger of Clinical Commissioning Groups – an update on the proposed merger of the six CCGs into one Strategic Commissioner by April 2020
- Mental Health Deep Dive
- ICS Board Governance – amendment to Terms of Reference

ICS Board papers are published on the ICS website at www.stpnotts.org.uk/ics-board.

3. Appointment of Integrated Care Provider (ICP) Leads

It has been announced that following a competitive interview process, Ian Curryer (Chief Executive of Nottingham City Council) has been appointed to the role of ICP lead in Nottingham City and Dr John Brewin (Chief Executive of Nottinghamshire Healthcare NHS Foundation Trust) will be the ICP Lead for South Nottinghamshire.

With Richard Mitchell's previous appointment to the ICP Lead role in Mid-Nottinghamshire, there are leads now in place for all three ICPs.

This is an important step in galvanising activity across the City and County and making progress on strategic aims.

4. Nottingham and Nottinghamshire Primary Care Networks (PCNs)

All the proposed Primary Care Networks (PCNs) across Nottingham and Nottinghamshire have now been approved by NHS England. Alongside a 'wide range' of new workforce incentives designed to address growing pressure on primary care services over the next ten years, PCNs are one of the key changes to General Practice outlined in the NHS Long Term Plan and the new GP contract.

In simple terms, the networks are groups of practices working with other health and care organisations, and they will act as a key component in the delivery of the Long Term Plan's ambitions.

Locally, GPs have always had a long tradition of working together, whether it's in federations, locality teams or networks, but the development of the PCNs puts a more formal structure around this way of working. The City and County will consist of 20 PCNs.

The PCNs will be one of the main ways in which integrated care will be delivered in neighbourhoods across the ICS and will consist of clinical, social care and local authority professionals working together to improve health outcomes at a local level. Longer term, the vision is to create teams tailored to serve the health care requirements of specific neighbourhood populations, made up of GPs, pharmacists, social prescribing link workers, housing support officers, mental health practitioners, occupational therapists and others. You can see the full configuration of the PCNs across the ICS [here](#).

5. Publication of the 2018/19 Annual Reports and Accounts

The 2018/19 Annual Report and Annual Accounts for the six Nottingham and Nottinghamshire CCGs have been published on the CCGs' websites in line with the Department of Health reporting requirements. The Annual Reports provide; in-depth reviews of the CCGs' financial accounts and how the CCGs' are held accountable for their financial performance and an analysis of the CCGs' performance including details of their challenges and achievements during 2018/19.

The CCGs' Annual Reports and Accounts can be accessed via the following links:

- [NHS Mansfield and Ashfield CCG](#)
- [NHS Newark and Sherwood CCG](#)
- [NHS Nottingham North and East CCG](#)
- [NHS Nottingham City CCG](#)
- [NHS Rushcliffe CCG](#)
- [NHS Nottingham West CCG](#)

6. Annual Public Meetings – July 2019

The six Nottingham and Nottinghamshire CCGs are holding their Annual Public Meetings on the following dates:

- **Mid Nottinghamshire** (NHS Newark and Sherwood CCG and NHS Mansfield and Ashfield CCG)
Wednesday 3 July 5.30pm – 7.30pm West Nottinghamshire College, Derby Road, Mansfield, NG18 5BH
- **Greater Nottingham** (NHS Nottingham North and East CCG, NHS Nottingham City CCG, NHS Rushcliffe CCG and NHS Nottingham West CCG)
Tuesday 9 July 2019 5.30pm, Nottingham Trent University, Belgrave Rooms, 25 Goldsmith Street, Nottingham, NG1 5LB

To register your place, or for more information, please email katie.swinburn@nhs.net.

7. Improving how the Office of the Public Guardian (OPG) supports people at risk

The Office of the Public Guardian (OPG) has an important role in protecting people in England and Wales who do not have the mental capacity to make health and financial decisions for themselves. At the Association of Directors of Adults Social Services (ADASS) spring seminar in April, the Public Guardian launched OPG's safeguarding strategy. This new strategy supports the OPG's existing safeguarding policy and emphasises the importance of working with other agencies that have a duty to protect people at risk of abuse or neglect.

[OPG safeguarding strategy 2019 to 2025](#)

[Office of the Public Guardian safeguarding policy](#)

[Social Care Institute for Excellence's \(SCIE\) safeguarding resources](#)

The safeguarding strategy is not a radical change but a stepping up of the OPG's role in working with partner agencies to better support and protect people at risk. It sets out goals that the OPG will work towards to improve the safeguarding service we offer to our service users and people who may lack mental capacity.

The goals are:

- Help safeguarding partners understand more about what the OPG do
- Work more closely with safeguarding partners
- 'No wrong door' approach for all safeguarding concerns reported to the OPG
- Working culture which puts the safeguarding needs of the user first
- Greater support for their users

8. Updates from Partnership Boards

Nottinghamshire Health and Wellbeing Board

The last meeting of the Nottinghamshire Health and Wellbeing Board took place on 5 June 2019; the summary from the meeting is available at

<https://www.nottinghamshire.gov.uk/care/health-and-wellbeing/health-and-wellbeing-board>

Highlights include:

- Councillor Steve Vickers opened the meeting as the new Chair of the Health and Wellbeing Board and Jeremy Griffiths was confirmed as Vice Chair for the coming year.
- A report was presented on the Better Care Fund (BCF) Performance during 2018/19.
- An Air Quality Strategy document was presented which aims to build on what is already happening to improve air quality.
- A presentation was given on the NHS Long Term Plan in Nottinghamshire. It was explained that local strategies are being developed to set out how the plan will be delivered in Nottinghamshire.

Nottingham City Health and Wellbeing Board

The last meeting of the Health and Wellbeing Board took place on 29 May 2019, minutes from the meeting are available at <http://www.healthynottingham.co.uk/>.

Highlights include:

- A themed discussion took place on obesity in Nottingham City, the services provided, the work ongoing to tackle childhood obesity, the exploration of a new systems approach to eating and moving for good health and signing up to the Physical Activity and Nutrition Declaration.
- An annual report was presented on the Joint Health and Wellbeing Strategy 2016-2020 which provided an update on strategic developments.
- A report was presented on Primary Care Networks (PCNs) setting out the development of PCNs.
- A report was presented on the progress to date on the commissioning reviews for Nottingham City Council (NCC) and the joint priorities for NCC and Nottingham City CCG for 2018/19.
- Commissioning intentions for 2019/20 were set out for NCC and the joint intentions of NCC and Nottingham City CCG, which will form the basis of the work programme for both organisations.

Nottingham City Children's Partnership Board

The last meeting of the Children's Board took place on 26 June 2019. Meeting agendas and minutes of meetings are available on the [Nottingham City Council](#) website.

Nottingham City Crime and Drugs Partnership Board

The last meeting of the Crime and Drugs Partnership Board took place on 10 June 2019. The ratified minutes of the meeting that took place 18 March 2019 are attached at **Appendix C**.

9. Engagement Updates

NHS Long Term Plan

The Engagement Team is continuing to raise awareness of the 'What matters to you?' campaign. This campaign aims to encourage people to get involved and help shape our local NHS plan, generate debate about local and national health priorities and celebrate some of the work that is being undertaken locally in health and social care. Focus groups are being planned and taking place with local residents. Community engagement events are also a great opportunity for people to get involved and provide feedback.

Ollerton Wellbeing Wednesday

Every Wednesday at Ollerton Town Hall a range of services are offered to residents of the locality. This includes a Work Club where job-seekers can get free, friendly and informal

help and advice and is run jointly by Jobcentre Plus, Ollerton and Boughton Town Council, the Dukeries Academy and Newark and Sherwood District Council. Newark and Sherwood District Council's customer services team is on hand to deal with any council issues.

'Ollerton Health and Wellbeing Wednesday' has recently commenced. Representatives of the Engagement Team attended on 1 May 2019 to provide a range of information covering support for carers, GP extended access and invited comments as part of the 'What Matters To You?' campaign to help inform the development of our local NHS Plan.

Non-Emergency Patient Transport Service

Engagement has continued with patient groups regarding the non-emergency patient transport service. All information collated from patient groups will be shared with the new provider during the mobilisation period to inform service development.

Dying Matters/End of Life

The Engagement Team recently attended Protected Learning Time Events with GPs and Practice Nurses from across Newark and Sherwood and Mansfield and Ashfield to raise awareness of the End of Life Care Together Service. Partners from the service were in attendance to share information about what the service offered. As part of Dying Matters Week information was also shared with patients and staff at a joint stand with Sherwood Forest Hospitals Trust on the 15 May 2019.

Clinical Services Strategy

The first patient focus group took place on the 29 May 2019 in collaboration with the Stroke Association. This is the first of many patient focus groups that are taking place. The focus group provided an opportunity for patients to understand what the Clinical Services Strategy is, how patient's views and opinions can feed into this strategy and also about what this means for patients, carers and families in the future. Patients have also been invited to attend the workshops with Health and social Care professionals across all areas. The second focus group took place on the 26 June 2019 as part of the respiratory workstream.

Coxmoor Insight Project Group

Work is taking place in partnership with Ashfield District Council and other local organisations and residents to look at the physical activity in the Coxmoor Area in Kirkby in Ashfield and how we can work together. Work will continue to take place to understand what issues and barriers there may be in the area and how we can work together to alleviate these.

Ashfield Active Annual General Meeting (AGM)

The Engagement Team and Primary Care colleagues attended the Ashfield Active AGM to provide an update on the establishment of PCNs and how patients and the public will be involved and how partners will work together in the future. The information was well received and a commitment was provided to work together moving forward to meet the local needs of the community. Further meetings are planned.

Community Alcohol Partnership

A launch meeting took place to bring together partners across the area to replicate the work that has taken place in other areas across Mid-Nottinghamshire to tackle the issue of underage drinking. The CCG have helped and supported this project in Ollerton and Edwinstowe. Following the success of the other projects the CCG will continue to work with Newark and Sherwood District Council, Police and other local organisations and retailers.

Bull Farm PPG Pain Management Event

On Monday 10 June Bull Farm PPG hosted a Chronic Pain Management Information session at the Primary Care Centre. Despite the driving rain over 40 patients attended the event which was split into two 1 hour sessions. The sessions were led by Paula Banbury and Dr Greg Hobbs from Primary Integrated Community Services (PICS) who talked about the Community Pain pathway. It was explained that although people will still need to attend Kings Mill for injections there is now the option to attend clinic appointments at designated community and clinical settings via a GP referral. Those in attendance were living with a wide range of conditions and reflected on how their pain affects all aspects of their daily lives and how they would welcome a more holistic approach to their pain management.

Learning Disability Event

People with learning difficulties, their families and carers were being invited to take part in a special 'Your Health Event' to find out more about their health and services that are available to them locally taking place in the Lammas Leisure Centre on Wednesday 19 June (10am-3pm). In the first event of its kind locally, teams from Sherwood Forest Hospitals, the Mansfield and Ashfield Clinical Commissioning Group (GGC) and Everyone Health have come together to give people with learning difficulties the opportunity to meet their specialist teams. The event included information stalls on services and products available to them, the chance to find out more about their health and the chance to take part in activities like ice skating, bowls.

Lesbian, Gay, Bisexual and Transgender (LGBT)+ Networking, Information, Health and Wellbeing Event

David Edgley of the Nottinghamshire LGBT+ Network delivered a training session to staff from a variety of statutory and voluntary sector organisations at Castle House, Newark on 24 June 2019. Attendance at the event included staff from Newark and Sherwood District Council, NHS Newark and Sherwood CCG, Newark and Sherwood CVS, YMCA, MacMillan, Age UK, Victim Support and Everyone Health. The session was extremely well delivered, thought provoking and plans are being developed to widen the reach of the training across mid Nottinghamshire.

Trent Barton

Trent Barton, the Nottinghamshire wide public bus services, has been taking part in a staff wellbeing drive to offer better signposting and advice around accessing health and social care services within Nottingham and Nottinghamshire. As part of their staff focused initiative the Engagement team has been invited to attend sessions with staff to offer advice on GP access, mental health self-referral pathways and also linked in to the ICS What Matters To

You long term plan work. The presence of the CCG has been well received and opened further channels to access working age patients and public for future engagement opportunities.

Experian

The Engagement team has continued to develop their business links with Experian and has provided updates and information for their staff communications channels. In addition to standard communication opportunities introductions and signposting has also been provided to the Experian workforce team to support their efforts on celebrating Wellbeing Week from the 17 June 2019.

Community Bed Engagement

The Engagement Team for Greater Nottingham has been working with the Greater Nottingham Transformation team in obtaining public and patient opinion on the topic of Community Beds and the experience of discharges and transfer of care for patients. Interviews have been carried out on a one to one basis with patients and staff within the relevant services. A report has been drafted and submitted to the Deputy Transformation Director and future requirements to support the next steps will be planned and scheduled.

MENCAP Open day

The Engagement Officer for Rushcliffe and Nottingham West attended and supported the MENCAP Open Day at their premises in the Meadows area of Nottingham. The event will be a perfect partnership opportunity for current and future engagement and service development conversations, particularly for the forthcoming activity in Learning Disabilities service provision in Nottingham and Nottinghamshire.

Care Home Managers Forum

The Engagement Officer for Nottingham City has been invited to attend the City wide Care Homes Managers Forum which takes place quarterly. The first invitation was extended and accepted for the June 2019 meeting and it was well attended by Care Homes Managers, Nottingham CityCare Partnership Dementia Outreach team, representatives from the Integrated Service Team and CCG Continuing Health Care Commissioning. This is a valuable opportunity to engage with and receive updates on services relating to patients and service users within Care Homes, Home Care and Integrated Discharge Team services alongside opening up new avenues for ongoing communication and engagement on core CCG activity. The information relating to the merger was well received and a commitment was provided to work together moving forward to meet share communication and updates to better benefit patients, residents and community members.

Suicide Prevention

The Engagement team supported the Mental Health Commissioning team by attending the Nottingham and Nottinghamshire wide Suicide Prevention Forum in June 2019. The Forum was well represented by personnel from across Nottingham and Nottinghamshire to progress the joint suicide prevention workplan and actions with the objective of reducing suicides and self-harm across the footprint. This piece of partnership working will continue

over 2019/20 and feed in to Borough, City and County Council planning and strategies, health, Police, Fire Service and local commercial organisations to reduce suicide and self-harm across Nottingham and Nottinghamshire.

Primary Parliament

Nottingham City Council organises and hosts a Primary Parliament each school term and the June Parliament focused on the topic of “Healthy You”. As the topic had a health focus the Engagement team were invited to support the event, witness the process and work with the children in their workshops as they discussed what makes a healthy relationship and healthy behaviours. The event was attended by fifteen primary schools from across Nottingham City Local Authority boundaries and has now opened up many opportunities for future activity by the CCG Engagement team with schools, Special Educational Needs schools and teachers and youth representatives. A future piece of work will involve mapping these new stakeholders to the CCG, ICPs and ICS workstreams.

10. Media Updates

CCG Coverage and Primary Care News

[Sutton GP nominated for prestigious national award](#) – Mansfield Chad, 25 June 2019

Dr Carter Singh, GP Partner at Willowbrook Medical Practice, has been nominated for a NHS Parliamentary National Award in the category; ‘Excellence in Primary Care’.

[Family feel 'let down' by doctors after they missed eight-year-old's cancer](#) – Nottingham Post 27 June 2019

The family of an eight-year-old boy who is currently being treated with non-Hodgkins Lymphoma describe difficulties they had in getting a diagnosis.

[Private health firm loses NHS treatment centre contract](#) – The Guardian 9 June

A private health firm has lost one of the biggest and longest-running contracts to treat NHS patients, in a significant blow to the creeping privatisation of care.

[Mapperley GP surgery announces it is set to close this month - Nottingham Post 5 June 2019](#)

The Mapperley Park Medical Centre is set to close on Friday, June 21 after the retirement of its GP - Dr Mark Stevens

[Strelley Health Centre closed down by inspectors to 'protect safety' of patients – Nottingham Post 7 June](#)

Strelley Health Centre has been closed down following concerns by the Care Quality Commission who visited the practice during recent months.

11. National Updates

GP scheme frees up half a million hours for patients

An NHS programme has seen GP practices free up more than half a million hours of time for patients in the last year.

The Time for Care programme sees surgeries across the country adopt new ways of working like letting patients book appointments sooner, cutting paperwork and offering faster access to different specialist health professionals.

The programme, which will now be rolled out across the country after success in pilot sites, has been extended for three years beyond its initial March 2019 end date and aims to cover three quarters of GP practices by 2022.

The decision comes after the programme posted its latest results which show practices around the country have freed up 205,157 clinical hours and 330,096 administration hours in the past year, all of which helps focus maximum effort and resource on quick and convenient patient care.

The saving of 205,000 clinical hours is the equivalent of 1.23 million GP appointments of 10 minutes each. At an average of £30 an appointment, that represents close to £40 million in time saved.

Digital tool to help reduce avoidable lengthy stays in hospital

A new digital portal is being introduced by the NHS and councils which allow health and social care staff to see how many vacancies there are in local care homes, saving hours of time phoning around to check availability and helping people to get the right care or return home as quickly as possible. People who need a care home placement will be supported to get out of hospital sooner, thanks to new technology being rolled out to care homes, councils and hospitals across the country by NHS England as part of its Long Term Plan for the health service.

In 2018, around a quarter of a million hospital bed days in England were taken up by people who were medically fit enough to be discharged, but who faced delays in an appropriate care home being found that could meet their recovery needs.

The NHS, working with councils, reduced the number of lost bed days by 20% between 2017 and last year, and making the new tool – the Capacity Tracker – more widely available, is one of a number of measures being taken to reduce unnecessary delays leaving hospital still further. Over 6,250 care homes have already signed up to the system, piloted in the North, Devon and Berkshire last year, and now thousands more can sign up to use it.

