



Healthier Together – Sponsoring Board

Date: Monday 26 March 2018, 15:00 – 17:00

Venue: Board Room, Trust HQ, UHB, Bristol

Minutes

Present:	Name	Initials	Job title
	Andrea Young	AY	Chief Executive, North Bristol Trust
	Hayley Richards	HR	
	Janet Rowse	JRow	Chief Executive, Sirona
	Julia Clarke	JC	Chief Executive, Bristol Community Health (BCH)
	Julia Ross	JRos	Chief Executive, BNSSG CCG
	Peter Murphy	PM	Director of Children, Adults & Health, South Gloucestershire Council
	Robert Woolley	RW	Chief Executive, University Hospitals Bristol NHS Foundation Trust
	Ron Kerr	RK	Independent Chair – (Chair)
	Terry Dafter	TD	Interim Director of Adult Social Care, Bristol City Council
In attendance:			
	Laura Nicholas	LN	Healthier Together Programme Director
	Linda Gorton	LG	Healthier Together Portfolio Administrator
Apologies:			
	Eileen Jacques/Morgan Daley	EJ/ MD	Health Watch
	James Rimmer	JRi	Chief Executive, Weston Area Health NHS Trust
	Jenny Winslade	JW	Executive Director of Nursing and Governance
	Judith Brown	JB	Chief Executive, North Somerset Community Partnership
	Mark Pietroni/Sara Blackmore	MP SP	Director of Public Health, South Gloucestershire Council
	Martin Jones	MJ	Chair, Bristol CCG
	Rachel Pearce	RP	Director of Commissioning Operations, NHSE
	Ruth Taylor	RT	Chief Executive, One Care BNSSG Ltd
	Sheila Smith	SS	Director for People and Communities, North Somerset Council

Item	Topic	Action
	<p data-bbox="320 143 1046 181">Minutes and Actions from the previous meeting</p> <p data-bbox="368 219 778 257">1.1. Apologies for Absence</p> <p data-bbox="416 293 1201 331">Apologies for absence were recorded through the chair</p> <p data-bbox="368 367 1310 439">1.2. Approval of minutes from the meeting held on 25 January 2018</p> <p data-bbox="416 474 1249 546">The minutes of the meeting held on 25 January 2017 were approved and agreed as an accurate record.</p> <p data-bbox="368 582 1318 763">RK noted that the appointment of RW and JROs as co-sponsors of the BNSSG Sponsoring Board has been approved by the regulators, and to put on record his appreciation and thanks to all involved with the process. A formal announcement would be made once written confirmation had been received from NHSE.</p> <p data-bbox="368 799 754 837">1.3. Review of Action Log</p> <p data-bbox="416 873 1241 911">Action log to be updated, specific items updated on were:</p> <ul data-bbox="416 911 1318 1429" style="list-style-type: none"> <li data-bbox="416 911 1318 1059">○ Item 2 - there is an outstanding action to include the 2017/18 LA financial positions into the STP system finance report. Jon Lund is reviewing LA finance positions as part of the 2018./19 financial planning. <li data-bbox="416 1097 1318 1211">○ Item 7 - a paper has been presented for discussion at the Board meeting today and Action Log to be updated accordingly. <li data-bbox="416 1249 1318 1319">○ Item 9 - scheduled for discussion at the April Executive Group meeting. <li data-bbox="416 1357 1318 1429">○ Item 10 – HR to circulate the role description for the Mental Health organisation board lead. 	<p data-bbox="1362 143 1422 181">RK</p>
<p data-bbox="204 1464 236 1503">2.</p>	<p data-bbox="320 1464 863 1503">Revised Governance arrangements</p> <p data-bbox="320 1538 1310 1576">2.1 Core Healthier Together Governance Arrangements (revised)</p> <p data-bbox="320 1612 1326 1794">Thanks were expressed to LN and team for creating a single ‘go to’ resource for governance / programme management, with a view to providing a simplified programme architecture. All noted that this is a work in progress and will continue to be developed. Also that it should be seen as ‘Programme Oversight’ rather than ‘Governance’.</p> <p data-bbox="320 1830 1254 1944">Some of the Steering Groups need to be set up and there are still issues around the differing roles of the Sponsoring Board and Executive Group that need to be clarified.</p> <p data-bbox="320 1980 1289 2018">It was noted that the Executive Group should act as a ‘development’</p>	

group and not be encumbered with too many papers at their meetings. The intent being to allow time for strategic discussion and problem solving.

Several questions and issues were noted:

A query about meetings being in public and will there be opportunity for private meetings? Response – public meetings are planned for the Sponsoring Board from May and there will also be a private session built in where needed.

Clinical Cabinet membership was discussed. This currently does not represent fully the community providers. Response – providers opted to send a single representative from across their groups but should there is an open invitation for all CIC clinical executives to attend. This needs to be more explicit in the Terms of Reference. LN to amend.

