

## **DRAFT ACTION NOTES**

Meeting:	Democratic and Clinical Overs	sight Group	p/Integrated Care Partnership
Date:	Wednesday 16 <sup>th</sup> November 2016	<b>i</b>	
Attendees:	Cllr Maureen Worby (chair) Anne Bristow Andrew Blake-Herbert Cllr Wendy Brice-Thompson Cllr Roger Ramsey Cllr Mark Santos Vicky Hobart John Brouder Caroline Allum Joe Fielder Matthew Hopkins Conor Burke Dr Atul Aggarwal Dr Anil Mehta Kash Pandya	MW AB ABH WBT RR MS VH JB CA JF MH CB AA AM KS	London Borough of Barking and Dagenham London Borough of Havering London Borough of Havering London Borough of Havering London Borough of Havering London Borough of Redbridge London Borough of Redbridge NELFT NELFT NELFT BHRUT BHR CCGs Chair, Havering CCG BHR CCGs
n attendance:	Jane Gateley, James Gregory		
Apologies:	Maureen Dalziel, Cllr Jas Athwal,	Nadeem M	loghal, Richard Coleman, Dr W Mohi, Steve Ryan

Agenda item	Summary		
Welcome, introductions and apologies	Introductions and apologies noted as above.		
Notes from the previous meeting	Notes agreed with no alterations.		
Establishment of Governance Structures and development of strategies	If summarised the content of the governance paper, highlighting the following decisions that needed to be discussed and agreed by the group:  1) Agree the governance structure and membership 2) Agree the use of a consistent naming convention 3) Agree to form a Joint Commissioning Board  The group discussed the proposed governance structure. ABH advised that he had agreed with the other local authority chief executives that he would take on the joint SRO role previously fulfilled by Cheryl Coppell. In this capacity he agreed to finalise the Local Authority element of the membership. He noted the need to include representation from Public Health, Adult Social Services and Children's Social Services. It was stated that nominated leads from these areas would act to represent all BHR local authorities.  RR noted the current representation of Councillors on the board, and stated a desire to continue to attend the board on an ongoing basis, noting the need to ensure that this aligns with the voting principles established as part of the governance proposal. CB stated the desire to ensure the board maintains strong democratic leadership. JB expressed the importance of ensuring that there is clear ownership from all parties of the decisions made by the board, as this will be crucial in order to deliver the transformation agenda. The group agreed that members would be able to name deputies, to attend board meetings in their absence, however this could not be on an ad-hoc basis. JG raised the proposal to take governance papers to relevant governing bodies. It was agreed that a paper should be prepared for Health and Wellbeing Boards for approval and a briefing paper should be provided for Boards.  The group agreed that there should be a consistent naming convention for structures across the Accountable Care programme. JF stated that any name would need to mean something to our population and be relevant and understandable.  JG outlined the proposal to form a Joint Commissioning Board in January. CB stated that there is a n		

	carried out by Public Health to define population needs. MH queried the timeline related to the System Delivery and Performance Board, CB stated that this would be developed in the New Year, as the initial priority was to establish the Joint Commissioning Board. The group agreed the proposal to form a Joint Commissioning Board.		
Development of fast track localities	JG summarised the fast track locality assessment proposal paper. The proposal outlines a two phase assessment process taking place between December and February, which would allow the board to review and support development of fast track localities. AB noted that the timeline, included in the proposal, was challenging and depending on the expected scale of change, may be difficult to deliver. CB clarified that this was an opportunity for fast track localities to define what they believed could be delivered, and the pace at which that changes happens. MW confirmed that development of fast track localities would be a phased process, which may not happen quickly, however the board should support this process and ensure that momentum is maintained. JF sought assurance that development would build on existing work already completed by the system, CB confirmed that this was the case, and added that all localities would be able to develop at their own pace. CA highlighted the benefit of learning from other organisation, using a Boston based ACO as an example that had identified key points of learning. KP asked if there were clear examples of what localities could and could not do, JG responded that locality proposals should align with the aims of the SOC. The group agreed to communicate with fast track localities, offering them the opportunity to attend the December ICP board meeting to present their vision for their fast track locality model.  JG discussed the proposal to fund early stage locality development from the existing programme budget, with a further proposal to fund detailed financial modelling. JF asked if support for this modelling should be sought internally, JG responded that this had been raised at the Chief Executive meeting, but no capacity had been identified. MW requested that this be reviewed, to see if appropriate capacity is available within the system.		
Sustainability Transformation Plan	CB updated the group on the current status of the STP. The STP had been submitted on the 21st of October, initial feedback indicates that the plan is seen as ambitious but compelling. Governance arrangements are now being discussed with Local Authority colleagues, led by Rob Whiteman. CB noted that BHR accounted for 42% of the STP population, and that this presented an opportunity to influence ongoing development of the STP, however this would require the BHR system to continue to implement the plans for transformation. MW expressed caution at the potential for delays in the implementation of the BHR plan and urged members to continue development at pace, at the local level. MH emphasised the progress the BHR system had already made in developing integrated working, which has been a priority in the area for five years.		
Frequency/time of next meeting	The group agreed the proposal to meet on a monthly basis.		
АОВ	JF stated the importance of developing a communication plan that highlighted the work being delivered by the system. MW requested that Chief Executives review this, alongside identifying capacity including financial support, at their next meeting.		