



## Minutes - Healthier Together Sponsoring Board

Date: Monday 21 March 2019

Venue: Conference Room, UHB Trust HQ, Upper Maudlin St, Bristol

### Minutes

Present:	Name	Initials	Job title
	Amanda Deeks	AD	Chief Executive, South Gloucestershire Council
	Andrea Young	AY	Chief Executive, North Bristol Trust
	Hayley Richards	HR	Chief Executive, AWP
	Jo Walker	JW	Chief Executive, North Somerset Council
	Julia Clarke	JC	Chief Executive, Bristol Community Health (BCH)
	Julia Ross	JRos	Chief Executive, BNSSG CCG
	Ned Naylor	NN	Transformation Group, NHS England
	Rachel Pearce	RP	Director of Commissioning Operations, NHSE South West
	Robert Woolley	RW	Chief Executive, University Hospitals Bristol NHS Foundation Trust
	Ron Kerr (Chair)	RK	Healthier Together Independent Chair
	Rowan Williams	RWil	Strategy Manager, Healthwatch
	Ruth Taylor	RT	Chief Executive, One Care BNSSG
	Sara Blackmore	SB	Director of Public Health for South Gloucestershire
	Sarah Truelove	ST	Deputy Chief Executive and Chief Finance Officer, BNSSG CCG
<b>In attendance:</b>			
	Angelika Luehrs	AL	Consultant Psychiatrist, AWP
	David Jarrett	DJ	BNSSG CCG
	Gemma Self	GS	Head of Transformation & Programme Management, Healthier Together
	Matt Joint	MJ	UHB
	Terry Dafer	TD	Adult Social Care, Bristol City Council
	Tracy Venning (Minutes)	TV	Executive Support & Programme Administrator, Healthier Together
	Verena Stocker	VS	System Transformation Group, NHSE
<b>Apologies:</b>			
	James Rimmer	JRi	Chief Executive, Weston Area Health NHS Trust
	Janet Rowse	JRow	Chief Executive, Sirona
	Jenny Winslade	JW	Executive Director of Nursing and Governance, SWAST
	Judith Brown	JB	Chief Executive, North Somerset Community Partnership
	Laura Nicholas	LN	Programme Director, Healthier Together
	Morgan Daly	MD	Director of Communities, Healthwatch
	Mike Jackson	MJa	Chief Executive, Bristol City Council

Item	Topic	Action
1	<p><b>Minutes and Actions from the previous meeting</b></p> <p><b>1.1 Apologies for Absence</b></p> <p>Apologies for absence were recorded through the chair.</p> <p><b>1.2 Approval of minutes from the meeting held on 21 February 2019</b></p> <p>The minutes of the meeting held on 21 February 2019 were approved and agreed as an accurate record of the meeting, with no further amendments.</p> <p><b>1.3 Review of Action Log</b></p> <p>Current actions to be closed and no additional updates were noted.</p> <p>Matters arising:            JRos - Item 5 – Leadership Development Programme            For procurement reasons, this has been pushed back. We are expecting this to take 8 weeks to conclude.</p>	
2.	<p><b>Integrated Care System (ICS) next steps</b></p> <p><u>2a. National picture</u></p> <p>RW introduced the agenda item and mentioned that a formal commitment was made at the Executive Group meeting held on 25 February 2019 to become a fully-fledged Integrated Care System (ICS).</p> <p>VS provided a verbal update on the wave three Integrated Care Systems in general and nationally mentioning that NHS England (NHSE) is going through a restructure as well as implementing policy. VS continued to say that in the next couple of weeks NHS England will be agreeing a piece of work which is pertinent to the wave three authorisation process with the first piece of work being the EOI process. There will also be the usual financial performance that gets taken into consideration as well as feedback from regional colleagues in the interim as well from the national teams.</p> <p>VS continued to say that NHSE are agreeing at the moment through the regional directors and the regional teams the freedoms of flexibility, for example, what does it mean to be an ICS and what is the upside. Covering three items being:</p> <ul style="list-style-type: none"> <li>○ The transformation funding, both in terms of flexible funding as well as an incentive scheme. This has not been agreed.</li> <li>○ What does this mean for oversight, for example the relationship with the regional team.</li> <li>○ Oversight and over planning, assurance of planning and any flexibilities that can be granted there.</li> </ul>	

NT commented that NHSE are planning on using this for other systems as a similar process that have gone through on the Aspirant Programme and looking at using the maturity matrix and self-assessment against what the priorities should be and where support could come from and how progress can be made for all system to be made integrated care systems by 2021 as it says in the long term plan.

