

Minutes of the ICS Board
held on Wednesday 19th December 2018

14:00 – 16:00 hrs, Board Room 2F, Kingston House, West Bromwich

Mr Jonathon Pearson	Independent Chair
Mr Toby Lewis*	Chief Executive Officer, SWBHT/Provider Alliance Co-ordinator
Professor Nick Harding	GP and Chair of SWB CCG
Mr Andy Williams	Accountable Officer, SWB CCG
Mr Ranjit Sondhi	Vice Chair, SWB CCG/Co-Chair PPAG
Mr Richard Samuda	Chairman, SWBHT
Dr David Carruthers*	Medical Director, SWBHT
Dr Ian Sykes	GP Director - Sandwell
Mr Deska Howe*	Patient Representative

In Attendance:

Mrs Jenna Phillips	PMO Manager (SWB CCG)
Mr David Baker	Director of Partnership and Innovation (SWBHT)
Mrs Jayne Salter-Scott	Head of Engagement and Communications (SWB CCG)
Ms Helen Attwood	Executive Assistant to Accountable Officer (SWB CCG)

Apologies:

Dr Jas Lidher	Black Country Partnership NHS Foundation Trust
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*Denotes part attendance

54/18	Declarations of Interest There were no declarations of interest.
55/18	Previous Draft Minutes dated 17th October 2018 for approval The previous draft minutes dated 17 th October 2018 were agreed as an accurate record.
56/18	Action Register <u>Action number 47/18 (a)</u> <u>Local Authority Engagement</u>

	<p>Mr Williams advised that feedback from partners had identified concerns that partners were finding it difficult to understand the status of the governance of the system. There appears to be a perception that they are involved on the peripheral but not at a strategic, decision-making level. Prior to the next ICS Board, further thinking to take place at the weekly ICS meetings about the governance structure which may need some changes.</p> <p>Mr Samuda asked what will happen at the Health and Wellbeing Boards and how we move forward in terms of 'Place' in Sandwell. Mr Williams felt the democratic accountability lies with the Sandwell Health and Wellbeing Board as it is the only statutory body that encompasses all partners and is the right forum to sign off the outcomes framework for Sandwell. It also demonstrates our collaboration to the wider partnership in terms of our commitment to improve the health and wellbeing of the local population.</p> <p>Mr Howe referred to the recent simulation event and in particular integration with the local authorities. It was acknowledged there was a feeling that Sandwell Council would like the Primary Care Networks to fit into the 'towns' structure rather than the Primary Care Network structure and this will need further discussion.</p> <p>Mrs Salter-Scott stressed the importance of relationship management and offered help/assistance from communications as required. The stakeholder map is currently being developed into a communications plan.</p> <p>Action: Mr Williams to work up a number of recommendations to deal with the issues surrounding local authority engagement and integration.</p>
57/18	<p>Outcomes Framework V2</p> <p>The Outcomes Framework was circulated prior to the meeting, Mr Williams provided an overview of the framework as follows:-</p> <ul style="list-style-type: none"> • It was acknowledged that not all Tier 3 outcomes have specific start points and trajectories and this work is progressing. • It was acknowledged that not all of the 'I' statements have Tier 2 outcomes. • There will be a requirement to explore mechanisms in terms of measuring patient experience and staff satisfaction distinctly.

- There may also be some constitutional standards and targets which are nationally mandated; where possible these will be incorporated as part of the outcomes framework.
- There will also be a requirement to set a broad financial perimeter for the 5 years detailing the expenditure profile across the main programmes.
- We are now very close to having enough detail to achieve one outcomes framework. In the next year, we will then need to spend a significant amount of time with partners via the Provider Alliances in Place to understand what that looks like; and have suggested we populate the outcomes framework with data from 2014/15 and 2015/16 to give an approximation of the system.
- Mr Williams would like to implement the outcomes framework Black Country wide.
- Mr Williams confirmed that as the Provider Alliances mature, through the last quarter of this year and into April 2019, further work would take place with partners. It was acknowledged that Sandwell Council will want to understand a version of the outcomes framework that looks like their 2030 plan and recognised the amount of work involved in order to get to this point.
- Mr Williams confirmed that the outcomes framework will be presented to both of the Health and Wellbeing Boards in the next quarter.

