Appendix 1
Health & Social Care Partners in Bradford, Airedale, Wharfedale & Craven

Action notes of the Integration and Change Board (ICB)
Friday 20 June 2014
9.00 - 12.00 at Douglas Mill

Present:	Tony Reeves (Chair from item 5)	Chief Executive, BMDC
	Bridget Fletcher (Chair)	Chief Executive, AFT
	Helen Hirst	Chief Officer, Bradford CCGs
	Damien Kay	CCG Collaboration Senior Lead, Bradford & Airedale CCGs
	Nancy O'Neill	Director of Collaboration, Bradford & Airedale CCGs
	Sue Pitkethly	Chief Operating Officer, AWC CC
	Anita Parkin	Joint Director of Public Health, BMDC
	Ann Wagner	Director of Strategy & Business Development, AFT
	Juliette Greenwood	Chief Nurse, BTHFT
	Liz Romaniak	Director of Finance, BDCT
	Michael Jameson	Strategic Director of Children's Services, BMDC
	Dougy Moederle-Lumb	Chief Executive, YOR LMC
	Dr Akram Khan	Clinical Chair, Bradford City CCG
	Lyn Sowray	Assistant Director Operational Services - Adult and Community Services BMDC
	Matthew Horner	Director of Finance - BTHFT
In attendance:	Cath Doman	For item 3
	Jane Hazelgrave	For item 4
	Kerry Weir	For item 5
	Anna Diani	PA (note taker)
	Jonas Thompson-McCormick	Public Health Registrar – shadowing Anita Parkin
Apologies:	Bryan Millar	Chief Executive, BTHFT
	Dr Andy Withers	Clinical Chair, Bradford Districts CCG
	Janice Simpson	Strategic Director, Adult & Community Services, BDMC
	Dr Phil Pue	Chief Clinical Officer, AWC CCG
	Simon Large	Chief Executive, BDCT
	Sue Cannon	Director of Nursing and Quality, WYAT NHSE

2. MINUTES OF THE MEETING HELD ON 16 MAY 2014 AND MATTERS ARISING

The minutes were agreed as an accurate record of the meeting. It was noted that YAS have now been invited to attend future ICB meetings and the Director of Finance has been nominated as a member of YAS to join ICB.

2a. MATTERS ARISING

Oliver Wyman update
Sue Pitkethly provided feedback from the June's Oliver Wyman hosted master-class event. A presentation was given by Clinicians from the US who reported similar challenges to the UK and they confirmed 75% of US healthcare is government funded and they set up models of care due to similar pressures being faced in the UK. They demonstrated the effectiveness of the models and shared learning; including push back from insurance companies. One was purely extensivist, one was purely enhanced primary care and a third was combined. It was noted the initial set up was not successful and they modified their approach and re-did it.

Sue Pitkethly also updated ICB on the potential NHS England Accelerate programme and confirmed following a brief fact finding meeting the programme offers support from NTDA, NHSE, Monitor and the LGA and a light touch due diligence process is underway which is paper based and currently being assessed. The next step will be a panel to panel visit with the local TIG some point in July. Only 3-4 sites will be chosen, with apparently 12 sites expressing an interest. It was noted this will be good for the whole health economy, but the accelerator process has been so fast AWC needed to progress their application.

Bradford CCGs have looked at the Oliver Wyman work and believe the model is not so different from what they are currently doing e.g. virtual ward and integrated care teams and they sign up to the principles, but accept there may be slightly different models. Bradford is clear there is value in the data analysis and are happy to put resource into this. Bradford CCGs do not want to slow down the process, but could supplement with the learning from AWC and pitch in resource on intelligence work on social care and community data. Helen Hirst confirmed so far discussion has been through Bradford TIG rather than Clinical Boards. It was noted that the language for the models may differ across the patch but in the strategy we are reflecting we are trying to do the same thing with more intensive support for those most vulnerable.

AWC confirmed they are not clear on whether part of the Accelerator programme criteria is for an application based on the Unit of Planning, but given the AWC TIG is a sub set of the unit of planning with a flow of patients, as described in the strategy, then this make sense. ICB support was noted.