The roll-out of the tool will contribute to ambitions set out in the NHS Long Term Plan to upgrade support to reduce avoidable long stays in hospital, including better sharing of information between care homes and hospital staff.

Care Quality Commission (CQC) launches new Equality Objectives for 2019 – 2021

The CQC has confirmed its Equality Objectives for 2019-21. These objectives ensure that equality is front and centre, both in its regulatory work, and for its staff.

The five equality objectives for 2019 to 2021 are:

1. Confident with difference: person-centred care and equality
2. Accessible Information and communication
3. Equality and the well-led provider
4. Equal access to care and equity in outcomes in local areas
5. Continue to improve equality of opportunity for our staff and those seeking to join CQC

<https://www.cqc.org.uk/news/stories/cqc-launches-new-equality-objectives-2019-21>

Amanda Sullivan
Accountable Officer
July 2019



Integrated Care System

Nottingham & Nottinghamshire

ICS Board Summary Briefing – May 2019

Introduction

The Independent Chair of the ICS, David Pearson, welcomed a wide variety of citizens and staff from across the system to the second Board meeting to be held in public – all the papers for the meeting are available at www.stpnotts.org.uk/ics-board. Patients, citizens and staff from organisations across the system are always welcome to the Board to hear the discussions.

'Love Bump' Patient Story

The ICS's Director of Nursing, Elaine Moss, updated on the work undertaken in partnership with the System's Local Authorities to support expectant mothers to avoid smoking whilst pregnant. The update included sharing a powerful story of a local patient's own experience avoiding smoking for her second pregnancy. The Board welcomed the update and in particular the strong partnership working between the NHS and Local Government.

Workforce

As one of the key challenges and important supporting components of the ICS's emerging strategy (as outlined below), the Board welcomed a detailed update on workforce from Lyn Bacon, Chief Executive of CityCare and Nicky Hill, HR Director of Nottingham University Hospitals who are Senior Responsible Officer and Programme Director respectively of the Workforce workstream.

As experienced across all of the country, there is a shortage of nursing and medical staff across the ICS which, if left unchecked, could present significant issues for the delivery of the ICS's plans. Therefore the Board was reassured to receive a copy of the People and Culture Strategy for Nottingham and Nottinghamshire which outlines the strong delivery plans to recruit, retain and multi-skill staff for the future. The Board also welcomed a clarification of the proposed governance structure for workforce planning in Nottingham and Nottinghamshire and agreed to consider how to ensure that workforce matters are fully considered in the Board's discussions going forward.

Best Value Decision Making

The Board next considered a report setting out the proposed approach to commissioning NHS services in the future. The report set out the wider considerations that were recommended to be taken into account when setting a commissioning approach, including the Economic, Social and Environmental facets of commissioning decisions. The Board supported the adoption of these wider considerations and also agreed to receive a report on an annual basis of the proposed commissioning activity for the coming period to enable the Board to be aware of those upcoming decisions.

ICS Strategy and Memorandum of Understanding

Following discussions at the March ICS Board and the subsequent workshop attended by Board members and other system leaders in April, the ICS's Director of Strategy summarised the progress to date on developing the ICS's strategy. Whilst it is not yet fully clear what might be required to be submitted to NHS England/Improvement in the autumn, the Board has agreed that the ICS will need an articulation of the strategy for the system in order to provide clarity on the priority areas and actions. The Director of Strategy outlined the outputs from the April workshop including confirming that the top five priorities for the system were likely to be: redesigning the urgent and emergency care system; improving the care of patients with long term conditions; re-shaping services for patients with mental ill-health to make them more responsive; reducing waste and inefficiency in the system, and; taking more actions to prevent ill-health before it presents itself. It was also confirmed that there will be a number of supporting programmes of work to enable these priorities to be delivered, including a focus on workforce as discussed above. Further work will take place over coming weeks and months to develop the strategy including a further presentation in the August Board meeting.

Linked to this, the Board also had a brief discussion on the Memorandum of Understanding between the ICS and NHS England/Improvement. The Memorandum of Understanding (MoU), which is refreshed annually, sets out the expectations from NHSE/I for the ICS to deliver and also includes a summary of what support and additional freedoms the ICS can expect to enjoy in return. The Board was keen to be on the front-foot with the creation of this MoU and explored the relative balance that should be placed on achieving national standards in, for example, A&E waiting times and Mental Health access alongside the local priorities such as tackling alcohol harm and eliminating health inequalities in the ICP areas. Further work will be undertaken and the discussions with NHSE/I are expected to start soon.

Local Engagement and Insights on Long Term Plan

The ICS and CCG Director of Communications and Engagement presented an update on the local public and staff engagement on the NHS's Long Term Plan that has been undertaken since late March this year. This engagement has been undertaken to both establish the public's attitude to the services provided in Nottingham and Nottinghamshire and the emerging priorities that may appear in the local system strategy and also to enable a dialogue between system leaders and the public in order to promote public confidence in the plans as they are developed. The Board welcomed the update on the engagement activities to date and those planned for the coming weeks and also had a brief discussion on the strategic insights that have begun to emerge from the engagement work, including a confirmation of public support for the likely priority focus areas (as outlined above) for the ICS's strategy.

ICS System Roles and Responsibilities

As the three Integrated Care Providers (ICPs) across the ICS start to establish themselves more clearly and as Primary Care Networks (see below) also start to come into focus, it was felt useful to re-confirm the ways in which these three tiers (along with the overall ICS level)

would interact and allocate responsibility for work amongst themselves. The overriding approach to this is that work should be done at the most appropriate level and that work should be performed the fewest possible number of times – striving always for maximise efficiency and removing duplication. The below diagram illustrates this overall approach with some examples of what activities would take place at each level.



The Board welcomed the additional clarity that this approach provided and committed to continuing to work through the practical implications of this over the coming months.

Primary Care Networks

Dr Nicole Atkinson presented on behalf of General Practice leaders from across the system the latest view on how Primary Care Networks will be established across Nottingham and Nottinghamshire. Primary Care Networks are one of the main ways in which integrated care will be delivered in neighbourhoods across the ICS and will consist of clinical, social care and local authority professionals working together to improve health outcomes at a local level. In due course, therefore, teams consisting of GPs, pharmacists, social prescribing link workers, housing support officers, mental health practitioners, occupational therapists and others will be set up, serving populations of around 30,000 to 50,000 patients. Individual GP practices will need to agree amongst themselves which other practices they wish to join up with to form these Networks and an early view of these emerging Networks was shared and discussed.



**Integrated
Care System**
Nottingham & Nottinghamshire

ICS Board Summary Briefing – June 2019

Introduction

The Independent Chair of the ICS, David Pearson, welcomed a wide variety of citizens and staff from across the system to the third Board meeting to be held in public – all the papers for the meeting are available at www.stpnotts.org.uk/ics-board. Patients, citizens and staff from organisations across the system are always welcome to the Board to hear the discussions.

Patient Story – Primary Care Psychological Medicine Service

The Board welcomed a presentation from a patient describing their experience of suffering from a combination of physical and psychological symptoms and the positive impact that the Primary Care Psychological Medicine Service was able to have. The patient spoke of the sudden onset of physical symptoms affecting her face muscles and then the associated impact on her mental health of both this sudden change and also the challenge of identifying the correct service to help treat her symptoms. Clinical and operational colleagues from the Primary Care Psychological Medicine Service updated the Board on the work of the integrated team in treating this cohort of patients with both physical and psychological symptoms and the positive impact this has proven to have on both patient outcomes and reducing demand on services.

East Midlands Academic Health Science Network

In support of various discussions that the Board has had over recent months regarding the consistent adoption of innovations across the system and also regarding the need to think differently to better support the transformation of services for patient benefit, a presentation was received from the Managing Director of the East Midlands Academic Science Health Network, Mike Hannay. Mike reminded the Board of the role of the AHSNs across the country and in the East Midlands and shared some examples of the known innovations that were being rolled out across the country, including a summary of how well they had been taken up in Nottingham and Nottinghamshire. Mike also proposed a new approach to creating a bespoke set of priorities for the EMAHSN guided by the ICS's priorities.

The Board endorsed the proposed approach to rolling out the known innovations across the ICS and also agreed to set up an 'Innovation Exchange' process to steer the development of innovations to support the emerging ICS strategy. Dr Andy Haynes, the ICS's Clinical Director, volunteered to lead this work and take it forward over the next few months.

Clinical Services Strategy

A team of colleagues from across the system presented a working draft of the ICS's Clinical Services Strategy. The Clinical Services Strategy has been developed through an open and inclusive process that brings together the expertise of both clinicians and care professionals with patients and citizens in determining the future shape of services across the system: to date over 250 clinicians, professional staff, patients and citizens have been engaged in the work.

The Board welcomed the chance to comment on the working draft presented at the meeting and thanked the team for their efforts in developing the plans to the high quality that could be seen in the work so far. Comments from Board members included noting the need to learn from elsewhere in the country to avoid 're-inventing the wheel' and also the desire to see quick delivery on some of the straightforward changes. Colleagues were also keen to ensure that any proposed changes would contribute to resolving the system's financial challenges as well as delivering the improvements in patient care expected. The Board endorsed the overall approach and the next steps and agreed to receive a further draft in due course.

Primary Care Strategy and Primary Care Networks

Dr Nicole Atkinson, Clinical Chair of Nottingham West CCG, presented two items – a draft Primary Care Strategy for the ICS and an update on the Primary Care Networks that have recently been established. The Primary Care Strategy was welcomed by colleagues, in particular by Board members from secondary care and other sectors who valued the enhanced visibility of the plans for primary care.

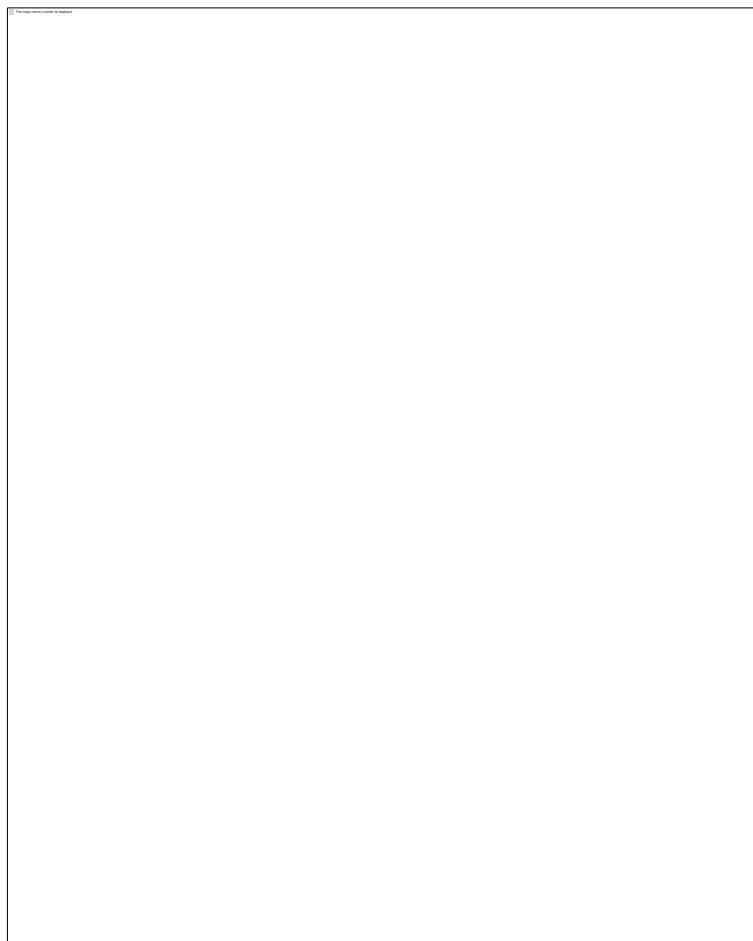
Dr Atkinson also presented on behalf of General Practice leaders from across the system the final view on how Primary Care Networks will be established across Nottingham and Nottinghamshire. Primary Care Networks are one of the main ways in which integrated care will be delivered in neighbourhoods across the ICS and will consist of clinical, social care and local authority professionals working together to improve health outcomes at a local level. In due course, therefore, teams consisting of GPs, pharmacists, social prescribing link workers, housing support officers, mental health practitioners, occupational therapists and others will be set up, serving agreed neighbourhood populations.

GP leaders have now agreed a complete set of PCNs, covering the whole of the ICS geography. Board members were keen to understand in detail how the PCNs would draw in Primary Care colleagues in the widest possible sense, not just GPs, and also to explore how the very largest PCNs would be accountable for the delivery of the financial savings and the transformation of services that needs to be made within the system.

The final list of PCNs, their constituent practices and the Clinical Directors can all be found here: <http://www.stpnotts.org.uk/media/1740099/item9encfpcnconfigurations.pdf>.

Memorandum of Understanding

Further to the discussion at the May meeting of the ICS Board, the Board received a further update on the Memorandum of Understanding between the ICS and NHS England/Improvement. The Memorandum of Understanding (MoU), which is refreshed annually, sets out the expectations from NHSE/I for the ICS to deliver and also includes a summary of what support and additional freedoms the ICS can expect to enjoy in return. The Board agreed the approach of *Big Ticket*, *Local* and *Enabling* commitments for inclusion in the MoU, as shown in the below diagram.



The Board also endorse the approach of delegating delivery of the MoU commitments to the ICPs on behalf of the ICS. Discussions to develop and finalise the MoU with NHSE/I will continue over the coming months.

Proposed Merger of Clinical Commissioning Groups

Amanda Sullivan, Accountable Officer of the six Nottingham and Nottinghamshire Clinical Commissioning Groups updated the Board on the proposed merger of the six CCGs into one Strategic Commissioner by April 2020. Mergers of CCGs to create single commissioning organisations, typically one per ICS, are called for in the NHS Long Term Plan. Amanda outlined the anticipated benefits from the proposed merger including: better healthcare and

health outcomes; better use of clinical and other resource; a stronger, consistent commissioning voice and leadership; greater support for transformation and local innovation, and; significant administrative savings. The Board expressed strong support for the proposed merger and agreed to write to Amanda to express their support for it.

Mental Health Deep Dive

Dr John Brewin, Chief Executive of Nottinghamshire Healthcare Trust and Amanda Sullivan presented a deep-dive into Mental Health performance. The Board undertook a detailed discussion of the issues presented in the paper including consideration of workforce as a critical enabler of delivery. The Board endorsed the proposed next steps in the paper and thanked the team involved in work in this important area.

ICS Board Governance

Ahead of a fuller review of the ICS Board's Terms of Reference and membership later in the year, the Board received and agreed a small-scale update to the ToR – confirming the return of the City Council to full membership of the ICS; enabling representatives of the three ICPs to be voting members of the Board; confirming the increased clinical membership of the Board; agreeing the principle of Non-Executive Director members of the Board taking up 'champion' roles for specific topics such as workforce, and; tidying up some other governance loose-ends.



NOTTINGHAM CRIME & DRUGS PARTNERSHIP BOARD MEETING

MONDAY 18TH MARCH 2019, 2-5 PM

ROOM 208, BYRON HOUSE

Chair:

CP Craig Parkin (Vice Chair), Deputy Chief Fire Officer, Nottinghamshire Fire and Rescue Service

Attendees:

TS Tim Spink, Head of Service, Nottingham Crime & Drugs Partnership
SR Sophie Russell, Head of Children's Strategy and Improvement (Item 4 below only)
HB Helen Blackman, Director of Children's Integrated Services (Item 4 below only)
AC Alison Challenger, Director of Public Health, Nottingham City Council
AE Andrew Errington, Director of Community Protection, Nottingham City Council
ACC Alex Castle-Clarke, Tasking & Intelligence Manager, Nottingham City Council
NM Nick Murphy, Chief Executive, Nottingham City Homes
HB Hazel Buchanan, Director of Strategy & Partnerships, Greater Nottingham CCGs
AB Andrea Baxter, Area Commander, Nottinghamshire Police
SC Steve Cooper, Assistant Chief Constable, Nottinghamshire Police
PB Phil Broxholme, Senior Performance & Insight Analyst, Nottingham Crime & Drugs Partnership
NH Nigel Hill, Director, Head of Nottinghamshire, National Probation Service
BB Bob Bearne, Assistant Chief Executive, DLNR Community Rehabilitation Company
PT Paddy Tipping, Nottinghamshire Police and Crime Commissioner
LW Councillor Linda Woodings, Portfolio Holder for Planning, Housing and Heritage, Nottingham City Council.
TN Councillor Toby Neal, Portfolio Holder for Community Protection, Nottingham City Council
CO Christine Oliver, Head of Commissioning, Nottingham City Council (Item 6 below only)
LP Lucy Putland, Strategy & Commissioning Manager, Nottingham City Council (Item 6 only)

Minutes:

LPa Laura Patterson, Policy Officer, Nottingham Crime & Drugs Partnership

Apologies:

- JC** Councillor Jon Collins, Leader, Nottingham City Council
CB Candida Brudenell, Corporate Director and Assistant Chief Executive, Nottingham City Council
CW Ceri Walters Head of Commercial Finance, Nottingham City Council

1.0 Introductions, Apologies and Declarations of Interest

- 1.1 Introductions were given and apologies were noted. No interests were declared.
- 1.2 JC is stepping down as a councillor and therefore as Leader of the council, in May, so will no longer be Chair of the Board. CP registered the thanks of the Board for Cllr Collins' decades of work in the city. This was reinforced by PT, who also praised JC's work as Chair of the Nottinghamshire Police Authority.
- 1.3 This is AB's last Board meeting and she was thanked by the Chair for all her hard work in the city.

2.0 Previous Minutes of the Board from 10th December 2018

- 2.1 The minutes of the CDP Board meeting held on 10th December 2018 were accepted as a true and accurate reflection of the meeting.

3.0 Matters Arising

- 3.1 There were no outstanding matters arising.

