

Sent via email

Kathy McLean – ICB Chair
Nottingham & Nottinghamshire
Integrated Care Board

Julie Grant
Director of System Co-ordination and
Oversight, East Midlands
23 St Stephenson Street
Birmingham
B2 4JB

T: 07876 354253
E: J.grant10@nhs.net
W: www.england.nhs.uk

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Dear Kathy,

Annual assessment of Nottingham and Nottinghamshire Integrated Care Board's performance in 2023/24

I am writing to you pursuant to Section 14Z59 of the NHS Act 2006 (Hereafter referred to as "*The Act*"), as amended by the Health and Care Act 2022. Under the Act NHS England is required to conduct a performance assessment of each Integrated Care Board (ICB) with respect to each financial year. In making our assessment we have considered evidence from your annual report and accounts; available data; feedback from stakeholders and the discussions that we and our team have had with you and your colleagues throughout the year.

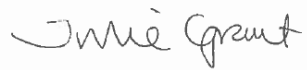
This letter sets out our assessment of your organisation's performance against those specific objectives set for it by NHS England and the Secretary of State for Health and Social Care, its statutory duties as defined in the Act and its wider role within your Integrated Care System across the 2023/24 financial year.

We have structured our assessment to consider your role in providing leadership and good governance within your Integrated Care System (ICS) as well as how you have contributed to each of the four fundamental purposes of an ICS. For each section of our assessment, we have summarised those areas in which we believe your ICB is displaying good or outstanding practice and could act as a peer or an exemplar to others. We have also included any areas in which we feel further progress is required and any support or assistance being supplied by NHS England to facilitate improvement.

In making my assessment we have also sought to take into account how you have delivered against your local strategic ambitions as detailed in your Joint Forward Plan (JFP) which you have reviewed and re-baselined. A key element of the success of Integrated Care Systems will be the ability to balance national and local priorities together and we have aimed to highlight where we feel you have achieved this.

Thank you to you and your team for all of your work over this financial year in what remain challenging times for the health and care sector, and we look forward to continuing to work with you in the year ahead.

Yours sincerely,



Julie Grant
Director of Strategic Coordination and Oversight

Cc

Dale Bywater – Regional Director, NHS England – Midlands
Amanda Sullivan - Chief Executive Officer, Nottingham & Nottinghamshire
Integrated Care Board

Section 1: System leadership and management

The system has provided strong evidence of partnership working and has a Partnership Agreement in place to demonstrate collective commitment to working effectively together. There is clear evidence of engagement with partners in the development of strategies and plans.

The ICB has a well-developed JFP which was co-developed, engaging partners across the system. It is apparent throughout the annual report and other system documents that partnership is the foundation of the ICB's approach and has been embedded across the system.

The Health and Wellbeing Board (HWB) feedback from both City and County Local Authorities is positive and describes good working relationships, particularly around the Joint Strategic Needs Assessment (JSNA) and Integrated Care Partnership (ICP) development.

The ICB established an ICS Clinical and Care Professional Leadership (CCPL) Group, which is responsible for the development of clinical policy and ensuring that clinical transformation plans lead to desired outcomes. The Group is supported by a broader assembly of clinical and care professionals who lead on pathway and clinical and care model development. This work directly informs the ICB's decision-making arrangements.

The ICB has developed a decision-making framework which is applied to all service change and resource allocation proposals, to ensure that the 'Triple Aim' is embedded in decision-making and evaluation processes. The framework includes a decision tree which incorporates all three elements of the triple aim, plus the ICB's separate fourth aim of any change having a positive social and economic impact.

The ICB Operating Framework demonstrates how the ICB is structured to monitor performance and delivery. The ICB has recognised that the performance oversight function required further strengthening after a challenging year for delivery of key standards and has put in place a weekly System Oversight Group to obtain clarity on the system performance position, understand where challenges remain and where opportunities are, by using a system approach to deliver the system's 2024/25 operational plan.

