

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

Action notes of the Integration and Change Board (ICB)
Friday 17th October 2014
9.00 - 12.00 at Douglas Mill

Present:	Tony Reeves (Chair)	Chief Executive, BMDC
	Helen Hirst	Chief Officer, Bradford CCGs
	Dr Andy Withers	Clinical Chair, Bradford Districts CCG
	Janice Simpson	Strategic Director, Adult & Community Services, BMDC
	Dr Phil Pue	Chief Clinical Officer, AWC CCG
	Damien Kay	CCG Collaboration Senior Lead, Bradford & Airedale CCGs
	Nancy O'Neill	Director of Collaboration, Bradford & Airedale CCGs
	Sue Pitkethly	Chief Operating Officer, AWC CCG
	Bridget Fletcher	Chief Executive, AFT
	Juliette Greenwood	Chief Nurse, BTHFT
	Liz Romaniak	Director of Finance, BDCT
	Dougy Moederle-Lumb	Chief Executive, YOR LMC
	Clive Kay	Chief Executive, BTHFT
	Karl Mainprize	Medical Director, AFT
	Lucy McKell	Corporate Programme Manager, CBMDC
	Simon Large	Chief Executive, BDCT
	Sue Cannon	Director of Nursing and Quality, WYAT NHSE
	Steve Evans	Interim Transformation Director, North Yorkshire County Council
	Andrew Messina	Portfolio Manager, Bradford CCG
In attendance:	Cath Doman	Programme Director, Integrated Care, Bradford CCGs
	Gillian Simpson-Morris	Strategic Support Manager (on behalf of Michael Jameson)
	Liz Barry	(On behalf of Anita Parkin)
	Elaine Phelps	PA (note taker)
Apologies:	Anita Parkin	Director of Public Health, BMDC
	Dr Akram Khan	Clinical Chair, Bradford City CCG
	Michael Jameson	Strategic Director of Children's Services, BMDC
	Bill McCarthy	Deputy Vice Chancellor (Operations) Bradford University
	Rod Barnes	Director of Finance & Performance, YAS

2. MINUTES OF THE MEETING HELD ON 15 August 2014 AND MATTERS ARISING

The minutes were agreed as an accurate record of the meeting. It was noted the September meeting was a development session.

2a. MATTERS ARISING

Better for Bradford: right care, right place, first time

There were no matters arising.

3. Risk Register

Damien Kay presented version 10 of the risk register and explained that this has been used in development sessions, and debated in previous ICB meetings and subject to risk owners being identified is ready for use at future ICB meetings. It was agreed risk owners will be agreed outside the meeting via email. Damien reminded ICB members that at the August meeting it had been agreed the risk register will be a standing item at the beginning of each ICB agenda to make sure that if there are significant risks that are off track ICB can consider the issue and agree remedial actions.

Helen Hirst confirmed ICB need to own the risk register and acknowledged as a system we need a method of managing strategic risks and this process will support this and organisationally we all have to own it, and need to drive it.

Lucy McKell indicated that a risk owner does not own all the actions within a risk and ICB should own the risk description. It was noted that risks are mainly red at the moment, and once we start addressing some of the mitigating actions we will see the RAG rating changing towards amber/green.

It was reiterated these are high level strategic risks as a system and they should be large in each organisations risk management system and as a result ICB members should know from board level discussions the actions achieved since the last meeting to ensure we are moving in the right direction.

Discussion took place on how ICB as a committee manages the risk register as part of its meeting arrangements and it was suggested the risk register should become part of the day job in terms of things ICB members are working on.

ACTION: Andrew Messina through liaison with ICB members via email to assign owners to mitigating actions, and add a residual risk column.

ACTION: Agree final version of ICB risk register at the November ICB meeting

4. ICB Terms of Reference

A revised set of ICB terms of reference were circulated with the agenda with specific revisions and amendments highlighted. These include membership changes to take account of the changes in Chair arrangements and additional ICB membership of YAS and YORLMC and an 'independent' ICB member from Bradford University. Additional changes were made to reflect the ICB portfolio arrangements and ICBs respective role.