There was a discussion about the proposed workforce transformation group and its relationship with LWAB. HR was asked to work with LWAB to agree how the workforce programme governance should be arranged to ensure appropriate senior leadership and delivery.

A concern was raised that urgent care (UC) isn't seen as a priority with its own Steering Group. Response – urgent care is a critical part of the STP work. It currently sits across the integrated care steering group and the acute care group and most of the work is actually led through the BNSSG urgent care oversight board. Further work is required to achieve the right set up for the different groups.

It was acknowledged that the arrangements would continue to evolve as the Healthier Together programme matures. Assurance was given that further key changes would be brought back to the Board in future

ACTION: LN to update the Clinical Cabinet TOR's to clarify the community providers position with regards to membership and the intent to ensure attendance at a given meeting was appropriate to the decisions being considered.

ACTION: HR to work with LWAB and HR directors to agree group governance arrangements for workforce

ACTION: LN to revise the Governance document based on discussions today and re-circulate.

2.2 Clarification of Healthier Together governance relationship to Statutory organisation boards

The purpose of this paper was to set out the current statutory position of the STP governance arrangements. The recommendation is that each partner member of the STP presents this to their own Board or organisation in order to clarify the current position. It was agreed that this was a helpful supporting document and partners agreed to share

	<p>with their Boards.</p> <p>It was also noted that the STP Chair is subject to an annual appointment and this will be followed up for review at the next Board meeting in May.</p> <p>ACTION: RW to reissue the paper with a covering page for partners to share with their organisation boards.</p> <p>ACTION: RW to conduct a process to review the appointment of the Chair at the May Sponsoring Board.</p> <p>2.3 Healthier Together draft Portfolio Risk Register</p> <p>It was noted that the risk register presented was a starting position and needed to be developed with input from the Board and executive. It was suggested that there could be better clarity around how the risks and issues are separated. There was a question as to why the majority of risks were around Weston. LN advised that Weston has been more active in reporting hence the significant proportion of risks which relate to them. – This raises the issue of ensuring all STP programmes are reporting risks.</p> <p>LN confirmed more input from the Executive Group with feed-in from the individual Steering Groups was needed in order to give the Board a more complete picture of system risks.</p> <p>There was acknowledgement that this register will be placed in the public domain and so clarify on level of information the Board wish to share was needed.</p> <p>All agreed that while this is a work in progress it is a good start, with further development required.</p> <p>ACTION: LN to discuss the risk register in more detail with the lead CEs before bringing back to the Board in May.</p>	
<p>3.</p>	<p>Healthier Together PMO Budget and Resource plan.</p> <p>The Board were asked to approve the recommendations as set out in the paper, and responses are noted below:</p> <p>a) Agree to carry forward of the £235k underspend from 2017/18 into 2018/19. This was approved by the Board</p> <p>b) agree to establish the 2018/19 core STP budget on the basis set out in the paper. This was approved by the Board</p>	

	<p>c) agree to hold £500k of the £1.26m as a reserve (or £735k if the carry forward is agreed) to fund support and development of system plans during 2018/19. A reserve of £735k was approved by the Board on the basis of the underspend carry forward</p> <p>d) Extend the tenure of fixed term staff employed in the STPPMO team to 31st March 2019. It was agreed that contracts should be extended to 31st March 2019 recognising that the role of the STP PMO will continue to evolve and may need to change in future. This work should be developed by the Executive Group and LN/RW/JRos will action.</p> <p>e) Approve the proposed staff liability risk share agreement and agree to its circulation to contributing partner organisations.</p> <p>It was noted that not all partners are able to agree to a risk sharing agreement, in particular the CIC's because of their business model i.e. in order to take on the risk they would need to make financial provision in their budget meaning they would have to make savings in their organisations and this could impact front line services.</p> <p>The board agreed that liability sums involved need to be made explicit. TD confirmed a willingness to review the proposal with his own Board to see if they could support. In addition there may be opportunities to co-locate staff from BCC in lieu of signing up to a financial contribution and risk share, around an agreed work programme.</p> <p>It was decided that the statutory organisations would share and bear 100% of the risk between them (AWP, NBT, UHB, CCG, Weston) for the time being. The agreement would be revised and reissued, and LAs would consider their positions.</p> <p>ACTION: LN to revise the risk share agreement and quantify the employment liability amount involved applied to each organisation.</p> <p>ACTION: TD, PM , MJ - Local Authorities to confirm their position on making a contribution to the STP and their commitment to the employment liability risk share agreement.</p>	
4.	<p>Digital business case implementation plan</p> <p>4.1 To receive a proposal for implementation of the digital business case presented to the Board in November 2017.</p> <p>It was observed that the paper could be more balanced acknowledging the need the to address some more pressing basic issues, for example that we have no electronic care records for children in BNSSG.</p>	

