

From the office of Julie Grant
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By email

Kathy McLean
Chair
Nottingham and Nottinghamshire Integrated Care Board

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Dear Kathy

Annual assessment of Nottingham and Nottinghamshire Integrated Care Board's performance in 2022/23

As you are aware NHS England has a legal duty to undertake an annual assessment of Integrated Care Board (ICB) performance with respect to each financial year. This is in line with section 14Z59 of the NHS Act 2006 and as amended by the Health and Care Act 2022.

The annual assessment is focused on your organisation's performance against those specific objectives set by NHS England and the Secretary of State for Health and Social Care, its statutory duties as defined in the Act and the wider role within your Integrated Care System (ICS) across the 2022/23 financial year. The evidence to support the assessment has considered your ICB's annual report and accounts; available data; feedback from stakeholders and the discussions that NHS England has had with the ICB and the wider system during the year.

The assessment has also considered your role in providing leadership and good governance within your Integrated Care System as well as how you have contributed to each of the four fundamental purposes of an ICS.

Annex A contains a detailed summary of the areas where the ICB is displaying good or outstanding practice and areas which further progress is required along with support or assistance being supplied by NHS England to facilitate improvement.

The assessment recognises the relative infancy of ICBs, having only been statutory bodies for nine months of the 2022/23 financial year, and the developing local strategic aims of ICS' set out in the Integrated Care Strategy for your system and articulated through your recently published Joint Forward Plan. 2022/23 has been a

Classification: Official

transitional year and you have had to balance the demands of establishing the new organisation with supporting service delivery.

The ICB has made considerable progress with developing its leadership and governance arrangements over the last year and system partnership working is well-developed. There has also been good progress made on strategic priorities and there have been examples in a number of areas of outstanding work and good practice. However, there are areas of operational and financial challenge which will require focussed attention and system working over the coming year.

Please could you share the assessment with your leadership team and consider publishing this alongside your annual report at your Annual General Meeting. NHS England will also publish a summary of the outcomes of all ICB performance assessments as part of its 2022/23 Annual Report and Accounts.

Thank you for all of your work during 2022/23 in what remain challenging times for the health and care sector.

Yours sincerely,



Julie Grant
Director of Strategic Transformation, NHS England (Midlands)

cc. Amanda Sullivan, Chief Executive Officer, Nottingham and Nottinghamshire Integrated Care Board
Dale Bywater, Regional Director (Midlands)
Diane Gamble, Deputy Director of Strategic Transformation, NHS England (Midlands)

Annex A: detailed assessment

Section 1: System leadership

The ICB has demonstrated effective leadership, as evidenced in the ICS strategy submission, with a focus on prevention and measurement to improve population health which built on well-developed Population Health Management (PHM) capability.

The ICB has engaged a wide range of partners in its development and ensured that all partners are able to contribute in a meaningful way. As part of the ICB's system leadership role it has worked with partners to develop strong Place leadership, to create robust Place-based partnerships, and the development of the provider collaboratives is in progress.

The ICB engagement strategy was thorough and demonstrated clear knowledge of working with people and communities, as well as a good links with wider system strategies and priorities, and good articulation of governance structures. As the strategy develops the ICB could consider making a more accessible version as the strategy appears formal and technical which the public or lay-members may find difficult to engage with.

The annual report references how effective decision-making is enacted via strong governance structures which ensure leadership and integration at the appropriate population level. The ICB has embedded proactive and reactive risk identification within business decision-making processes and regular meetings are held with Executive Directors and senior managers to discuss new or evolving risks to ensure that they are incorporated into decision-making and evaluation processes.

The ICB undertook an external review to provide independent assurance that robust high level governance arrangements have been put in place which support effective performance management.

There is a dedicated clinical leadership team in place, with a wide range of expertise, which provides expert advice to support the ICB's decision-making arrangements. An ICS Personalised Care Strategic Oversight Group has also been established to provide operational ownership across system partners for the personalised care agenda.

The ICB annual report details the collaborative approach which has been developed with system partners to establish a whole-population approach to supporting people of all ages, and their carers, and ensuring that people with lived experience are involved in the design and commissioning of services.

The ICB has received national recognition as a leader in shared decision-making and commitment to ensuring co-production with people and communities and this is reflected in the annual report.

Section 2: Improving population health and healthcare

The annual report/quality accounts provide clear examples of how the ICB has improved services. There is a clear quality strategy in place that articulates the quality aims and objectives for the ICB. There are governance structures in place to support oversight of quality and safety with an established System Quality Group which reports to the ICB Quality Committee. Evidence collated shows that services are either improving or there is a clear trajectory/plan for improvements over the next 12 months.

The ICB has provided evidence that this group is effective in managing safety concerns and ensuring actions take place and that National Quality Board guidance on risk and escalation has been embedded. Evidence has been submitted that this has been utilised to escalate issues within the System and to the Regional Quality Group.

The ICB provided details regarding its approach to Population Health Management (PHM), demonstrating how the PHM process is embedded within the system and a case study on fuel poverty to illustrate how the approach works in practice.

