

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

Action notes of the Integration and Change Board (ICB)
Friday 21st November 2014
9.00 - 12.00 at Douglas Mill

Present:	Helen Hirst (Chair)	Chief Officer, Bradford CCGs
	Dr Andy Withers	Clinical Chair, Bradford Districts CCG
	Dr Phil Pue	Chief Clinical Officer, AWC CCG
	Damien Kay	CCG Collaboration Senior Lead, Bradford & Airedale CCGs
	Sue Pitkethly	Chief Operating Officer, AWC CC
	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, ANHSFT
	Simon Large	Chief Executive, BDCT
	Sue Cannon	Director of Nursing and Quality, WYAT NHSE
	Steve Evans	Acting Asst. Director Transformation, NYY County Council
	Anita Parkin	Joint Director of Public Health, BMDC
	Dr Akram Khan	Clinical Chair, Bradford City CCG
	Bridget Fletcher	Chief Executive, ANHSFT
	Michael Jameson	Strategic Director of Children's Services, BMDC
	Jane Hazelgrave	Chief Financial Officer, Bradford CCGs
	Bernard Lanigan	Asst Director Integration and Transition, Adult and Community Services, BMDC (on behalf of Janice Simpson)
In attendance:	Cath Doman	Programme Director, Integrated Care, Bradford CCGs
	Andrew Messina	Portfolio Manager, Bradford CCG
	Emma Wall	Takeover Day participant
	Dr Nick Clarke	BCP support lead, Dept of Health (Item 8)
Apologies:	Bill McCarthy	Deputy Vice Chancellor, University of Bradford
	Rod Barnes	Deputy Chief Executive & Director of Finance & Performance, YAS
	Janice Simpson	Strategic Director, Adult & Community Services, BDMC
	Nancy O'Neill	Director of Collaboration, Bradford & Airedale CCGs

Michael Jameson introduced Emma Wall to the group. Emma is a student taking part in Takeover Day where she'll be spending the day with Michael seeing what a day in his role entails. Helen Hirst welcomed Emma to the meeting and gave a brief background as to the purpose of the group and the discussions she would hear. Helen asked Emma to feedback to the group, either within the meeting or afterwards, on her observations of what took place.

2. MINUTES OF THE MEETING HELD ON 17 OCTOBER 2014 AND MATTERS ARISING

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

It was agreed the minutes of the last meeting require some minor wording issues corrected. These will be recirculated once amendments have been made, for sign off via email.

ICB requested that the refreshed terms of reference be recirculated to the group. These have been through ICB and to HWB for endorsement.

ACTION:

- Recirculate Terms of Reference for information.
- Minutes of meeting, October 2014 – refresh minor wording issues and circulate to all ICB members

3. URGENT CARE STRATEGY

Andy Withers took the group through the Urgent and Emergency Care Strategy 2014-19 for Airedale, Wharfedale & Craven and Bradford which has been developed through the System Resilience Group (SRG) with extensive consultation with all partner organisations, patients and the public and was agreed by the SRG last week following presentation at HSCOSC. The next step is for the strategy to be taken through individual stakeholder organisation formal processes for sign up.

The strategy has been developed over the last few months taking into account national and local context and describes the case for transformational change of urgent and emergency care across Bradford and Airedale over the next five years. It sets out the approach that will be adopted to redesign and improve services to address current issues and future needs.

The strategy includes intentions for Bradford and Airedale to put forward to be a site for a Major Emergency Care Centre (MECC). BTHFT is currently working up a case to host this. There is a lack of clarity nationally as to the number of MECCs expected across the country and once this is published there may be an impact on plans. Currently information from the Keogh review suggests 40-70 centres nationwide. Bridget Fletcher noted the emphasis on a change to ways of working and a hub and spoke model for MECCs rather than being about individual institutions. It was agreed any plans around this need to be collective across the patch rather than in isolation by organisations. The HSCOSC will expect partners to return with updated plans once the decision around MECCs is released.

It was agreed clarity is required around the governance and decision making responsibilities and arrangements for the strategy to be delivered. It was acknowledged this is on a WY-wide footprint and needs to identify the remit of various groups that are in place, for example 10CC, West Yorkshire Urgent and Emergency Care Group and SRG among others.

Specific amendments to the strategy were agreed as below:

- Pg 20, last sentence - “make self- care the default”
- Pg 35, section 10 – replace governance arrangements with up to date version

As part of ratification within constituent organisations it was queried if there would be further opportunity to comment and it was noted that all organisations have been involved throughout the development process and have had several opportunities to shape and input to this final iteration. Any further comment is expected to minimal.

