# DRAFT ACTION NOTES

**Meeting:** Integrated Care Partnership Board  
**Date:** Monday 26 February 2018

**Attendees:**  
- Richard Coleman (Chair)  
- Jane Milligan  
- Conor Burke  
- Andrew Blake-Herbert  
- Matthew Cole  
- Cllr Mark Santos  
- John Brouder  
- Joe Fielder  
- Dr Caroline Allum  
- Matthew Hopkins  
- RC BHR CCGs  
- JM NEL CCGs  
- CB BHR CCGs  
- ABH London Borough of Havering  
- MC London Borough of Barking and Dagenham  
- MS London Borough of Redbridge  
- JB NELFT  
- JF NELFT/BHRUT  
- CA NELFT  
- MH BHRUT

**In attendance:** Jane Gateley, Mark Tyson, Rowan Taylor, Steve Johnson, Debbie Harris  
**Apologies:** Maureen Worby, Dr Siva Ramakrishnan, Adrian Loades, Dr Anil Mehta, Dr N Teotia, Dr D Weaver, Dr N Rao, Dr S Quraishi, Cllr Roger Ramsey, Cllr Wendy Brice-Thompson, Barbara Nicholls, Dr Arun Sharma, Kash Pandya, Anne Bristow, Dr A Aggarwal, Dr A Mehta

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<th>Agenda item</th>
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| Introductions and apologies | Introductions and apologies noted as above.  
Richard Coleman agreed to chair today’s meeting in MW’s absence. | |
| Notes from the previous meeting; | Notes from the previous meeting were agreed. | |
### 30/11/2017

The following items were picked up as matters arising from the previous meeting:

- **Action 12**: Agreement that the work needed to be socialised through various forums. Messaging needs to be stronger particularly given City Hall now have control over London estates proceeds.
- **Action 13**: JF/MH/ JB to meet to discuss the two work streams.
- **Action 19**: JCB/Provider Alliance meeting this PM. Feedback to be given at the March meeting.

### BHRUT updates

**Special measures – finance**

MH updated members that NHSI placed BHRUT in financial special measures. This is predominately due to the year-end forecast outturn being more than £20m different from the agreed control total for this year. BHRUT are working through what will be delivered for this financial year and the following year. When this challenge came to light in Sept/Oct 2017 BHRUT commissioned Grant Thornton to review their finances focusing on cash flow. A draft report has been received and NHSI and directors are working on a final version. NHSI then asked Deloittes to look a BHRUT’s broader governance. A number of issues came to light, particularly around cash flows. Tighter systems and processes have now been put in place with the new director of finance. Once the reports are final, BHRUT will share headline findings with members.

MH advised that PWC are due to start with the Trust today to help support the recovery of their financial position into next year. A finance improvement director is also on loan from NHSI to help improve delivery for next year.

JF advised that in normal circumstances BHRUT do not employ such expensive consultants but with the Trust now in FSM there is a real need to support financial recovery. It is also important that patient quality does not suffer.

CB mentioned that PWC produced a report on the whole system financial due diligence nine months ago and suggested there was an opportunity to link the two pieces of work. MH said they wanted to look at internal, intra Trust and system wide opportunities and make sure that commissioners and providers were not competing for the same savings.

JM said a business case would have to be made to the regulators before we could take a different approach to the system control, and PWC would feed into this. NHSE/I (London) are supportive of this but the national teams need to agree it. They will then need to jointly discuss and allocate resources.

The timeline for submission of the Operation Plan is this Thursday, 1 March with 8 March being the next one.

ABH suggested that we consider what political support would be helpful and reminded members that purdah begins six weeks before the local elections (on 23 March), so any lobbying would have to be done before then.

### KGH

MH advised that the Strategic Outline Case (SOC) to rebuild the A&E department at Queens and define a model of urgent and emergency care at KGH was considered at the capital meeting with NHSI on 14 February. NHSI regional team decided they needed further detail before a decision could be made and BHRUT teams are pulling together the extra detail, which included some information on what the out of hospital schemes will look like.
MH reminded members that there is a close tie in with Whipps X redevelopment. Whipps X SOC is clear that they won’t be able to proceed to implement their scheme until the changes at KGH have happened. Demand on the KGH site on a non-elective perspective has increased over the last 12 months. Stakeholders will be kept up to date on progress.

JM picked up on the comment made earlier on the Estates arrangements advising that there is a meeting this Friday with the London team to discuss estates across NEL which will cover the thinking on delays. She said synergy with WX is needed rather than one scheme being dependent on the other.

ABH advised that the sale of St Georges Hospital has now been agreed at £40m. It was agreed that we need to ensure the benefits of this are seen in BHR. Part of the redeveloped site will include a health centre hub. JF asked that we ensure we are lobbying as a collective for some of the derived funding to flow into this new health facility (15% of the land is to be ring fenced for this.)

JB wondered if the Mayor of London would impose the 50% affordable housing of public service assets as there is potential for income stream between our two organisations on the Goodmayes site.

**Integrated Care system update**  
JG advised that there is a Joint Commissioning Board meeting this afternoon with members of the Provider Alliance joining for an open discussion about what is doable over the next 12/18 months in the context of system recovery.

**Update on Clinical Cabinet**  
CA advised that Paul Haigh is reviewing the clinical cabinet, including conducting a survey on how people value the Clinical Cabinet and how it can be more effective. Consideration also needs to be given to how it links into the Provider Alliance.

JF said he understood there were at least four forums currently running and suggested that maybe clarity needs to come through organising these into fewer groups. JM said we need to focus on getting the clinical leadership that will make a difference at scale.

MH asked if there has been a discussion on the extent of how much backfill on clinicians’ time given that everyone is busy and suggested that could be a reason for their reluctance to get involved. CA advised that she is not aware of this and agreed this is probably why there is a lack of engagement; though the local teams are working well, we need to join it all together.

CB felt that members know what needs to happen: releasing clinician time, learning from local best practice, creating information available, but said he is not hearing how we do it. JF felt there are too many forums, that there is too much “meeting” time and there is a need to streamline (without losing input) and make more efficient to create more working time.

JB felt that primary care was a critical element of service change and thought we needed a collective focus to develop their input. CA advised that NEL has a lot of QI capability and suggested we use QI methodology to develop clinical input. RC reminded members that we need to remember the NEL context (eg the NEL clinical senate).

**AOB**  
Members agreed to stand down the April meeting due to local elections.

RC noted that this was CB’s last meeting and thanked him for his leadership (with others) of the integrated care agenda over the past few years.
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<tr>
<th>Integrated Care Partnership Board- action log</th>
<th>Responsible</th>
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<tbody>
<tr>
<td>ICPB: 18 December 2017</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>March 2018</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 ICPB</td>
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<td>ICPB: 26 February 2018</td>
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<td>22. BHRUT will share headline findings the reports once finalised.</td>
<td>MH/JF</td>
<td>Once available</td>
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