The following comments were noted:-

- Mr Samuda asked if there was a way to cross-match the money with the outcomes but Mr Williams did not think this would work.
- Mr Howe acknowledged that there were lots of commonalities with Sandwell Council and thought this was a positive starting point for discussion.
- Mr Lewis recognised this was going to be a difficult conversation and important that we keep re-stating this is 'instead of what they do' and not 'as well as what they do' and further thought required in terms of the learning programme in order to do that.
- Mr Howe referred to achieving better outcomes for patients and working with other partners who have a defined strategy and an investment plan. If, after evaluation of those services, partners are not achieving the desired outcomes this is likely to create tensions in terms of redesigning and/or recommissioning of services if there is a promise of investment 'year on year'.
- Mr Pearson referred to benchmarking against the core cities i.e. Manchester, Liverpool and Leeds and setting achievable trajectories and asked if there was something included in the work-plan. Mr Williams confirmed that some of this

	<p>was already reflected in the work-plan but further evidence is available in the Core Cities Framework, RightCare packs and NICE guidance which will also be incorporated. The intention is to set realistic, achievable improvement trajectories.</p> <ul style="list-style-type: none"> • Mr Pearson referred to data quality and asked if there was confidence in the data and if any further work was required for the model. Mr Williams felt the data was variable and recognised further work with partners was required over the next few months. • Mr Lewis referred to the recent STP Partnership Board meeting and the population health dataset from Whitehall. Mr Williams confirmed this documentation is still awaited and will also need to be considered once received. <p>Action: Mr Williams to present the outcomes framework to both local authority Health and Wellbeing Boards during the next quarter and provide an update at February's ICS Board meeting.</p> <p>Action: Mr Williams to undertake a piece of benchmarking work against core cities and setting achievable trajectories in the work-plan.</p> <p>Action: Mr Williams to lead a piece of work with partners over the next few months in terms of data quality.</p> <p>Mr Lewis arrived under this agenda item at 1430 hours. Dr Carruthers arrived under this agenda item at 1440 hours.</p>
58/18	<p>System risks and finances</p> <p>The system risks and finances were circulated prior to the meeting, Mr Williams provided an overview as follows:-</p> <ul style="list-style-type: none"> • A description and understanding of the health population; but is not a comprehensive risk assessment. • Previously shared a long term financial framework that shows each programme and the relevant growth in those areas. • Unable to articulate the risk adjusted, risk sensitive funding formula and requires a significant amount of work. • Descriptions of the 'Place' which have been shared.

	<p>The following comments were noted:-</p> <ul style="list-style-type: none"> • Mr Pearson asked if there was a financial model for the alliance or the procurement to enact the flight plan. Mr Williams confirmed that SWB CCG can attribute the current spend pattern for the two 'Places' by referencing the GP practices and explain how we think that changes by 'Place' if the operating planning rules are applied. Whether this is a sustainable place based budget to achieve the outcomes is questionable but it is a good starting point. • Mr Williams confirmed that one of the ways forward for the remainder of this financial year could be to set out a 'do nothing' option against the current plan and then use the first half of the financial year (which runs up to commissioning intentions) to do the preferred investment plan in partnership. • Mr Howe referred to the commissioning intentions and the mapping exercise currently being undertaken at a locality level. Mr Howe thought it would be interesting to see how the voluntary sector provision would be factored in as they tend to work on a Sandwell footprint and if you try to align them to the provider alliances this will involve a new configuration and will take some thinking through. • Mr Williams responded that it was dependant, to some extent, on how the provider alliances wish to work. We are trying to create a place based budget in the plan and then invite all partners to say let us see how we can shape these broad programmes of investment to get a better result for people in Sandwell. • Mr Lewis acknowledged that a parallel conversation in terms of care monies (outside of health) also needs to take place. • Mr Pearson confirmed from a commissioning perspective we should include all the commissioners i.e. Clinical Commissioning Group, Better Care Fund, Local Authority and Specialised Commissioning and take a subset (for Sandwell and Western Birmingham) based on the items we control or have an agreement around and we can add to that in the multi-year. <p>Action: Mr Williams to work up the 'Place' based financial envelope that will become the financial model and present to the ICS Board in March 2019.</p>
59/18	<p>Delivering the Flight Plan</p> <p>The paper was circulated prior to the meeting and provides the ICS Board with visibility on the delivery of the flight plan. Mr Lewis provided an overview as follows:-</p> <ul style="list-style-type: none"> • Describes the work which will be undertaken over the next few months.