	<p>(response - Deborah El-Sayed is looking at children's care records and this is currently under review).</p> <p>CORRECTION: It was advised by Judith Brown that they do have electronic records for children in North Somerset.</p> <p>There was a question about how partners commit financially to the digital agenda in the context of the current allocation shares arrangement for Connecting Care. It was suggested that the formula should be revisited and a broader approach taken to funding support for digital overall.</p> <p>Also more clarity is needed on how the different pieces of the digital 'jigsaw' fit together into a cohesive picture. RW advised that this project would help make sense of all the digital initiatives currently taking place and enable a clearer articulation of the route forward.</p> <p>The proposal is to set up a Digital Board which would be formed of a small group driving the digital agenda; it would not require full representation from across all partner organisations, but would need stronger clinical and general management leadership RW is finalising the governance structure, and noted that JC and TD expressed a keen interest in being involved in the group</p> <p>ACTION: RW to set up the Digital Board and circulate proposals including TOR to the Sponsoring Board.</p> <p>4.2 verbal feedback from workshop / hack day on 23 March</p> <p>It was noted that this was a successful event and a good blueprint for future events with good involvement from digital industry representatives</p>	
5.	<p>A&E and Urgent Care Performance</p> <p>Urgent care (UC) is a key area which is negatively impacting on the STP performance targets. There is a question as to where UC sits in relation to the STP. Also while it is important we need to review how it gets prioritised in relation to all the other STP areas.</p> <p>There are already many meetings and conversations about UC so how can we bring these together in a meaningful way?</p> <p>One proposal would be to adopt the UCOB and bring it to Sponsoring Board meetings as it will enable the Board to think about how all areas link together (e.g. Digital, Workforce etc.). All agreed that the UCOB should be adopted as an STP group; also to integrate the NHSE performance matrices into our system wide dashboard.</p> <p>After some discussion, it was agreed that the BNSSG urgent care Oversight Board (UCOB) would be adopted by the Healthier Together Governance arrangements and the architecture diagram revised accordingly.</p> <p>ACTION: LN will update the Healthier Together governance</p>	JRos /LN

	handbook to reflect adoption of UCOB and discuss practical implications with JRos.	
6.	<p>Developing Localities</p> <p>JRos provided an update on activities and confirmed that, since this paper was originally written, all GP's are now signed up to the localities framework. TD advised that he'll need to discuss this further within BCC; JRos confirmed that the council have been fully involved with the localities project.</p> <p>Support was noted for this approach as a way of generating productive conversations with GP's and developing a local approach to planning.</p>	
7.	<p>BNSSG 2018/19 system planning process</p> <p>The presentation from the last SDoG meeting was noted by way of a progress update on planning. JRos advised that NHSE are open for us to have a three year plan and are prepared for us to address the deficit over that period.</p>	
8.	<p>Mental Health Workforce submission</p> <p>The submission made to HEE was noted. HR advised that the STP was instructed to submit this plan, although the approach had not been helpful addressing local MH workforce issues. It will need to be subject to multiple iterations and amendments. The Board were asked to note that the figures contained in the plan would be subject to ongoing review and not to take these as any final figures or basis of action.</p>	
9.	<p>Healthy North Somerset – progress</p> <p>The paper capturing the public engagement feedback was noted and that the programme is working towards a different model of care on which there is still much work to do to define it. The team have been working with external consultants Carnell Farrar who are undertaking an analysis of the local acute system but have suggested looking at widening the scope of the work to better support the development of a coherent whole system model of care for that population.</p> <p>There is a Healthy Weston update event on April 19th, planned as a 'public checkpoint' for sharing and testing ideas.</p> <p>It was noted that the Board would find it helpful to have an overview session on the Weston model; also that this progress paper should be shared with the Executive Group.</p> <p>ACTION: JRos to present an overview of the Weston model at the next Sponsoring Board</p> <p>JRos to ensure the paper is shared with the Executive Group.</p>	
10.	AOB	

The Board were updated on phase 2 of the OD leadership interviews. The selection process didn't result in an appointment being made, and RW/JRos are now conducting second interviews with the Exeter Leadership Centre and Optimus.

Next Steps for Acute Care Collaboration

AY proposed a quick piece of work for which Board approval was sought, with outcomes to be presented back to the Board. AY recommended undertaking a piece of scoping analysis work to inform the establishment of the acute care collaboration work programme, ahead of re-establishing the ACC steering group.

The rationale for the proposal was acknowledged. A question was raised as to the capacity and budget for this work and whether it could sit within the current spec being developed with the CCG. This was noted by RW and JRos who are currently in discussion about the next phase of support for Healthy Weston. It was agreed that this would be explored.

It was suggested that consideration should be given to the amount of money already spent on analysis of the acute sector and what additional value this report will give us. It was stated that this work will need to build on what's already been done, and we should be able to use this as a way of getting clarity for the wider acute system change. AY. The proposal was endorsed on this basis.

Date of next meeting:

Thursday 31 May 8.30 – 11.30

University Hospitals Bristol Trust Headquarters, Marlborough Street, Bristol.