



DRAFT ACTION NOTES

Meeting: Integrated Care Partnership Board

Attachment 1

Date: Wednesday 01 August 2018

Attendees:		
Maureen Worby (Chair)	MW	London Borough of Barking and Dagenham
Andrew Blake-Herbert	ABH	London Borough of Havering
Barry Jenkins (for John Brouder)	BJ	NELFT
Ceri Jacob	CJ	BHR CCGs
Chris Bown	CB	BHRUT
Dr Dan Weaver	DW	Havering GP Federation
Elaine Allegretti	EA	London Borough of Barking and Dagenham
Fiona Peskett	FP	BHR Provider Alliance
Joe Fielder	JF	NELFT
Kash Pandya	KP	BHR CCGs
Matthew Cole	MC	London Borough of Barking and Dagenham
Nadeem Moghal	NM	BHRUT

In attendance: Mark Tyson, Rowan Taylor, Gladys Xavier, Emily Plane, Philippa Robinson, Jason Seez

Apologies: Cllr Mark Santos, Jane Gateley, Dr Siva Ramakrishnan, Dr N Teotia, Dr N Rao, Dr S Quraishi, Barbara Nicholls, Cllr Jason Frost, Dr Atul Aggarwal, Dr Arun Sharma, Dr Anil Mehta, Dr Jagan John, Richard Coleman, Adrian Loades, Mark Ansell, Dr Caroline Allum, Cllr Damian White, John Brouder

Agenda item	Summary	Action
Introductions and apologies	Introductions and apologies noted as above	
Notes from the	The group reviewed and agreed the notes from the previous meeting, discussing the following matters	ACTIONS

<p>previous meeting; 27/06/2018</p>	<p>arising:</p> <ul style="list-style-type: none"> - Nomination of a deputy chair for the ICPB: Joe Fielder was nominated to be deputy Chair of the ICPB. The group agreed that Joe Fielder will be deputy Chair for the ICPB going forward. 	<ul style="list-style-type: none"> ▪ EP to update the ICPB terms of reference to reflect that JF is now Deputy Chair
<p>Joint commissioning update and next steps</p>	<p>JCB update/review of governance arrangements:</p> <p>The Joint Commissioning Board met on Monday and CJ tabled a summary update of the key items discussed and agreed actions including:</p> <ul style="list-style-type: none"> - ICPB priorities: The JCB is now taking an overview of the below priorities which were signed off at the last ICPB, and Transformation Boards are in the process of being established for each. This process will facilitate greater transparency and will support the evolution and growth of the Better Care Fund (BCF), with more joint commissioning activity (stemming from the transformation board outputs) moving into the BCF; The JCB agreed on 30.07.2018 that the BCF will formally report through the JCB. - ICPB workshop: The 1st October meeting of the ICPB has been extended to allow time for a workshop with a focus on <ul style="list-style-type: none"> ○ The role of the Health and Wellbeing Boards and the link between these and the Integrated Care Partnership Board ○ How to embed prevention and the approach of Public Health into the BHR partnership work, particularly the wider determinants of health, including connections with and approaches to housing, homelessness and worklessness ○ Demonstration that our priorities, proposals and structures will deliver key priorities - Integrated care terminology: RT has drafted definitions and explanations for integrated care terminology, based upon local, north east London and national terminology. In NEL and nationally some different terms are being used for place-based care, including 'neighbourhoods' instead of the BHR 'localities', with a different definition of networks. The definitions are being tested with the Provider Alliance and then will come back to the ICPB for review. - Identification of additional opportunities: MT agreed to arrange a workshop to look at opportunities around joint management of the homecare provider market. There is also the need to explore with the Director of development for the Provider Alliance how we engage the Community and Voluntary sector. - Integrated Care Assurance: Work is underway at a north east London and wider London level to develop an assurance process for Integrated Care in London; previous work by the BHR partnership is being used as the basis for the development of this. This is a potentially useful tool to demonstrate 	<p>ACTIONS</p> <ul style="list-style-type: none"> ▪ JCB to test the draft integrated care terminology definitions with the Provider Alliance for comment, then bring back to the next ICPB for review ▪ JF/CJ to meet outside of the ICPB to discuss the BHR system recovery process/structure ▪ ABH and MW to meet in September to discuss interaction between the three BHR HWBs and opportunities around this ▪ MT to arrange a workshop to look at joint management of the homecare provider market

our progress to move to an Integrated Care System.

- **BHR Chief Executives:** CJ is arranging a meeting of the BHR Partnership Chief Executives to discuss key issues and test the benefits of re-establishing this group going forward following feedback that the group that previously filled this function was useful.
- CJ also described the steps that health are taking to agree a system control total to enable a joint approach to regulation with NHSE/I so that health colleagues are fully aligned in terms of their priorities and incentives.

CJ noted that in future the summary update from the JCB will be circulated with the ICPB papers but wasn't on this occasion due to the timing of the two meetings.

