

Health & Social Care Partners in Bradford, Airedale, Wharfedale & Craven

Action notes of the Integration and Change Board (ICB) held on Friday 18 October 2013 10.00-12.00 at Douglas Mill

Present:	Simon Large (Chair)	Chief Executive, BDCT
	Carol Stubley	Director of Finance, BDCT
	Jane Hazelgrave	Chief Financial Officer, Bradford CCGs
	Damien Kay	Senior Collaboration Lead, Bradford & Airedale CCGs
	Nancy O'Neill	Director of Collaboration, Bradford & Airedale CCGs
	Colin Renwick	Clinical Chair, AWC CCG
	Sue Pitkethly	Chief Operating Officer, AWC CCG
	Bryan Millar	Chief Executive, BTHFT
	Juliette Greenwood	Chief Nurse, BTHFT
	Kath Tunstall	Strategic Director, Children's Services, BMDC
	Andy Withers	Clinical Chair, BDCCG
	Bridget Fletcher	Chief Executive, AFT (up to 11.00am)
	Andrew Catto	Medical Director, AFT (up to 11.00am)
In attendance:	Kristina Juryta	Personal Assistant, Bradford CCGs
	Cath Doman	Head of Service Improvement, Bradford CCGs
Apologies:	Akram Khan	Clinical Chair, BCCCG
	Tony Reeves	Chief Executive, BMDC
	Anita Parkin	Joint Director of Public Health, BMDC
	Janice Simpson	Strategic Director, Adult & Community Services, BMDC
	Helen Hirst	Chief Officer, Bradford CCGs
	Phil Pue	Clinical Chief Officer, AWC CCG
	Sue Cannon	Director of Nursing and Quality, WYAT

13/08 MINUTES OF THE MEETING HELD ON 20 SEPTEMBER 2013 AND MATTERS ARISING

The minutes were agreed as an accurate record of the meeting.

Updates were given on the actions from the last meeting as follows:

- 13/02 Terms of Reference
Updated and re-circulated. All organisations will take these through their internal governance structures for endorsement prior to them being endorsed at the November '13 HWB meeting.
- 13/02 Meeting dates
Circulated up to Dec '14. Meetings fall on the third Thursday of every month, 10.00-12.00.
- 13/02 Feeding into review of HWB Terms of Reference
HWB review their ToR in Jan '14 and Nancy will ensure the ICB view regarding provider representation is fed in.
- 13/03 Mapping exercise around optimum delivery model
Agenda item at this meeting.
- 13/07 Key milestones and timeline for delivery
Agenda item at this meeting.

Matters arising:

- Membership places confirmed as follows:
 - BtHFT – Bryan Millar and Juliette Greenwood
 - BDCT – Simon Large and Carol Stubbley
 - AFT – Bridget Fletcher and Andrew Catto
 - AWC CCG – Phil Pue and Colin Renwick or Sue Pitkethley
 - BD CCG – Andy Withers plus one place*
 - BC CCG – Akram Khan plus one place*

*Bradford CCGs – one of the additional spaces will be filled by Helen Hirst as a permanent member

13/09 PIONEER UPDATE AND 7 DAYS SERVICES TRANSFORMATIONAL IMPROVEMENT PROGRAMME

Pioneer bid:

Nancy briefly noted that the final outcome of the bid is due today, 18 Oct 13*. As soon as the result is known it will be shared with all partners involved. If successful colleagues will be required to attend a launch event in London on 5th November but no further details have been released as to what the day entails. * *Post meeting note – final outcome will be known end of October 2013.*

7 day services transformational improvement programme:

Bridget confirmed that AFT have put forward an expression of interest to be an early adopter site for the Seven Day Services Improvement Programme (SDSIP) which is being coordinated nationally by NHS England and NHSIQ. This has been done jointly with YAS and Barnsley. The deadline for applying is 25 Oct 13. CCGs confirmed they will not be submitting an expression of interest following testing out views across the health and social care economy.

NB Following the meeting, Bryan Millar confirmed that BTHFT are not submitting an expression of interest to be part of the SDSIP.

Airedale Future State business case

AFT met with SoS Jeremy Hunt MP and shared their vision of the future state for Airedale. This follows an approach from Accenture to establish if the Kaiser type model could be implemented in the area. The SoS was supportive of the direction of travel and a second meeting will take place in November 13 where they will be required to share a business case for achieving the vision. Business case costs will have to be bought in but there is resource via Accenture relationship and need to look at how that can be played in.