4.0 Update on Serious Youth Violence

- 4.1 HB outlined the contents of the report which detailed:
- The development of the Serious Youth Violence and Exploitation (SYVE) Programme, which follows the public health approach and is aligned to the knife crime strategy.
 - Proposals for governance of the SYVE programme
 - An update on the bid for MHCLG 'Supporting Families Against Youth Crime'
- 4.2 HB requested that the Board agree the recommendations set out in section 2 of the report.
- 4.3 AC then outlined the work being carried out to develop Nottingham City's Vision for Violence Prevention and requested the Board's support for the Public Health approach to violence prevention. AC will bring a report to the next Board defining the need, outlining the work being carried out and the reasons why.
- 4.4 There was a discussion around the PH approach. LW supported it but noted the time taken by Glasgow to get results and requested that work around the long term effects

of strong cannabis on mental health is included. HT confirmed this is a large part of the work being carried out with young people. AC advised that as not starting from scratch on this work, the timescale should be shorter than Glasgow's and also that Glasgow had a greater focus on prevention, so the city needs to shift to this longer term.

- 4.5 PT supported the public health approach and the work done to date but advised need to ensure links with enforcement and that work is joined up. SC advised that Nottingham is now close to the national knife crime average and the good work from the partnership is starting to pay off.
- 4.6 NM raised the issue of community engagement and SR advised work is being carried out around how to engage young people and families.

DECISION

- The CDP Board endorsed the public health approach and programme of activity outlined in Appendix 1 of the report.
- The Board agreed that identified linked activity can be included in the city-wide programme to support coordination and provide more clarity of focus.
- The Board agreed the proposed governance as outlined at Appendix B of the report.
- Board Members committed to support coordinated, multi-agency delivery of the SYVE Programme and 2019/20 priority projects.
- The Board noted the intention to develop a Nottingham City 'Vision for Violence Prevention' through the Director of Public Health (DPH) Annual Report.

5.0 Overview Report from the Co-Chairs of the CDP Executive Group

- 5.1 SC introduced the report. He advised that the CDP Executive Group has met once since the last Board meeting.
- 5.2 The following items were discussed at the Executive Group meetings and are on the agenda for this Board meeting:
- Performance Report
 - Respect Survey 2018
 - Respect Survey Action Plans – Neighbourhoods & City Centre
 - Criminal Justice Homelessness Partnership Group
 - CDP Partnership Plan
 - Complex Person's Panel Update
 - Knife Crime
- 5.3 The below items were also discussed at the Executive Group meetings:
- Hate Crime & Cohesion Subgroup & Hate Crime Action Plan
 - Substance Misuse Strategy including recent review of the provision of criminal justice substance misuse provision on behalf of OPCC
 - Partnership Governance Health Check Update
 - Information Sharing Agreement (ISA) Audit 2018

- 5.4 Two reports were also submitted to the February Executive for mention only. They were crime reduction position statements on:
- Safer Car Parks
 - Trading Standards Crime Reduction Activity
- 5.4 SC updated further on the hate crime item, advising that good progress had been made in this area. The target of a 20% reduction in hate crime will not be achieved but there has been a reduction of 10%. SC advised that the satisfaction rate for victims of hate crime for the service received is 98%, so a high quality service is being provided.
- 5.5 There was a discussion around the Partnership Governance Healthcheck and the findings of the Nottingham City Council Audit Committee. The majority of the recommendations have already been implemented. **The Board agreed that they did not want to see the CDP risk register at Board meetings, as it identifies risk from a council perspective and as such, this should be managed by the CDP back office team.**

THE BOARD NOTED THE CONTENTS OF THE REPORT AND THE DECISIONS.

6.0 Substance Misuse – Impact on Crime of Funding Cuts

- 6.1 CO outlined the services currently funded from the substance misuse budget. Cuts of 40% have been made to this budget and issues are starting to arise, though actions have been taken to mitigate the cuts where possible, such as aligning contracts and retendering contracts. A decline in service performance appears linked to the budget cuts.
- 6.2 LP detailed the risks which have arisen as a result of the budget cuts. There are particular issues around the needle exchange since the Health Shop Broad Street base closed. This work is now being done on an outreach basis and through the pharmacy needle exchange, in order to maximise access to clean needles. Boots in Broadmarsh is the only pharmacy needle exchange in the city centre and the issues arising around this were highlighted and discussed.
- 6.3 LP advised that the impact of reduced budgets on services include reduced staff, reduced access points and reduced performance. An overspend against budget is predicted and the risk is that delivery will need to be reduced further but the team is working with providers to minimise the impact on service delivery.
- 6.4 The cost of Buprenorphine has increased massively and the expected cost increase is over 100k this year. This funding has been found for this year but is non-recurring. Framework, the provider, have some proposals around changing prescribing practices which could potentially reduce the annual cost by 80k. There has also been an increase in opiate users in treatment of 10%, though nationally this has reduced by 9%. They tend to cost more to treat than other drug users for a number of reasons.
- 6.5 The JSNA is currently being written, so will include more detail on substance misuse. TN requested a more detailed profile of opiate users and it was agreed that PB would

include some detail in future performance reports. **It was also agreed that substance misuse will become a standing item for both the CDP Board and Executive Group and that the next report will include further monitoring and reporting.**

6.6 CO confirmed that providers have worked with the team around the budget cuts and warned that services could be stretched too far with further cuts and retendering may be necessary.

6.7 There was a discussion around the prevalence of cannabis use in Basford and around the police response to it.

Action: LW and AB to meet to discuss cannabis use in Basford and what actions the police can and are taking.

7.0 Performance Report

6.1 PB presented the performance report and talked through some of the key issues arising from it. The full detail of performance against target is included in the written report.

6.2 The demand on the police is broadly stable but has dipped slightly in the last few months. Victim based crime continues to rise, with the biggest changes in stalking and harassment and theft from person, both of which have been impacted by changes in counting rules. There is a correlation between actual crime and perception of crime in the Respect Survey. There is some good news, as serious violence and knife crime have decreased in recent months, as has burglary.

6.3 ASB calls to 101 have decreased but the Respect Survey showed that less people who experience ASB report it and also that less people report ASB as they do not think anything will be done. SC added that there are still more than 1,000 ASB calls per month and a fairly high satisfaction rate.

THE BOARD NOTED THE CONTENTS OF THE REPORT.

8.0 Respect Survey 2018

8.1 PB presented the overall results of the 2018 Respect Survey and progress against the Respect Action Plans, which are set out in detail in the written report. In the wards, 58% of ASB indicators and 49% of crime indicators have improved. However, in the city centre, all indicators are worse. Begging is still perceived to be a big issue in the city centre by 49% of people and more people are concerned about crime and ASB. The Respect Survey priorities will be carried on until May.

8.2 PT advised that more police are being recruited and AB highlighted the need to get better at communicating what is being done in areas, including the city centre but need to balance the reporting to ensure people are not scared.

8.3 ACC set out the proposed new partnership problem solving process for 2019 onwards for Board approval. ACC talked through the proposed new governance model, which will use broad themes of people, places and premises to feed in to Partnership

Tasking, then up to the Executive Group then the Board. ACC highlighted the strong chairing of tasking by AB and Pete Mitchell. ACC identified knowledge of specialist resources and improved communications as service improvement areas for the coming year, alongside a tensions monitoring framework.

- 8.4 AE stated that the work is nationally significant, has been demonstrated to work and shows the benefits of working in partnership. AE thanked and commended those who had worked on this and the organisations which have contributed.

THE BOARD NOTED THE CONTENTS OF THESE REPORTS AND APPROVED THE PROPOSED PARTNERSHIP TASKING BUSINESS MODEL FOR 2019/20.

9.0 Reducing Reoffending Governance Group Update

- 9.1 BB spoke to his report on the publication of the HMIP report on DLNR CRC, to assure the Board on actions taken in response to the report. The full report is available to view on the HMIP website. A detailed internal plan has been put in place to act on the recommendations. PT highlighted that there were some positives in the report. BB said that almost all of the issues raised were ones the CRC was already aware of, so work is already being undertaken on these.
- 9.2 BB provided an update on the last meeting of the Reducing Reoffending Governance Group. The main issues covered were accommodation, female offenders, violent and weapon-enabled crime and an integrated offender management update.
- 9.3 BB also presented the report on the Criminal Justice Homelessness Partnership Group. The group is working to address the issue of prisoners being released from HMP Nottingham with no fixed abode and to implement the provisions of the Homelessness Reduction Act 2017. No extra resource has been allocated to meet the requirements but the group is bringing the right people together to address the issues.
- 9.4 PB advised that data has now been collected for January but there are gaps so it is not a complete picture. Agencies are not managing to get upstream of prisoners before they are released as the act intends but Framework will be doing some work with prisoners now before they are released. There is still an issue with remand prisoners, as it is not known in advance if they will be released and the act does not seem to have taken this into account. BB also highlighted the difficulty of implementing the act's recommendations for prisoners receiving a very short sentence.
- 9.5 NH advised that it is difficult to resource the work required and one of NPS's directors is looking at this. The system needs to be developed further to get the data and a two-week dip sample is planned. NH also mentioned the difficulties in finding accommodation for ex-offenders.
- 9.6 LW highlighted the staffing shortages within Housing Aid and the pressure staff are under trying to implement the act. AE agreed to take how to deal with the staffing issue to Leadership Group this week.

THE BOARD NOTED THE CONTENTS OF THESE REPORTS.

10.0 Serious and Organised Crime Board Review

- 10.1 ACC presented the report and advised that the review of the SOC Board has been completed. It was found that the Board had not found a strong purpose and it has agreed to disestablish itself. ACC talked through the recommendations of the report and also through a draft agenda for the new Vulnerabilities and Commodities group which it is proposed to set up. The CCG agreed to endorse and support the VCG and supply a member for the group and ACC will amend the terms of reference accordingly
- 10.2 The Board noted its thanks to Detective Chief Superintendent Milano for his leadership of the SOC Board.

THE BOARD AGREED:

- That the SOC Board be disestablished.
- That a new 'Vulnerabilities & Commodities Group' (VCG) be established to manage those thematic areas of concern that have been adopted by the CDP Board and that the current delivery plans for these transfer to ownership by the VCG.
- That the CDP Board and CDP Executive Group establish formal lines of standard reporting from the VCG.
- That the proposed terms of reference for the new group be approved.

11.0 CDP Partnership Plan

- 11.1 PB presented this report detailing the annual refresh of the partnership plan. The current plan will close a year early and there will be a new plan following the election in May. The priorities from the Strategic Assessment have been included. PB talked through the revised partnership operating model, which is set out in detail in the report. A city centre ASB group has been formed to manage the action plan in the city centre.
- 11.2 Feedback was requested on the draft plan. AC requested that violence prevention and alcohol be added.
Action: AC and HB to provide wording to PB around violence prevention and alcohol to be included in the updated Partnership Plan.
- 11.3 PT also advised that the plan may need to be changed after the elections in May. **It was agreed that PB will bring a paper on targets to the April meeting of the Executive Group, based on the manifestos.**

THE BOARD RECEIVED AND ENDORSED THE DRAFT PARTNERSHIP PLAN, WHICH REFLECTS THE PRIORITIES IT ADOPTED FOLLOWING THE STRATEGIC ASSESSMENT AND AGREED TO DEFER THE SETTING OF TARGETS UNTIL AFTER THE LOCAL ELECTIONS AND TO RECEIVE PROPOSALS AT ITS NEXT MEETING.

12.0 Mamba and Spice Street Triage Car

- 12.1 HB gave a verbal update on this item. The task and finish group has continued to meet but has not been able to demonstrate a return on investment for the triage car.

13.0 CPP Update

- 13.1 ACC updated on his review of the Complex Person's Panel and outlined the key issues which had been identified, including the Steering Group not meeting and changes to the pathway. The panel has continued to meet and work with citizens. Dave Walker will continue to lead on this, in his new role of Head of Safer Housing & ASB and will be convening a visioning session of relevant partners to renew the Steering Group function and ensure its stability and sustainability. The CDP Executive Group will continue to receive information on the CPP as a standing item.

THE BOARD NOTED THE CONTENTS OF THE REPORT

14.0 Finance

- 14.1 TS advised that the Finance report has been withdrawn from this meeting, as it contained inaccuracies. A report will be provided to the June meeting of the Board.

15.0 CDP Board and Executive Group Revised Terms of Reference

- 15.1 TS presented the updated terms of reference (TOR) and advised that the main changes were clarifying the whistle-blowing procedure and voting rights. The Board reaffirmed its commitment to, and the appropriateness of, consensus decision making. The revised TOR also clarify voting rights and the relationship between the Board and the Executive Group.

THE BOARD NOTED THE CONTENTS OF THE REPORT AND AGREED THE REVISED TERMS OF REFERENCE FOR THE CDP BOARD AND EXECUTIVE GROUP.

16.0 Any Other Business

- 16.1 NM advised the Board that NCH are updating their Crime and ASB Strategy, which has been aligned with other strategies and has been sent out for consultation.

17.0 Date of next meeting

- 17.1 Monday 10th June 2019, 2-5pm, BH Room 208



Meeting in Common of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG

Meeting Title:	Governing Bodies (Open Session)	Date:	04 July 2019
Paper Title:	Mid Nottinghamshire Patient and Public Engagement Committee (PPEC) Highlight Report	Paper Reference:	GB19 009
Sponsor: Presenter:	Julie McIntyre, Chair, Mid Nottinghamshire PPEC Julie McIntyre, Chair, Mid Nottinghamshire PPEC	Attachments/ Appendices:	None
Summary Purpose:	Approve <input type="checkbox"/>	Endorse <input type="checkbox"/>	Review <input type="checkbox"/>
		Receive/Note for:	<input checked="" type="checkbox"/>
		<ul style="list-style-type: none"> Assurance Information 	

Key Focus of the Meeting

The Patient and Public Engagement Committee met on 30 April 2019 when discussion focused on the Digital Strategy for Nottingham and Nottinghamshire and progress reports regarding the PPEC workstreams covering mental health and social prescribing.

- Digital Strategy for Nottingham and Nottinghamshire
 - Interest was expressed in a digital inclusion project to support people to be more confident in the use of technology
 - PPEC members' support was requested to cascade positive messages about digital technology and encourage sign up to the NHS App
- PPEC workstreams covering mental health and social prescribing updates highlighted plans to;
 - Contribute to the review and refresh of mental health service specifications
 - Develop a survey to understand what patients would be prepared to do in terms of their own health and care and what the barriers might be. The information will be used as part of the induction programme for the Link Workers in each Primary Care Network.

A further PPEC meeting took place on 4 June 2019 where discussion focused on the consultation regarding the proposed merger of the 6 CCGs across Nottingham and Nottinghamshire. A comprehensive presentation was delivered by Sarah Carter, Director of Transition and Jenny Goodwin, Head of Communications and Engagement. Issues raised by PPEC members related to;

- a need to have arrangements in place to ensure local needs can be addressed at a local level
- concerns were raised around Patient and Public Engagement in the future around ICS/ICP and PCNs and how this will continue. Assurances were provided that the PPEC will continue in its current form. A Greater Nottingham PPEC is currently being established to ensure that there is

consistency across Nottingham and Nottinghamshire.

It was agreed that it would be advantageous to hear from the Locality Teams around PCNs in the future and how the PPGs can help and support the work going forward. This will be factored into the forward programme for PPEC members.

Key Messages for the Governing Body

Both meetings provided an opportunity to update on local issues impacting on health and wellbeing and it was agreed that the following key messages would be shared at the meeting in common of the CCGs' Governing Bodies;

- Highlight a need for an extension of the cancer health and wellbeing group for Newark patients.
- Raise performance issues for x-ray reporting at Sherwood Forest Hospitals Foundation Trust and clarify plans to resolve this.
- Query whether or not opportunities to make urgent referrals to x-ray from the A&E department are being missed; following the case presented to the PPEC members.

The next PPEC meeting will take place on 2 July 2019 and the main item on the agenda is the implementation of the aligned incentives approach to contracting and payments with Sherwood Forest Hospitals Foundation Trust.



Meeting in Common of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG

Meeting Title:	Governing Bodies (Open Session)	Date:	04 July 2019		
Paper Title:	Greater Nottingham Patient and Public Engagement Committee (PPEC) Highlight Report	Paper Reference:	GB 19 010		
Sponsor:	Sue Clague, Lay Member – Patient and Public Involvement (Greater Nottingham)	Attachments/ Appendices:	None		
Presenter:	Sue Clague, Lay Member – Patient and Public Involvement (Greater Nottingham)				
Summary Purpose:	Approve <input type="checkbox"/>	Endorse <input type="checkbox"/>	Review <input type="checkbox"/>	Receive/Note for: • Assurance • Information	<input checked="" type="checkbox"/>

Key Focus of the Meeting

The following summarises work underway to establish a Greater Nottingham Patient and Public Engagement Committee (PPEC).

- Working with a steering group of patient representatives across Greater Nottingham, a Terms of Reference, member role description and set of key competencies have been developed for the Greater Nottingham PPEC. These are aligned with the Mid Nottinghamshire PPEC Terms of Reference and member role description.
- An Expression of Interest process is currently underway to recruit members to the Greater Nottingham PPEC. This process is supported by Healthwatch and the Lay Member for Patient and Public Involvement (PPI) in Greater Nottingham.
- Informal interviews to confirm shortlisted members in their role are scheduled for 5 and 8 July. Healthwatch and the Lay Member for PPI form part of the interview panel.
- Activity to target the recruitment of members to fill specific roles is underway, with members from the voluntary and community sector being sought to fill vacant positions.
- Operational management of the PPEC is being aligned with arrangements for management of the Mid Notts PPEC. Operational management will be provided for both PPECs with leadership provided from the Communications and Engagement Team to align the work and processes of both PPECs and work closely with the Lay Members for PPI for Greater Nottingham and Mid Notts.

