



DRAFT ACTION NOTES

Meeting:	Integrated Care Partnership Board		
Date:	Wednesday 31 May 2017		
Attendees:	Maureen Worby (Chair)	MW	London Borough of Barking and Dagenham
	Conor Burke	CB	BHR CCGs
	Dr Atul Aggrawal	AA	Havering CCG
	Dr Anil Mehta	AM	Redbridge CCG
	Kash Pandya	KP	BHR CCGs
	Anne Bristow	AB	London Borough of Barking and Dagenham
	Barbara Nicholls	BN	London Borough of Havering
	Cllr Wendy Brice-Thompson	WBT	London Borough of Havering
	Cllr Mark Santos	MS	London Borough of Redbridge
	Adrian Loades	AL	London Borough of Redbridge
	John Brouder	JB	NELFT
	Joe Fielder	JF	NELFT
	Caroline Allum	CA	NELFT
	DR Magda Smith (for Dr Moghal)	MS	BHRUT
In attendance:	Rowan Taylor, James Gregory, Mark Tyson		

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Apologies: Cllr Jas Athwal, Cllr Darren Rodwell, Dr Nadeem Moghal, Matthew Hopkins, Maureen Dalziel, Richard Coleman, Dr Waseem Mohi, Caroline Maclean, Eric Sorensen, Andrew Blake-Herbert

Agenda item	Summary
Welcome, introductions and apologies	Introductions and apologies noted as above.
Notes from the previous meeting	Notes agreed with no alterations
CEO update	<p>CB gave the update from the CEOs meeting. Key points were:</p> <ul style="list-style-type: none"> • Outlining next steps from the NHS Five Year Forward View • Summarising proposed changes to the Strategic Commissioning arrangements across the STP footprint, including the appointment of one Accountable Officer across the STP. It was noted that changes at the STP level were not expected to negatively impact the work of the ICPB, with the view that development of the BHR ACS would work in parallel and form part of the overall STP structure. • It was noted that development of ACS models would likely be progressed at pace at the National and London levels. A pipeline of areas, who would be supported in development of ACS models, would likely be developed in the coming months. This was a potential opportunity for the BHR system. • Discussions were taking place regarding potential moves away from PBR, which were likely to be supported by policy changes following the election. The ongoing PWC work could support the commissioners and providers in achieving this. <p>MW highlighted the need to maintain momentum on development of the ACS system, and sought commitment from all parties on how this work was progressed, pending conclusion of the election period. CB noted that there was a need to discuss this in more detail at the next ICPB, seeking agreement to progress at pace from all parties (28th of June), this would then support a detailed planning discussion in July. JF responded that all parties needed to be fully engaged, and represented, in the development of the optimum model for delivery, raising the issues of provider representation on the Joint Commissioning Board. CB and MW responded that current arrangements were interim and it was the intention of the ICPB to ensure that all parties were fully involved in the development of all areas.</p>

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<p>Joint Commissioning Board update</p>	<p>AL outlined current progress against development of the Joint Commissioning Board. AL summarised the notes from the second meeting of the JCB, stating that the ambition of the group was to define the appetite for commissioners to move towards integrated strategic commissioning.</p> <p>The group discussed the TOR for the JCB. AB requested updating the TOR to reflect that DPH were part of the LA structure. JF raised that Provider organisations were not currently included on the TOR. CB responded that development of the JCB was a journey and that the group would continue to evolve and develop, and that the intention was not to exclude providers from development of the BHR ACS landscape. No further issues were raised in relation to the TOR, and the group agreed the document.</p>
<p>System Delivery and Performance Board</p>	<p>JB summarised the outputs from the May SDPB, highlighting that the meeting was helpful. The group reviewed a case for the investment of the £4.8m counting and coding monies as part of the BHRCCGs/BHRUT 17/18 contract agreement. The SDPB did not agree the paper at this time, and sought further development of a case that supported transformation change across the system, however the SDPB did note that there was a further need to ensure the system worked differently to support delivery of business as usual activities. JB also noted the significant progress that had been made on developing the system recovery plan, and the efforts of all parties in achieving this. JB stated that further engagement would be required, including open and honest discussion on parties underlying financial position, in order to maintain momentum. MW queried NELFT involvement in the ongoing PWC review work between BHRUT and CCGs, JB responded that he, CB and Jeff Buggle would meet on the 1st of June to discuss how this is progressed.</p> <p>AB asked for an update on the CCGs consultation (“Spending NHS money wisely”), RT summarised the process to date, highlighting that the consultation had now closed, and a findings document would be produced following clinical led reviews of the consultation responses. AB noted the example of the Sterilisation proposal, which would impact on LA spending, and queried how the ICPB could support avoiding moving costs around the system. CB responded that in future the intention was that these types of discussions would take place at the JCB but due to timing and development status of both groups this was not possible for this consultation exercise. JB noted that proposals had been reviewed by the SDPB.</p> <p>CA updated the group on the development of the Clinical Cabinet. The membership met in May, topics for discussion included:</p> <ul style="list-style-type: none"> • How to support clinicians to free up time to attend Cabinet meetings • Engagement across the wider clinical body • Use of enablers such as interoperable IT to bridge gaps between Acute and Primary Care clinicians • Examples of how other systems had developed their Cabinets <p>CA stated that it was important to identify and deliver “quick wins” which could be used to build momentum for further development of the cabinet. AA and AM discussed the approach taken in Tower Hamlets which has put in place ambition targets for Clinicians to own and deliver which</p>

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	has fostered ownership of the transformational change agenda. AM also noted the need to communicate areas where we had delivered, as the system did not currently do this well enough.
AOB	None raised MS noted the Redbridge Health and Wellbeing development work underway with the borough, and welcomed comments from all parties.
Time of next meeting	28 June 2017 – 11.00 – 12.30 – Boardroom, barking and Dagenham CCG, Ground floor, Maritime House, 1 Linton Road, barking

ACS – Integrated Care Partnership Board- action log

	<i>Action 31 May 2017</i>			
1.	CEOs to discuss momentum of the development of ACS system at the next ICP Exec on 19 June	CEOs	19/6/17	