Clarity is needed regarding how the process will work for building the business case which AFT expect to receive the template for on 22 Oct 13. Acknowledged this needs to link with the 5 year plan and the impact across the district as a whole needs to be considered and understood, particularly on resources. Learning developed in Airedale can be shared across with partners such as BTHFT. There is likely to be an impact on partnerships in secondary care and how these arrangements will develop should be taken in to account during development of the business case. The impact on WYAT led services, such as specialised commissioning, needs clarity and area team support will be a key tool for progress, especially around primary care involvement which is currently a sticking point.

Bridget noted that she and AFT colleagues were asked for feedback on the GMS contract from an Airedale health economy perspective.

National Technology Fund bid

Bradford is awaiting a decision on whether funding of approx £6m will be awarded to support development of the ICR. Expecting a decision by 28 Oct 13.

Better Start scheme

Shortlisted to the last 15 areas who may receive £50m over 10 years to support pre-birth work with parents-to-be and children up to 3 years of age. Some funding is associated with getting to the final 15 stage. Currently working up the next stage of the proposal, which needs to be completed by February 14.

Action - Bridget Fletcher to update ICB at the November 13 meeting on the SDSIP early adopter scheme and provide further clarity and detail for the Airedale Future State business case

13/10 INTEGRATION DELIVERY ARRANGEMENTS – MAPPING EXERCISE AND OPTIONS

Bryan noted there is a need for more clarity around how all the different pieces of work being undertaken fit together into one picture which can describe current investment for each organisation. It has been difficult to capture all relevant areas of work for the mapping exercise. For example, the telemonitoring roll out in Bradford care homes was agreed through the Urgent Care Board but the communication about this has been lacking. A better understanding is required of how work streams dovetail, governance arrangements and communication routes.

It is expected that further discussions around resource planning will help to clarify the above.

Nancy O'Neill and Cath Doman took the group through the previously circulated template which brings together information on current resource input to support integration and transformation, identifies perceived gaps and outlines a proposal for next steps. There was lots of commonality in the responses received from each organisation.

The current ICB clearly shows that programmes are operating separately in silos and there is no collective strategy for integrating care and no collective view on the end point we are aiming to reach. Identified that the ICP is the most mature aspect of the overall picture. All parties recognised the position as illustrated in the document.

ICB considered the need for releasing dedicated capacity to support the overall programme of work and whether this is available internally or potentially it would be necessary to outsource. Providers expressed a view that articulating a collective strategy and defined end point is required before diverting resources and setting up delivery structures, such as a programme office. The focus turned to what resource is required to bring together a clear joint strategy.

Discussion took place around the information needed to develop the strategy and it was clear that a pragmatic approach would be needed in terms of a starting point. It's expected that it will be possible to pull together the assumptions of a strategy with more detail provided around the first two years than further ahead. It was agreed to pool current information and return to the next meeting to share a collated summary. This will be done within existing resource after which it should be possible to identify a more detailed plan to be considered in terms of additional resource needed for the overall programme.

Ultimately to get us to a place of aligned strategies, with common language and what population outcomes we are trying to achieve with a process for best value in place for use of resources we need to undertake the following:

- Health economic views – where best spend for our £ with public health definition of what this looks like
- Finance Work – CCGs same point as LA – 2 year budget setting with sense of direction
- Summary of each provider – strategy and timescales – which need to be considered in terms of overlaps

- Alignment of totality – LA/CCGs budget setting
- Blocks in system e.g. PBR – what is our priority?
- ITF (£19m or more) – so we all understand what totality begins to look like

Agreed to request Stuart McKinnon-Evans circulates LA 2 year budget consultation for confidential consideration prior to public consultation at end of October. DoFs to consider the potential impact it would have and take through individual organisations to provide information to Nancy/Damien to give a co-ordinated view at the Nov 13 ICB. This will allow discussion at the next meeting regarding the gaps which open up for each organisation as a consequence of the proposed budget and how the ITF, among other approaches, can be used to address them. The ITF provides a trigger to future planning but needs to be translated into core business. There may be opportunities which emerge that can be supported through the ITF resource initially. The totality of resource across the health and care economy needs to be part of considerations at the same time.

13/11 KEY MESSAGES AND REQUIREMENTS FROM TIGS

Airedale TIG

Having similar conversations to TCB re delivery arrangements and supporting development of the 5 year plan. Integrated teams are working really well and OD plans have been developed. The group will take a steer from ICB but wants to work at a faster pace than in Bradford. ICB acknowledged that in Airedale work is moving apace and agreed that as long as links are maintained and the direction of travel is in line with ICB it is supported. Karren Jolaoso is leading on governance arrangements and they are using the ICB ToRs to inform direction.