**Action: The Board were asked to feedback any reflections on going through this process to NHSE.**

**ALL**

JRos raised a question asking what are the expectations from Local Authorities in respect of ICS. JRos continued to say that there has been a conversation locally and that it would be helpful to know what the national thinking is. NN responded in saying that Local Authorities are crucial partners and any well-functioning ICS is about caring for people and meeting the population needs. Trying to do that without the Local Authorities would be impossible.

HR enquired what the thinking is about the future impact of ICS on competitive tendering and what is the likely impact of ICS on those organisations that are across more than one ICS?

- The vision that is talked about is not always supported about current legislation.
- What you can and can't do with legislative changes is currently being tested nationally.

Comments:

- An opportunity to feedback what did or didn't go well as we are starting to work with STPs nationally, any advice or recommendations for STPs going through that final process.
- JRos – appreciated the flexibility – I would encourage you to build that in to the response to how you address issues.
- RK – best way to describe is the more specific about the 'what' and less specific about he 'how'.

#### 2b. Progress to date: Aspirant ICS programme & self-assessment

GS tabled the self-assessment paper and advised that it summarised the work that has taken place as part of the Aspirant Programme and where we are now.

It was agreed that as only five organisations have completed the self-assessment, it would be re-circulated for all to be completed with an extended deadline.

GS introduced the second part of this agenda item and commented that the Aspirant Programme roadmap was signed off by the Executive Group on 25 February and it was agreed to progress to becoming an ICS by April 2020.

GS outlined the three key core priorities for 2019 to becoming an ICS, being:

- Leadership and capacity, relating to the self-assessment scores
- Delivery

	<ul style="list-style-type: none"> <li>• Governance arrangements around moving forward towards an ICS</li> </ul> <p>RP commented on how, as a system, a set of behaviours can be identified that are going to be implemented in 2019/20 which is going to demonstrate evidence together with a self-assessment, so that it is owned by the system itself. The way that that is set out links with the matrix is really helpful.</p> <p>JRos suggested to obtain feedback on this as it will help to identify where we should prioritise our resource given the limit on our resources and proposed that at the next Executive Group meeting we take a more practical pragmatic detailed look at what we do next.</p> <p>It was noted that there is a lot in place which came out of the Aspirant Programme so the three elements that have been identified as progressing and we expect to see the outcome of the population health management work in April and the urgent care work is ongoing.</p> <p>It was agreed the intent to develop a Memorandum of Understanding.</p> <p>VS commented that in the long term plan it makes a commitment to publish an implementation framework in the Spring and the purpose is to give guidance and sufficient information to apply to the strategic plans over the summer.</p> <p>RWil commented that Health Watch has been commissioned by Healthwatch England to conduct an engagement project on the Long Term Plan and is talking to people at six public engagement events.</p>	<b>ALL</b>
3.	<p><b>Work Plan 2019/20</b></p> <p>GS introduced the paper which is to articulate some of the resourcing changes within the Healthier Together team. It was agreed at the Executive Group meeting in February that the current core funding would be maintained and to re-align the different roles to the priorities. A consultation process is taking place within the team.</p> <p>The Sponsoring Board were asked to:</p> <ul style="list-style-type: none"> <li>• Note the changes to the team structure and the rationale for this.</li> <li>• Note that there is no change to the level of funding required for the team.</li> <li>• Endorse the establishment of 3 new steering groups.</li> <li>• Endorse the overall work plan proposal.</li> </ul> <p>HR raised a concern relating to the impact on the Workforce programme saying that on paper there is an assumption that there is the same support to workforce, however in reality there is no guarantee that there is the same support to workforce. Also, there is the impact on the Health Education England funded roles which support workforce.</p> <p>HR continued to say that the workforce programme has moved very</p>	