ACTION:

- Airedale Wharfedale and Craven to progress NHS Accelerate Programme regarding extensivist and enhanced primary care models of care.

- Bradford to resource data analysis and continue to progress virtual ward and integrated care teams and benefit from learning from AWC

- Reflect in the `forward view' we are doing the same thing but might use different language/names for models of care

3. BETTER FOR BRADFORD - METRICS

Cath Doman advised that the plan was to develop a dashboard to demonstrate the impact on the health and social care system of developing integrated care. She explained the framework regarding the programme outcomes, milestones and deliverables, metrics/indicators and fiscal return. There had been some difficulties finalising figures, but these will be produced shortly in a score card format and from a governance perspective will be part of the reporting arrangements for TIGS and Cath suggested high level impacts are brought to ICB on a 6 monthly basis. There were many queries regarding data and descriptions including baseline numbers and actuals which will need to be addressed. It was

noted that whilst these metrics are about integration and reflect where are a presently at, they do need to move to transformational indicators in line with the forward view as we progress the transformation programme . It was recognised that great progress has been made in the last 12 months and it was agreed to adopt with the changes and clarifications.

ACTION:

- Clarify what the numbers represent so all can understand what is being described (e.g. NEL admissions 85+) – Cath Doman

- Adopt these measures and reflect these metrics represent progress and an opportunity to start help measure contribution to scale of financial challenge

4. BCF PLAN

A paper was shared with ICB which was the outputs from the task and finish group for the BCF. There was discussion regarding "new" money and definitions, but the nationally prescribed BCF requirements have not yet been received. Schemes have already been identified which will be evaluated. Other schemes need further development and review. It was recognised the need to develop some brand new schemes but this would require efficiencies being released from other parts of system. This must be done collaboratively. The total fund needs to be released from existing investment. As the timeline is extremely tight, it will be necessary for TIGs to make recommendations to ICB.

The risk regarding BMDC £15m was highlighted and discussed in detail as to why BMDC face this level of risk, as opposed to other parts of the system. If BMDC don't receive this from the BCF it will cause specific issues for them and a debate followed on the scale of risk as all organisations face risk and if there is a cap on Acutes this will be significant risk for them and all organisations are trying to manage such pressures internally. It is not accepted that it is the same challenge for health, as there is a real cut for the council. The Council is of the view that they have had instruction from centre that they can access BCF to close off the gap and as there is not a spare £15m in the BCF then this scenario needs to be played in and we need to mitigate this risk as a system as it is not a Local Authority problem but is all our problem.

Discussions took place on the opportunity to transform rather than covering the gap and how the risk assessment impacts on the overall system and how to get the balance regarding protecting the system in the short term, whilst transforming. It was suggested we need to handle the gap differently and we need to jointly create a pool of efficiency so we don't have to impact on front line services and reference was made to Andy Burnham's call re how LEAN organisations are and the need to look at back office functions etc. rather than cutting front line services. Simon Steven's view was don't plan on the assumption that someone with bail us out; have something credible, look at downstream healthcare impacts and don't sign up to something that won't work but would rather argue and he would rather the CCGs do not sign up to a sub-standard plan and would rather argue for a cohesive and transformative plan.

A possible use of BCF may be using it to put a floor into social care funding to secure it and longer term pooling budgets for the 5% most vulnerable. The whole budget across health and social care should be looked at on an open book basis with commissioners and providers looking at totality of what growth, spend and efficiencies are in the system for 15/16 and how to create a risk pool and what to accelerate. A pragmatic approach is needed as there is a requirement for CCGs to resubmit the BCF by 27/6 but we are not clear on what this yet looks like. In the last submission there was a lot of re-badging and we will have to do the same again e.g. virtual ward.

It was recognised primary care can contribute to this from a behaviour perspective as it seeks to reduce the variation in quality and there is a big risk if there is a reduction in cash in primary care provision as this will also impact and this needs to be put into the frame. There are opportunities through CCGs co-commissioning to reduce inefficiencies and primary care needs to be enabled to be part of the solution and transform how general practice is delivered.