The group considered pressures being experienced currently in the system and how far the strategy addresses these. There is an underpinning operational plan which sits underneath the strategy and the SRG is working to deliver short term and sustainable long term solutions.

ICB endorsed the strategy with caveats regarding further work and changes described above before taking through individual stakeholder organisations in line with governance processes. The process should be complete by the end of February 15.

To provide consistency and to identify the decision as collective to all ICB constituent organisations it was agreed to produce a side of A4 narrative for each organisation to use as a front sheet alongside the strategy. The front sheet is to reflect ICB discussions, endorsement and recommendation and to include clear explanation of governance and decision making arrangements and set out risks.

There followed a discussion around the scope of the programme which is set out in appendix B of the strategy and defines the assumptions to date of what falls under each work stream area. It was agreed that interdependencies and timing will be key as there is cross over between areas and other programmes such as planned care. Detail about the scope will be shared with ICB over the coming 3 months as it is refined. There was specific discussion around MH which is cross cutting across all areas however a decision needs to be taken for management of this important element to ensure ownership. It was noted that there is a robust framework in place for MH already through Boards and current mechanisms. It is important to acknowledge that all areas don't have to be defined as a work stream of the ICB however ICB needs to be assured that all areas are picked up and led at an appropriate point in the system, for example, MH may be in scope, but be delivered through existing mechanisms.

Andrew Messina noted he will be working with programme leads to set out the interdependencies (including timeframes) between the urgent care programme and other programmes. This will be brought to a future ICB meeting for discussion about the framework of interdependencies. This is an ongoing process as the scope of each programme is shared and considered by the group. Discussions will continue to define scope of UC programme and in particular links to MH work stream.

ACTION:

- Develop shared narrative for inclusion in the strategy to provide clarity around processes and the mechanism for decision making, including WY-wide nature.
- Joint front sheet to go with the strategy through each organisation, inc. governance/decision making process and endorsement, also setting out risks.
- Take through individual organisational formal Board/Exec process by end Feb 2015
- Specific amendments to strategy
- Set out interdependencies (including timeframes) between urgent care programme and other programmes. Discuss framework of interdependencies at future ICB and ongoing as the scope of each programme is shared and considered. Continue discussions to define scope of UC programme and in particular links to MH work stream.

4. SOMETHING TO NOTE

Helen Hirst noted this will be a regular item on the agenda and should include reporting regarding the ICB Risk Register where there are pertinent updates to share. Damien Kay advised that the Risk Register is approximately 80% ready. Input is welcome from all members in terms of sharing positives and challenges being experienced by any part of the system.

Sue Pitkethly shared positive news about the Self Care framework which was launched this week has been embraced by practices. The scheme includes a phone app which looks set to do well.

Simon Large noted that the BDCT application for FT status is moving forwards.

ACTION: Standing item on ICB agenda to allow opportunity for sharing positives and challenges

5. END STATE DELIVERY SYSTEM

By April 2015 the ICB needs to reach a broad collective view of the end state which can be discussed with partners and to have a process in place for doing this. It was acknowledged this won't necessarily be one single agreed point by then however the 5YFV requires us to be able to describe how we will meet the system challenge ahead. The ICB sub group was charged with identifying a timeframe and process to follow.

The sub group has met once and considered end state delivery model options for achieving our long term vision. A presentation was shared detailing the short list of potential models as considered by the group which could be assessed against a continuum of service alignment options, geographical considerations and governance and decision making frameworks. These were high level discussions and didn't move to the discussion of resources, outcomes etc. at this stage though all organisations are clear these discussions will be integral to achievement.

ICB discussed the models and frameworks and contributed to ongoing discussions by the sub group. It was acknowledged that no member considered there to be a radically different model that hadn't come out of the sub group session albeit some elements featured across potential models in some cases.

It was agreed the sub group would continue to meet and will step up the commitment to twice a month with each member being as flexible with their diary as possible to achieve this. Discussions about the end state will continue and be fed into ICB each month. Key evidence, information and areas of focus to consider are:

- Continuing input from wider ICB group
- Dalton review
- PH evidence (Greg Fell work)
- Pioneer (particularly in Central & North London)/Accelerator (New Models of Care Network) work
- Method of engagement locally
- Analysis and continual thought around what the redesign aims to achieve (overarching all sub group discussions)

Damien Kay will refresh the models diagram incorporating discussion from the meeting as an aid to organisational leads in starting internal conversations with their executive teams.