- A Patient Leader Programme to support the development of members is being provided by the East Midlands Academic Health Science Network. This programme will focus on the leadership capabilities of PPEC members and on development of the CCG as an organisation working in a co-productive way.
- The first meeting is scheduled for 30 July 2019.

Key Messages for the Governing Body

- To note the ongoing work to establish the Greater Nottingham PPEC and align its work and processes with the Mid-Notts PPEC



Meeting in Common of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG

Meeting Title:	Governing Bodies (Open Session)	Date:	04 July 2019	
Paper Title:	CCG 360 Stakeholder Survey – Summary of results and action plan	Paper Reference:	GB 19 011	
Sponsor:	Alex Ball, Director of Communications	Attachments/ Appendices:	Summary of reports and action plan	
Presenter:	Alex Ball, Director of Communications			
Summary Purpose:	Approve <input checked="" type="checkbox"/>	Endorse <input type="checkbox"/>	Review <input type="checkbox"/>	Receive/Note for: <input type="checkbox"/>
				<ul style="list-style-type: none"> • Assurance • Information

Executive Summary

The report provides a summary of the results of the 2018/19 CCG 360 Stakeholder Survey and an action plan in response to the main findings.

The annual CCG 360 Stakeholder Survey allows a range of key stakeholders to provide feedback on working relationships with their local CCG. The results of the survey are used to support the ongoing development of CCG delivery and operational planning and contribute to the evidence base that informs CCG improvement and assessment conversations with NHS England.

Analysis of the survey results indicate that actions focused on the following would have the greatest impact on stakeholder perceptions:

- Direct engagement with Healthwatch and Member Practices, particularly around the themes summarised below.
- Targeted engagement with Member Practices, particularly in City, Newark and Sherwood and Nottingham North and East CCGs
- A communications strategy that focuses on establishing a newly merged, Nottingham and Nottinghamshire CCG as a system leader and the Strategic Commissioner for the ICS.
- Greater transparency and communication of how the CCG makes decisions, commissions and decommissions services and carries out its core functions, in particular
 - How the CCGs work to reduce health inequalities and improve service quality
 - How decisions around commissioning and decommissioning are taken
 - How stakeholders and the public are involved in decisions around commissioning and decommissioning.
- Embedding and communicating the leadership roles within the new governance arrangements, including Lay Member roles and the Patient and Public Engagement Committees (PPECs).
- Alignment of the processes for commissioning and decommissioning (including commissioning intentions and QIPP/financial recovery) with processes for stakeholder and public engagement.
- Establishment of a range of communications channels to inform our key stakeholders (Stakeholder

groups within the survey and MPs, Councillors, regional and national bodies, patients and the general public) of the work of the CCGs.

- A comprehensive Member Practice engagement strategy.

Full reports are available on request.

Relevant CCG priorities/objectives: *(please tick which priorities/objectives your paper relates to)*

Compliance with Statutory Duties	<input type="checkbox"/>	Establishment of a Strategic Commissioner	<input checked="" type="checkbox"/>
Financial Management	<input type="checkbox"/>	Wider system architecture development (e.g. ICP, PCN development)	<input checked="" type="checkbox"/>
Performance Management	<input type="checkbox"/>	Cultural and/or Organisational Development	<input checked="" type="checkbox"/>
Strategic Planning	<input type="checkbox"/>	Procurement and/or Contract Management	<input type="checkbox"/>

Conflicts of Interest: *(please indicate whether there are any conflicts of interest considerations in relation to the paper)*

- No conflict identified
- Conflict noted, conflicted party can participate in discussion and decision
- Conflict noted, conflicted party can participate in discussion, but not decision
- Conflict noted, conflicted party can remain, but not participate in discussion or decision
- Conflict noted, conflicted party to be excluded from meeting

Completion of Impact Assessments: *(please indicate whether the following impact assessments have been completed)*

Equality / Quality Impact Assessment (EQIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	
Data Protection Impact Assessment (DPIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	

Risk(s): *(please highlight any risks identified within the paper)*

Confidentiality: *(please indicate whether the information contained within the paper is confidential)*

- No
- Yes *(please indicate why it is confidential by ticking the relevant box below)*

Recommendation(s):

1. Governing Body Members are asked to approve the action plan and assign Lay Members to lead the related work where relevant to their roles.

Summary of results and action plan

1 Purpose of report

1.1 This report provides a summary of the results of the 2018/19 CCG 360 Stakeholder Survey and an action plan in response to the main findings.

2 Background

2.1 The annual CCG 360 Stakeholder Survey allows a range of key stakeholders to provide feedback on working relationships with their local CCG. Stakeholder groups for the survey are defined by NHS England as the following:

- GP Member Practices
- Health and Wellbeing Boards
- Healthwatch
- NHS providers
- Neighbouring CCGs
- Upper tier Unitary Local Authorities

2.2 The results of the survey are used to support the ongoing development of CCG delivery and operational planning and contribute to the evidence base that informs CCG improvement and assessment conversations with NHS England.

2.3 As a result of feedback from stakeholders the questions in the current survey have been redesigned and the number of categories reduced significantly. This means that there are few areas where comparisons with previous years' results are possible.

2.4 Within the survey stakeholders are asked a series of questions about their working relationship with the CCG. Stakeholder groups are also asked specific questions relating to their particular area of knowledge and expertise.

2.5 The overall response rate for the CCGs across Nottingham and Nottinghamshire is summarised below in table 1.

Table 1

CCG	2017/18 response rate	2018/19 response rate
Overall response rate	65%	63%
GP Member Practices	75%	63%
Health and wellbeing boards	0%	67%
Local Healthwatch	40%	100%
Other patient groups and voluntary sector organisations or representatives		58%
NHS Providers	100%	53%
Other CCGs	60%	93%
Upper tier unitary local authorities	33%	51%

2.6 The 360 Stakeholder Survey is designed and managed by Ipsos Mori. On completion of the survey Ipsos Mori undertake analysis and reporting of the results for each CCG. Each CCG's results are compared nationally, regionally and against cluster comparators. Clusters are groups of CCGs with similar population characteristics.

3 Summary of survey results

3.1 This section provides a summary of the main findings for the CCGs. It includes a summary of the combined results for the CCGs at ICS level. As this analysis has been done for the first time this year, no trends are available at ICS level.

3.2 A drill down into results by CCG is provided where relevant to the analysis, for example where stakeholder perceptions vary significantly by CCG.

3.3 The full reports for each CCG and the combined ICS-level report are appended.

Headline results

3.3 Analysis of the survey results indicates that actions focused on the following would have the greatest impact on stakeholder perceptions:

- Direct engagement with Healthwatch and Member Practices, particularly around the themes summarised below.
- Targeted engagement with Member Practices, particularly in City, Newark and Sherwood and Nottingham North and East CCGs.
- A communications strategy that focuses on establishing a newly merged, Nottingham and Nottinghamshire CCG as a system leader and the Strategic Commissioner for the ICS.
- Greater transparency and communication of how the CCG makes decisions, commissions and decommissions services and carries out its core functions, in particular:
 - How the CCGs work to reduce health inequalities and improve service quality.
 - How decisions around commissioning and decommissioning are taken.
 - How stakeholders and the public are involved in decisions around commissioning and decommissioning.
- Embedding and communicating the leadership roles within the new governance arrangements, including Lay Member roles and the Patient and Public Engagement Committees (PPECs).
- Alignment of the processes for commissioning and decommissioning (including commissioning intentions and QIPP/financial recovery) with processes for stakeholder and public engagement.
- Establishment of a range of communications channels to inform our key stakeholders (Stakeholder groups within the survey and MPs, Councillors, regional and national bodies, patients and the general public) of the work of the CCGs.
- A comprehensive Member Practice engagement strategy.

Overall engagement

3.4 The CCGs are viewed favourably by stakeholders when results are combined and compared against the national average for STP/ICS areas. All individual CCG results against these questions are at or above the national average, except for NHS Nottingham City CCG.

Overall Engagement	% Very/Fairly Good	
	ICS average	National average
Overall, how would you rate the effectiveness of your working relationship with the CCG?	93%	88%
Overall, how would you rate (the CCG's) effectiveness as a local system leader, i.e. as part of an Integrated Care System (ICS)/Sustainable Transformation partnership (STP)?	81%	74%

- 3.5 The results indicate good working relationships with stakeholders. Actions that look to develop working relationships with Member Practices and local Healthwatch and voluntary/patient groups may be beneficial and are outlined within the action plan.

Leadership and partnership working in the local health and care system

- 3.6 The results combined at ICS level are comparable to national results for other STPs/ICSs. There is variation among individual CCGs, with some above the national average for questions in this section and some below.

Leadership and partnership working in the local health and care system	% Strongly/Tend to Agree	
<i>To what extent do you agree or disagree with EACH of the following statements:</i>	ICS average	National average
The CCG considers the benefits to the whole health and care system when taking a decision.	75%	79%
The CCG actively avoids passing on problems to another system partner.	64%	64%
The CCG works collaboratively with other system partners on the vision to improve the future health of the population across the whole system.	82%	82%

- 3.7 While the CCGs' results are roughly equivalent to other STP/ICS areas nationally, this is an area where a number of stakeholders have responded negatively. Actions to make CCG decision making more transparent and to develop communications to establish a new, merged Nottinghamshire-wide CCG as the Strategic Commissioner for the area may have an impact on perceptions of the CCG as a system leader.

Core functions

- 3.8 The results combined at ICS level are comparable to national results for other STPs/ICSs. There is variation among individual CCGs, with some above the national average for questions in this section and some below. Most negative response in this section relate to the CCGs' effectiveness at reducing health inequalities and improving the quality of services.

Core functions	% Very Effective/Fairly Effective	
<i>How would you rate the effectiveness of the CCG at doing EACH of the following</i>	ICS average	National average
Improving health outcomes for its population	79%	76%
Reducing health inequalities	65%	63%
Delivering value for money	69%	65%
Improving the quality of local health services	74%	74%

- 3.9 The results in this section indicate that there is a perception among some stakeholders that the CCG is not effective in its core functions, particularly in reducing health inequalities and improving the quality of services. Negative responses against these questions are mainly from Nottingham City, Nottingham North and East and Newark and Sherwood Member Practices.
- 3.10 Actions to address perceptions in this area should focus on communicating the work that the CCGs are doing to reduce health inequalities and improve service quality.

Commissioning/decommissioning Services

- 3.11 Although in line with combined STP/ICS results nationally, it should still be noted that the number of negative response to questions around the way the CCG commissions/decommissions services is high. This is particularly the case for City and Newark and Sherwood CCGs.

Commissioning/decommissioning services	% Strongly Agree/Tend to Agree	
	ICS average	National average
<i>To what extent do you agree or disagree with EACH of the following statements about the way in which the CCG commissions/decommissions services</i>		
The CCG involves the right individuals and organisations when commissioning/decommissioning services	68%	66%
The CCG asks the right questions at the right time when commissioning/decommissioning services	60%	58%
The CCG engages effectively with patients and the public, including those groups within the local population who are at risk of experiencing poorer health outcomes when commissioning/decommissioning services	57%	62%
The CCG demonstrates that it has considered the views of patients and the public, including those groups which experience poorer health outcomes and/or barriers to accessing health and care, when it is commissioning/decommissioning services	57%	62%

- 3.12 Actions to communicate how the CCGs commission services, particularly how patients and the public are involved, may have an impact on perceptions in this area. Work to develop the overall stakeholder and public engagement processes aligned to commissioning and decommissioning should also be progressed, including alignment of engagement with commissioning intentions and QIPP/financial recovery.

4 Action plan

- 4.1 An action plan to address the main findings is included below. The actions are grouped around the following themes:

- Leadership and partnership working in the health and care system
- Core functions
- Commissioning/decommissioning
- Actions for specific stakeholder groups.

- 4.2 Governing Body Members are asked to approve the action plan and assign Lay Members to lead the related work where relevant to their roles.

Lewis Etoria

Head of Communications and Engagement

June 2019

Action	Objectives	Description	Owner and timescales
Leadership and partnership working			
Develop a communications and engagement strategy that aims to establish a merged Nottingham and Nottinghamshire CCG as the Strategic Commissioner for the area	Establish the reputation of the CCG as the Strategic Commissioner for the area Enhance the reputation of the CCG as a system leader	Develop the CCG's Communications and Engagement Strategy with a key objective of enhancing the reputation of the organisation as a system leader, including pro-active reputation management activity targeted by stakeholder	Alex Ball April 2020
Develop a range of corporate communication channels that inform stakeholders about the work of the CCG and its role as a system leader	Establish the reputation of the CCG as the Strategic Commissioner for the area Enhance the reputation of the CCG as a system leader Raise awareness of how the CCG operates	Develop a range of corporate communication channels that inform stakeholders about the work of the CCG and its role as a system leader Use clinical leads and Lay Members as the key voice in communication channels with specific focus on key areas of work	Alex Ball December 2019
Core functions			
Ensure that addressing health inequalities and improving quality are central to all commissioning/decommissioning plans and are well communicated	Improve perceptions among stakeholders relating to the CCG's work to reduce health inequalities and improve service quality	Ensure that addressing health inequalities and improving quality are central to all commissioning/decommissioning plans and are well communicated Utilise communications channels to share the work the CCG is doing in these areas	Lucy Dadge Alex Ball October 2019
Embed and communicate the leadership role of Lay Members and communicate the work they are doing widely among stakeholders	Raise awareness of how the CCG works Raise awareness of the leadership role of Lay Members	Establish the leadership role of Lay Members and communicate the work they are doing widely Use communication channels to share the work that Lay Members lead on	Alex Ball Lucy Branson December 2019

Action	Objectives	Description	Owner and timescales
Commissioning/decommissioning			
Develop a communications and engagement plan to support the CCG's Commissioning Intentions process	<p>Demonstrate transparency in commissioning processes</p> <p>Secure involvement and ownership of commissioning among stakeholders, patients and the public</p> <p>Establish the role of the CCG's PPECs in leading engagement around commissioning</p> <p>Raise awareness of the CCG's plans and priorities</p>	Develop a communications and engagement plan to support the CCG's Commissioning Intentions process to include stakeholder, patient and public engagement and communication of CCG plans and priorities	Alex Ball Lucy Dadge October 2019
Develop a communications and engagement plan to support the CCG's QIPP/financial recovery process	<p>Demonstrate transparency in commissioning processes</p> <p>Secure involvement and ownership of commissioning among stakeholders, patients and the public</p> <p>Establish the role of the CCG's PPECs in leading engagement around commissioning</p> <p>Raise awareness of the CCG's plans and priorities</p>	Develop a communications and engagement plan to support the CCG's QIPP/financial recovery process to include stakeholder, patient and public engagement and communication of CCG plans and priorities	Alex Ball Stuart Poyner October 2019
Actions for specific stakeholder groups			
Develop a Member Practice engagement strategy	<p>Secure ownership of Member Practice engagement from clinical leads</p> <p>Improve engagement with practices through their active involvement in developing the strategy</p>	In recognition of the importance of Member Practice engagement, work with clinical leads to develop a full Member Practice engagement strategy	Locality Directors April 2020
Involve Healthwatch in the development of the PPECs, and in their day-to-day business	Improve Healthwatch's perception of the CCG as an effective organisation in involving patients and the public	Involve Healthwatch in the development of the PPECs, and in their day-to-day business including: <ul style="list-style-type: none"> Involving Healthwatch in 	Alex Bal July 2019

Action	Objectives	Description	Owner and timescales
		development of the Greater Nottingham PPEC <ul style="list-style-type: none"> • Ensuring Healthwatch have a role as PPEC members 	
Involve Healthwatch in work to develop wider patient and public involvement structures at ICP level	Improve Healthwatch's perception of the CCG as an effective organisation in involving patients and the public	Involve Healthwatch in work to develop patient and public structures at ICP level, including involvement in development group and as key strategic advisors	Alex Ball April 2020



Meeting in Common of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG

Meeting Title:	Governing Bodies (Open Session)	Date:	04 July 2019
Paper Title:	Highlight report from the meeting in Common of the Primary Care Commissioning Committees	Paper Reference:	GB/19/012
Sponsor: Presenter:	Eleri de Gilbert, Lay Member, Quality and Performance Eleri de Gilbert, Lay Member, Quality and Performance	Attachments/ Appendices:	No attachment
Summary Purpose:	Approve <input type="checkbox"/>	Endorse <input type="checkbox"/>	Review <input type="checkbox"/>
		Receive/Note for:	<input checked="" type="checkbox"/>
		<ul style="list-style-type: none"> Assurance Information 	

Key Focus of the Meeting

Delegation Agreement – Delivery and Oversight Arrangements
 The Committees received the aligned delivery and oversight arrangements established to enable the six Nottingham and Nottinghamshire CCGs to effectively discharge their delegated functions with regard to Primary Care Commissioning.

A review of the Operational Arrangements for the Primary Care Committee took place with a particular focus on the team’s responsible for leading each delegated function. As part of this discussion the Committee requested increasing the quorum from one lay member to two for increased transparency and scrutiny. It was noted that additional GP members were being identified and that the attendance of Locality Directors could add value to the deliberations of the Committees.

A discussion took place regarding existing operational steering group arrangements and it was noted that these exist in different forms across the three Integrated Care Partnership (ICP) footprints; however, the Mid-Nottinghamshire steering group has recently been disbanded. A separate task group meeting will be arranged for early July 2019 to determine the most appropriate arrangements to support and assure the Committees around delivery and performance.

Strelley Surgery
 The timeline from the initial announced Care Quality Commission (CQC) inspection on the 14 May 2019 to the point of closure by the CQC on Friday 7 June 2019 was outlined to the Committees. Clarification was received that circa 2,000 patients of the 4600 registered with the practice have re-registered at other Practices and an exercise has already taken place, in conjunction with Practice staff, to contact vulnerable patients and support them to re-register at an alternative Practice.

