

Minutes of the ICS Board
held on Wednesday 23rd January 2019

14:00 – 15:25 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
Dr Ian Sykes	GP Director - Sandwell
Mr Richard Samuda	Chairman, SWBHT
Dr David Carruthers	Medical Director, SWBHT
Mr Deska Howe	Patient Representative
Dr Manir Aslam	GP Director – West Birmingham
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
Mr Paul Bird	Head of Programmes, University Hospitals Birmingham NHS Foundation Trust
Ms Helen Attwood	Executive Assistant to Accountable Officer, SWB CCG
Apologies:	
Mr Ranjit Sondhi	Vice Chair, SWB CCG/Co-Chair PPAG
Dr Jas Lidher	Black Country Partnership NHS Foundation Trust

*Denotes part attendance

64/18	<p>Declarations of Interest</p> <p>Dr Sykes informed the ICS Board that his GP practice held a contract with Sandwell and West Birmingham Hospitals NHS Trust to provide general practice services to the two Malling Health practices.</p> <p>Dr Aslam informed the ICS Board that his GP practice held an APMS contract with Sandwell and West Birmingham Hospitals NHS Trust.</p>
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	Mr Howe informed the ICS Board that the voluntary sector organisation he worked for held a DTtoC contract partly funded by Sandwell Adult Services and SWB CCG through the Better Care Fund.
65/18	<p>Previous Draft Minutes dated 19th December 2018 for approval</p> <p>The previous draft minutes dated 19th December 2018 were agreed as an accurate record subject to an amendment on page 1 as follows:-</p> <ul style="list-style-type: none"> • Change job title for Mrs Jenna Phillips to PMO Manager
66/18	<p>Action register</p> <p><u>Action Number 26/18</u> <u>Explore/progress academic support</u></p> <p>Mr Williams/Mr Bird to have a discussion outside this meeting to agree an approach way forward.</p> <p><u>Action Number 57/18.2</u> <u>Benchmarking exercise (core cities)</u></p> <p>Mr Williams confirmed this piece of work will be incorporated into the outcomes framework. Action completed/closed.</p> <p><u>Action Number 57/18.3</u> <u>Data quality (partners)</u></p> <p>Mr Williams confirmed this piece of work will be incorporated into the outcomes framework. Action completed/closed.</p> <p><u>Action Number 60/18.2</u> <u>Localisation plan</u></p> <p>Mr Pearson confirmed the discussion had taken place and any significant issues were included in the Flight Plan. Action completed/closed.</p> <p><u>Action Number 47/18(b)</u> <u>Flight Plan/milestone report</u></p>

	This item will be picked up under Alliance Resourcing on the agenda. Action completed/closed.
67/18	<p>Matters arising</p> <p><u>Action Number 57/18.1</u> <u>Outcomes Framework</u></p> <p>Mr Williams attended the Sandwell Health and Wellbeing Board on Thursday 17th January 2019 who were supportive of the approach we were adopting. It was agreed that we will formally consider the Outcomes Framework at the Health and Wellbeing Board in March 2019.</p> <p>It was noted that the Birmingham Health and Wellbeing Board is scheduled to take place on Tuesday 29th January 2019, and a similar recommendation will be made to them.</p> <p>It was noted that in principle, Birmingham and Solihull CCG have agreed that the work undertaken by SWB CCG to date will form the basis of a city-wide approach for outcomes.</p>
68/18	<p>Professional Advisory Forum ToR</p> <p>Mr Lewis arrived under this agenda item at 1407 hours.</p> <p>Mr Lewis advised that no progress had been made since the last meeting. Mr Lewis did not feel the issues could be resolved until we knew how the programme will be resourced, how the provider alliances would work and the 'place' level is organised.</p> <p>Mr Lewis indicated that a number of preparatory meetings were needed to take place in February and March to ensure readiness with effect from April 2019.</p> <p>It was acknowledged that the Draft Terms of Reference for the Professional Advisory Forum were presented and accepted at a previous ICS Board meeting. However, it was agreed that the Final Version needed to be presented and agreed by the Professional Advisory Group and re-presented to ICS Board in March 2019 for 'sign off'.</p>
69/18	Outcomes Framework

For clarification, Mr Williams confirmed that a prototype outcomes framework and resource envelope will be presented to the SWB CCG Governing Body in March 2019 with a view to using this as a basis for discussions with partners including the Health and Wellbeing Boards.

