

## DRAFT ACTION NOTES

<b>Meeting:</b>	<b>Barking and Dagenham Integrated Care Health and Wellbeing Sub Group (ICSG)</b>
<b>Date:</b>	28 November 2016
<b>Attendees:</b>	Dr J. John, Sharon Morrow, Melody Williams, Tudur Williams, Susan Lloyd
<b>In attendance:</b>	Jane Gateley, Rita Symons, Sarah Perman, Monga Mafu, Emily Plane
<b>Apologies:</b>	Sarah See, Toby Young, Ann Graham

Agenda item	Summary
<b>Welcome, introductions and apologies</b>	Introductions and apologies noted as above.
<b>Action notes from the previous meeting</b>	<p>The group reviewed the action notes from the previous meeting. The notes were recorded as an accurate reflection of the discussion.</p> <ul style="list-style-type: none"> <li>▪ Action log number 4: TW updated that he will liaise with LBBB colleagues to ensure that the correct mix of commissioning and provider leaders from LBBB are around the table of this group (TW will test attendance of Chris Bush and Mark Tyson)</li> </ul>
<b>Accountable Care System / Devolution</b>	<p><b>Update on locality development:</b></p> <p>SM recapped on the locality development progress to date in B&amp;D including that locality 3 has been identified as the locality which will 'go live' slightly ahead of the other localities in B&amp;D and share the learning from establishment of the model. There is a need to ensure consistent naming of localities with GP networks; <b>Action:</b> Sarah Perman to feed this back to Sarah See to ensure that there is consistent naming to prevent confusion.</p> <p>Drs Kalkat and John will be the CCG GP clinical leads for this locality, with NELFT and Social Care clinical leads to be confirmed.</p> <p><b>Next steps and support for development:</b></p> <p>Jane Gateley provided an overview of the emerging system governance structure under the leadership of the Integrated Care Partnership (previously known as the Integrated Care Coalition and then the Democratic and Clinical Oversight Group). Development of the Strategic Outline Case has made a clear case for the benefits of the locality model of care from both national and international best</p>

practice alongside clear feedback from our population and those that work in health and care in BHR who have reported that they find artificial organisational barriers and sometimes conflicting priorities can make it more difficult to deliver high quality care.

A Joint Commissioning Board is being developed to bring together health and care commissioners at a more strategic level to try to address some of the issues around conflicting priorities and duplication of commissioning. One of the future responsibilities of this Board could be to commission new models of care such as localities.

Integrated Care Partnership leaders from across BHR which includes both clinical and democratic leadership from all eight of the partner organisations have, based on the evidence and feedback from the engagement work, agreed in principle to support the fast track localities as much as possible to respond to the issues highlighted through the SOC engagement work and to address some of the key health and wellbeing, care and quality and efficiency challenges facing the BHR system. As such ICP members have extended an invitation to locality Leadership teams to attend the ICP meeting in either December or January to discuss in more detail; the high level vision, commitment of local leaders to the establishment of the model, and resource required to do this.

Jane was clear that the process is not set in stone and localities are free to progress at the pace at which they feel is achievable to ensure the success of the roll out of the model.

As part of the discussion around locality development, Dr John noted that consideration will be given to support for nursing homes along with the implications of the new model and workforce arrangements for Integrated Case Management.

The group discussed the progress that each individual organisation/group has made to prepare for locality working; as part of this discussion Dr John confirmed that GPs are now part of developing networks of practices, aligned to the locality model (three networks geographically aligned to the localities). NELFT are reviewing their current service provision to identify which services could be provided at locality, borough and BHR level to ensure economies of scale; this work will provide a clear core service offer for each level. MW was clear that NELFT will require access to dedicated resource to support any reconfiguration. The group feel that by April 2017 based on the work already underway, Primary Care, NELFT and LBBB will be reconfigured into a model that will support the delivery of health and care in the three localities in B&D.