The Committees were keen that lessons learnt from this unplanned closure were considered and brought back to the next meeting. The Quality Safeguarding and Performance Committees would also be briefed

and asked to consider whether any patient harm had occurred. Staff involved from the CCGs and NHS England were commended for the work which had taken place to ensure the safe transition of patients.

Leen View Surgery Boundary Reduction

The Committees received a request for a reduction to the Leen View Surgery Boundary due to a steadily growing list size, a GP to Patient ratio above the normal range and staffing levels at a maximum for the building infrastructure. The Committees recognised that the outlined factors could impact on patient experience; however, no immediate risk to patient safety had been articulated within the boundary reduction application. It was also noted that neighbouring practices had raised concern around the impact of the practice's request. In addition, the Committees sought further assurance regarding possible alternatives to a boundary reduction, support available to the practice in terms of list management, and detail regarding the impact on vulnerable patients and surrounding Practices if the reduction occurs.

The application was not approved and will be re-worked in line with line NHS England's Policy Framework and re-submitted to the July 2019 Committee's for further consideration.

Parkside Medical Centre Boundary Expansion

The Committees received a request to expand the Parkside Medical Centre Boundary to enable a patient list size increase from 7,508 (as at 1 April 2019) to 10,000 and develop as a quality and sustainable practice. The Committees sought further information regarding the impact of the expansion on neighbouring Practices and the existing patient list.

The application was not approved and will be re-worked in line with line NHS England's Policy Framework and re-submitted to the July 2019 Committee's for further consideration.

Draft Integrated Care System (ICS) Primary Care Five Year Strategy

The Committees received the draft ICS Primary Care Strategy for information and comment in advance of submission of NHS England and NHS Improvement.

Key Messages for the Governing Body

- (a) The quorum of the Committees would be increased from one lay member to two.
- (b) The decision to approve the Leen View Surgery Boundary Reduction was deferred to the July 2019 Committees.
- (c) The decision to approve the Parkside Medical Centre Boundary Expansion was deferred to the July 2019 meeting of the Committees.



Meeting in Common of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG

Meeting Title:	Governing Bodies (Open Session)	Date:	04 July 2019
Paper Title:	Highlight report from the meeting in Common of the Finance and Turnaround Committees	Paper Reference:	GB/19/013
Sponsor: Presenter:	Shaun Beebe, Lay Member, Financial Management Jon Towler, Lay Chair of the Governing Body	Attachments/ Appendices:	-
Summary Purpose:	Approve <input type="checkbox"/>	Endorse <input type="checkbox"/>	Review <input type="checkbox"/>
		Receive/Note for:	<input checked="" type="checkbox"/>
		<ul style="list-style-type: none"> Assurance Information 	

Key Focus of the Meeting

The inaugural meeting of the Finance and Turnaround Committees received and discussed in detail the financial position of the Greater Nottingham and Mid-Nottinghamshire Clinical Commissioning Groups. Members' noted that the reports received indicated the establishment of productive working relationships within the aligned governance structure and provided assurance that work was continuing to establish/maintain a consistent understanding of the financial position with colleagues across the wider health economy.

Key Messages for the Governing Body

(a) The Committees received the month two aligned Finance Reports and were advised that although both the Greater Nottingham and Mid-Nottinghamshire Clinical Commissioning Groups are forecasting delivery of key financial duties the health economy is facing significant financial challenge. The Financial Recovery Group will receive assurance from monthly operational meetings that the financial challenges and responding mitigations are being scrutinised; the highlights of these meetings will be reported to the Finance and Turnaround Committees to assure members that the financial position is a key area of focus.

(b) An update on the delivery of the 2019/20 financial recovery Quality, Innovation, Productivity and Prevention (QIPP) plans was received by the Committees for both the Greater Nottingham and Mid-Nottinghamshire Clinical Commissioning Groups.

The Greater Nottingham Clinical Commissioning Groups are forecasting a QIPP delivery of £44.4 million against a target of £53 million. The Mid-Nottinghamshire Clinical Commissioning Groups are forecasting a risk adjusted forecast out turn of £20.3 million against a target of £25.2 million plan.

The planned and emerging mitigations were discussed and it was confirmed that a conversation was due to take place with colleagues to highlight the severity of the situation, increase the level of financial control and emphasise the scheme of delegation.

- (c) The Committees received a level of assurance that there is an increased appetite across the wider health economy to explore QIPP schemes that will enable system wide transformation.



Meeting in Common of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG

Meeting Title:	Governing Bodies (Open Session)	Date:	04 July 2019	
Paper Title:	Aligned Finance Report	Paper Reference:	GB 19 014	
Sponsor:	Stuart Poynor, Chief Finance Officer	Attachments/ Appendices:	Appendix A - GN Month Two Finance report Appendix B - MN Month Two Finance Report	
Presenter:	Stuart Poynor, Chief Finance Officer			
Summary Purpose:	Approve <input type="checkbox"/>	Endorse <input type="checkbox"/>	Review <input type="checkbox"/>	Receive/Note for: <input checked="" type="checkbox"/>
				<ul style="list-style-type: none"> Assurance Information

Executive Summary

Please find the month two finance reports for the six CCGs within Nottingham and Nottinghamshire. The detail is contained within the individual finance reports attached for Greater Nottinghamshire (GN) CCGs and Mid-Nottinghamshire (MN) CCGs. Further reporting alignment will continue in coming months.

The overall forecast for the Nottingham and Nottinghamshire CCGs is delivery of the key financial duties. The year to date (YTD) position shows an overall £326,000 adverse position against plan, however, this is presentational due to not being able to adjust reserves and other budgets in month two (as per NHSE guidance). The adjusted position is breakeven to plan for the YTD position.

Key Variances

Acute spend is over plan with a year to date adverse variance of £2.8 million (£1.57m MN, and £1.27m GN). The key driver of the overspend are as follows;

- Undelivered Acute savings targets together with the year to date element of the waiting time savings target allocated by NHSI at the end of the planning round.
- Non-elective activity over performance at Sherwood Forest Hospitals NHS Foundation Trust

Continuing Healthcare spend is £0.7 million overspent at month two. This is mainly within the Greater Nottinghamshire CCGs, specifically relating to realising additional costs of new packages within Nottingham City.

The above over spends are offset by the use of General Practice prescribing underspends of £0.8 million (£0.24 million in MN and £0.56 million in GN), and other primary care underspends due to reductions against prior year accruals.

Contingency reserves have been used to support the overall position of £1.6 million (£0.3 million in MN and £1.2 million in GN).

The table below provides a summary Operating Cost Statement (OCS) of the month two position across Nottingham and Nottinghamshire CCGs.

Table 1. OCS Summary - Nottingham and Nottinghamshire CCGs

Area	Annual Budget	YTD Budget	YTD Actual	YTD Variance
	£'000	£'000	£'000	£'000
Acute Services	757,542	126,428	129,270	2,842
Mental Health Services	160,074	26,671	26,510	-161
Community Services	131,146	21,859	21,699	-161
Primary Care	324,898	53,894	52,580	-1,314
Continuing Health Care	111,568	18,033	18,735	702
Other Contracts	54,527	9,088	9,019	-68
Reserves, Contingencies, and Operational Costs	25,276	2,014	291	-1,723
Running Costs	19,292	3,217	3,426	209
Total In Year Position	1,584,324	261,204	261,530	326

nb. negative values are underspends/surplus, and positive values are overspends/deficit.

Quality, Innovation, Productivity and Prevention (QIPP)

The overall QIPP target across Nottingham and Nottinghamshire CCGs is £78 million (£25 million for MN, and £53 million for GN). Of this value £14.9 million has been identified as a risk to delivery. Of this £14.9 million Mid Nottinghamshire CCGs have recognised £4.9 million within its risks and mitigations, and Greater Nottinghamshire CCGs have recognised £8.59 million within the forecast). The approach will be aligned in future months.

Risks and Mitigations

A number of risks to the reported position have been identified as follows;

- Continued over performance of non-elective activity at Sherwood Forest NHS Foundation Hospitals
- Passthrough drugs costs at Sherwood Forest Hospitals NHS Foundation Trust and Nottingham University Hospitals NHS Trust
- Community bed costs in Greater Nottinghamshire CCGs
- Further non-delivery of QIPP

The position on these risks will start to emerge in the next two or three reporting periods.

Relevant CCG priorities/objectives: (please tick which priorities/objectives your paper relates to)

Compliance with Statutory Duties	<input type="checkbox"/>	Establishment of a Strategic Commissioner	<input type="checkbox"/>
Financial Management	<input checked="" type="checkbox"/>	Wider system architecture development (e.g. ICP, PCN development)	<input type="checkbox"/>
Performance Management	<input type="checkbox"/>	Cultural and/or Organisational Development	<input type="checkbox"/>
Strategic Planning	<input type="checkbox"/>	Procurement and/or Contract Management	<input type="checkbox"/>

Conflicts of Interest: (please indicate whether there are any conflicts of interest considerations in relation to the paper)

No conflict identified

Completion of Impact Assessments: (please indicate whether the following impact assessments have been completed)

Equality / Quality Impact	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
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Assessment (EQIA)				
Data Protection Impact Assessment (DPIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	
Risk(s): <i>(please highlight any risks identified within the paper)</i>				
Confidentiality: <i>(please indicate whether the information contained within the paper is confidential)</i>				
<input checked="" type="checkbox"/> No				
Recommendation(s):				
1. To note the current financial position across the Nottingham and Nottinghamshire CCGs				

**FINANCE
REPORT**

2019/20

Finance report for the period ending 31st May 2019

**Greater Nottingham
Finance Report**

1) Summary Finance Performance

The tables below summarise the forecast year end position for key financial duties, targets and internal key financial indicators for the Clinical Commissioning Groups (CCGs):

Key Financial Duties	Nottm City	NNE	NW	Rushcliffe
Remain within the Revenue Resource Limit (£1.083 Bn)				
Achieve the 'Control Total' (in year breakeven)				
Remain within Running Cost Allowance (£15.5 M)				
Remain within the Cash Balance Limit				
Better Payments Practice Code				

Key Internal Financial Indicators	Nottm City	NNE	NW	Rushcliffe
QIPP – achievement of overall target				
Achieve Underlying Surplus				
Risk Reserves – level utilised to balance position				
Co-commissioning – spend remains within budget				
Acute services – spend remains within budget				
Continuing healthcare – spend remains within budget				
Prescribing – spend remains within budget				


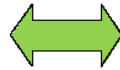
NHSE - CCG Improvement & Assessment Framework	Nottm City	NNE	NW	Rushcliffe
Forecast v plan for the year: Red - below plan				
Year to date financial position: Amber 0.1% to 2%; Red > 2% over plan				
Net risk: Amber 1% to 2%; Red > 2% of planned spend				
YTD QIPP: Amber < 80% plan				
FOT QIPP: Amber < 90% plan				
MHIS achievement: Amber unachieved				
I&A OVERALL RATING: Red - any red; Amber - any amber				


2) Month 2 Summary

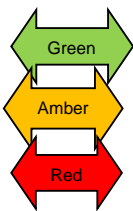
- The overall forecast for the Clinical Commissioning Partnership (CCP) is delivery of the key financial duties. The year to date (YTD) position shows an overall £326k adverse position against plan, however, this is presentational due to not being able to adjust reserves and other budgets in month 2 (as per NHSE guidance). The adjusted position is breakeven to plan for the YTD position.
- Acute spend is over plan with a year to date adverse variance of £1.3million. The key driver of the over spend is undelivered Acute savings targets together with the year to date element of the waiting time savings target allocated by NHSI at the end of the planning round. CHC spend is also over plan YTD at £698k.
- The YTD pressures are offset by contingency reserve and prescribing underspend (due to 2018/19 fall out).
- QIPP target for the year stands at £53 million. The current forecast is a recurrent delivery of £44 million of this target with the key driver being the shortfall on the acute savings target noted above.
- There are risks to the forecast position not noted above. These include pass through costs on the NUHT contract, community bed plans/costs for the second half of the year, and QIPP delivery on prescribing, CHC and running cost budgets. The position on these risks will start to emerge in the next two or three reporting periods.

3) Summary of Full year Forecast against Financial Duties/Target

The forecast position delivers the financial targets in the submitted NHS England annual operational plan.

Statutory Duties - Remain within Revenue Resource Limit	Year to Date Surplus / (deficit) (£'000)	Forecast Out-Turn Surplus / (Deficit) (£'000)	Risk Rating (against duty)	Comments
Cumulative Surplus b/f	3,422	20,529		The Greater Notts CCG cumulative surplus target is £20,529,000, made up of £19,356,000 b/f from 2018/19 plus an in year surplus of £1,173,000
Running Costs budget	(287)	(1,631)	RCA 	The Greater Notts CCGs are forecasting an overspend position of £1,631k for Running Costs against budget. However, the Running Cost budget in the ledger is lower than the Running Cost allowance which will be achieved.
Other budget areas incl reserves	(38)	1,633		The Greater Notts CCGs are forecasting an underspend position of £1,633k for other budget areas.
TOTAL	3,097	20,531		Overall forecast of delivery of in year Surplus and cumulative surplus target

Better Payments Practice Code	Year to Date (%)	Target (%)	Comments
By Number: Non NHS	97.8	95.0	All targets are achieved 
By Number: NHS	99.1	95.0	
By Value: Non NHS	98.0	95.0	
By Value: NHS	99.1	95.0	



- Green** Indicates that the organisation is forecasting to achieve its target by the financial year-end
- Amber** Indicates that there is some cause for concern and the organisation may not achieve its target unless action is taken
- Red** Indicates that the organisation will not achieve its target by the financial year-end without immediate intervention

4) Revenue Resource Limit

The combined Greater Notts Revenue Resource Limit (RRL) for 19/20 is £1.083 billion per below:-

	Annual Resource Limit		
	Recurrent £'000	Non Recurrent £'000	Total £'000
19/20 Agreed Allocations	1,063,666	19,356	1,083,022
Breakdown of Allocation			
Published Allocations - Running Costs	15,532	0	15,532
Published Allocations -Final allocation after place-based pace of change	944,565	0	944,565
Published Allocations - Other funding after pace of change	3,664	0	3,664
Published Delegated Allocations - Final allocation after place-based pace of change	103,323	0	103,323
Reduction for Central Indemnity scheme	-2,974	0	-2,974
IR PELs transfer	-444	0	-444
Brought Forward Surplus/(Deficit)	0	19,356	19,356
Total RRL	1,063,666	19,356	1,083,022

5) Summary Financial Position Year to Date

- Acute £1,269k over plan
- Continuing Care £698k over plan
- Prescribing £563k under plan
- Running Costs £288k over plan
- Mental Health £12k under plan
- Community Services £6k over plan
- See Appendix 1 for Individual CCG Operating Cost Statements.

6) Revenue Expenditure Position

Greater Nottingham CCP	Annual Budget £000	Budget to Date £000	Actual to Date £000	Variance under/ (overspend) £000	Movement from Previous Month £000
Commissioned Services					
Acute Care	507,202	83,882	85,151	(1,269)	0
Mental Health Care	106,999	17,833	17,821	12	0
Community Care	91,295	15,216	15,223	(6)	0
Continuing Care	75,045	11,975	12,673	(698)	0
Primary Care	20,332	3,389	3,292	97	0
Prescribing	92,948	15,391	14,829	563	0
Delegated Co-Commissioning	100,349	16,641	16,637	4	0
Other Programme Services	38,912	6,485	6,457	28	0
Contingency, Reserves and Developments	16,968	1,232	0	1,232	0
Total Programme Costs	1,050,049	172,044	172,082	(37)	0
CCG Running Costs	12,444	2,074	2,362	(288)	0
Total Expenditure	1,062,493	174,118	174,444	(325)	0
Planned Historic Surplus	20,529	3,421	0	3,421	0
Total Revenue Position	1,083,022	177,539	174,444	3,096	0
	1,083,021	177,539	174,444	3,095	0

7) Key Areas – Risk, Over and Underspend Areas

AREAS	YTD Variance	Commentary
Acute Services	£1,269k Overspend	Key drivers are undelivered savings requirements together with the year to date element of the waiting time savings target allocated by NHSI at the end of the planning round that are yet to be realised across Greater Notts. Whilst the NUHT contract is broadly on plan at Mth 2, the Circle contract overall for the CCP is circa £144k over plan and the EMAS contract is £70k over plan
Continuing Health Care - CHC	£698k Overspend	Risks are starting to be realised around the volume/price of new packages commencing within Continuing Care, mainly in Nottingham City.
Prescribing	£563k Underspend	The level of underspend in Prescribing is due to 18/19 fallout, however, there is still a risk of No Cheaper Stock Obtainable (NCSO) and Cat M drugs pricing that may impact this in the future. There could also be a risk around Brexit and what this would mean in relation to Drugs costs, as well as the Falsified Medicines Directive (FMD) and what the cost impact of this could be. In addition, there is a risk that prescribing QIPP targets may not be delivered in full.
Community	£6k Underspend	Community Services are broadly in line with contracts.
Mental Health	£12k Underspend	The YTD underspend relates to Locked Rehab offset with an overspend within Non Contracted Activity for Mental Health.

8) Forecast Outturn and Underlying Position

- The forecast outturn position across the Partnership and for each of the four CCGs is remains breakeven.
- The exit underlying position currently reported shows £2.355 million deterioration from plan. The key driver of this is the recurrent nature of the forecast under-delivery of the acute savings target, with the mitigations only being partly recurrent.

CCG	Recurrent Planned Surplus / (Deficit) £'000	Recurrent (Pressures) / Benefits £'000	Forecast Exit Surplus / (Deficit) £'000
Nottingham City	521	3,042	3,563
Nottingham, North & East	106	(3,800)	(3,694)
Nottingham West	67	31	98
Rushcliffe	79	(2,401)	(2,322)
Total	773	(3,128)	(2,355)

9) Other Key Areas

□ Running costs (RC)

- The CCG running costs are within the RC allowances up to Reporting Period Mth 2.
- There is a small cost overrun against RC budget, the budget is lower than the RC allowance
- The CCGs have spent £2,362k on running costs for the reporting period.