The JFP provides examples of performance reporting to represent activity in relation to population need. The development of a health inequalities dashboard and using system intelligence to identify cost effective use of resources, along with an integrated data set, are all positive approaches. Good examples have been provided of financial risk assessments by segmentation and demand modelling and an overall application of the principle of proportionate universalism.

The Corporate Governance Report provides detail of the ICB Committee structure, each committee's governance role and the interaction and linkages between each. The ICB Programme Boards monitor performance and delivery across specific programmes such as planned care and urgent and emergency care. There is ICB and Provider representation at these meetings as part of the terms of reference and the responsible organisation is invited and requested to provide and present reports at these committees on specific issues.

The ICB is recognised nationally as a leader in shared decision-making and Personal Health Budgets and regularly shares good practice across the region both at regional meetings and

individually by request. There is a dedicated section of the ICB website devoted to how members of the public can get involved including detail on citizen panels, Healthwatch and Engagement Forums.

There are several examples of how choice is offered and facilitated, including the establishment of a Referral Support Service and Elective Referral Hub to ensure that patients referred by their GP for a diagnostic test or specialist treatment are offered a choice of healthcare provider.

Section 2: Improving population health and healthcare

The ICB has experienced a challenging year in terms meeting the 2023/24 Operational Planning Ambitions. The ICB has clearly articulated its challenges along with plans to improve performance. It is also acknowledged that the ICB has had to put plans and mitigations in place throughout the year, where Industrial Action may have impacted on delivery.

Elective waiting time plans for patients waiting over 78 and 65-weeks were not achieved, however partners worked together to make progress and the risk in the 78-week cohort was reduced towards the end of the year. There has been good evidence of collective system working throughout the year and elective hub arrangements were put in place. The ICB has provided support and challenge to providers in relation to elective and cancer recovery and has managed relationships with the independent sector providers to support elective recovery.

The system did not achieve its 62-day cancer fair shares position but did consistently achieve the Faster Diagnosis Standard (FDS) target. The ICB has worked very closely with providers to deliver and support cancer recovery.

The system was unable to achieve either the 76% 4-hour performance, or the 30min Category 2 ambulance response time target. There has been a significant drop in A&E 4-hour performance reported since the cessation of the Clinical Review of Standards (CRS) programme at Nottingham University Hospitals NHS Trust (NUH).

Significant challenges have been faced in relation to Learning Disabilities and Autism inpatient targets and the ICB did not achieve its adult inpatients target for 2023/24, which was a non-compliant target in terms of the ambition stated within the NHS Long-Term Plan. The system has also seen an increase in out of area placements during the year in response to pressures faced at Nottinghamshire Healthcare NHS Foundation Trust (NHFT).

2023/24 saw progress on Primary Care access recovery, however the ICB did not meet the 'GP appointment within 2 weeks' target and delivered 42% for 'GP appointment on same day' against a 45% regional average. The ICB annual report sets out the primary care access recovery initiatives to tackle capacity constraints at peak times and reduce the number of people struggling to contact their General Practice.

The ICB assumed delegated responsibility for pharmacy, optometry, and dental services in 2023/24 and we look forward to seeing how the ICB has supported improvements in these areas as well.

The ICB has acknowledged these challenges and has strengthened the performance oversight function to obtain clarity on the system performance position, understand where challenges remain and identify opportunities to deliver the system plan in 2024/25. We would

expect a focus on improving system performance in 2024/25 and anticipate this revised oversight function will be a key enabler to support delivery.

The ICB has articulated an ambition for quality improvements, however there is limited evidence of improved monitoring and quality outcomes. There has been a level of complexity and challenge faced by the ICB which required immediate risks to be managed and this may have impacted on its capacity to focus on longer term quality improvements.

The ICB has continued to support NUH with significant maternity challenges and has jointly led, with NHS England, the oversight and assurance processes to ensure quality improvement which has been seen an improvement in CQC rating from inadequate to requires improvement in June 2023.