The group discussed the PTI in December which could potentially be used to discuss the development of networks and the locality model. MW was asked to attend the meeting to discuss the way in which NELFT are reconfiguring their workforce to support the locality model and what the core service offer at locality, borough and BHR level could potentially be.

The group discussed the offer of attending the ICP and agreed that the next key step for B&D locality development is a workshop which will take place on 12 December (using the time previously held for the next ICSG meeting) which Rita Symons offered to facilitate. The group therefore agreed that it will be appropriate for leaders from the B&D locality development team to attend the ICP in January 2017.

**Actions agreed regarding the workshop on 12/12:**

- EP to extend the length of the next ICSG meeting to enable time for a locality workshop to take place

	<ul style="list-style-type: none"> <li>- EP to invite additional leads including Jacqui Van Rossum (NELFT), Bas Sadiq (BHRUT), Anne Bristow and Mark Tyson (LBBD), Drs Hara, Goriparthi and Kalkat</li> <li>- EP to work with RS to develop a draft agenda and supporting information pack</li> </ul>
<b>Identifying locality priorities</b> <ul style="list-style-type: none"> <li>▪ <b>Locality profiles</b> <ul style="list-style-type: none"> <li>○ <b>Impact of merged practices</b></li> <li>○ <b>Locality maps</b></li> <li>○ <b>Locality profile outline</b></li> </ul> </li> <li>▪ <b>Right Care opportunities</b></li> </ul>	<p>The group touched on the impact of merged practices and Dr John updated that some practices along locality borders have moved to ensure that the size of the localities is more equitable. <b>Action:</b> Dr John agreed to share the updated practice list within each locality with Melody, Sue Lloyd and Emily within the next two days.</p> <p><b>Action:</b> Sue Lloyd agreed to try to incorporate the right care opportunity information in the locality profiles.</p> <p>Due to time constraints as a result of the focus given to a frank discussion about locality development during the meeting, full discussion of this agenda item will be deferred to the next meeting.</p>
<b>Update on LBBD configuration</b>	Deferred to the next meeting
<b>Healthy New Towns/ Barking Riverside update</b>	No new updates noted; item will be discussed at the next meeting
<b>Any other business</b>	None noted

ICSG Action Log				
Meeting Date: 10 October 2016		Lead	Due	Done
1	EP to share the slides from the 20 September workshop	EP	10/10	Complete
2	SL to review timelines for completing this - probably by end of November	SL	Nov	Complete
3	SL to share the first cut of the draft locality profiles as soon as possible	SL	Nov	Complete
4	TW to test this approach with LBBD colleagues <i>Update 28/11: TW updated that he will liaise with LBBD colleagues to ensure that the correct mix of commissioning and provider leaders from LBBD are around the table of this group (TW will test attendance of Chris Bush and Mark Tyson)</i>	TW	12/12	In progress
5	TW to share an impact assessment that has been completed. Will share various documents next week	TW	17/10	In progress
6	Barking Riverside to be a standing item at the ICSG meetings going forward	SM/EP	Nov	Complete
Meeting Date: 28 November 2016		Lead	Due	Done
7	Sarah Perman to feed back to Sarah See the need to ensure that the naming of networks and localities is consistent to avoid confusion e.g. 'locality 1' should also be 'GP network 1'	Sarah Perman	12/12	
8	EP to extend the length of the next ICSG meeting to enable time for a locality workshop to take place	EP	29/11	Complete
9	EP to invite additional leads including Jacqui Van Rossum (NELFT), Bas Sadiq (BHRUT), Anne Bristow and Mark Tyson (LBBD), Drs Haha, Goripathi and Kalkat	EP	29/11	Complete
10	EP to work with RS to develop a draft agenda and supporting information pack	EP/RS	12/12	In progress
11	Dr John agreed to share the updated practice list within each locality with Melody, Sue Lloyd and Emily within the next two days	Dr John	30/11	
12	Sue Lloyd to incorporate the right care opportunity information in the locality profiles	SL	12/12	In progress