□ Statement of Financial Position and Cash

- The Statement of Financial Position can be found in Appendix 2.
- The Cash Management regime requires CCGs to have a balance at the end of the month, of not more than 1.25% of that month's drawdown. This equates to a combined limit £1,078k for the reporting period for the Partnership. The actual cash balance to the end of the reporting period is £180k.

□ Primary Care Co-Commissioning

- The Primary Care Co-commissioning position shows a slight underspend across Greater Notts., this is mainly on Rushcliffe CCG but the overall Forecast for Co-Commissioning is breakeven.

□ Better Care Fund (BCF)

- BCF spend is on plan.

10) Financial Recovery Plan – Month 2 position

The table below summarises the QIPP position for the Greater Nottingham CCP as at month 2. The CCP is forecasting delivery of £44.4m against a target of £53.0m , a shortfall of £8.59m

	Year to date			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance
Acute Services	4.00	4.00	0.00	36.70	31.02	(5.69)
Mental Health Services	0.15	0.15	0.00	0.87	0.87	0.00
Community Health Services	0.16	0.16	0.00	1.23	1.00	(0.24)
Continuing Care Services	0.64	0.64	0.00	3.78	3.78	0.00
Primary Care Services	0.63	0.63	0.00	4.71	4.71	0.00
Primary Care Co-Commissioning	0.00	0.00	0.00	0.00	0.00	0.00
Other Programme Services	(0.62)	0.01	0.63	(3.83)	(0.04)	3.79
Commissioning Services Total	4.96	5.59	0.63	43.47	41.33	(2.14)
Running Costs	0.18	0.18	0.00	3.09	3.09	0.00
Unidentified	1.08	0.00	(1.08)	6.45	0.00	(6.45)
TOTAL CCG EFFICIENCIES	6.21	5.77	(0.44)	53.00	44.41	(8.59)

The year to date QIPP delivery is £5.77m against a plan of £6.21m.

11) Key Messages

- The Partnership is forecasting delivery of the financial targets and duties.
- Acute spend is over plan year to date and is high risk to be over plan for the full year due to under-delivery of acute savings targets.
- Sufficient mitigations are in place to cover the current forecast pressures/risks. This will be monitored closely over the next two or three months as in year risks emerge.

12) Recommendations

The CCP Joint Committee is recommended to:

- NOTE the financial position of the Partnership and the individual CCGs for the reporting period.
- NOTE the financial recovery position of the Partnership at Month 2.
- APPROVE the Finance Report for the reporting period.

Jonathan Bemrose
Chief Finance Officer
Date – 17 June 19

APPENDIX 1a – Operating Cost Statement (Greater Nottingham CCGs)

Greater Nottingham CCP Operating Cost Statement		Ledger Position £'000. Variance: Favourable / (Adverse)				
OCS Area	OCS Description	Annual budget	YTD Budget	YTD Actual	YTD Variance	In Month Movement
Acute Services (AS)	Circle Indep. Sect Treatment Ctr	46,920	7,776	7,920	(144)	0
	East Midlands Ambulance Service	25,964	4,284	4,354	(70)	0
	AS - Nottingham City Care	405	68	66	2	0
	Nottingham University Hospitals	404,601	66,903	66,860	43	0
	AS - Savings Requirement	(12,705)	(2,101)	(925)	(1,176)	0
	AS - Other NHS	15,717	2,608	2,285	323	0
	AS - Other Non NHS	12,144	2,006	2,252	(246)	0
	AS - Sherwood Forest Hospitals (SFHFT)	10,411	1,721	1,721	0	0
	Collaborative Commissioning	19	3	3	0	0
	Clinical Assessment Service Team	279	46	46	(0)	0
	AS - Resilience	3,448	569	569	(0)	0
	Acute Services (AS)		507,202	83,882	85,151	(1,269)
Delegated Co-Commissioning (DCC)	DCC - Enhanced Services	3,391	565	556	9	0
	GMS/PMS Payments	71,334	11,889	12,052	(164)	0
	Other	2,982	427	319	108	0
	Property Costs	13,608	2,254	2,284	(30)	0
	QDF	9,035	1,506	1,425	81	0
Delegated Co-Commissioning (DCC)		100,349	16,641	16,637	4	0
Community Health Services (CHS)	Local Partnerships	38,449	6,408	6,408	0	0
	Integrated Comm Equip Loan Service	2,998	500	486	14	0
	CHS - Nottingham City Care	32,115	5,352	5,352	(0)	0
	CHS - Other NHS	2,367	394	362	33	0
	CHS - Other Non NHS	13,073	2,179	2,193	(14)	0
	CHS - Sherwood Forest Hospitals (SFHFT)	2,533	422	422	0	0
	CHS - Savings Requirement	(239)	(40)	0	(40)	0
Community Health Services (CHS)		91,295	15,216	15,223	(7)	0
Continuing Care Services	Continuing Care	65,603	10,475	11,030	(555)	0
	CHC Assessment Service	1,708	272	304	(33)	0
	Funded Nursing Care	7,733	1,229	1,339	(110)	0
Continuing Care Services		75,045	11,975	12,673	(698)	0
Mental Health Services (MHS)	Improv. Access to Psych Therapies	7,328	1,221	1,221	(0)	0
	Locked Rehab	4,059	676	598	79	0
	Section 117	15,100	2,517	2,494	22	0
	MHS - Non Contracted Activity	1,604	267	358	(91)	0
	Nottinghamshire Healthcare Trust	73,712	12,285	12,285	(0)	0
	MHS - Other NHS	688	115	114	1	0
	MHS - Other Non NHS	4,508	751	751	(0)	0
Mental Health Services (MHS)		106,999	17,833	17,821	12	0
Corporate Costs	Non-Pay	2,292	382	377	5	0
	Pay	10,152	1,692	1,985	(293)	0
Corporate Costs		12,444	2,074	2,362	(288)	0
Other Programme Services (OPS)	Corporate Costs	2,857	476	533	(57)	0
	NHS Property Services	6,416	1,069	1,069	(0)	0
	OPS - Other NHS	0	0	31	(31)	0
	OPS - Other Non NHS	24,590	4,098	3,982	116	0
	Patient Transport	5,049	841	841	0	0
	ICS	0	0	0	(0)	0
	TCP	0	0	0	(0)	0
Other Programme Services (OPS)		38,912	6,485	6,457	28	0
Primary Care Services (PCS)	PCS - Enhanced Services	6,672	1,112	1,110	2	0
	GP Forward View	1,567	261	261	0	0
	PCS - GP IT	3,431	572	539	33	0
	PCS - Medicines Management	1,338	223	247	(24)	0
	Out of Hours	6,440	1,073	1,060	13	0
	Pathways	868	145	71	73	0
	Prescribing	92,948	15,391	14,829	563	0
	PCS - Resilience	15	3	3	0	0
	Primary Care Services (PCS)		113,280	18,780	18,120	660
Developments and Reserves	Contingency	4,808	1,232	0	1,232	0
	Investments/ Other	(1,419)	0	0	0	0
	Committed	13,579	0	0	0	0
Developments and Reserves		16,968	1,232	0	1,232	0

APPENDIX 1b – Operating Cost Statement (Nottingham City CCG)

Nottingham City CCG Operating Cost Statement		Ledger Position £'000. Variance: Favourable / (Adverse)				
OCS Area	OCS Description	Annual budget	YTD Budget	YTD Actual	YTD Variance	In Month Movement
Acute Services (AS)	Circle Indep. Sect Treatment Ctr	20,835	3,413	3,475	(62)	0
	East Midlands Ambulance Service	14,307	2,344	2,382	(39)	0
	Nottingham University Hospitals	195,121	31,962	31,926	36	0
	AS - Savings Requirement	(6,201)	(1,016)	(449)	(567)	0
	AS - Other NHS	6,619	1,084	1,083	2	0
	AS - Other Non NHS	5,493	900	900	0	0
	AS - Sherwood Forest Hospitals (SFHFT)	922	151	151	0	0
	Collaborative Commissioning	19	3	3	0	0
	Clinical Assessment Service Team	279	46	46	(0)	0
	AS - Resilience	1,830	300	300	(0)	0
Acute Services (AS)		239,224	39,187	39,818	(631)	0
Delegated Co-Commissioning (DCC)	DCC - Enhanced Services	1,759	293	284	9	0
	GMS/PMS Payments	35,545	5,924	5,908	16	0
	Other	1,552	216	226	(9)	0
	Property Costs	7,916	1,319	1,341	(22)	0
	QDF	3,943	657	651	6	0
Delegated Co-Commissioning (DCC)		50,715	8,410	8,410	0	0
Community Health Services (CHS)	Local Partnerships	7,931	1,322	1,322	0	0
	Integrated Comm Equip Loan Service	1,348	225	225	0	0
	CHS - Nottingham CityCare	32,115	5,352	5,352	(0)	0
	CHS - Other NHS	281	47	53	(6)	0
	CHS - Other Non NHS	5,852	975	970	6	0
	CHS - Savings Requirement	(239)	(40)	0	(40)	0
Community Health Services (CHS)		47,288	7,881	7,921	(40)	0
Continuing Care Services	Continuing Care	30,253	4,822	5,002	(179)	0
	CHC Assessment Service	850	135	146	(10)	0
	Funded Nursing Care	2,506	400	428	(28)	0
Continuing Care Services		33,609	5,357	5,575	(217)	0
Mental Health Services (MHS)	Improv. Access to Psych. Therapies	3,973	662	662	0	0
	Locked Rehab	2,674	446	420	25	0
	Section 117	9,475	1,579	1,681	(102)	0
	MHS - Non Contracted Activity	605	101	115	(14)	0
	Nottinghamshire Healthcare Trust	42,133	7,022	7,022	(0)	0
	MHS - Other NHS	220	37	37	0	0
	MHS - Other Non NHS	3,537	589	589	0	0
Mental Health Services (MHS)		62,616	10,436	10,527	(91)	0
Corporate Costs	Non-Pay	1,891	315	120	195	0
	Pay	3,953	659	966	(307)	0
Corporate Costs		5,844	974	1,086	(112)	0
Other Programme Services (OPS)	Corporate Costs	1,568	261	315	(54)	0
	NHS Property Services	2,606	434	434	0	0
	OPS - Other NHS	0	0	0	0	0
	OPS - Other Non NHS	15,074	2,512	2,409	103	0
	Patient Transport	2,322	387	387	(0)	0
	ICS	0	0	0	(0)	0
	TCP	0	0	0	(0)	0
Other Programme Services (OPS)		21,569	3,595	3,545	50	0
Primary Care Services (PCS)	PCS - Enhanced Services	4,453	742	742	0	0
	GP Forward View	878	146	146	0	0
	PCS - GP IT	2,292	382	382	0	0
	PCS - Medicines Management	170	28	24	4	0
	Out of Hours	3,185	531	532	(1)	0
	Prescribing	41,668	6,900	6,681	219	0
Primary Care Services (PCS)		52,646	8,730	8,508	222	0
Developments and Reserves	Contingency	2,372	26	0	26	0
	Investments/ Other	3,840	0	0	0	0
	Committed	4,250	0	0	0	0
Developments and Reserves		10,462	26	0	26	0
Planned Historic Surplus	Planned Historic Surplus	10,701	1,784	0	1,784	0
Planned Historic Surplus		10,701	1,784	0	1,784	0

APPENDIX 1c – Operating Cost Statement (Nottingham North & East CCG)

Nottingham North & East CCG Operating Cost Statement		Ledger Position £'000. Variance: Favourable / (Adverse)				
OCS Area	OCS Description	Annual budget	YTD Budget	YTD Actual	YTD Variance	In Month Movement
Acute Services (AS)	Circle Indep. Sect Treatment Ctr	8,482	1,393	1,386	7	0
	East Midlands Ambulance Service	4,927	809	823	(13)	0
	AS - Nottingham CityCare	181	30	29	0	0
	Nottingham University Hospitals	89,314	14,666	14,664	2	0
	AS - Savings Requirement	(2,636)	(433)	(189)	(244)	0
	AS - Other NHS	2,242	368	298	70	0
	AS - Other Non NHS	4,012	659	721	(62)	0
	AS - Sherwood Forest Hospitals (SFHFT)	6,593	1,083	1,083	0	0
	AS - Resilience	688	113	113	0	0
Acute Services (AS)		113,805	18,688	18,928	(240)	0
Delegated Co-Commissioning (DCC)	DCC - Enhanced Services	449	75	75	0	0
	GMS/PMS Payments	14,693	2,449	2,649	(200)	0
	Other	1,164	177	0	177	0
	Property Costs	1,799	300	304	(4)	0
	QOF	2,051	342	315	27	0
Delegated Co-Commissioning (DCC)		20,156	3,342	3,342	0	0
Community Health Services (CHS)	Local Partnerships	12,088	2,015	2,015	0	0
	Integrated Comm Equip Loan Service	701	117	111	6	0
	CHS - Other NHS	548	91	90	2	0
	CHS - Other Non NHS	3,038	506	518	(12)	0
	CHS - Sherwood Forest Hospitals (SFHFT)	1,094	182	182	0	0
Community Health Services (CHS)		17,468	2,911	2,915	(4)	0
Continuing Care Services	Continuing Care	14,282	2,319	2,413	(94)	0
	CHC Assessment Service	389	63	75	(12)	0
	Funded Nursing Care	2,038	331	375	(44)	0
Continuing Care Services		16,709	2,713	2,862	(149)	0
Mental Health Services (MHS)	Improv. Access to Psych. Therapies	1,358	226	226	(0)	0
	Locked Rehab	812	135	95	41	0
	Section 117	1,615	269	254	15	0
	MHS - Non Contracted Activity	327	54	64	(9)	0
	Nottinghamshire Healthcare Trust	13,780	2,297	2,297	(0)	0
	MHS - Other NHS	148	25	25	(0)	0
	MHS - Other Non NHS	(63)	(10)	(10)	(0)	0
Mental Health Services (MHS)		17,977	2,996	2,950	46	0
Corporate Costs	Non-Pay	81	14	76	(62)	0
	Pay	2,678	446	391	55	0
Corporate Costs		2,759	460	467	(7)	0
Other Programme Services (OPS)	Corporate Costs	547	91	91	0	0
	NHS Property Services	888	148	148	(0)	0
	OPS - Other NHS	0	0	19	(19)	0
	OPS - Other Non NHS	3,836	639	628	11	0
	Patient Transport	1,143	191	190	1	0
Other Programme Services (OPS)		6,413	1,069	1,076	(7)	0
Primary Care Services (PCS)	PCS - Enhanced Services	1,119	186	186	0	0
	GP Forward View	0	0	0	0	0
	PCS - GP IT	452	75	66	9	0
	PCS - Medicines Management	372	62	83	(21)	0
	Out of Hours	1,376	229	223	6	0
	Pathways	512	85	82	4	0
	Prescribing	21,717	3,596	3,435	161	0
Primary Care Services (PCS)		25,548	4,234	4,075	160	0
Developments and Reserves	Contingency	1,010	596	0	596	0
	Investments/ Other	(3,565)	0	0	0	0
	Committed	4,662	0	0	0	0
Developments and Reserves		2,107	596	0	596	0
Planned Historic Surplus	Planned Historic Surplus	4,070	678	0	678	0
Planned Historic Surplus		4,070	678	0	678	0
		227,012	37,689	36,615	1,074	0

APPENDIX 1d – Operating Cost Statement (Nottingham West CCG)

Nottingham West CCG Operating Cost Statement		Ledger Position £ 000. Variance: Favourable / (Adverse)				
DCS Area	OCS Description	Annual budget	YTD Budget	YTD Actual	YTD Variance	In Month Movement
Acute Services (AS)	Circle Indep. Sect Treatment Ctr	7,837	1,286	1,374	(88)	0
	East Midlands Ambulance Service	3,535	580	590	(10)	0
	AS - Nottingham CityCare	90	15	15	0	0
	Nottingham University Hospitals	53,397	8,763	8,739	24	0
	AS - Savings Requirement	(1,760)	(289)	(125)	(164)	0
	AS - Other NHS	3,151	517	494	23	0
	AS - Other Non NHS	935	153	177	(23)	0
	AS - Sherwood Forest Hospitals (SFHFT)	1,428	234	234	0	0
	AS - Resilience	433	71	71	0	0
Acute Services (AS)		69,045	11,331	11,568	(237)	0
Delegated Co-Commissioning (DCC)	DCC - Enhanced Services	527	88	88	(0)	0
	GMs/PMS Payments	8,774	1,462	1,458	4	0
	Other	696	105	88	17	0
	Property Costs	1,599	266	271	(5)	0
	QDF	1,396	233	249	(16)	0
Delegated Co-Commissioning (DCC)		12,991	2,154	2,154	0	0
Community Health Services (CHS)	Local Partnerships	9,345	1,558	1,558	0	0
	Integrated Comm Equip Loan Service	440	73	70	4	0
	CHS - Other NHS	1,091	182	186	(4)	0
	CHS - Other Non NHS	1,859	310	316	(6)	0
	CHS - Sherwood Forest Hospitals (SFHFT)	620	103	103	0	0
Community Health Services (CHS)		13,355	2,226	2,232	(6)	0
Continuing Care Services	Continuing Care	7,627	1,149	1,440	(292)	0
	CHC Assessment Service	166	24	30	(7)	0
	Funded Nursing Care	1,674	252	272	(20)	0
Continuing Care Services		9,467	1,424	1,743	(318)	0
Mental Health Services (MHS)	Improv. Access to Psych. Therapies	935	156	156	(0)	0
	Locked Rehab	214	36	20	16	0
	Section 117	1,297	216	146	70	0
	MHS - Non Contracted Activity	290	48	48	0	0
	Nottinghamshire Healthcare Trust	8,402	1,400	1,400	(0)	0
	MHS - Other NHS	163	27	27	0	0
	MHS - Other Non NHS	32	5	5	(0)	0
Mental Health Services (MHS)		11,334	1,889	1,803	86	0
Corporate Costs	Non-Pay	186	31	87	(56)	0
	Pay	1,410	235	256	(21)	0
Corporate Costs		1,596	266	343	(77)	0
Other Programme Services (OPS)	Corporate Costs	318	53	54	(1)	0
	NHS Property Services	761	127	127	(0)	0
	OPS - Other NHS	0	0	11	(11)	0
	OPS - Other Non NHS	2,865	478	469	8	0
	Patient Transport	739	123	123	0	0
Other Programme Services (OPS)		4,684	781	784	(3)	0
Primary Care Services (PCS)	PCS - Enhanced Services	480	80	78	2	0
	GP Forward View	0	0	0	0	0
	PCS - GP IT	290	48	43	6	0
	PCS - Medicines Management	421	70	56	14	0
	Out of Hours	871	145	141	4	0
	Pathways	290	48	36	12	0
	Prescribing	13,403	2,219	2,177	42	0
	PCS - Resilience	15	3	3	0	0
Primary Care Services (PCS)		15,770	2,614	2,534	80	0
Developments and Reserves	Contingency	640	214	0	214	0
	Investments/ Other	973	0	0	0	0
	Committed	1,454	0	0	0	0
Developments and Reserves		3,066	214	0	214	0
Planned Historic Surplus	Planned Historic Surplus	2,659	443	0	443	0
Planned Historic Surplus		2,659	443	0	443	0
		143,968	23,342	23,162	180	0

