

Minutes of the ICS Board
held on Wednesday 13th February 2019

14:30 – 16:17 hrs, Board Room 2F, Kingston House, West Bromwich

Mr Jonathon Pearson	Independent Chair
Professor Nick Harding	GP and Chair of SWB CCG
Mr Andy Williams	Accountable Officer, SWB CCG
Mr Richard Samuda*	Chairman, 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
Mrs Sharon Liggins	Chief Officer, Strategic Commissioning
Ms Jo Cadman	Director of Strategy, Black Country Partnership NHS Foundation Trust
Ms Helen Attwood	Executive Assistant to Accountable Officer, SWB CCG

Apologies:

Mr Toby Lewis	Chief Executive Officer, SWBHT/Care Alliance Co-ordinator
Mr Ranjit Sondhi	Vice Chair, SWB CCG/Co-Chair PPAG
Dr Ian Sykes	GP Director – Sandwell
Dr David Carruthers	Medical Director, SWBHT
Dr Jas Lidher	Black Country Partnership NHS Foundation Trust

*Denotes part attendance

75/18	<p>Welcome and Introductions</p> <p>Welcome to Mrs Liggins and Ms Cadman who were in attendance at today's meeting.</p> <p>Action: Ms Cadman to identify a mental health representative to join the ICS Board.</p> <p>Action: Professor Harding to confirm GP representation on the ICS Board and confirm with Mr Pearson.</p>
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76/18	<p>Declarations of Interest</p> <p>There were no declarations of interest noted.</p>
77/18	<p>Previous Draft Minutes dated 23rd January 2019 for approval</p> <p>The previous draft minutes dated 23rd January 2019 were agreed as an accurate record.</p>
78/18	<p>Action register</p> <p><u>Action number 40/18</u> <u>Explore/progress academic support</u></p> <p>Further to the last meeting, Mr Williams confirmed he had met with Paul Bird and discussed a variety of ways for ARC to support the Healthy Lives Partnership including the outcomes framework and referrals. Action: Mr Williams to facilitate a specific discussion at one of the weekly meetings and agreed approach.</p> <p>Mr Howe asked if there was a public health matrix to help measure the impact and the reduction of health inequalities activity. Mr Williams confirmed there would be two projections for each of the metrics and our ambition would be linked to strategic aims and benchmarking.</p> <p>A comprehensive overarching evaluation will be more difficult and may involve splitting into separate management chunks and working with different partners in order to evaluate the whole system.</p>
79/18	<p>Matters arising</p> <p>There were no matters arising.</p>
80/18	<p>Alliance Mobilisation</p> <p>The presentation slides were circulated prior to the meeting and Mr Samuda provided an overview.</p> <p>Mr Williams made the following comments:-</p> <ul style="list-style-type: none"> • Strongly supported by SWB CCG.

- The extent to which the Healthy Lives Partnership has engaged with people in the communities was not reflected in the slides and could be 'drawn' out.
- Further thought required on how we structure the concept of the 'risk bearing' partner in a way which does not give us a pre-procurement problem.
- We also need to elaborate further on the role of the CCG in the system.
- The relationship between the Care Alliances, the Health and Wellbeing Boards and the ICS Board needs working through and will invite an obvious tension if we don't clarify the hierarchy and the relationship between them.
- If it proves difficult to mobilise the Care Alliances, we talk about defaulting back to a procurement position but it is important we stress how difficult the procurement option is.

The following comments were noted:-

- Mr Howe asked to see if there were any commonalities between the flight plan and the NHS Long Term Plan and any enablers.
- Mr Howe felt there was a great opportunity to look at the inequalities within a place based area which could influence the Communication and Engagement Strategy and the Diversity and Inequality strategy that are being developed.
- It was acknowledged that some of the partner organisations and Primary Care Networks will move and develop at variable speeds.
- Dr Aslam referred to the national mandated processes for Primary Care Networks due out in the next few months and was not clear how this fits with the timeframes.
- The relationship between the Care Alliances and Primary Care Networks was noted.
- The role of the ICS Board is to hold the Care Alliances to account i.e. via the agreed framework and timeline.
- The development of the Professional Advisory Terms of Reference and its mandate still needs to be finalised. Dr Aslam referred to previous discussions around a new Clinical Reference Group within SWB CCG regarding procedures and pathways development and would be an opportunity to use the clinical resource already allocated for the two alliance levels. **Action: Dr Aslam to liaise with Mr Lewis/Dr Carruthers/Professor Harding to help shape this group with other clinical input including mental health/learning disabilities representation and needs to work for both sides of the patch.**
- Mr Pearson referred to the co-ordinating committee for the delivery of the matrices and suggested this needed further work. **Further discussion to take place at Friday meetings.**