The ICB has also supported NHFT with its significant service challenges, working jointly with NHS England to put in place oversight and assurance processes to ensure quality improvements are made by the Trust during 2024/25.

There is evidence that all statutory programmes of work are being delivered and some in-year improvements have been made, however performance standards have not always been met across many domains and so quality outcomes are not always maintained.

Local safeguarding arrangements are clear and embedded within ICB systems and processes. Routine quality assurance reviews on safeguarding between ICB and NHS England are in place and the outcomes are positive.

The ICB has a well-established Personalised Care team, and the Senior Responsible Office (SRO) is the Deputy Chief Nurse and Director of Quality. The ICB regularly shares good practice across the region both at regional meetings and individually by request.

There is good evidence of a commitment to public involvement. As noted above, there is a dedicated section of the ICB website devoted to how members of the public can engage with health and care issues. The ICB Communications and Engagement Team have worked in partnership with stakeholders to produce an engagement toolkit for Primary Care Networks (PCNs), staff, and members of the public seeking to aid understanding of how and when patient and public engagement should take place and to provide guidance based on best practice for patient and public engagement along with information to help make engagement meaningful.

Section 3: Tackling unequal outcomes, access and experience

Health inequalities is an area of strength for the ICB. The ICB has developed a health inequalities dashboard and used system intelligence to identify cost effective use of resources along with an integrated data set. It has been recognised as one of the more advanced systems in the region for using data and a population health management approach to address population needs.

There is an ICS Health Inequalities plan in place. The ICB published its NHS England Statement on information on health inequalities (duty under section 13SA of the National Health Service Act 2006) in its May 2024 Board papers.

Health Equity is one of the three core principles of the ICS strategy. The ICB has a Health Inequalities SRO and delivery lead and there is good engagement with NHS England and wider partners. PCN Leads were identified and PCN plans were submitted for 2023/24. Provider leads are part of the ICS Health Inequalities & Prevention Oversight Group. There is a governance structure in place via the ICS Health Inequalities Oversight and Prevention Committee.

The ICB finance committee has scrutinised work being done to address health inequalities, receiving detailed reports on maternity and infant mortality, elective recovery and hypertension.

The ICS Health Inequalities and Innovation Investment Fund has been put in place to provide resources to projects within the city and county which aim to reduce health inequalities by finding new ways of working. Nine projects are being supported and a key theme across many of these projects is using voices from the local communities to help shape services, reduce barriers to access and in turn better meet the needs of the most.

Section 4: Enhancing productivity and value for money

In the financial year 2023/24, the system's reported financial performance was £113.7m deficit against an initial plan of break-even. Within the reported value, the ICB's own financial position was a £6.8m deficit.

Total system efficiencies delivered were £176.8m; 6.7% of system allocation. Of this total, £77.0m (43.5%) was recurrent, increasing the recurrent efficiency requirement in future years.

The ICB reacted well to early challenges in relation to the financial position in providers, working collaboratively across the system with support and oversight from NHS England. The ICB has built a strong set of governance arrangements for the system to work together on financial recovery plans and increased controls.

The ICB has carried out significant work to collectively address the risk as a system during 2023/24 but there is still more to do. Enhanced system oversight arrangements have been put in place to address the financial challenge in-year. A system-wide recovery plan, consolidating organisational plans with a common set of stretching ambitions is in development. We expect the ICB to focus on delivery of its recovery plan, continue to identify savings opportunities and to achieve its agreed financial control total for 2024/25.

The ICB has continued to support NUH with its significant financial challenges and has jointly led, with NHS England, the oversight and assurance processes to ensure improvement.

A stocktake of financial controls across all system providers has been undertaken which has resulted in several opportunities for further implementation of controls with an action plan in place to address. The ICB has commissioned a system-wide audit to assess compliance and effectiveness of these controls with a particular focus on vacancy control and agency. The system's agency cap total for 2023/24 was £68.7m and the system spent £76.6m - £8m more. The system also overspent against the 2023/24 agency plan by £13.8m.