The group noted the content of CJ's report, commenting:

- MW; it is positive to receive this report from the JCB, which seems to demonstrate that the momentum garnered at the previous ICPB is being carried forward. This sentiment was echoed by other members of the ICPB.
- JF; raised a cautionary note that a lot of work done around system recovery and governance and that he and CJ will meet to discuss some small concerns that he has regarding sustainability in future phases if we don't address some things now. JF/CJ to meet outside of the ICPB to discuss further.
- ABH; Theoretically the BCF ends next year ends 2019/20, so we must ensure that our joint commissioning plans are sustainable going forward. CJ responded that this is the current vehicle we have to facilitate an increase in joint commissioning, however we will utilise appropriate tools and frameworks to build our joint commissioning going forward, with a view to ensuring that the structures we use are stable and sustainable.
- NM; noted the importance of being clear how things will feel different for staff on the ground and of being able to demonstrate tangible change to clinicians. CJ responded that the Health and Care Cabinet has established to ensure that the work that we do is clinically and professionally (social care) led.
- EA; referenced the changing population and increasing needs within childrens services and SEND. This is an area where we can attempt to address a real time issue through partnership work and joint commissioning. CJ noted that one of the key partnership transformation boards is the Children and Young people's board which is in the process of being established, and issues such as this will become part of the work plan of this transformation board.

	<ul style="list-style-type: none"> ▪ MW; referenced the importance of ensuring that Health and Wellbeing priorities and the work of the BHR partnership are fully aligned; there may be opportunity for a common approach at a BHR level for bigger health and wellbeing issues; this is about responding to the right issue at the right level, noting that there will continue to be issues that are borough specific and which will continue to need a borough level approach to resolution. ABH and MW agreed to meet in September to discuss this further. ▪ KP; referenced the recent changes to the BHR Governing body meetings (moving from three separate meetings to a single Committee in common, with flexibility to continue to discuss borough specific issues at a borough level). This approach works well and lessons can be potentially learnt from this for the Health and Wellbeing boards. 	
<p>Provider Alliance update</p>	<p>FP recapped that at the last meeting of the ICPB, MC, DW, Melody Williams and Caroline Allum presented a proposal to take forward the development of place-based care around frailty in BHR. FP had taken away an action to develop the required resource in more detail, and to review the scale and pace of the initial proposal. CJ and FP have met since the last ICPB and agreed resource to support the roll out of this proposal.</p> <p>The next steps to take this forward include the holding a meeting of the group who initially developed the proposal to map out detailed next steps including:</p> <ul style="list-style-type: none"> • the process to identify the GP practices around which the model will be developed • appointment/identification of the leads to take this work forward • meetings with GP Chairs • the continued development of clear outcome metrics (work is already underway on a framework with UCLP/Dartmouth) <p>This work will form part of the older people's transformation work programme. The scale has been increased based on the resource available, to two practices per borough, with a view to increasing this to one per locality as soon as possible.</p> <p>Havering have appointed a locality manager to take this work forward from their perspective. DW noted that there is increasing interest from primary care to be involved in this work. It was further noted that this work is very important in terms of winter.</p>	

	<p>The Provider Alliance are also in the process of reviewing their governance, with the aim of approving and signing a memorandum of understanding in the next few months.</p>	
<p>Health and Care Cabinet ToR</p>	<p>MC talked the group through the terms of reference for the BHR Health and Care Cabinet. This group will include local authority representation and will ensure clinical and professional leadership for transformation of health and care services across BHR.</p> <p>The group noted that previously the ‘Clinical Cabinet’ (the precursor to the Health and Care Cabinet) was very medically focussed. They agreed on the importance of ensuring social care involvement and ensuring that social care staff time is utilised to best effect, ie that the meetings need to focus on health and care issues that would benefit from joint discussion. MC noted that the board has historically been focussed primarily on adults’ services and it was agreed that the children’s agenda needs to come to the fore.</p> <p>CJ suggested that a ‘forward plan’ template for the Health and Care cabinet is shared with Local Authority and health leads to enable co-design of future meeting agendas between health and care.</p> <p>JF raised that there is currently no independent scrutiny on the board currently from a NED perspective. CJ/JF agreed to meet to discuss NED input into the Board going forward.</p> <p>NM queried what decision-making power this board has. CJ clear that statutory bodies are the decision-making authorities in the system. The Health and Care Cabinet has been established to make strong recommendations to these so decision-making across the partnership is clinically and professionally led. NM further questioned the lines of accountability to decision-making bodies, noting that this isn’t clear in the current ToR (e.g. the role of the system oversight group). CJ suggested adding a substantive item on the next agenda of this meeting regarding system governance in practice; CJ/JG/EP will develop a more detailed governance map to support this discussion.</p> <p>EA noted that LBBB are meeting with their regulator in September and that this may be an opportunity for partners to provide comments to feed in to this discussion.</p>	<p>ACTIONS</p> <ul style="list-style-type: none"> ▪ ABH/GX/MT to nominate social care leads to attend the Health and Care cabinet ▪ CJ to ensure that a forward plan is circulated to Local Authority colleagues to help ensure a balanced, focussed agenda for future meetings ▪ CJ/JF to discuss outside of the meeting regarding NED input into the Board ▪ EP to add a substantive item to the next ICPB agenda regarding system governance in practice ▪ CJ/JG/EP to develop a more detailed governance map to support the above discussion
<p>AOB</p>	<p>The group used this opportunity to have further discussion regarding some of the items discussed at today’s meeting including:</p> <ul style="list-style-type: none"> - LBBB have done a lot of work around resilience which will feed into the October ICPB workshop; - MW/MT will decide whether there is benefit in bringing this to a future ICPB meeting as a substantive 	<p>ACTIONS</p>