At this point Jane Hazelgrave shared a one page diagrammatical approach to addressing the financial challenge and this has been developed by CFO/DoFs in the district. It describes the assessment of the financial risk and mitigation approach. It will be translated into figures in a future iteration

Jane shared information regarding an offer from McKinsey to support analysis of capitation budgets based on work they supported in North West London. Potentially this could be helpful if capitation is a feature of future arrangements for our system. There are significant set up costs of approx. £800k across Bradford and Airedale.

There was consideration as to whether input from McKinsey is needed to achieve total cost of care. ICB considered the proposal and issues/ideas were raised around cost, data sharing, timeliness in terms of potential national support which may become available.

McKinsey has been working with health and social care systems in other regions. ICB agreed it would be useful to see what has been done in other areas and get feedback from others who have already commissioned the proposal. It was agreed to support Jane Hazelgrave and local CFO/DoFs in visiting North West London to gain more information for consideration.

ACTION:

- By next April reach a point where a broad ICB collective view of the end state can be discussed with partners and have a process in place for doing this. Sub group to set a timeframe for achieving this and bring to full ICB meeting for discussion.
- Sub group to meet fortnightly for the next 3 months to continue discussion of end state
- Sub group feedback to ICB at every meeting and gain input to take forward and progress.
- Arrange sub group meetings bi-monthly
- Further drafting of model diagrams to reflect ICB discussion. Share with ICB members to support conversations internally in each organisation – executive teams only at this stage.
- Jane Hazelgrave and local CFO/DoFs in visiting North West London to gain more information re McKinsey proposal for consideration.

6. TIG HIGHLIGHT REPORTS

Andy Withers and Phil Pue noted the circulated TIG highlight reports for Bradford and AWC respectively.

Specifically noted was the launch of Self Care during Self Care Week.

7. ICB FORWARD PLAN

Damien Kay noted future plans for sharing information around programmes and other key issues for discussion at ICB.

ACTION:

- Self Care and Planned Care programme plans to be shared at Dec 14 ICB
- Risk Register and Metrics – Better for Bradford – Dec 14 ICB
- Bed modelling work to be shared at Jan 15 ICB

8. BETTER CARE PLAN

Dr Nick Clarke was in attendance for this item and introduced himself to the group. Nick is the Better Care Plan lead from the DH allocated to Bradford and Airedale to provide support through the process. Nick will work with us through until February 2015 and will RAG the plan in terms of risks.

The Bradford District Better Care Fund plan has now been through the National Consistent Assurance Review and the outcome concluded that our BCF was approved subject to conditions which must be met before full approval can be granted. The report stated 3 areas of improvement are required. Two areas focus on the narrative and third, which is the more serious, focussed on financial risk and the extent to which we have provider sign up.

Work has been undertaken since which Cath Doman and colleagues are confident will meet criteria. This will be shared with Nick for his opinion as to whether we are ready to submit at

the earliest next opportunity which is 28 Nov 14 (wave one). Cath noted she has produced a two page executive summary of the plan which provides a handy tool for sharing information with colleagues.

The process for approval was discussed in terms of sign off by the Leader of Council. Nick advised that this would be required if changes are significant however this can be achieved through the HWB meeting on 25th November and delegated authority for the Chair to approve before submission.

ICB agreed submission by 28th November and this was supported by Nick based on information shared with him at this point. Nick advised consideration of best practice guidance due out today to ensure the submission is compliant.

Following ICB Nick will be meeting with provider leads to gain further assurance on readiness for submission and to discuss any key risks. Later in the day information will be released describing the next stage.

ACTION:

- Submit revised plan which meets criteria to lift conditions placed on first iteration by 28 Nov.
- Consider best practice guidance out on 21 Nov to ensure compliance

9. Any Other Business

None put forward.