APPENDIX 1e – Operating Cost Statement (Rushcliffe CCG)

Rushcliffe CCG Operating Cost Statement		Ledger Position £'000. Variance: Favourable / (Adverse)				
OCS Area	OCS Description	Annual budget	YTD Budget	YTD Actual	YTD Variance	In Month Movement
Acute Services (AS)	Circle Indep. Sect Treatment Ctr	9,766	1,684	1,684	(1)	0
	East Midlands Ambulance Service	3,195	551	560	(9)	0
	AS - Nottingham CityCare	134	23	22	1	0
	Nottingham University Hospitals	66,768	11,511	11,531	(20)	0
	AS - Savings Requirement	(2,108)	(363)	(163)	(200)	0
	AS - Other NHS	3,705	639	411	228	0
	AS - Other Non NHS	1,705	294	455	(161)	0
	AS - Sherwood Forest Hospitals (SFHFT)	1,468	253	253	0	0
	AS - Resilience	496	86	86	0	0
Acute Services (AS)		85,128	14,677	14,837	(161)	0
Delegated Co-Commissioning (DCC)	DCC- Enhanced Services	656	109	109	(0)	0
	GMS/PMS Payments	12,322	2,054	2,037	16	0
	Other	(429)	(72)	5	(77)	0
	Property Costs	2,294	369	369	(0)	0
	QOF	1,645	274	210	64	0
Delegated Co-Commissioning (DCC)		16,487	2,734	2,730	4	0
Community Health Services (CHS)	Local Partnerships	9,084	1,514	1,514	0	0
	Integrated Comm Equip Loan Service	509	85	81	4	0
	CHS - Other NHS	447	75	34	41	0
	CHS - Other Non NHS	2,324	387	390	(2)	0
	CHS - Sherwood Forest Hospitals (SFHFT)	819	136	136	0	0
Community Health Services (CHS)		13,184	2,197	2,155	43	0
Continuing Care Services	Continuing Care	13,441	2,184	2,175	9	0
	CHC Assessment Service	304	49	54	(4)	0
	Funded Nursing Care	1,515	246	265	(19)	0
Continuing Care Services		15,260	2,480	2,494	(14)	0
Mental Health Services (MHS)	Improv. Access to Psych. Therapies	1,062	177	177	(0)	0
	Locked Rehab	359	60	62	(3)	0
	Section 117	2,712	452	413	39	0
	MHS - Non Contracted Activity	382	64	131	(67)	0
	Nottinghamshire Healthcare Trust	9,397	1,566	1,566	(0)	0
	MHS - Other NHS	158	26	26	1	0
	MHS - Other Non NHS	1,001	167	167	(0)	0
Mental Health Services (MHS)		15,072	2,512	2,542	(30)	0
Corporate Costs	Non-Pay	134	22	94	(71)	0
	Pay	2,111	352	371	(20)	0
Corporate Costs		2,244	374	465	(91)	0
Other Programme Services (OPS)	Corporate Costs	425	71	73	(3)	0
	NHS Property Services	2,161	360	360	(0)	0
	OPS - Other Non NHS	2,815	469	476	(7)	0
	Patient Transport	845	141	141	(1)	0
Other Programme Services (OPS)		6,246	1,041	1,051	(10)	0
Primary Care Services (PCS)	PCS - Enhanced Services	620	103	103	0	0
	GP Forward View	689	115	115	0	0
	PCS - GP IT	397	66	48	18	0
	PCS - Medicines Management	374	62	84	(22)	0
	Out of Hours	1,009	168	164	4	0
	Pathways	66	11	(46)	57	0
	Prescribing	16,160	2,676	2,536	140	0
Primary Care Services (PCS)		19,316	3,202	3,003	198	0
Developments and Reserves	Contingency	786	395	0	395	0
	Investments/ Other	(2,666)	0	0	0	0
	Committed	3,212	0	0	0	0
Developments and Reserves		1,333	395	0	395	0
Planned Historic Surplus	Planned Historic Surplus	3,099	517	0	517	0
Planned Historic Surplus		3,099	517	0	517	0
		177,370	30,129	29,278	851	0

APPENDIX 2 – Balance Sheet

STATEMENT OF FINANCIAL POSITION			
As at 31st May 2019			
	Audited Open Bal at Apr-19 £'000s	Closing Balance for period £'000s	Net Change £'000s
Non-current assets			
Property, plant and equipment	0	0	0
Intangible assets	0	0	0
Investment Property	0	0	0
Trade & Other Receivables	0	0	0
Other Financial Assets	0	0	0
Total non-current assets	0	0	0
Current assets			
Inventories	0	0	0
Trade and other receivables	13,729	20,085	6,356
Other Financial Assets	0	0	0
Other Current Assets	0	0	0
Cash and cash equivalents	(2,194)	(3,229)	(1,035)
Total Current Assets	11,534	16,856	5,322
Non Current Assets classified as "Held for Sale"			
Total assets	11,534	16,856	5,322
Current Liabilities			
Trade and other payables	(67,171)	(73,061)	(5,890)
Other Financial Liabilities	0	0	0
Other Liabilities	0	0	0
Borrowings	0	0	0
Provisions	(1,574)	(1,574)	0
Total current liabilities	(68,745)	(74,635)	(5,890)
Total assets less current liabilities	(57,210)	(57,778)	(568)
Non-current liabilities			
Trade and other payables	0	0	0
Other Financial Liabilities	0	0	0
Other Liabilities	0	0	0
Borrowings	0	0	0
Provisions	0	0	0
Total assets employed	(57,210)	(57,778)	(568)

Finance Report: Month 2 – May 2019

1. Introduction

The report sets out the mid Nottinghamshire CCGs' financial performance and net risk position as at 31st May 2019.

In order to start making good the cumulative deficits arising from previous years the CCGs planned to achieve an in-year surplus of £1.170m across Mid Nottinghamshire and submitted a 2019/20 plan to NHS England on this basis. In-year financial performance is measured against this plan.

At month 2 the Mid Nottinghamshire CCGs are forecasting achievement of the planned surplus and are on plan year to date.

A summary of the year to date key performance indicators at month 2 are shown below:

Table 1.1 Mid Nottinghamshire Year to Date Finance Performance					
Headlines as at 31st May 2019					
Performance Measure/Duty	Report Section	Target YTD (£'000)	Actual YTD (£'000)	Achievement %	RAG Rating
In Year Planned Variance (positive adverse / negative favourable)	2	-195	-195	100%	G
Savings/QIPP against £25.1m plan	3	2,575	1,673	65.0%	A
Net Risk Position at Month 11	4	0	0	100.0%	G
Cash Drawdown	8	86,819	90,759	104.5%	A
Running Costs against allocation	12	1,143	1,064	93.1%	G

A summary of the resource allocations position at month 2 is shown below:

Table 1.2 Resource Allocations 2019-20	
CCG	2019/20 as at M2 £'000
Mansfield and Ashfield	311,724
Newark and Sherwood	204,428
Total Programme	516,152
Running Costs	6,848
Total - In Year Allocations	523,000

There have been no additional allocations received in month.

2. Summary Financial Position

The summary financial position at month 2 is set out in the table below.

As is standard for Month 2 of the financial year the CCGs have only received limited activity data for the new year, the main exception to this being Sherwood Forest Hospitals where early sight of Month 1 data has been used to estimate the position.

The CCGs are on plan year to date and are forecasting delivering of the planned surplus for the year. This is however based on achieving the forecast QIPP savings programme and ensuring demand for services remains with financial resources available.

Area		Annual Budget	YTD Budget	YTD Actual	YTD Variance	Year End Forecast Variance
		£'000	£'000	£'000	£'000	£'000
Programme	Acute Services	250,340	42,546	44,119	1,573	0
	Mental Health Services	53,075	8,838	8,689	-149	0
	Community Services	39,851	6,643	6,476	-167	0
	Primary Care	111,269	18,473	17,822	-651	0
	Continuing Health Care	36,523	6,058	6,062	4	0
	Other Contracts	15,615	2,603	2,562	-40	0
	Operational Costs	5,267	877	734	-143	0
Running Costs		6,848	1,143	1,064	-79	0
Sub-Total		518,789	87,181	87,528	347	0
Reserves		3,041	-95	-443	-348	0
Total In Year Position		521,830	87,086	87,085	-0	0

The CCGs' full operating cost statement is set out in Appendix 1. The main drivers of the YTD overspend position on acute activity are:

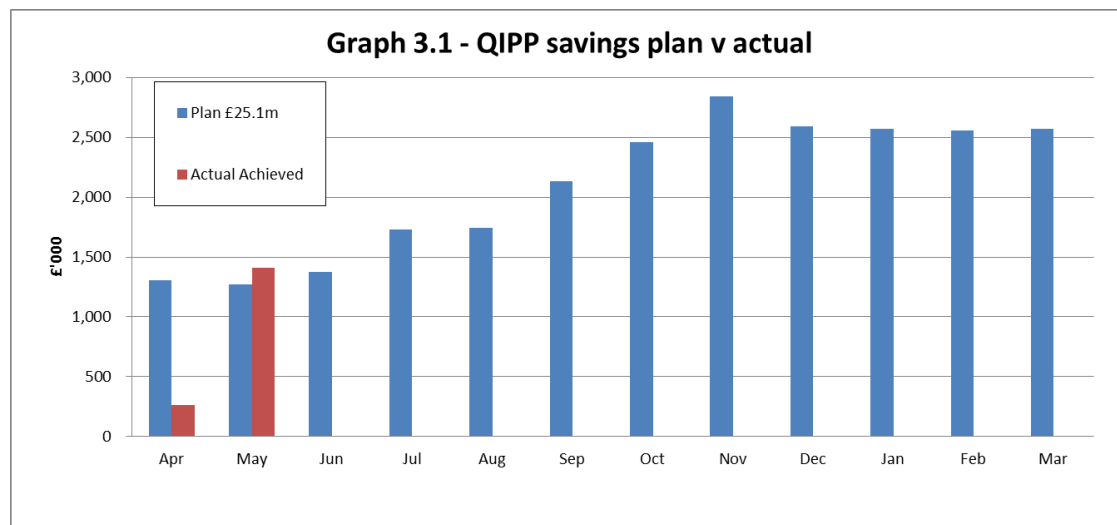
- An adverse variance on QIPP delivery compared to plan.
- An adverse variance on acute activity.

This position has been partially mitigated in month through underspends across other programme areas, primarily primary care where there is an element of benefit relating to prescribing estimates for 2018/19.

As part of the position, QIPP is currently forecast to deliver £25.1m at year end.

3. Savings Target

The profile and delivery to date of the savings plan is set out in Graph 3.1. This graph reflects the original savings plan for the CCG.



Monthly	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Plan £25.1m	1,302	1,273	1,373	1,731	1,743	2,136	2,461	2,845	2,591	2,570	2,557	2,568	25,150
Actual Achieved	263	1,410											1,673
Variance	-1,039	137											-902

Cumulative	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Plan £25.1m	1,302	2,575	3,948	5,679	7,423	9,558	12,019	14,864	17,455	20,025	22,582	25,150	25,150
Actual Achieved to Date	263	1,673											1,673
Variance	-1,039	-902											-902

The CCGs are reporting QIPP delivery of £1,673k at month 2.

This is below plan, principally because of the nature of the contract negotiated with the CCG's main acute provider Sherwood Forest Hospitals NHSFT. This is an aligned incentive contract whereby QIPP is only recognised in the contract to the extent that the provider can remove costs from the healthcare system. The contract is designed to facilitate collaboration across the healthcare system in line with 2019/20 planning guidance.

The CCG's acute QIPP schemes for this year have been developed with this contract in mind. However, in the early months of 2019/20 most of the acute QIPP savings planned are from the full-year-effect of 2018/19 schemes. As a result these full-year-effect schemes are not reflected in the 2019/20 SFH contract and no savings from them have been recognised in the year to date delivery.

The CCGs are however forecasting full year delivery of £25.1m QIPP by the year end. Notwithstanding this there remains a significant degree of risk within the QIPP programme, largely due to the untransacted element with Sherwood Forest Hospitals. Although the current forecast shows full delivery, £4.9m related to the QIPP programme has been recognised within the CCGs Risks & Mitigations. The CCG is currently working with system partners to develop "Plan B" options to further mitigate this risk.

The CCGs continues to work through all potential QIPP savings scheme and currently have an indicative full-year plan of £25.8m.

4. Risk and Mitigations

Risks and mitigations reflect values above those included within the forecast outturn. The reported position as at Month 2 is set out below:

Table 4.1 - Risk and Mitigations		£m
RISK	Total Risk @ M2	
Activity / price above planned levels		-6.1
QIPP Risk		-4.9
Primary Care risks		-1.4
Total Risk		-12.4

MITIGATION	Total Mitigation @ M2
Additional QIPP Schemes	5.2
Contingency	2.7
Review of Earmarked Reserves & Planned Investments	1.7
System wide solutions	2.6
Other	0.3
Total Mitigation	12.4

Total Net Risk	0.0
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5. Underlying Position

At month 2 the underlying position is in line with the 2019/20 plan as agreed with NHS England:

Underlying Recurrent Position	£m
Recurrent allocation	523.0
Recurrent spend	527.9
Exit Recurrent Position	4.9

6. Reporting to the Regulator

The month 2 position contained in this report, including the YTD and FOT position along with the level of net risk, is consistent with the position as reported to NHS England.

7. Detailed Financial Position Narrative by Commissioning/Service Line

7.1 Acute Services

Table 7.1 summarises the YTD and forecast outturn (FOT) position for acute services. The overall YTD position is overspent by £1.6m

Table 7.1 Summary Financial Position - Acute					
	Annual Budget	YTD Budget	YTD Actual	YTD Variance	Year End Forecast Variance
	£'000	£'000	£'000	£'000	£'000
Sherwood Forest Hospitals FT	196,003	33,370	34,141	771	0
Nottingham University Hospitals Trust	31,600	5,381	5,381	0	0
East Midlands Ambulance Service	12,868	2,145	2,145	0	0
United Lincolnshire Hospitals Trust	4,720	804	804	0	0
Doncaster & Bassetlaw Hospitals FT	3,380	576	576	0	0
Derby Hospitals FT	1,696	289	289	0	0
University of Leicester Hositals FT	309	53	53	0	0
Chesterfield Royal Hospital FT	1,103	188	188	0	0
Sheffield Teaching Hospital FT	890	152	152	0	0
Sheffield Children's Hospital FT	167	28	28	0	0
Other Acute Providers - NHS	3,246	553	181	-372	0
Other Acute Providers - Non NHS	7,949	1,343	1,343	0	0
Acute Risk Share	0	0	0	0	0
Acute Activity Reserve / QIPP / FRP	-12,419	-2,115	-1,161	954	0
Acute Capacity Investment	0	0	0	0	0
Activity Reserve	-1,171	-220	0	220	0
	250,340	42,546	44,119	1,573	0

The most notable variances are detailed below:

Sherwood Forest Hospitals NHS Foundation Trust – The acute section of the contract is showing a year to date plan variance of £771k at month 2. This is based on early month 1 information received from the trust profiled over two months and excludes the Community element of the contract.

The main areas contributing to the adverse variance on the Main SLA are:

Increased A&E and Non-Elective activity above plan currently valued at £248k. For Non-Electives at specialty level, Cardiology, Geriatric Medicine and Respiratory Medicine are the areas of concern together totalling £534k. Please note the data includes 359 activities which are un-coded with an estimated cost of £1.1m, it is not possible to identify the main causes at a HRG Chapter level from this cut of data. Work is ongoing to resolve this.

High Cost Drugs - Two specialties have seen over performance in the first month; Gastroenterology by £76k and Rheumatology by £22k. A query around the cause of this higher than anticipated usage will be raised as part of the first reconciliation letter should spend levels remain at this reported level when Flex data is received.

The year to date variance excludes expected contract reductions that are currently in the process of being agreed with the provider – these include the outcomes of challenges that have been made as part of the M1 flex to freeze data reconciliation.

The QIPP shortfall of £954k is as detailed in Section 3 of this report above.

7.2 Mental Health

Table 7.2 summarises the year to date and forecast position on Mental Health at month 11.