Bradford TIG

Bradford is undertaking some financial planning following a presentation from Jane Hazelgrave on ITF. In terms of the LA programme, Great Places to Grow Old, it is unlikely that services from Shipley Hospital can be decanted into the new scheme or that any funding released from estates could be diverted into the Saltaire scheme. Bids against NR monies associated with integrated care are being worked up with providers e.g. expansion of virtual ward; ICR; telemonitoring in 50 Bradford care homes. A quality review into ICP is being undertaken, led by Michelle Turner. The BTIG continues to develop its work plan and a Communications and Engagement paper is being presented at the next meeting which includes a proposal to appoint a lead for C&E.

Agreed that TIG minutes for the Bradford and Airedale meetings are to be shared at each ICB each month accompanied by a short highlight report.

Action – TIG minutes to be shared at ICB monthly with a highlight report.

13/12 5 YEAR STRATEGY INCLUDING FINANCIAL PLAN

Discussion took place around the 5 year strategy, financial planning including ITF, and next steps. The 5 year strategy, including 2 year operational plan with accompanying strategy for use of ITF will be developed on a HWB footprint.

CCG strategy leads will provide commissioning plans, including outcomes and assumptions which will be drawn together to generate an overall picture of the strategy for the next 5 years and shared at the Nov 13 ICB.

Further guidance will be published around use of the ITF. Some local rules will need setting as to how the fund will be utilised across the patch and organisations.

Actions

- Damien to source commissioning plans from CCG strategy leads and draw together summary for next TCB

13/13 DISCUSSION – KEY MILESTONES AND TIMELINE FOR DECISION MAKING (WORK PROGRAMME PLANNING)

Damien took ICB through the previously circulated document. The work programme and timeline has been populated as much as possible up to the end of Dec 14. As more detail is available it will be built into the programme e.g. corporate discussions, 5 year plan. Actions from the meeting today will be incorporated into the programme. Damien will take a lead in keeping links in other organisations mindful of deadlines for actions and long term pieces of work.

13/14 ANY OTHER BUSINESS

Membership

It was noted that Sue Cannon, Director of Nursing and Quality, has been identified as the WYAT representative at ICB. An invitation to have representation at ICB has been extended to North Yorkshire County Council via Sally Burton. Sue Pitkethly agreed to raise this with Sally to ascertain if they will be identifying a representative to be on the group.

Chair for November meeting

It was suggested that Bridget chair the November meeting in the absence of Tony and Simon. If Bridget is not available Andy Withers volunteered to chair the meeting.

Actions

- Sue to ask Sally Burton if NYCC will be taking up the offer of having representation at ICB and details of who that individual may be.
- Damien to check if Bridget is available to chair the November ICB

13/15 NEXT MEETING

Friday 15 November 2013, 10.00-12.00, Douglas Mill room 1.1

Apologies noted from Tony Reeves, Simon Large and Bryan Millar

SUMMARY OF ACTIONS

Issue	Action	Responsibility	Timescale
13/09	Update next meeting on 7 day services early adopter and clarity on progress for Airedale Future State business case	Bridget Fletcher	15.11.13 meeting
13/11	TIGs – copy of minutes regular item on ICB agenda plus key issues that need raising and addressing via ICB	Damien Kay	November onwards

Issue	Action	Responsibility	Timescale
13/10	<p>Circulate LA 2 yr budget consultation to share via DOFs</p> <p>DOFs to take into each organisation to get impact view to bring back as a co-ordinated view to next ICB</p> <p>Organisation views back into Nancy and Damien to draw out co-ordinated view to bring back to ICB)</p>	<p>Stuart McKinnon Evans</p> <p>DOFs & ICB organisational leads</p> <p>ICB organisational leads (Nancy O'Neill/Damien Kay)</p>	<p>w/c28.10.13</p> <p>w/c28.10.13</p> <p>w/c 4.11.13</p>
13/10	ITF – set out some rules, identify emerging gaps through population changes and specific gaps from LA planned changes and opportunities to turn into positives through integration	Jane Hazelgrave and Carol Stubley co-ordinate through DOFs group (but with broader informed organisational discussion)	15.11.13 meeting
13/12	CCGs 5 year strategy – work in progress on commissioning plans including outcomes, assumptions and 2 year supporting plans	Damien Kay to draw together through CCG strategy leads	15.11.13 meeting
13/13	<p>Update ICB work programme taking into account actions to keep moving forward and specifically need to set out work agreed needs doing to get us to a 5 year strategy – including;</p> <ul style="list-style-type: none"> • Health economics work on best value spend ££ • PH analysis on demographic change • Finance work – sense of direction CCGS and LA budget setting • Summary of each providers strategy and timescales and define overlaps • Align totality of LA/CCGs budget setting, identify blocks in system, PBR etc and agree our priorities for action • ITF - £19m or more 	Damien Kay	15.11.13 meeting
13/14	Pursue membership on ICB of NYCC	Sue Pitkethley	15.11.13
13/14	Request Bridget Fletcher chairs the November meeting	Damien Kay	15.11.13