Members of ICB discussed the terms of reference and focused on the purpose and responsibilities of ICB. As a result it was agreed there is a need to be really clear about what ICB will deliver on. It was suggested the ICB role is about delivering better outcomes for the population, patients or community through promoting wellbeing and the ToR to need to reflect this. It was suggested they are still very integration orientated and do not reflect the system transformation which is required.

It was noted that the reporting arrangements for TIGs are not clear enough. Additionally ICB need to get to a point where the 5 year forward view is not just an aspiration and the terms of reference need to encompass this. Discussion followed on ensuring the supporting infrastructure is in place and aligned to ensure delivery across the system.

It was agreed to strengthen some of the words under responsibility to secure the delivery the 5 year strategy and to deliver the required level of transformation. It was noted how we behave and react as ICB is as important as the Terms of Reference

ACTION: The terms of reference to be reworked to take account of securing delivery of 5 year forward view, system sustainability, wider transformation etc. and emailed for confirmation to ICB members. These will be endorsed at November 2014 Health and Wellbeing Board meeting.

5. Dispute Resolution

Damien Kay explained as an action from the September 2014 ICB development session she had developed a draft dispute resolution process for ICB (circulated with the agenda) as a way of trying to develop a shared view point of arbitration across ICB. This reflected the discussions which have taken place with Mike Farrar on an effective system understanding a shared view on the point of arbitration. The draft dispute resolution process has been developed for consideration and it is clear the preferred level of any dispute resolution is at the most local level. The draft process describes the various levels of escalation to resolve any disputes within or across ICB, right through to a dispute resolution board, independently chaired. Some test cases have been applied to see if this would work across the system and it became apparent that the geographical footprint in terms of system leadership across North Yorkshire Health & Wellbeing Board also needs to be taken into account.

ICB were asked to take away the draft process document and consider if the stages look right. It was noted this process will also need to be discussed with the chair of the Health & Wellbeing Board given their role in the dispute resolution process beyond ICB level. It was noted we hope this process will never need to be tested across the system.

ACTION:

- All members of group to review process and feedback any specific comments to Damien Kay
- Revise to ensure represents system geographical footprint, including North Yorkshire
- Brief HWB Chair given role in dispute resolution process

6. Delivery of the 5 Year Forward View progress – slide pack

Helen Hirst and Phil Pue presented a slide pack which articulated their view as CCGs on progress towards delivery of the 5 year Forward View. Helen explained the CCGs have been challenged by others to be better commissioners, and it was noted this work has been done as CCG commissioners only. Helen suggested we should be proud that we have a 5 year forward view as a system that articulates the challenges and outcomes we aspire to.

Helen and Phil articulated those areas where progress has been made and things exist which have been set out within the 5 year forward view, but it was noted we still have a lot of work to do to describe the end state delivery system.

Discussion followed on understanding the population prior to targeting different models of care, the role of all commissioners in describing the end state delivery system, and engaging providers to be clear it can be delivered, along with the role of primary care supporting proactive care. Helen indicated that lots of OD work is going on, but there is not clear final direction in terms of the end point. Phil explained that AWC CCG are trying to understand their population before they fully develop models and this will require encouraging primary care to work differently.

Helen referred to work taking place in NW London on the total cost of care and it was noted locally we need to understand the total cost of care. Additionally commissioners need to be better aligned, as well as commit to working together and we need to understand the clinical strategy for hospital based services in Bradford and Airedale as much of our recent focus has been around out of hospital care and we can fully describe what that looks like. It was noted this will require providers to collaborate.

It was noted that with regard to metrics the 5 year forward view alludes to a new system by 2020, but we need to describe it and we need a trajectory and outcome measures. It was acknowledged we do have programme metrics, but we know they won't take us to the 5 year vision.

Discussion followed on whether across our system we understand the key elements of delivery models (the building blocks) and implications and how they fit together. This includes 3 FTS on the patch and the role politics plays, different accountability requirements. It was agreed ICB need a discussion on this and to resolve such issues if we are going to build an integrated system.

A discussion followed on how to get to a proposition that included the transformation of general practice (being courageous and using levers), which is clear on the responsibility of the local state versus communities and the relationship to facilitate change based on a model of wellbeing, as well as the debate at Health and Wellbeing Board level required to support such a change. It was agreed we need to capture and articulate the vision and we need to start big decision discussions as soon as possible, and complete the task set by Mike Farrar.