The following comments were noted:-

- Mr Lewis asked what the outcomes framework would be replacing.
- Mr Williams acknowledged that although partners have signed up to the idea of moving towards outcomes, it has not been possible to obtain anyone's agreement in relation to the current targets we can drop. In view of this, Mr Williams is suggesting that all of the partners adopt the outcomes framework and we use this for the basis of our work in the transition year, to develop an agreed response plan by September 2019. A partnership based decision on this is required, but we would then have a clear agreement on the programmes of work and the transformations required. If agreed, from a CCG point of view this would replace its commissioning intentions but will require the same level of commitment and support from partners.
- Mr Williams confirmed that by sharing the outcomes framework with partners and inviting partners to deliver a response, effectively to co-write the commissioning intentions, means that this will replace the commissioning intentions and that we use the provider alliances to develop the internal process.
- Mr Williams could not fully confirm, without partners agreement, that it has the same affect for other partners. However, it should be the same for the Health and Wellbeing Boards and BSoL.
- Mr Pearson felt there was an opportunity to add some academic rigour to these discussions.
- Mr Williams confirmed that further work with partners was required in order to operationalise the outcomes framework. At the moment all of the CCG's payments to partners are driven by the contract rules that currently apply. Through the transition year, SWB CCG will have to work out how to pay against an outcomes framework.
- Mr Samuda asked if there was any benefit or need for external support. Mr Williams confirmed that SWB CCG had asked the Strategy Unit for some assistance but thought partners should also be asked to think about additional support.

70/18

Alliance Governance/Alliance Resourcing

Mr Williams provided an overview as follows:-

- How we transfer the work of the CCG into a provider alliance and what that would look like.
- A significant proportion of the work of the CCG would be done through a provider alliance, in transition, so there is a phased transfer of responsibility.
- How the CCG discharges its responsibilities, in transition.
- SWB CCG has a number of vacancies which gives some flexibility in terms of finance and people.
- The role of the STP/ICS reflects the current thinking in the Black Country and a Black Country wide commissioning perspective but are not yet defined and are contentious.
- To think through and finalise what the alliance governance looks like.
- The extent to which we need to identify a programme manager and agree how this will work. Important to ensure that other partners have a chance to understand and contribute to this.
- PCN agreement required in terms of infrastructure.
- Approximately between 60 and 100 people required in terms of funding and further discussion with partners.

Mr Pearson confirmed that the three key characteristics for the provider alliances as outlined in the flight plan and asked that these principles are clearly articulated:-

- **Health Outcomes Framework**
- **Capitated budget i.e. population based money flow**
- **Multi-year**

The following comments were noted:-

- Mr Pearson felt we needed to be much more specific both on the governance and the resources and asked how we plan to do this and by when i.e. will this come back in March 2019. Mr Williams confirmed he was comfortable with the 3 agreed principles. However, in terms of the sequencing feels it important that we agree a process with key partners first.
- Dr Aslam asked if there was an NHSE assurance process that will run parallel to this process. Mr Williams confirmed there was an NHSE assurance process for ICS's which we will be working through at STP level and a PCN maturity framework and suggested 'drawing on' those two processes.
- Mr Samuda asked how we engage with partners without getting caught up in the governance debate.

- Mr Lewis felt that if were unlikely to achieve consensus, it may be better to enter into a procurement process. This feels different to what was agreed five/six weeks ago and does not recognise this as the journey originally set out on and feels more like a traditional planning model. Mr Lewis added that any proposal for significant transformation or realignment of models nine months before we open a new hospital feels like a badly designed idea.
- Mr Williams acknowledged that originally this did start off as a potential procurement model, which would have given us the greatest leverage to affect transformational change. However, we had collectively agreed to move away from this idea based on authorisation issues with the regulators. This meant we changed the emphasis to a partnership approach and recognise this is slow and consensus but still represents our best way forward.
- Mr Pearson asked the ICS Board to give the SWB CCG Accountable Officer and SWBHT Chief Executive Officer a clear steer.
- Mr Lewis reiterated his point about the revised or new flight plan has, in partner's judgment, failed then we may be quicker going straight to procurement.
- Mr Lewis felt there was a fundamental difference in what was previously agreed i.e. we would at a very early stage of the cycle of change identify the capitation model that allowed partners to come together and change the way in which money traditionally flowed through the system. We would allow partners to develop a risk share that gave them permission to do that and out of the outcomes framework we would allow partners to work as they chose to deliver those. However, there appears to be a big difference in the proposal and is hugely significant.
- The partnership would decide how they want the money to flow and innovate change.
- Professor Harding asked if the time-line was too long. Mr Lewis agreed that the time-line was too long but feels the main difference are a list of inputs and not outcomes and would result in a different conversation with partners.
- Mr Lewis asked if we bringing a local partnership together to deliver the long term plan or deliver the outcomes and where do we place the emphasis.
- Mr Williams recognised there was a need to have an early discussion with partners as to how the transformation is organised and was happy contributing to that discussion.
- Mr Lewis did not feel he had confidence that SWB CCG and SWBHT were 'together' in building a capitated system from 2020.
- Mr Williams did not fully understand how the plan was so different to four weeks ago and would welcome the opportunity to speak with Mr Lewis outside this meeting.