ACTION:

- DOFS to adopt an open book approach for 14/15 and 15/16 across system to create absolute transparency about assumptions on income, expenditure and cost savings schemes.

- LA to set out which of the budget cut proposals they would bring forward into 2015/16 and describe, in high level terms, what the impact of the system would be.

- Review agreed existing scheme e.g. re-ablement and any new schemes and confirm investing in right areas

- DOFs to consider if there are any further system-wide opportunities not yet considered so far to reduce costs across the system such as back office schemes, patients transport etc.

- DOFs and Task and Finish Group to bring back something substantial to the next ICB (working within ICB BCF paper timeline and actions to enable TIGS to develop a set of recommendations for August ICB prior to September BCF submission)

5. **5 YEAR HEALTH AND CARE STRATEGY (***Tony Reeves chaired the meeting for this item)*

i) Context regarding the process
Kerry Weir tabled version 3 of the 5 year forward view and gave a brief run through of the process that has contributed to this version. Kerry reiterated this is a forward view for the next 5 years and not a strategy. Helen Hirst described how Simon Stevens has indicated the intention is that by the Autumn NHS England can articulate the plan for meeting the £30bn challenge in terms of the NHS best efforts and what the resources look like so it is clear to all political parties. Kerry explained a KLOE submission would be made alongside the forward view to help NHS England assess how all the plans stack up as a set of plans. Kerry agreed to circulate the KLOE submitted in April and the refreshed version so everyone is sighted on these. It was noted the KLOES need refreshing and will drop out of the narrative in the forward view.

ii) Document review- is our forward view for next 5 years

Detailed discussion took place on a chapter by chapter basis of the forward view prior to submission.

Post meeting Note: All those changes were noted by Kerry Weir and those authors of particular sections who agreed to contribute revisions in time for the submission deadline. All changes were incorporated into the final submitted version which was circulated to all ICB members.

ACTION:

- To re-circulate the April version of KLOEs for information.
- KLOE to be refreshed to include a narrative as discussed by ICB members.
- The strategy document to be updated in line with ICB discussions/agreements. Nominated group members to send specific wording to Kerry Weir in line with agreement at ICB.
- Strategic risks/delivery of our vision to come to future ICB meeting.

5a) PRIMARY CARE CO-COMMISSIONING

A paper was circulated to ICB members prior the meeting describing the 3 Bradford CCGs intention to pursue expression of interest in co-commissioning primary care. It was noted the main driver is about protecting resource for Bradford people and the equitable funding work would still need to be done, but would be managed within Bradford rather than being done to Bradford.

ACTION:

- Primary Care co-commissioning expressions of interest to be submitted including a statement of support from strategic partners

6. REVISED PROGRAMME MILESTONE PLAN AND REVISITED RISK REGISTER

Lucy McKell swiftly took members of ICB through the seven keys summary for the programme and shared the Gantt chart accepting it needed the proposed additional programmes adding to understand all the dependencies. In terms of portfolio resources it was noted a joint recruitment process is underway with funding from Bradford CCGs, which will provide additional support to the ICB programme and make the arrangements across the portfolio more robust. It was agreed the risk register needed more time for consideration than time on the agenda allowed and this should feature as a separate agenda item at a future ICB meeting.

Discussion followed on the scope of the programme aligned to the forward view and Recommendations presented in the paper were accepted to extend the scope and bring back a brief on each area to a future meeting. Discussion took place on identifying lead sponsors to oversee the development of scoping documents across the extended programme of planned care, primary care and community services, self-care, prevention and early intervention to reflect the forward view (strategy). It was noted the following will take a lead role as follows:

1. Greg Fell – self care
2. Planned Care – Helen Barker& Stacey Hunter
3. Primary Care/Community Services – Liz Allen/Lynne Hollingsworth
4. Extend scope of systems and infra-structure & include engagement and re-design – Cath Doman and Lucy McKell

ACTION:

- Defer risk register to future meeting (linked to 5 above).