	<p>agenda item</p> <ul style="list-style-type: none"> - JF noted that funding constraints across the system have led to funding being withdrawn for some successful prevention programmes provided by NELFT in the past. There is a need to review the way that funding is withdrawn from prevention across the system, and potentially revisit areas where this has happened in the past to map the impact on other areas of the system/ outcomes. The group agreed that there is the need for a more consistent approach to the commissioning and decommissioning of services across BHR, particularly in relation to prevention. - The issue of health visiting in B&D was raised, and the fact that the services are not always wanted and/or taken up by local people, so perhaps there was potential to use the resources in a different way to ensure that all resource is used to best effect. The group noted the importance of making decisions based upon facts. - CJ referenced the Barking Riverside programme and the aim of delivering care in a new and transformational way and said it was at a locality level where local people will feel things happening differently. There was also a need to think about how services are delivered to populations who are unlikely to ever visit the “health building”. - NM noted the benefits to clinicians on the ground of streamlining and standardising processes and access to services across the three BHR boroughs so that onward referrals are simple and easy for staff and people on the ground. CJ noted that this is something that the BHR Partnership are working towards and should be explored further via the JCB. - CJ said it was an aspiration for BHR to get a position where we are able to invest savings from working in a more efficient way, into prevention and early intervention, and map the impact of this. This requires a degree of financial planning sophistication that we don’t have currently, but is something that we are working towards. The JCB is will need to work this up further. 	
Next meeting	29 August 2108 – 12.30 – 2.00pm – Boardroom A, Becketts House, 2-14 Ilford Hill, Ilford, IG1 2QX	

Integrated Care Partnership Board- action log	Responsible	Due date	status
ICPB: 27 June 2018			

16.	JCB to set out a definition of each term (localities, place-based care, GP Networks) including their function so that all are clear on the terminology going forward. The group agreed this should be revisited at the next meeting as a refresher for all Update 01.08.18: RT has drafted definitions and explanations for integrated care terminology. It has been identified that NEL are using different terms for place-based care, including 'neighbourhoods' and a different definition of networks. RT has developed the terminology based upon local, north east London and national terminology. It is primarily the term for 'place-based care', in BHR's case, 'localities' that is being used differently in different places. The definitions are being tested with the Provider Alliance and then will come back to the ICPB for review.	JCB	29.08.18	In progress
23.	MT to invite Community and Voluntary Sector leads to the Partnership workshop in October	MT	31.07.18	In progress
ICPB: 01 August 2018				
26.	EP to update the ICPB terms of reference to reflect that Joe Fielder is now Deputy Chair	EP	01.08.18	Complete
27.	JCB to test the draft integrated care terminology definitions with the Provider Alliance for comment, then bring back to the next ICPB for review	JCB	29.8.18	Matters arising
28.	JF/CJ to meet outside of the ICPB to discuss the BHR system recovery process/structure	JF/CJ	29.08.18	Complete
29.	ABH and MW to meet in September to discuss interaction between the three BHR HWBs and opportunities around this	ABH/MW	September 2018	In progress
30.	CJ to ensure that a forward plan is circulated to Local Authority colleagues for the cabinet to design the agenda for meetings going forward	CJ	13.08.18	Complete
31.	CJ/JF to discuss outside of the meeting regarding NED input into the Board	CJ/JF	29.08.18	In progress
32.	MT to arrange a workshop to look at joint management of the homecare provider market Updated 22.8.18: It was agreed at the JCB meeting on 22.8.18 to defer this workshop until the autumn. MT has initiated an email to core members for availability.	MT	October	In progress
33.	ABH/GX/MT to nominate social care leads to attend the Health and Care cabinet going forward on the premise that health and care issues will be discussed in balance	ABH/GX/MT	13.08.18	Complete
34.	EP to add a substantive item on the next ICPB agenda regarding system governance in practice	EP	06.08.18	Complete
35.	CJ/JG/EP to develop a more detailed governance map to support the above discussion	CJ/JG/EP	13.08.18	Matters arising