



## DRAFT ACTION NOTES

<b>Meeting:</b>	<b>Integrated Care Partnership Board</b>		
<b>Date:</b>	Monday 23 January 2017		
<b>Attendees:</b>	Joe Fielder (Chair)	<b>JF</b>	NELFT
	Anne Bristow	<b>AB</b>	London Borough of Barking and Dagenham
	Cllr Wendy Brice-Thompson	<b>WBT</b>	London Borough of Havering
	Barbara Nicholls	<b>BN</b>	London Borough of Havering
	Vicky Hobart	<b>VH</b>	London Borough of Redbridge
	John Brouder	<b>JB</b>	NELFT
	Andrew Blake-Herbert	<b>ABH</b>	London Borough of Havering
	Matthew Hopkins	<b>MH</b>	BHRUT
	Kash Pandya	<b>KP</b>	BHR CCGs
	Richard Coleman	<b>RC</b>	BHR CCGs
	Steve Ryan	<b>SR</b>	BHR CCGs
	Caroline Allum	<b>CA</b>	NELFT
<b>In attendance:</b>	Jane Gateley, James Gregory, Gina Shakespeare, Jacqui Van Rossum, Tudur Williams, Dr Jagen John, Dr Ravi Goriparthi, Dr Magada Smith, Rachel Royall, Adrian Loades, Debbie Redknapp, Alan Steward, Rita Symons		
<b>Apologies:</b>	Maureen Dalziel, Cllr Jas Athwal, Cllr Darren Rodwell, , Dr W Mohi, Cllr Maureen Worby, Conor Burke, Cllr Mark Santos, Dr Nadeem Moghal, Dr Anil Mehta, Dr Atul Aggrawal		

Agenda item	Summary
<b>Welcome, introductions and apologies</b>	Introductions and apologies noted as above.
<b>Notes from the previous meeting</b>	Notes agreed with no alterations.
<b>System Delivery and Performance Board</b>	<p>GS outlined the purpose of the System Delivery and Performance Board (SDPB), outlining the SDPB board's role in ensuring the BHR system address the underlying financial challenge through 17/18 and beyond. Members agreed the paper and agreed to receive the plan on the 27<sup>th</sup> of February.</p> <p>JB, Chair of the SDPB noted the strong current level of partnership working across the BHR system, which would be crucial in meeting the significant challenge faced by the system. MH welcomed comments by GS and MH reiterated the importance of strong partnership working, and BHRUT willingness to work with partners to remove demand from secondary care. JF stated the importance ensuring there is clear sense of urgency in delivering this work. AB noted the speed at which work had been developed and the need to review the programme of work regularly.</p>
<b>Development of fast track localities – B&amp;D</b>	<p>Dr John (JJ), Jacqui Van Rossum (JVR) and Tudur Williams (TW) presented the pack (circulated to members), outlining steps taken to date by the locality, plans for further development and areas of focus.</p> <p>SR asked the B&amp;D locality about the progress made against existing informatics issues. JJ responded that this was an ongoing piece of work, with which support was being provided by Rob Meaker (BHRCCGs). This work would include scoping the potential for data sharing agreements between primary care. JF noted the importance of ensuring interoperability between partners as being essential to facilitate more integrated care.</p> <p>MH asked if early diagnosis of Cancer was a locality focus. JJ responded that early Cancer diagnosis was part of an existing LES across all B&amp;D practices. MH asked for what the success would look like for the locality, JJ stated that and that success would be achievement of shared outcomes as defined by the ICPB partners, which would result in improved access and outcomes for patients.</p> <p>ABH asked if a communications plan had been developed. JG noted that this had been discussed at the Chief Executives meeting in December. Rachel Royall (RR) noted that she had been tasked with developing an engagement plan with the NELFT communications Director.</p>
<b>Development of fast track localities – Havering</b>	BN, Alan Steward (AS), JVR and Debbie Redknapp (DR) presented the pack (circulated to members), outlining steps taken to date by the locality, plans for further development and areas of focus. BN noted the need for clarity over access to transformation funds through the STP and how these would be accessed.

	<p>JF noted the need to bring GP practices with us during implementation of the locality work. JJ and AS outlined the steps already taken through the PTI/PTE forum to ensure GPs were fully briefed. RR stated that a benchmarking exercise could take place to understand the extent of GP understanding of the proposals.</p> <p>KP asked if there was a forum for localities to share ideas and experiences. JG noted the ICP steering group which supported this.</p>
<b>Joint Commissioning Board</b>	<p>Adrian Loades updated the group on actions taken to date with regard to the development of the Joint Commissioning Board. It was noted that a development workshop would be held on the 13<sup>th</sup> of February to confirm the scope and benefits of the Board. A further report would be provided at the ICPB on the 27<sup>th</sup> of February.</p>
<b>CEO update</b>	<p>MH updated the ICPB on the discussion which took place at the Executive Group meeting. The SDPB, JCB and communications support had already been noted during the meetings.</p> <p>MH outlined discussion on the STP governance proposals, noting partners had raised issues with the STP, through a letter which had been circulated. MH stated that the financial challenge facing the NELSTP would be discussed at a meeting with NHSE on the 1<sup>st</sup> of February (Jane Milligan would represent the STP). MH stated that activity related to the STP would be ramping up over coming months.</p> <p>JF noted that some Chairs had met with Rob Whiteman and those present were fully behind efforts to meet the existing system wide challenge, and were working closely with Chief Executives to progress this work. He also called for the increased involvement of chairs and a greater clinical input to the overall governance of the programme.</p>
<b>Time of next meeting</b>	27 <sup>th</sup> February 2017
<b>AOB</b>	AOB