As a result of the financial position enforcement Undertakings relating to enhanced financial governance were agreed by the ICB in March 2024 and formally signed in May 2024.

The ICB has robust governance in place for the delivery and assurance of the People plan which includes the establishment of an ICS People and Culture Delivery group and an ICS workforce planning, performance and risk group that reports into the ICS People and Culture steering group that provides assurance to the quality and People Committee into ICB board.

The staff survey results for 2023/24 show that the ICS improved in four themes and was similar for four themes compared to the 2022/23 survey. The ICS was above the regional average in seven domains and similar for one domain.

The ICB has refreshed the Digital Notts Strategy during 2023/24 which has had several positive impacts including establishing a strong leadership team across the ICB and Digital, Analytics, Information and Technology (DAIT) Board and instituting a Research Strategy Group to oversee strategic development of research activity through a collaborative approach to population health and care research across the ICS. The ICB is commended for winning a 2023 Best outcome award for its One Version of the Truth data project.

The ICB developed a Research Strategy during 2023/24, and the proposed strategy was reviewed and endorsed by the ICB's Strategic Planning and Integration Committee in May 2024. It will be submitted to the ICB Board for approval in July 2024. The ICB has provided evidence of the implementation of the ICS DAIT Strategy, highlighting several key achievements, which demonstrates the impact of digital transformation projects.

Section 5: Helping the NHS support broader social and economic development

The ICB has provided evidence to demonstrate its leadership role, working with other local NHS organisations, to improve workforce and cultural development, deliver digital transformation, drive forward environmental sustainability, and ensure a more effective use of the NHS estate.

The ICB is an active member of both local HWBs and worked closely with the HWBs in the development of its first JFP in 2023/24. There is a statement within the JFP from both HWBs indicating that they are satisfied that the NHS JFP has taken account of its feedback, and that the plan clearly articulates the ICB's commitment and contribution to the delivery of the Nottinghamshire Joint Health and Wellbeing Strategy.

The ICB operates as an anchor organisation and facilitates social and economic development. The ICB established an ICS Anchor Champions Network (ACN) to define and facilitate delivery of strategic priorities, make connections, promote and share best practice across the ICS. The ACN is comprised of Local Authority (public health and economic development) and NHS organisations (individual organisations, ICB, Place Based Partnerships).

The ACN led a stocktake in 2022, which confirmed that individual ICS partners and Place Based Partnerships, as anchor organisations, had well established programmes in place. The stocktake helped identify and agree ICS strategic priorities for 2023/24 which focussed on People, Procurement, Net Zero and Estates and were to be delivered through relevant ICS Delivery Groups with support from the ACN. An ICS wide workshop was held in September 2023, facilitated by the NHS Confederation, to identify and agree 2024/25 strategic priorities. The ICS strategic priorities are all reflected in the updated 2024-2028 Joint Forward Plan.

The system has been one of the most innovative and forward thinking in the Midlands with regards to its strategy for the Greener NHS agenda. The ICB is taking a leadership role in the delivery of 'Delivering a Net Zero NHS' and has implemented good programme management principles in the programme with workstreams, set ambitions and managed delivery plans and reporting.

Conclusions

This has been a challenging year in many respects and in making our assessment of your performance we have sought to fairly balance our evaluation of how successfully you have delivered against the complex operating landscape in which we are working. This is the first full year in which you have been operating as well as the first year of your JFP and we are keen to continue to see progress towards a maturing system of integrated care structured around placing health and care decisions as close as possible to those people impacted by them. We will continue to work alongside you in the year ahead and look forward to working with you to support improvement throughout your system.

Please will you share our assessment with your leadership team and consider publishing this alongside your annual report at a public meeting. NHS England will also publish a summary of the outcomes of all ICB performance assessments in line with our statutory obligations.