## DRAFT ACTION NOTES

### Meeting:
**Integrated Care Partnership Board**

### Date:
Wednesday 31 January 2018

### Attendees:
- Maureen Worby (Chair) **MW**
- Conor Burke **CB**
- Richard Coleman **RC**
- Kash Pandya **KC**
- Anne Bristow **AB**
- Barbara Nicholls **BN**
- Cllr Wendy Brice-Thompson **WBT**
- Cllr Mark Santos **MS**
- Dr Arun Sharma **AS**
- John Brouder **JB**
- Joe Fielder **JF**
- Dr Caroline Allum **CA**
- Dr Nadeem Moghal **NM**

**In attendance:** Jane Gateley (JG), Mark Tyson (MT), Rowan Taylor (RT), Christine McConigley (CM)

**Apologies:**
- Dr Anil Mehta
- Adrian Loades
- Dr Atul Aggarwal
- Matthew Hopkins
- Matthew Cole
- Cllr Roger Ramsey
- Dr Waseem Mohi
- Andrew Blake-Herbert
- Dr N Teotia
- Dr Dan Weaver
- Dr N Rao
- Dr S Quraishi
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<tr>
<th>Agenda item</th>
<th>Summary</th>
<th>Action</th>
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<tr>
<td>Introductions and apologies</td>
<td>Arun Sharma was welcomed to the meeting as the representative for the GP federations. Introductions and apologies noted as above.</td>
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<td>Notes from the previous meeting: 18/12/2017</td>
<td>Notes from the previous meeting were agreed. It was noted that actions were all in progress and/or would be picked up later on the agenda.</td>
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| Accountable Care: National, London and NEL context | JG introduced the paper, highlighting:  
  - National: the ACO contract is on hold and NHSE is to consult; two judicial reviews are underway.  
  - London: the importance of NEL having a voice in the London-wide estates work (to note: Carolyn Botfield is updating the chief executives’ meeting next week on the NEL estates strategy); at recent meetings between STP leaders and regulators, they have recognised the need to be more integrated in their approach  
  - NEL: Jane Milligan is the single accountable officer and is developing governance structures for the STP and commissioning alliance; the support from UCLP/Dartmouth has been taken up and the first meeting has occurred.  
There was a discussion about the proposed shift in language from ‘accountable care’ to ‘integrated care’, noting that the operating guidance (NHS) is due out any day, which might contain more guidance. There was concern that this was signalling a downgrading of ambition. After discussion, the board concluded that this did not affect what could/would be done locally and that the change in language was actually helpful as it was (1) more easily understood by the public and (2) language that was already used locally (ie integrated care partnership). |        |
| Update on Joint Commissioning | MT outlined progress since the last meeting, in particular the procurement workshop that took place on 29 January. Following this, it was clear there was a way forward for drawing up a provider alliance contract.  
MW asked about the timetable for the diabetes work and MT updated on the workshop held that week. It was noted that there had been limited attendance by clinicians.  
CA asked what was happening about clinical engagement and said the plans would fail if clinicians were not involved. Members agreed and discussed how to get better engagement, accepting that clinicians had many calls on their time. JG said she had taken the two propositions to the clinical cabinet in January for discussion, as agreed. JF said the two big providers needed to work more with the GPs and advised that they had agreed to establish a joint director-level role across BHRUT and NELFT to take forward the development of the Provider Alliance, and this would be a key issue for that person. |        |
| Update on Provider Alliance, including development of Localities | JB updated on the development of the Provider Alliance.  
The Provider Alliance had met earlier in the day, with attendance by GPs, Trusts, Healthwatch, Care City and others. They have taken the advice of Dartmouth about taking time to do things properly and not trying to do too much too soon, but there was agreement that they wanted something in place from 1 April 2018. They have looked at terms of reference and an MOU. They have agreed the content |        |
of a formal letter to be sent to commissioners this week (in response to the commissioners’ letter of 19 December with propositions for taking forward accountable care), which will (1) set out what they will try to do from 1 April and (2) request resources to establish the leadership role (mentioned earlier by JF).

Key discussion points included:

- **Resources for leadership role**: Commissioners could not provide additional resources from ‘normal’ budgets but there are potential additional sources of transformation funding. More detail on the requirements were needed before these could be accessed and JB said the letter would detail what resource was required and what this would deliver.