- Considerable progress noted with a number of partners including PCN colleagues and the larger statutory bodies.
- Bi-lateral working is underway in terms of governance, risk and organisational discussions and have agreed to work with each of the participants.
- Discussions to mobilise the outcomes framework will take place over the next month and will provide a further update to ICS Board, once agreement has been reached or otherwise.

Mr Pearson did not understand how the financial model and the flight plan connect and was not clear how the model would be enacted. A discussion took place about the options available below:-

- Enacting a competitive procurement process. There are risks/issues attached and this is not a preferred option.
- A provider/collaborative proposition to commissioners, subject to the detail.
- An Alliance contract.

The following comments were noted:-

- Mr Howe indicated that there is a willingness from partners to do some alignment or partial integration. However, the difficulty will be in the evaluation and monitoring outcomes where some partners are unable to demonstrate positive outcomes for patients. The system will only fully work via a shared integrated system that requires 'sign up' from all partners.
- Mr Sondhi referred to potential barriers that may be affecting the achievement of the preferred outcome delivery and acknowledged that the different elements of the provider alliance may be at different stages of development and therefore will not subscribe in equal ways. Mr Sondhi asked if there were any preliminary steps that could be taken to raise the level of equality in the provider alliances.
- Mr Lewis acknowledged that some PCNs are prepared to work at a different pace and we should allow that to happen.
- Mr Williams confirmed there were a number of actions we could do to help. One of these would be to vary a number of NHS contracts, by agreement, via the commissioning intentions.
- Mr Pearson asked what would be helpful from the system and/or from the CCG to mitigate any risk of procrastination. Mr Lewis confirmed that the notion we will hold money in common was understood by most of the frontline staff and asked that we don't move from this ground. Mr Lewis also suggested a joint author communication would be helpful.

	<ul style="list-style-type: none"> • Mr Lewis recognised there was a piece of work required on risk and the financial model that may need external input. • It was acknowledged that the suggestion of a procurement process would not be helpful. • Mr Williams confirmed that we will be exploring how we change the CCG governance to make decisions reached in the provider alliances and those will be enacted through the commissioning intentions and would discourage procrastination and/or sabotage. • Mrs Salter-Scott referred to the provider alliance membership and asked where the voluntary sector will be placed. Mr Lewis confirmed this would be worked through and will ensure active engagement with all relevant parties. • Mr Howe referred to his involvement in a piece of work around the Joint Care Strategy and acknowledged there were a number of commonalities in terms of ownership and the development of relationships with the voluntary sector and partners. • Mr Sondhi asked if there was any chance of writing a prefix to the PCCF which connects with the new approach of integrated care. • Mr Williams acknowledged the importance of co-producing these items, moving forwards. • Mr Lewis acknowledged that the ICS Board would need to give some thought in balancing the ambitions of the STP in the New Year. • Mr Baker referred to the outcomes framework and asked what the STP and its work-streams are doing to help. <p>Action: Mr Lewis to bring a draft provider alliance proposal to ICS Board in January 2019 and reviewing a final version at the February meeting.</p>
60/18	<p>Integrated system dashboard</p> <p>The integrated system dashboard was circulated prior to the meeting. Mr Lewis provided an overview.</p> <p>The following comments were noted:-</p> <ul style="list-style-type: none"> • Mr Pearson referred to the localisation plan previously presented to the ICS Board and asked if the plan was on track. Mr Lewis confirmed further work was required and in progress to get to that point, which would be ready for the January meeting. Action: Localisation Plan to be presented to ICS Board in January 2019 with a view to agreeing any mitigation, if required.

	<ul style="list-style-type: none"> Mr Williams acknowledged it was difficult to differentiate between general changes in growth and localisation and suggested dedicating some time at the weekly ICS meetings in order to obtain a joint understanding. Action: Agenda item to be added to weekly ICS meetings and continue with monthly reporting to ICS Board. Mr Williams wanted to see more evidence of localisation and would like to develop a joint understanding. Mr Lewis confirmed that localisation discussions had taken place in the provider alliances during the last two weeks and discussions with GP practices in terms of 'specialities' would take place early January 2019. <p>Mr Howe left under this agenda item at 1545 hours.</p>
61/18	<p>Any Other Business</p> <ul style="list-style-type: none"> Professional Leadership Group ToR to be added to the January agenda.
62/18	<p>Close of Meeting</p> <p>The meeting closed at 1600 hours.</p>
63/18	<p>Date and time of next meeting</p> <p>Wednesday 23rd January 2019 1400 to 1600 hours Board Room 2F, Kingston House</p>