There has been good progress made on the continuing recovery of services following the Covid-19 pandemic. The ICB has made improvements in elective and cancer services and backlogs have continued to reduce. However, there is further work to do moving into 2023/24, particularly relation to the eradication of longest waiting patients for elective care. The ICB has supported providers with elective recovery.

The ICB has demonstrated a clear summary of the challenges associated with performance against the key quality metrics for Urgent and Emergency Care in the annual report. Although significant improvements have been made in several areas related to recovery, the system will need to continue its strong partnership working to address some of the root causes of underperformance in the coming year.

There have been challenges in meeting all the required standards for Learning Disabilities and Autism. The ICB met the required standards for inpatient numbers for children and young people and annual health checks but did not achieve the required standard for adult inpatient rates and challenges remain for delivery of this standard. However, the ICB has worked closely with NHS England to develop a realistic and attainable plan to ensure improvement in this area in 2023/24 and beyond.

The ICB has made progress in delivery of objectives for maternity services and there has been positive development of the equity and equality plan by the system. The ICB should ensure that the Saving Babies Lives version 2 implementation tool is used, as mandated through CNST for 2023/24. In addition, continued focus on delivering the building blocks for continuity of carer will be required, particularly for the most vulnerable groups. The ICB has supported Nottingham University Hospitals specifically with improvements in maternity care.

The annual report notes that the total number of primary care appointments available across Nottingham and Nottinghamshire increased during 2022/23 as services recovered, as well as being supported through the expansion of the Additional Roles Reimbursement Scheme across primary care services.

The annual report provides evidence of how the ICB is promoting involvement and choice for patients, their representatives, and the public. The Friends & Family Test (FFT) results are above the England average across all metrics. The ICB has been used nationally as a case study example of best practice in co-production, which is a central strategy for the provision of services.

The ICB demonstrates a commitment to make the best use of public resources. Important decisions that affect patients are made by the ICB in partnership with key stakeholders, at the heart of which, are local people. The ICB has developed a decision-making framework that is applied to all service change and resource allocation proposals, which ensures that the 'Triple Aim' is embedded in decision-making and evaluation processes.

Section 3: Tackling unequal outcomes, access and experience

The Health Inequalities Plan describes and evidences the whole system approach being taken to restoring services inclusively. The ICS structure includes a Health Inequalities Oversight Group. The Health Inequalities Plan was signed off by the ICB and ICS Oversight Group and has informed ICS Strategy.

A system-wide roundtable has been established to review waiting list data with the specific example of the deep dive analysis carried out in relation to deprivation and ethnicity across the urology and cardiology pathways.

There has been good work undertaken to publish a planned care dashboard on a weekly basis which is accessible for system partners, and includes waiting list data at an ethnicity, deprivation and demographic level.

The Health Inequalities Plan provides detail of the work being undertaken across the short to medium term to accelerate preventative programmes including the strategic and operational focus on increasing vaccination uptake, for those groups deemed most at risk, and increasing the uptake of diabetic and respiratory management programmes.

In the medium-term, there are objectives to increase uptake of support available through alcohol, smoking and obesity programmes and a description of actions being put in place to support delivery.

The ICB has undertaken some excellent work in tackling health inequalities in Mental Health services and has been successful in its bid to be a Core20PLUS Accelerator site. There has also been good work undertaken on the Dementia diagnosis and care pathway post diagnosis.

Section 4: Enhancing productivity and value for money

The financial position remains challenging. The ICB was one of very few systems to plan for a deficit in 2022/23. However, the final outturn figure showed a much-improved position to that forecast in-year. The ICB delivered a final outturn deficit position of £13.9m – a positive variance of £3m against the planned £16.9m deficit position. The ICB also achieved its efficiency plan targets in 2022/23.

The ICB has put in place an infrastructure and a programme of activities to meet the statutory duties on championing research. This includes appointing an executive lead for research and the establishment of a Research Strategy Group to oversee arrangements for the strategic development of research activity, capacity and culture within the ICB, Primary Care Networks (PCN) and GP practices.

An example of how the ICB is championing research is the jointly-funded exploratory research study with partners, relating to the experience of Severe and Multiple Disadvantage (SMD) in ethnically diverse communities in Nottingham City.

Several case studies have been cited to demonstrate how the ICB has used technology and further detail has been provided regarding digital priorities and progress on developing the ICB digital strategy.

However, Technology Enabled Care to support remote monitoring/remote consultations/Virtual Wards is currently limited to pilots or relatively small-scale use in specific teams and this is something that the ICB should look to roll-out more widely in 2023/24.

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

The ICB has provided a number of examples of the 'Adding Social Value' work it is undertaking to support broader social and economic development in Nottingham and Nottinghamshire. The ICB is ensuring that the aims and objectives from this work align with those outlined in both the Nottingham City and Nottingham County Joint Health and Wellbeing Strategies.

Senior Responsible Officers (SROs) have been appointed to lead this work and an Anchor Champions Network has been established by the system with Local Authority representatives to support and take this work forward.

The ICB intends to ensure that the programmes of work outlined will be co-produced with communities and between all ICS partners and that the aim is for these programmes to become 'business as usual' and underpin the other three aims of the ICS.