To progress this it was agreed Nancy O'Neill would establish a workshop for an ICB sub group to 'describe the end state delivery system' to bring back to a wider ICB challenge session at the next meeting.

ACTION:

- Nancy O'Neill to pull together sub group of ICB representatives into workshop to 'describe end state delivery system' to bring back to ICB for challenge and gain ownership
- Use subsidiarity test to inform provider collaboration, as well as work above

7. Provider collaboration

Discussion took place on provider collaborative linked to item 6 above.

Commissioners explained their range of collaborative arrangements locally and at West Yorkshire level. It was noted collaboration is not easy and through the Better Together Campaign commissioners are seeking to do things together that make us a strong system. It was noted commissioners retain devolved powers but the benefits of collaboration are recognised and if we are serious about what ICB is trying to achieve then we need collaboration across providers. Discussion followed on a number of examples, accepting they are at a small and often reactive level such as the stroke example, but there is a need to think about something more strategically at a provider level and whether that is through ICB or elsewhere.

In response Clive Kay referred to the 3 groups of provider executives getting together and collaborating as described above. It was noted it is a complex dynamic given out of area providers who are not necessarily aligned with provision of care. Simon Large confirmed BDCT are thinking about wider Alliances and have responsibility to explore options beyond the district. It was noted this is not just about clinical collaboration, but collaboration at Local Authority level regarding social care provision was referenced too, as well as with the

voluntary and independent sectors.

AFT are doing a service by service review and aligning with Leeds around cardiology and cardiothoracic services and are doing work with Harrogate around benchmarking.

It line with the above comments it was noted that wider collaboration outside the Bradford system is required, and needs to take place across the provider landscape, as well as at a commissioner level.

8. Bradford TIG proposal –

Action: Defer until item 6 above progressed and follow on from what emerges in terms of supporting governance requirements.

9. ICB Forward Plan

Action: Agree with Helen Hirst, as Chair, the main items for November ICB agenda.

10. Any Other Business

Presentation to Tony Reeves –

As this was Tony's last meeting as Chair Helen thanked him for his work as Chair and for keeping ICB on track and wished him good luck in the future.

11. Next Meeting

Friday 21st November 9.00 am – 12 noon, Douglas Mill Room 1:1

Key Meeting Actions – Friday 17th October 2014

Action	Lead	Deadline
3. Risk Register <ul style="list-style-type: none"> • Risk ownership – through liaison with ICB members via email to assign owners to mitigating actions, and add residual risk column. • Agree final ICB risk register at November ICB meeting. 	Andrew Messina Andrew Messina	Nov 14 Nov 14
4. ICB Terms of Reference <ul style="list-style-type: none"> • ToR to be reworked to take account of securing delivery of 5 year forward view, system sustainability, wider transformation etc. and emailed for confirmation to ICB. Ready to be endorsed at NOV 14 HWB meeting. 	Damien Kay	Nov 14
5. ICB Dispute Resolution Process <ul style="list-style-type: none"> • All members of group to review process and feedback any specific comments to Damien Kay. • Revise to ensure represents system geographical footprint, including North Yorkshire • Brief HWB Chair given role in dispute resolution process 	ICB Members (Damien Kay) Damien Kay Janice Simpson/Nancy O'Neill	End of October 2014 End October 2014 Nov 14
6. Delivery – 5 year forward view progress <ul style="list-style-type: none"> • Nancy O'Neill to pull together sub group of ICB representatives into workshop to 'describe end state delivery system' to bring back to ICB for challenge and gain ownership. • Use subsidiarity test to inform provider collaboration, as well as work above 	Nancy/Andrew Messina ICB Members	Nov 14 Ongoing
8. Bradford TIG proposal <ul style="list-style-type: none"> • Defer until item 6 above progressed and follow on from what emerges in terms of supporting governance requirements 	Cath Doman/Andrew Messina	Linked to timescales for item 6.
9. ICB Forward Plan <ul style="list-style-type: none"> • Agree with Helen Hirst as Chair item for November ICB agenda. 	Helen Hirst/Damien Kay	Nov 14