10. Next Meeting

Friday 19th December 9am – 12noon, Douglas Mill Room 1:1

Key Meeting Actions – Friday 21st November 2014

Action	Lead	Deadline
<p>2. Matters arising</p> <ul style="list-style-type: none"> • ToR – To recirculate for information. These have been to ICB previously, followed up via email and go to HWB for endorsement on 25 Nov. • Minutes of meeting, October 2014 – refresh minor wording issues and circulate to all ICB members 	<p>Damien Kay</p> <p>Damien Kay</p>	<p>Nov 14</p> <p>Nov 14</p>
<p>3. Urgent care Strategy – endorsed with caveats regarding further work before taking through individual stakeholder organisations in line with governance processes.</p> <ul style="list-style-type: none"> • Develop shared narrative for inclusion in the strategy to provide clarity around processes and the mechanism for decision making, including WY-wide nature. • Joint front sheet to go with the strategy through each organisation, inc. governance/decision making process and endorsement, also setting out risks. • Take through individual organisational formal Board/Exec process in the next 2 months. • Specific amendments to strategy <ul style="list-style-type: none"> ○ Pg 20, last sentence - “make self- care the default” ○ Pg 35, section 10 – replace governance arrangements with up to date version <p>Following discussion around scope of the strategy:</p> <ul style="list-style-type: none"> • Set out interdependencies (including timeframes) between urgent care programme and other programmes. Discuss framework of interdependencies at next ICB and ongoing as the scope of each programme is shared and considered. Continue discussions to define scope of UC programme and in particular links to MH workstream. 	<p>Andy Withers (Vicki Wallace)</p> <p>Damien Kay</p> <p>All constituent organisational leads</p> <p>Andy Withers (Vicki Wallace)</p> <p>Led by Andrew Messina with input from programme leads</p>	<p>Nov 14</p> <p>Nov 14</p> <p>By end Feb 15</p> <p>Nov 14</p> <p>Dec 14 onwards</p>
<p>4. Something to note</p> <ul style="list-style-type: none"> • Always on the ICB agenda to allow opportunity for sharing positives and challenges 	<p>Damien Kay</p>	<p>Dec 14 onwards</p>
<p>5. End state delivery system</p> <ul style="list-style-type: none"> • By next April reach a point where a broad ICB collective view of the end state can be discussed with partners and have a process in place for doing this. Acknowledge this may not necessarily be a defined single option by this point. Sub group to set a timeframe for achieving this and bring to full ICB meeting for discussion. • Sub group to meet fortnightly for the next 3 months to continue discussion of end state (after which consider reducing to monthly between ICB meetings). Key evidence, information and areas of focus to consider: <ul style="list-style-type: none"> ○ Continuing input from wider ICB group ○ Dalton review ○ PH evidence (Greg Fell work) 	<p>Sub Group</p> <p>Sub Group</p>	<p>Dec 14</p> <p>Dec 14 – Feb/March 15</p>

<ul style="list-style-type: none"> ○ Pioneer (particularly in Central & North London)/Accelerator (New Models of Care Network) work ○ Method of engagement locally ○ Analysis and continual thought around what the redesign aims to achieve (overarching all sub group discussions) <ul style="list-style-type: none"> ● Feedback to ICB at every meeting and gain input to take forward and progress. ● Arrange sub group meetings. Sub group members acknowledged difficulty of arranging meetings and need to be flexible in terms of diary. <p>Model slide pack:</p> <ul style="list-style-type: none"> ● Further drafting of model diagrams to reflect ICB discussion. To be shared with ICB members to support conversations internally in each organisation – <u>executive teams only at this stage.</u> <p>McKinsey proposal for integrated financial information:</p> <ul style="list-style-type: none"> ● ICB considered the proposal and issues/ideas were raised around cost, data sharing, timeliness in terms of potential national support which may become available. Support Jane Hazelgrave and local CFO/DoFs in visiting North West London to gain more information for consideration. 	<p>Sub Group</p> <p>Kristina Juryta</p> <p>Damien Kay</p> <p>Jane Hazelgrave</p>	<p>Monthly from Dec 14</p> <p>Nov 14</p> <p>Nov 14</p> <p>Jan/Feb 15</p>
<p>7. ICB Forward Plan</p> <ul style="list-style-type: none"> ● Self Care and Planned Care programme plans to be shared at Dec 14 ICB ● Risk Register and Metric – Better for Bradford – Dec 14 ICB ● Bed modelling work to be shared at Jan 15 ICB 	<p>Andrew Messina</p> <p>AM/CD</p> <p>Anita Parkin (Toni Williams)</p>	<p>Dec 14</p> <p>Dec 14</p> <p>Jan 15</p>
<p>8. Better Care Plan</p> <ul style="list-style-type: none"> ● On track to submit revised plan which meets criteria to lift conditions placed on first iteration by 28 Nov. ● Consider best practice guidance out on 21 Nov to ensure compliance (as advised by Dr Nick Clarke) 	<p>Cath Doman</p> <p>Cath Doman</p>	<p>28 Nov 14</p> <p>28 Nov 14</p>