- Amend Gantt chart to reflect strategic discussion and addition of wider programmes; item to return to future ICB

- Establish new programmes aligned to strategy to include planned care, primary care and community services, self care, prevention and early intervention to reflect forward view (strategy) – scoping work to be lead by nominated leads.
- Extend existing programme – extend scope of systems and infrastructure & include engagement and re-design

7. ICB Forward Plan

ICB forward plan was noted for information.

8. Any Other Business

None.

9. Next Meeting

Friday 18th July 2014 ***(Post meeting note – meeting cancelled)***

Friday 15th August, 9.00-12.00, Douglas Mill room 4.1

ICB Key Actions – 20th June 2014

Action	Lead	Deadline
2.NHS Accelerate Programme: • Airedale Wharfedale and Craven to progress NHS Accelerate Programme regarding extensivist and enhanced primary care models of care. • Bradford to resource data analysis and continue to progress virtual ward and integrated care teams and benefit from learning from AWC • Reflect in the `forward view' we are doing the same thing but might use different language/names for models of care	Sue Pitkethly Cath Doman Sue Pitkethly/Cath Doman	In line with programme deadlines Ongoing By 20th June
3. Better for Bradford Metrics: • Clarify what the numbers represent so all can understand what is being described (e.g. NEL admissions 85+) • Reflect these metrics represent progress and an opportunity to start help measure contribution to scale of financial challenge	Cath Doman ICB Members	Before 18th July 6 monthly dashboard report
4. Better Care Fund Plan: • DOFS to adopt an open book approach for 14/15 and 15/16 across system to create absolute transparency about assumptions on income, expenditure and cost savings schemes. • LA to set out which of the budget cut proposals they would bring forward into 2015/16 and describe, in high level terms, what the impact of the system would be. • Review agreed existing scheme e.g. re-ablement and any new schemes and confirm investing in right areas • DOFs to consider if there are any further system-wide opportunities not yet considered so far to reduce costs across the system such as back office schemes, patients transport etc. • DOFs and Task and Finish Group to bring back something substantial to the next ICB (working within ICB BCF paper timeline and actions to enable TIGS to develop a set of	Directors of Finance Stuart McKinnon-Evans Task and Finish Group Directors of Finance Directors of Finance	Update at next ICB 18th July Before 18th July ICB In line with timeline (July) Before 18th July July ICB

recommendations for August ICB prior to September BCF submission)		
5. 5 year strategy: • To recirculate the April version of KLOEs for information. • KLOE to be refreshed to include a narrative as discussed by ICB members. • The strategy document to be updated in line with ICB discussions/agreements. Nominated group members to send specific wording to Kerry Weir in line with agreement at ICB. • Strategic risks/delivery of our vision to come to future ICB meeting.	Kerry Weir Kerry Weir/ Helen Farmer ICB nominated contributors/Kerry Weir Damien Kay/ Lucy McKell	As soon as possible By COP 20th June By COP 20th June TBC
5a. Primary Care Co-Commissioning Expressions of interest to be submitted with statement of support from strategic partners	Helen Hirst/Phil Pue	20th June 2014
6. Revised programme milestone plan and revisited risk register: • Defer risk register to future meeting (linked to 5 above). • Amend Gantt chart to reflect strategic discussion and addition of wider programmes; item to return to future ICB • Establish new programmes aligned to strategy to include planned care, primary care and community services, self care, prevention and early intervention to reflect forward view (strategy) – scoping work to be lead by nominated leads. • Extend existing programme – extend scope of systems and infrastructure & include engagement and re-design	Lucy McKell/Damien Kay Lucy McKell/ Damien Kay 1. Greg Fell – self care 2. Planned Care – Helen Barker& Stacey Hunter 3. Primary Care/Community Services – Liz Allen/Lynne Hollingsworth Lucy McKell/Cath Doman initially	Future ICB Future ICB Future ICB for sign off Future ICB for sign off