	<p>quickly to adopt some of the functions of HEE and other arm's length bodies.</p> <p>HR requested that it be noted that there is a risk that the workforce programme will continue to struggle and appreciates the additional consultation around the roles.</p> <p>JR made the group aware that every programmes requested additional significant resource.</p> <p>RK raised a question on how driving progress going forward would be monitored. RW responded that the work streams would be monitored as we have currently. Assigning more resources to delivery would benefit the whole programme including workforce and by setting up the additional steering groups would have the right level of executive oversight and potential for escalation.</p> <p>It was acknowledged that this is difficult and unless all agree to increase the input of resource then we have to use the people that we have in our organisations.</p> <p>HR commented further that the new arrangements represent a reduction in support than the current support that we have. If Leadership and Organisational Development out of the programme, this will leave us with a manageable programme under our current arrangements.</p> <p>HR's comments were noted and will be reviewed through the consultation process.</p>	
<p><b>4.</b></p>	<p><b>New GP contract and Primary Care networks</b></p> <p>DJ introduced the agenda item mentioning that the Primary Care networks and communities working together is absolutely front of the Long Term Plan.</p> <p>In the new GP contract, the Primary Care Networks are typically going to be of a population of 30 – 50,000, with practices coming together around that population size. This will come into fruition approximately July 2019.</p> <p>It was noted that the allocation that has been received is £3.8m short of the commitment which was not expected. This is currently being addressed with NHS England.</p>	
<p><b>5.</b></p>	<p><b>Long term plan</b></p> <p>JR introduced the agenda item and mentioned that the work to do the data analysis is in progress already between the organisations. This work is focussing on a population health management approach but making sure that we draw out the detail of our population needs. A first draft is expected in April. The detail of the plan will happen through the Steering Groups and will be asked to take the analysis and interpret it into its own context. This is expected to build on the plans</p>	

that are already in place. A small group will be established to give some oversight of the plan to ensure that it is co-ordinated and cohesive. We are hoping that we will get some non-recurrent resource which will be utilised to bring in additional senior support to ensure that the whole process is co-ordinated and that the plan gets written.

The plan is scheduled for the Autumn and a workflow will be set out and currently anticipating to take the development of the plan forward.

We will be required to engage with the public and staff to ensure that we have shared vision goals and plans.

RP commented that NHSE/I held an event two weeks ago where all of the STPs were called together from across the South. RP requested feedback as to whether this was helpful.

JRos reflected on the meeting held on 18 March and mentioned that there was a sense of alignment and commitment from everyone. JRos continued to say that we were well received from NHS E/I. There was an opportunity to talk about some of the difficult choices and being able to address some of the difficult underlying issues. It was a system escalation meeting about the NHS organisation contracts with the three Acutes, AWP and BNSSG CCG.

RP fed back that it is emerging that part of this meeting is to prepare for a discussion with Ian Dalton about system escalation. There is a recognition of level of complexity and challenge is considerable.

ST introduced and mentioned that we have an outstanding challenge across part of the system being £58 million. £28 million of this is outstanding contract agreement issues. We recognise that a large amount of this is being through non-recurrent issues. The system challenge is between £30 and £40 million and we are bringing this more closely to £30 million.

RP reflected that the money is in the system and there is a perception that there is additional money outside.

JRos summarised that we have a commitment as a System what is the real activity and the real demand and then how do we want that met, what are the resources required and how do we share the risk.

MJ gave an overview of the one year and five year workforce plan which has been delivered by McKinsey mentioning the next steps being:

- McKinsey will be running workshops through April and May with Acute Care Collaboration, Integrated Care and Mental Health and will also carry some interviews on digital, prevention and urgent care. This will identify all the initiatives that are ongoing.
- We will then review and develop a 5 year forecast.

AY commented saying that we have done well on collaboration and mentioned further that Bristol and Weston procurement consortium

	won an award on the work that has been collectively done on agency nursing procurement.	
<b>6.</b>	<b>Healthier Together updates</b>  The meeting approved the report to partner boards.	
<b>7.</b>	<b>Any other business</b>  It was noted that this would be Amanda Deeks' last meeting and the group expressed their best wishes and thanked Amanda for all her valuable support.	
<b>Date of next meeting:</b> Thursday 23 May 2019, 2.00 – 5.00pm Board Room, UHB Trust HQ, Upper Maudlin St. Bristol		