- Further discussion to take place in terms of potentially hiring additional staff to drive forward the conversation and development of proposals for moving the money around and any related funding.
- Mr Williams confirmed that he fully believed in a capitated budget, long term agreement as a basis for transformational change and is consistent with the message given to the Sandwell Health and Wellbeing Board.
- Mr Pearson confirmed that the ICS Board were re-agreeing the PID.
- **Mr Lewis to set out his requirements (via email) to SWB CCG in terms of enacting the provider alliances and give SWB CCG a clear indication on the level of resourcing required.**
- Mr Lewis acknowledged that SWBHT has resisted to write a proposal on how the provider alliances should work because it wanted the space to work it through with partners.
- Mr Lewis felt confident that if the resourcing was ready from the 1st April 2019, it was possible to engage with partners on a draft collective proposal.
- Mr Baker felt the development of Primary Care Networks and Primary Care at scale were connected to the delivery of health outcomes and could be developed at the same time, whilst building capability.
- Mr Baker referred to the role of the programme director and asked if the end point of the programme is when outcomes are being delivered or is when the CCG has been transitioned.
- Mr Pearson acknowledged this would become clear once we know how the provider alliances will be enacted and provided reassurance that we are trying to change health outcomes.
- Professor Harding agreed that well-formed primary care networks working together in an alliance to deliver health outcomes is key and need to think about how we do both of these elements well.
- Mr Howe felt the ICS Board needed to be very clear on how the system will work to enable the transition of responsibilities of staff into other provider areas. When staff are potentially moved to different establishments they need to be clear on what their role is, how they will be managed and what outcomes they will be working to.
- Professor Harding acknowledged that we need to think about staff but recognised this was a significant challenge given the legislative vacuum.
- Mr Howe recognised that the capitated budget and the money flow and whether the new provider alliances have got the capacity to deliver their responsibilities was also a risk and needs to be managed effectively.
- Mr Howe acknowledged that a significant amount of work had already taken place with SWBHT. The issue will be when joining up the system and

	<p>developing capitated budgets with partners who need to buy-in to transformation and the broader integration agenda.</p> <ul style="list-style-type: none"> • To explore and understand if there are any mechanisms to make transition work for other partners. • Mr Howe felt the principles were key to developing stronger partnerships to achieve buy-in and take the discussions forward. • Mr Pearson confirmed the ICS Board had re-agreed the purpose and key design principles. <p>Action: Mr Lewis/Mr Williams to agree ½ page of script and make sure there is an appropriate communication channel available.</p> <p>Action: First draft required ‘on how we enact the provider alliances to deliver the outcomes’ required for the next meeting.</p> <p>Action: Mr Lewis to liaise with Lisa Maxfield regarding Primary Care Networks and external fixed deliverables.</p>
71/18	<p>Financial Plan</p> <p>Mr Williams provided an overview as follows:-</p> <ul style="list-style-type: none"> • Work is currently in progress for the next 3 to 5 years. • A meeting is scheduled to take place on the 24th January 2019 to discuss the financial plan for 2019/20. • In terms of identifying the financial envelopes, this is linked to the outcomes work in May 2019. • The issue of moving money around the system will be part of the partnership conversations and is largely dependent on what partners need in order to respond to the outcomes framework. <p>The following comments were noted:-</p> <ul style="list-style-type: none"> • Mr Lewis referred to the CCG’s programme level investment plan for the next 5 years and had hoped the provider alliances could look at the existing investment portfolio and work through suggestions with commissioners. This would be health service orientated but if a local authority long term investment plan exists this could also be factored in. • Mr Williams agreed with this approach which would culminate into a set of commissioning intentions.

	<ul style="list-style-type: none"> • Mr Lewis recognised there is currently a CCG one year+ plan but a 'place' system plan beyond the one year is required. In addition, there is also the long term plan for the Midland Metropolitan Hospital which will be submitted in May 2019. • Mr Howe referred to the local authority's 2030 plan and confirmed the financial planning process was already taking place. Mr Lewis to liaise with the local authority Chief Executive Officer. • Mr Williams confirmed that the outcomes framework will be aligned to the 2030 plan. • Mr Baker referred to the 2030 plan and improving the health and living age metric. <p>Action: Invite SWBHT and SWB CCG finance leads to the next ICS Board to provide an update for 2019/20.</p>
72/18	<p>Any Other Business</p> <p>There were no items of Any Other Business.</p>
73/18	<p>Close of Meeting</p> <p>The meeting closed at 1525 hours.</p>
74/18	<p>Date and time of next meeting</p> <p>Wednesday 13th February 2019 1400 to 1600 hours Board Room 2F, Kingston House</p> <p>Advance apologies recorded for Dr Sykes.</p>