- **Engagement**: MS welcomed the involvement of Healthwatch and asked how the Provider Alliance would (1) learn from foundation trusts’ good practice and (2) engage with the voluntary sector. JB said that as well as talking about clinical engagement, attendees at the meeting had also recognised the importance of socialising ideas more widely, including the voluntary sector, and they would give more consideration to how to involve them. He said the foundation trust had 14,000 members, who the Provider Alliance would engage with.

- **Communications**: MW said that if we are going live with something from 1 April, then it was important for communication teams to work together and ensure that messages are co-ordinated and in language that local people will understand. JB said their director of communications (DoC) had been at the Provider Alliance meeting. RT said a draft communications and engagement strategy had been shared with NHS and LA leads across the area in October, when she had also met with the NELFT DoC to talk about working together and aligning the commissioning and the Provider Alliance communications and engagement action plans underneath the strategy. They had agreed it would probably be more appropriate for the Alliance to lead the public- and staff-facing communications and engagement.

- **Locality development**: JB confirmed that development work was ongoing. Some localities were more advanced than others, but this was still the basis of planning for the future.

**Action**

- **Commissioners to receive the formal letter from the Provider Alliance by 2 February, consider their response to the propositions, their proposal about what they would like to implement from 1 April and their request for resources.**

**Update on Clinical Cabinet**

CA advised that she had not been able to attend the January meeting but the clinical cabinet had discussed its purpose at its December meeting, and still needed to do more work. She added that Paul Haigh (previously with City and Hackney CCG) was doing a review of the clinical engagement across NEL.

NM said the discussions about clinical engagement at that day’s Provider Alliance meeting had been very positive, with agreement that it was integral to the Alliance, so the development of the Clinical Cabinet needed to take that into consideration.

**Action**

- **Continue development of the Clinical Cabinet, ensuring this takes account of the developing Provider Alliance’s fundamental need for clinical engagement.**
AOB: The next meeting needed to be rearranged from the planned Monday date, which is not suitable due to GP unavailability on Mondays. 
**Action**
- Rearrange the February meeting

**Next meeting**
February date and venue tbc

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<tr>
<th>Integrated Care Partnership Board- action log</th>
<th>Responsible</th>
<th>Due date</th>
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<tr>
<td><strong>ICPB: 30 November 2017</strong></td>
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<td>1. MT to show pooled budgets/shadow working financial flows in an infographic</td>
<td>MT</td>
<td>March 2018</td>
<td>In progress</td>
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<td>2. <strong>Update 18/12: MT noted that this is in the plan for colleagues developing the BCF work to pick this up, date for completion will need to be revised</strong></td>
<td>MT</td>
<td>March 2018</td>
<td>In progress</td>
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<td><strong>ICPB: 18 December 2017</strong></td>
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<td>10. Need to undertake a review of BHR Partnership governance, including where the BHR partnership structure sits/reports in to, and to ensure we have the right reps at each key meeting</td>
<td>MT</td>
<td>March 2018</td>
<td>In progress</td>
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<td>12. Carolyn Botfield to bring an updated estates report back to the Chief Execs group for review in February 2018 to ensure that there is clear alignment between the developing estates plans and commissioning priorities</td>
<td>CBo</td>
<td>February 2018</td>
<td>In progress</td>
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<td>13. MH/JF noted that development of a clear clinical strategy is something that they will look to develop in the New Year as a matter of priority, looking to expand local organisations’ Clinical Strategies</td>
<td>MT/JF</td>
<td>February 2018</td>
<td>In progress</td>
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<td>15. MH to bring a written update on KGH to the March ICPB</td>
<td>MH</td>
<td>March 2018</td>
<td>In progress</td>
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<td><strong>ICPB: 31 January 2018</strong></td>
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<td>19. Commissioners to receive the formal letter from the Provider Alliance by 2 February, consider their response to the propositions, their proposal about what they would like to implement from 1 April and their request for resources</td>
<td>MT and CB</td>
<td>February 2018</td>
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<td>20. Continue development of the Clinical Cabinet, ensuring this takes account of the developing Provider Alliance’s fundamental need for clinical engagement</td>
<td>CA and NM</td>
<td>February 2018</td>
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<td>21. Rearrange the February meeting</td>
<td>D. Harris/ E.Plane</td>
<td>February 2018</td>
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