BHR Integrated Care Partnership
Better care, better lives, together

ACTION NOTES

Meeting:	**Integrated Care Partnership Board**
Date:	Monday 23 October 2017

Attendees:		
Maureen Worby (Chair)	**MW**	London Borough of Barking and Dagenham
Anne Bristow	**AB**	London Borough of Barking and Dagenham
Cllr Wendy Brice-Thompson	**WBT**	London Borough of Havering
Barbara Nicholls	**BN**	London Borough of Havering
Adrian Loades	**AL**	London Borough of Redbridge
Cllr Mark Santos	**MS**	London Borough of Redbridge
Conor Burke	**CB**	BHR CCGs
Richard Coleman	**RC**	BHR CCGs
Kash Pandya	**KP**	BHR CCGs
John Brouder	**JBr**	NELFT
Joe Fielder	**JF**	NELFT
Dr Caroline Allum	**CA**	NELFT
Matthew Hopkins	**MH**	BHRUT
Max Chauhan (on behalf of Nadeem Moghal)	**MC**	BHRUT

In attendance:	Jane Gateley, Rowan Taylor, Mark Tyson, Keith Cheesman
Apologies:	Cllr Jas Athwal, Cllr Darren Rodwell, Dr Nadeem Moghal, Dr Waseem Mohi, Vicky Hobart, Dr Anil Mehta, Dr Atul Aggarwal, Andrew Blake-Herbert, Cllr Roger Ramsay, Chris Naylor, Andy Donald, Dr A Sharma, Dr N Teotia, Dr D Weaver, Dr N Rao, Dr S Ramakrishnan, Dr S Quraishi

Agenda item	Summary	Action
Welcome, introductions and apologies	Introductions and apologies noted as above.	
Notes from the previous meeting	Notes agreed with no alterations.	
Update from Joint Commissioning Board	Discussed progress on developing strategic commissioning. MT introduced the two papers circulated with the agenda. Key discussion points outlined below: 1. Proposals for creating the commissioning infrastructure to shape and lead an emerging ACS • Feasibility of operating full pooled budget for the Better Care Fund from April 2018, due to what would need to be done in that timescale. Agreed that decision-making could be aligned by this time but that it might not be possible to actually get the money pooled. Agreed that the wording describing the design phase should have the word 'shadow' inserted • Agreement that we need to balance ambition with practicalities and understand at an early stage the enablers and blockers so we can use them or mitigate against them • Agreement that we need to demonstrate delivery in order to be given more freedom • Need to ensure ELCHP understands the implications for its work (eg re commissioning of acute services) of BHR's desired pace of change • Need to ensure that we have appropriate governance to pick up and address issues early (including audit committee consideration), which will be developed as we take forward the pilot areas of joint commissioning • Success measures and how we will know that we can move from 'shadow' to 'operation' – agreed that ensuring the system was sustainable would be the most important, but that we had to ensure we did not lose touch of the quality measures (ie allow services to become unsafe) • Agreed in principle to progress the work on creating the commissioning infrastructure as outlined in the paper, with further discussions on the detail as required 2. Joint commissioning opportunities for shadow operation in 2018/19 • Noted that although the paper outlined three potential test areas, other work was also being progressed (such as development of localities) • More work needs to be done on all three proposals to model the impact of the changes and to discuss with the provider alliance	**MT**

	how they will respond *Diabetes prevention and management* • Confirmed that the primary care network leaders are especially keen to progress work in this pilot area • Agreed that the aim of this work is to get all services to a consistent baseline then to modernise each intervention – getting rid of unwanted clinical variation • Need to give more emphasis to prevention • One key indicator being a reduction in acute admissions. *SEND* • Agreed this was a good opportunity to improve services • Agreed that we should look for further opportunities in children's services *Intermediate care* • Noted that the integration of intermediate care services is perhaps the most advanced of the three pilot areas but that there are potentially some big issues relating to procurement which need to be considered at an early stage (ie decommissioning current services and re-procuring a new service) **Agreed in principle to progress the work on the three pilot areas as set out in the paper and to receive an update on each area at the next ICPB meeting (to note: leads for each are Gladys Xavier (diabetes), Mark Tyson (SEND) and Jane Gateley (intermediate care).** **General** • Noted that the JCB had just agreed to establish a children's services sub group • The aim is to make the collaboration between health and the local authority (ie not just health and social care) • We need to create a collaborative not a competitive environment and change behaviours throughout all organisations • We need to start looking now to identify the next areas for collaboration	**GX/MT/ JG**
Update from Provider Alliance	JB updated members: • good attendance and contributions from GPs at recent event with a consensus that services need to change and that change should be built around primary care • agreement of need to think more widely than health and care services and consider issues relating to education, employment, domestic violence etc • agreement that current contracts do not support change and there is a need to think about how we can do things differently (ie offer new employment contracts and different career opportunities) • Dan Weaver is leading the next event in November	

	Discussion included: • Gina Shakespeare (CCGs) has proposed that the SDPB becomes part of the provider infrastructure in future (the provider alliance board), which would need some associated devolved commissioning resource. Noted that it would be important for the provider alliance to identify quickly what resource is needed to enable it to move forward, as the CCGs operating model is changing and the resource might move elsewhere • Leadership time, capability and capacity, with a dedicated team, is needed to ensure this work can be taken forward at the right speed • **Provider Alliance to provide update on progress at next ICPB**	JB/MH/DW
System Delivery and Performance Board progress update	Noted updates from SDPB.	
Clinical Cabinet Terms of Reference	CA referred members to the paper: Terms of reference agreed subject to comments below: • Discussed whether there was sufficient representation by nursing and agreed the overall need to try to diversify and involve new people • Agreed to add in a requirement to review the effectiveness of the cabinet in three months • Further comments to be sent to CA	CA All
KGH Update	MH updated members on the current situation	
AOB	None raised	
Time of next meeting	30 November 2017 – 10.00 – 11.30 – Boardroom A, 2nd floor, Becketts House, 2-14 Ilford Hill, Ilford, IG1 2QX	

Integrated Care Partnership Board- action log				
	Action 23 October 2017	Responsible	Due date	Status
1.	Amend the wording in the infrastructure proposal that describes the design phase so that the word 'shadow' is inserted and the sentence reads: 'By the end of March 2018, the system will be fully prepared for operating a shadow pooled budget for the Better Care Fund…'	MT	31/10/17	Agenda
2.	Update ICPB on progress with joint commissioning in the three pilot areas: diabetes, SEND and intermediate care	GX MT JG	30/11/17	Agenda
3.	Provider Alliance to provide update on progress at next ICPB	JB/MH/DW	30/11/17	Agenda

4.	Amend clinical cabinet terms of reference to include requirement to review effectiveness in three months' time	CA	31/10/17	
5.	Send any further comments on the clinical cabinet terms of reference to CA	All	31/10/17	