Table 7.2 Summary Financial Position - Mental Health					
	Annual Budget	YTD Budget	YTD Actual	YTD Variance	Year End Forecast Variance
	£'000	£'000	£'000	£'000	£'000
Nottinghamshire Healthcare Trust - Mental Health	33,356	5,558	5,559	1	0
Other Mental Health Providers - NHS	1,648	275	416	141	0
Other Mental Health Providers - Non NHS	5,725	955	867	-88	0
S117 Placements	11,180	1,858	1,847	-10	0
Mental Health QIPP	-32	-5	0	5	0
Mental Health Capacity Investment	0	0	0	0	0
Mental Health Reserve	1,199	199	0	-199	0
	53,075	8,838	8,689	-149	0

7.2.1 Mental Health

The overall position is showing a minimal year to date underspend of £149k with a break even forecast.

The negative variance of £199k showing on the reserves line partially offsets positive variances on other lines and is due in part to the restrictions in place at Month 2 regarding rephasing adjustments within budgets. The necessary adjustments will be transacted in Month 3.

7.2.2 Mental Health Investment Standard (MHIS)

The Mental Health Investment Standard requirement to deliver a 6.4% increase in mental health expenditure over 2018/19 is reflected in the budgets and includes new investment of £148k in child and adolescent mental health and £965k in adult mental health. These values remain in reserves and plans are being developed to prioritise this expenditure to deliver 5 year forward view expectations.

The CCGs are currently forecasting delivery of the MHIS for 2019/20.

[To note: The definition of spend for MHIS purposes includes spend on core mental health services plus other areas of spend related to mental health; mainly prescribing and

continuing healthcare. It excludes spend in areas such as learning difficulties and dementia. Any expenditure from in year allocations cannot be included in the definition].

7.3 Community Services

Table 7.3 Summary Financial Position - Community Services						
	Annual Budget	YTD Budget	YTD Actual	YTD Variance	Year End Forecast Variance	Month on Month Change in Forecast Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Nottinghamshire Healthcare Trust - General Health	25,366	4,228	4,231	3	0	0
Sherwood Forest Hospitals FT	8,135	1,356	1,356	0	0	0
Other NHS - Community	1,838	306	306	-0	0	0
Other Non NHS - Community	754	126	-89	-215	0	0
End of Life	4,033	672	672	-0	0	0
Community QIPP	-586	-98	0	98	0	0
Community Capacity Investment	0	0	0	0	0	0
Community reserve	311	53	0	-53	0	0
	39,851	6,643	6,476	-167	0	0

The overall position is showing a minimal year to date underspend of £167k with a break even forecast.

The £215k underspend for other non-nhs community is due to favourable positions against estimates for 2018/19. The data is currently being subject to further validation ahead of Month 3.

7.4 Primary Care

Table 7.4 Summary Financial Position - Primary Care					
	Annual Budget	YTD Budget	YTD Actual	YTD Variance	Year End Forecast Variance
	£'000	£'000	£'000	£'000	£'000
Primary Care Contracting	47,460	7,870	7,616	-254	0
Prescribing	55,004	9,134	8,891	-244	0
Prescribing - QIPP	-2,873	-477	-477	0	0
Medicine Management - Clinical	1,086	181	196	15	0
CCG Pathways	0	0	0	0	0
Primary Care	320	53	52	-1	0
GP Forward View	1,936	323	323	0	0
Enhanced Services	2,408	400	405	5	0
Practice Transformation fund	0	0	0	0	0
GPIT	956	159	155	-3	0
Out of Hours	3,963	661	661	0	0
Primary Care Reserve	1,010	168	0	-168	0
	111,269	18,473	17,822	-651	0

The most notable areas of variance are:

7.4.1 Primary Care Contracting

In late March 2019 NHSE England enacted an adjustment to reduce the CCGs' Primary Care Contracting allocations by £1.4m, (£816k M&A and £550k N&S). This, along with updated guidance on the cost of the new GP contract led to a cost pressure on the CCGs financial plan.

The impact of this change has been formally reported to NHS England in plan submissions and in doing so the CCGs have set a budget for delegated commission £1.4m higher than the actual allocation received. As such the current underspend of £254k mostly relates to this additional budget and so the actual underlying position is broadly breakeven across the two CCGs.

7.4.2 Practice Prescribing

The CCG has not yet received any in year Prescriptions Pricing Authority (PPA) data for 2019/20 and as such the in-year position is currently breakeven.

Final M12 data for 2018/19 has been received and reconciled resulting in a favourable position of £244k against year-end accruals.

7.5 Continuing Health Care (CHC)

Table 7.5 Summary Financial Position - Continuing Health Care					
	Annual Budget	YTD Budget	YTD Actual	YTD Variance	Year End Forecast Variance
	£'000	£'000	£'000	£'000	£'000
Continuing Care & Free Nursing Care	35,672	5,916	5,925	9	0
CHC Assessment	851	142	137	-5	0
	36,523	6,058	6,062	4	0

At month 2 the position is on plan both year to date and for the full year forecast with no issues of note to report.

8 CCG Cash Management

The Mid Nottinghamshire CCGs have to operate within a maximum cash drawdown envelope to pay for its commitments. This currently stands at £521m.

As at 31th May 2019 the CCGs have drawn down £90.8m of its cash limit which equates to 17.4% of the available cash. This is marginally above (0.8%) an expected profile where cash is drawn down in equal twelfths.

The Mid Nottinghamshire CCGs held a cash balance at 31th May 2019 above the NHS England cash target. This is expected to be brought back into line over the coming months.

9 Statement of Financial Position

The Statement of Financial Position as at 31st May 2019 is shown in Appendix 2 and shows the movements from the previous month. Net liabilities have increased by £15.6m. This is mainly due to an increase in payables of £31 m, partially offset by increase in receivables of £13.3m and increase in closing cash at the bank of £2.2m contributing to the cash balance being above the NHSE target.

10 Better Payments Practice Code

The Mid Nottinghamshire CCGs have a responsibility to meet the Better Payments Practice Code (BPPC). This focuses on the speed at which the CCG pays its invoices to the private sector and to other NHS organisations. The target is to pay 95% of invoices, in terms of value and volume, within 30 days.

The Mid Nottinghamshire CCGs continue to meet all four cumulative targets.

11 Aged Debt

Table 11.1 shows the level of debt owed to the CCGs and the length of time this debt has been outstanding.

Table 11.1: Aged Debtors performance						
	Non NHS			NHS		
	Not Yet Overdue	Overdue 1-30 Days	Overdue 31 Days +	Not Yet Overdue	Overdue 1-30 Days	Overdue 31 Days +
Volume	2	2	15	1	1	12
Value	£1,394	£16,417	£79,727	£1,000,000	£454	£145,074

The majority of Non NHS aged debt over 30 days is with Solutions 4 Health (S4H) £13.5k, Central Nottinghamshire Clinical Services £30k (CNCS) and Nottinghamshire County Council £33k. Regarding S4H, the CCGs are engaged in ongoing regular dialogue and resolution of a significant value of the debt with S4H has been recovered. The CNCS outstanding debt is currently with the administrators, and as a result a bad debt provision has been accounted for regarding this debt. For the NHS debts over 30 days, all are held with local NHS organisations and are expected to be cleared. The volume has decreased from 19 in the previous month to 12 this month.

12 Running Costs

The CCG has a running cost allocation in 2019/20 of £6.84m. Year to date there is a minimal underspend against budget but the forecast remains to plan:

Table 12.1 Running Costs Year to Date and Forecast Position					
Operational (Running Costs)	Annual Budget	YTD Budget	YTD Actual	YTD Variance	Year End Forecast Variance
	£'000	£'000	£'000	£'000	£'000
Running Costs - Chief Officer	1,118	187	188	1	0
Running Costs - Chief Finance Officer	3,315	553	520	-34	0
Running Costs - Chief Commissioning Officer	816	136	116	-20	0
Running Costs - Chief Nurse	513	86	42	-44	0
Running Costs - Director of Primary Care	437	73	54	-19	0
Running Costs - Director of Transformation	374	62	71	9	0
Running Costs - Estates	437	73	73	0	0
Running Cost Reserves	-160	-27	0	27	0
Total Operational (Running Costs)	6,848	1,143	1,064	-79	0

13 Contingencies and Reserves to meet Business rules

The CCG has set aside the following contingencies and reserves:

Table 13.1 Contingencies and Reserves 2019-20	Recurrent	Non Recurrent	Total
	£'000	£'000	£'000
General reserve	-317	1,102	785
QIPP reserve	5,609	-6,428	-819
Allocations reserve	416	0	416
Contingency reserve	2,659	0	2,659
Planned underlying deficit	-4,910	4,910	0
OCS Other Programme Reserves	3,457	-416	3,041
Running cost reserve	-140	-20	-160
Mental health reserve	1,199	0	1,199
Community reserve	311	0	311
Acute activity reserve	-1,171	0	-1,171
Primary care reserve	2,376	0	2,376
Total Reserves	6,032	-437	5,595

14 Virements

No virements have been transacted year to date

Appendix 1 – Operating Cost Statement

Md Nottinghamshire CC Gs	FORECAST			YEARTO DATE		
	Annual Plan £'000	Forecast Outturn £'000	Forecast Variance £'000	Plan £'000	Actual £'000	Variance £'000
Month 2						
Acute Services						
Sherwood Forest Hospitals	195,208	195,208	0	33,235	33,994	759
Sherwood Forest Hospitals - Non Care	795	795	0	135	147	12
Sherwood Forest Hospitals - Prior Year	0	0	0	0	0	0
Sherwood Forest Hospitals - Activity Reserve / QIPP / FRP	0	0	0	0	0	0
Nottingham University Hospitals	31,600	31,600	0	5,381	5,381	0
Nottingham University Hospitals - Activity Reserve / QIPP / FRP	0	0	0	0	0	0
East Midlands Ambulance Service	12,868	12,868	0	2,145	2,145	0
Acute - NHS - United Lincs	4,720	4,720	0	804	804	0
Acute - NHS - United Lincs - Activity Reserve / QIPP / FRP	0	0	0	0	0	0
Acute - NHS - D&B	3,380	3,380	0	576	576	0
Acute - NHS - DHFT	1,696	1,696	0	289	289	0
Acute - NHS - Univ Leicester	309	309	0	53	53	0
Acute - NHS - Chesterfield	1,103	1,103	0	188	188	0
Acute - NHS - Sheff Teaching	890	890	0	152	152	0
Acute - NHS - Sheff Childrens	167	167	0	28	28	0
Acute - NHS	0	0	0	0	0	0
Other NHS - NCAs	3,246	3,246	0	553	181	(372)
Circle - Nations Healthcare - ISTC	2,850	2,850	0	475	475	0
BMI Healthcare	2,939	2,939	0	500	500	0
Barbrough	988	988	0	168	168	0
Ramsay Woodthorpe	1,172	1,172	0	200	200	0
Other Non NHS - Acute	0	0	0	0	0	0
Acute Riskshare	0	0	0	0	0	0
Acute Activity Reserve / QIPP / FRP	(12,419)	(12,419)	0	(2,115)	(1,161)	954
Acute Capacity Investment	0	0	0	0	0	0
Activity Reserve	(1,171)	(1,171)	0	(220)	0	220
Total Acute Services	290,340	290,340	0	42,546	44,119	1,573
Community Services						
Nottinghamshire Healthcare - General Health	25,366	25,366	0	4,228	4,231	3
Sherwood Forest Hospitals	8,135	8,135	0	1,356	1,356	0
Sherwood Forest Hospitals - Activity Reserve / QIPP / FRP	0	0	0	0	0	0
Other NHS - Community	1,838	1,838	0	306	306	(0)
Other Non NHS - Community	754	754	0	126	(89)	(215)
End of Life	4,033	4,033	0	672	672	(0)
Community QIPP not transacted	(586)	(586)	0	(98)	0	98
Community Capacity Investment	0	0	0	0	0	0
Community reserve	311	311	0	53	0	(53)
Total Community Services	39,851	39,851	0	6,643	6,476	(167)
Mental Health Services						
Nottinghamshire Healthcare - Mental Health	33,356	33,356	0	5,558	5,559	1
Other NHS - Mental Health	1,548	1,548	0	275	415	141
Other Non NHS - Mental Health	5,725	5,725	0	955	967	(89)
S117 Placements	11,180	11,180	0	1,858	1,847	(10)
Mental Health QIPP not transacted	(32)	(32)	0	(5)	0	5
Mental Health Capacity Investment	0	0	0	0	0	0
Mental Health reserve	1,199	1,199	0	199	0	(199)
Total Mental Health Services	58,075	58,075	0	8,838	8,689	(149)
Primary Care Services						
Primary Care Contracting	47,460	47,460	0	7870	7,616	(254)
Prescribing	55,004	55,004	0	9,134	8,891	(244)
Prescribing - QIPP	(2,873)	(2,873)	0	(477)	(477)	0
Medicine Management - Clinical	1,086	1,086	0	181	196	15
CCG Pathways	0	0	0	0	0	0
Primary Care	320	320	0	53	52	(1)
GP Forward View	1,936	1,936	0	323	323	0
Enhanced Services	2,408	2,408	0	400	405	5
Practice Transformation fund	0	0	0	0	0	0
GPIT	956	956	0	159	155	(3)
Out of Hours	3,963	3,963	0	661	661	0
Primary Care Reserve	1,010	1,010	0	168	0	(168)
Total Primary Care Services	111,269	111,269	0	18,473	17,922	(551)
Other Healthcare						
Continuing Care & Free Nursing Care	35,672	35,672	0	5,916	5,925	9
CHC Assessment	851	851	0	142	137	(5)
Total Other Healthcare Costs	36,523	36,523	0	6,058	6,062	4
TOTAL PROGRAMME HEALTHCARE COSTS	491,059	491,059	0	82,538	83,168	630
Other Contracts						
Other Non-NHS Services	3,836	3,836	0	640	609	(31)
Patient Transport	2,492	2,492	0	415	408	(7)
Other Non-NHS Services - 111	1,212	1,212	0	202	202	0
Other NHS Services	(97)	(97)	0	(16)	(18)	(2)
Social Care	8,173	8,173	0	1,362	1,362	0
Total Other Contracts	15,615	15,615	0	2,603	2,562	(40)
Corporate Non-Running Costs						
Corporate - Estates	3,098	3,098	0	515	365	(150)
Corporate Costs - Chief Officer	277	277	0	46	64	18
Corporate Costs - Chief Commissioning Officer	1,022	1,022	0	170	161	(9)
Corporate Costs - Chief Commissioning Officer - Capacity	0	0	0	0	0	0
Corporate Costs - Chief Nurse	842	842	0	140	138	(2)
Depreciation, provisions & technical adjustments	29	29	0	5	5	(0)
Total Corporate Non-Running Costs	5,267	5,267	0	877	734	(143)
Programme Reserves						
Risk Reserves (inc. running cost headroom)	2,659	2,659	0	0	0	0
QIPP / Headroom	0	0	0	0	0	0
Other Reserves	382	382	0	(95)	(443)	(348)
Total Programme Reserves	3,041	3,041	0	(95)	(443)	(348)
TOTAL PROGRAMME NON-HEALTHCARE COSTS	23,924	23,924	0	3,384	2,853	(531)
TOTAL NET OPERATING EXPENDITURE - PROGRAMME	514,982	514,982	0	85,943	86,021	79

Appendix 1 – Operating Cost Statement - continued

Mid Nottinghamshire CCGs Month 2	FORECAST			YEAR TO DATE		
	Annual Plan £'000	Forecast Outturn £'000	Forecast Variance £'000	Plan £'000	Actual £'000	Variance £'000
Running Costs						
Running Costs	7,008	7,008	0	1,170	1,064	(106)
Running Cost Reserves	(160)	(160)	0	(27)	0	27
TOTAL AVAILABLE RESOURCE - ADMIN	6,848	6,848	0	1,143	1,064	(79)
TOTAL NET OPERATING EXPENDITURE AGAINST IN YEAR RESOURCE ALLOCATION	521,830	521,830	0	87,086	87,085	(0)
Cumulative Deficit	(8,614)	0	8,614	(1,436)	0	1,436
TOTAL NET OPERATING EXPENDITURE AGAINST CUMULATIVE RESOURCE ALLOCATION	513,216	521,830	8,614	85,650	87,085	1,435

Appendix 2 - Statement of Financial Position

Mid Nottinghamshire CCGs - Statement of Financial Position - May 2019			
	Closing Balance 31 May 2019	Closing Balance 30 Apr 2019	Movement In Period
	£'000	£'000	£'000
Non Current Assets			
Plant, Property and Equipment	38	41	-2
Intangible Assets	0	0	0
Total Non Current Assets	38	41	-2
Current Assets			
Inventories	0	0	0
Receivables	15,992	2,708	13,284
Cash at Bank	2,460	255	2,205
Total Current Assets	18,452	2,963	15,489
Current Liabilities (Due within 1 year)			
Payables	-38,707	-7,583	-31,124
Provision for Liabilities and Charges	-284	-284	0
Borrowings			
Total Current Liabilities	-38,991	-7,867	-31,124
Net Current Assets / (Liabilities)	-20,501	-4,864	-15,637
Non Current Liabilities			
Non Current Payables	0	0	0
Non Current Provision for Liabilities and Charges	0	0	0
Total Non Current Liabilities	0	0	0
Total Assets / (Liabilities)	-20,463	-4,823	-15,640
Tax Payers Equity			
General Fund	-20,501	-4,864	-15,637
Revaluation Reserve	0	0	0
Total Tax Payers Equity	-20,501	-4,864	-15,637

Appendix 3 – Cumulative Revenue Resource Position

	2018-19 £'000	2019-20 £'000
Cumulative Brought Forward	-9,855	-9,855
In-Year Surplus / (Deficit)	0	1,241

Cumulative Carried Forward	-9,855	-8,614
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