	<ul style="list-style-type: none"> • Mr Pearson referred to the separate discussion regarding enablers i.e. digital and information sharing protocols, workforce issues and estates. It was acknowledged that there are a number of enablers that are not included in the resource package and these will be additional. • A local expression of the STP enabling work programmes is required for the two alliances. It was acknowledged that some work had been done at a Black Country Alliance level. • Mrs Salter-Scott asked for communications and engagement to be added as an enabler. • Dr Aslam referred to the digital strategies that are currently being developed both in Birmingham and the Black Country which the 'Healthy Lives Partnership' can utilise. • Professor Harding referred to the co-ordinating committee and asked if its implementation was entirely the responsibility of SWB CCG. Mr Samuda confirmed this would be a joint arrangement and further discussions will take place at the weekly meetings. • Action: Further detailed discussion around the enabling work programmes to take place at the weekly meetings i.e. what are they, what are the links to STP and what are we expecting to be done in the first year? <p>The ICS Board approved the Alliance Mobilisation and its approach to engaging and agreeing the financial envelope in the paper.</p> <p>Mr Samuda left the meeting at the end of this agenda item at 1540 hours.</p>
81/18	<p>Stakeholder Engagement</p> <p>The Draft Stakeholder Engagement Strategy was circulated prior to the meeting.</p> <p>The following comments were noted:-</p> <ul style="list-style-type: none"> • Mr Baker felt it would be helpful to define the 'end' point and split into categories i.e. population and patients, partners, suppliers and a category for regulators. • Mrs Salter-Scott acknowledged that progress was being made around service user engagement. • It was noted that a number of workshops have taken place around developing a new patient and public engagement model (one system, two places) which will be presented to the ICS Board in due course.

	<ul style="list-style-type: none"> Mrs Salter-Scott confirmed that she had started to work from the matrix in terms of discussions with key stakeholders and have agreed to focus on the voluntary and community sector. The first event is taking place on Thursday 14th February 2019 in Ladywood and Perry Barr where SWBHT (Chief Executive Officer) and SWB CCG (Accountable Officer) will be talking to representatives from the voluntary sector in West Birmingham. A similar event will be organised and take place in Sandwell. <p>Action: All to review the Stakeholder Engagement Strategy and feedback comments to Mrs Salter-Scott with a view to presenting the final version for ‘sign off’ at the April meeting.</p>
82/18	<p>Outcomes Framework</p> <p>Mr Williams provided a verbal update as follows:-</p> <ul style="list-style-type: none"> Scheduled to be presented at the Health and Wellbeing Boards in Sandwell and Birmingham and the SWB CCG Governing Body on the 6th March 2019, for approval. Trajectories, targets and narrative to be identified. Financial resource envelope to be agreed by ‘Place’.
83/18	<p>Localisation and 2019/20 contract</p> <p>The Localisation and 2019/20 contract was circulated prior to the meeting. Mr Pearson provided a summary as follows:-</p> <ul style="list-style-type: none"> On track for localisation and the 2019/20 plan. A potential localisation 2 plan. Utilise 2019/20 as a preparatory year for 2020/21. Work is in progress and discussions between SWBHT and SWB CCG continue. Action: Localisation update required each month by ICS Board to determine if on track.
84/18	<p>Financial Plan for the next 3 to 5 years</p> <p>The Financial Plan for the next 3 to 5 years was circulated prior to the meeting. Mr Williams provided an overview as follows:-</p>

- There is currently no detailed analysis by the two localities within the system.
- It was acknowledged that although there is a broad understanding of the principles of the programme and the way in which the money is allocated across acute, primary and secondary care, this needs to be localised and refreshed.
- A good proportion of this work will be clear by the time we see the outcomes framework again. However, we will need to continue to work on this throughout the development of the response plan period.
- It was noted that SWB CCG has commissioned a piece of work with the Strategy Unit to develop a working proposition in order to start discussions with partners. The CCG has agreed a process with the Strategy Unit over the next few months to get to a point from early April/May onwards, as we start to mobilise the Care Alliances, and have a suggested way of working.
- It was acknowledged that there is no accepted methodology for valuing outcomes and there is no robust way of describing how different risk bears on different outcomes.
- A significant piece of work to take place over the next two months with the other CCG and the two local authorities, prior to discussion with partners.

The following comments were noted:-

- Timeline: pragmatic approach for April 2020 and a prototype for 2021.
- 'Block' contract basis (with known costs) and measure the outcome improvement.
- Central to money and risk bearing.
- Mr Howe referred to social prescribing and confirmed there were other models available in terms of better tariff and measuring return investment and health outcomes. **Action: Mr Howe to email details to SWB CCG Chief Finance Officer.**
- Dr Aslam acknowledged that the whole country will be moving to an outcomes based framework as part of the Integrated Care System and asked if this was implicit. Professor Harding confirmed the following had been stated:-
 - 1) the blurring of the commissioning lines
 - 2) the continuation of control totals across integrated care systems
 - 3) the spirit of integrated care systems meaning agreement locally about outcomes.

	<p>Action: The outcomes framework to be presented to ICS Board in March and again in April/May 2019.</p> <p>Action: Mr Williams to provide an update to the ICS Board in May 2019 on the wider piece of work in relation to moving money around the system.</p> <p>Mrs Salter-Scott left the meeting at 1610 hours. Mr Howe left the meeting at 1615 hours.</p>
85/18	<p>Any Other Business</p> <p>There were no items of Any Other Business.</p>
86/18	<p>Close of Meeting</p> <p>The meeting closed at 1617 hours.</p>
87/18	<p>Date and time of next meeting</p> <p>Wednesday 20th March 2019 1400 to 1600 hours Board Room 2F, Kingston House</p>