

Integrated System Delivery Board Meeting Notes and Actions

15 January 2019, 1630-1800

Present:
Stuart Bell (SB), Chief Executive Oxford Health NHS Foundation Trust
Andrew Elphick (AE), Chief Executive Officer Principal Medical Ltd
Bruno Holthof (BH), Chief Executive Oxford University Hospitals NHS Foundation Trust
David Ridgway (DR), Abingdon Health Federation
Ben Riley (BR), Chair and Chief Clinical Officer, OxFed
Melanie Saunders (MS), South Central Ambulance Service ISDB Representative
Helen Shute (HS), Chief Executive Officer, OxFed
Kate Terroni (KT), Director for Adult Services Oxfordshire County Council (Chair)
Fiona Wise (FW), STP Executive Lead
In attendance:
Lesley Corfield, Business Manager Oxfordshire CCG (Notes)
Jo Cogswell (JC), Director of Transformation Oxfordshire CCG
Ross Cornett (RC), Acting Head of Operations – Oxfordshire South Central Ambulance Service
Andrew Fenton (AF), Programme Director for Local Health and Care Records – Item 5
Julie Fisher (JF), Senior Responsible Officer for Local Health and Care Records – Item 5
Dominic Hardisty (DHa), Chief Operating Officer Oxford Health NHS Foundation Trust
Diane Hedges (DHe), Chief Operating Officer and Deputy Chief Executive OCCG
Gareth Kenworth (GK), Director of Finance OCCG
Benedict Leigh (BL), Deputy Director, Commissioning, Oxfordshire County Council
Sara Randall (SR), Deputy Director of Clinical Services Oxford University Hospitals NHS Foundation Trust
Apologies:
Dr Kiren Collison(KC), Clinical Chair Oxfordshire CCG
Sara Doughty (SD), South East Oxfordshire (SEOx) Federation
Karen Fuller (KF), Deputy Director of Adult Services Oxfordshire County Council
Louise Patten (LP), Chief Executive Oxfordshire CCG (Chair)
Yvonne Rees (YR), Chief Executive Oxfordshire County Council

Item	Discussion	Actions
1	<p>Notes of the previous meeting: 18 December 2018 Approved subject to extra wording from FW for items 4 and 5 and amending the second paragraph under AOB to record that MS would be the SCAS ISDB representative.</p> <p>Main Points of Discussion:</p> <ul style="list-style-type: none"> Care Quality Commission (CQC): agreed useful to share preparation work for well-led inspections. Action closed. Mental Health Joint Statement: concern statement had not yet been issued. ISDB Forward Planning: All items to be picked up under Item 3. STP Strategy Update: The principles to inform the work in Oxford and across the wider system had been developed; the scope of work and the job description for the Project Director were drafted; a candidate for the Project Director role identified; comments needed to be finalised before circulating to the wider group; the Terms of Reference included all the GP Federations and SCAS as members of the Board from the outset. 	
	<p>Actions / Matters Arising:</p> <ul style="list-style-type: none"> Mental Health Statement to be reviewed and agreed and all organisations to be advised prior to issue. Organisations to discuss attendance at the OHFT Mental Health In 	<p>DH/GK/LP</p> <p>All</p>

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	Oxfordshire NHS Benchmarking presentation/workshop. <ul style="list-style-type: none"> • Mental Health to be discussed with the Leader of OCC. • The Project Director JD to be circulated once comments finalised. 	KT FW
2	<p>NHS Long Term Plan</p> <p>Main Points of Discussion:</p> <ul style="list-style-type: none"> • A meeting had been held with NHS England (NHSE) to develop a road map for the integrated care system for the sustainability and transformation partnership (STP). There was a long list of “must dos”. • The STP would be required to take a view on primary care networks (PCN) across the piece and appoint an independent Chair for a partnership board. • NHSE would produce a timeline with the intent for a Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) by 1 April 2019. • There was confusion arising from misunderstanding of terms. The description for an ICS of ‘Working together well for the population of Oxfordshire’ was suggested. • Clarity was still awaited on some of the financial areas. • It was confirmed the combined control total would be a BOB total. <p>Actions / Matters Arising:</p> <ul style="list-style-type: none"> • A paper/presentation to be prepared for the Joint Health Overview and Scrutiny Committee (HOSC). The paper was required in two weeks’ time. • Anyone wishing to be involved or with information to share to contact JC. • FW to discuss the control total with the BOB Chief Executives and report back. 	HS/JC All FW
3	<p>ISDB Forward Planning</p> <p>Main Points of Discussion:</p> <ul style="list-style-type: none"> • Reminder of ISDB discussion following the last HOSC where questions around transparency, insufficient politicians being members of the Health and Wellbeing Board (HWB), ISDB meeting in private, publishing the minutes of the ISDB and councillors being members of the ISDB had been raised. • ISDB confirmed discussion at the last meeting to make agenda and minutes public. • SP, SB and possibly SR for BH expected to attend the HOSC meeting on 7 February 2019. 	
4	<p>Workstream Delivery</p> <p>Main Points of Discussion:</p> <ul style="list-style-type: none"> • Recommended workforce continued to be managed at STP level. Oxfordshire could continue its delivery group but whether a CEO sponsor was required in addition to an SRO needed consideration. • Work was required on the provider collaborative piece around contracts and finances. Proposed these two areas should come together. • Felt integration of primary care and community services should be its own workstream led by SB due to the emphasis on this area and the amount of work required going forward. • Believed YR as Chief Executive of both the County Council and a District Council should take forward a piece of work around the Growth Board and health taking more of a role in planning in terms of development control. • Paper on digital technology to be presented to the STP Chief 	

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	<p>Executives' group on 4 February and a digital workstream was recommended.</p> <ul style="list-style-type: none"> • Scope and timescales to be considered once workstreams and leads agreed. • Rationale for including long term conditions (LTC) in Planned Care was explained. The first task would be to consider how A&E was addressed and the appropriate people from each organisation and the system. • The need for a cancer workstream was noted and that mental health should be included in one of the workstreams. The Thames Valley Cancer Alliance covered several STPs but there was a need for a link to a group. • SROs working together was supported as many programmes were linked. It was important to avoid tunnel vision and ensure there were enablers for overlapping work. • There was a need for clarity around what the workstreams would deliver and forums to avoid duplication. If the workstreams were felt to be broadly right, work could commence on delivery plans. • It had been agreed to recruit to the OCCG Head of PMO role which would be expanded to become a system resource. 	
	<p>Actions / Matters Arising:</p> <ul style="list-style-type: none"> • A piece of work to refresh the delivery group and look to get a provider SRO was agreed. • Federations to nominate a Federation CEO for the Planned Care and LTC workstream. • One page summary plans for each workstream to be produced for either the February or March ISDB meeting. 	<p>Feds</p> <p>Leads</p>
5	<p>Thames Valley and Surrey Local Health and Care Records (LHCRE) Partnership Agreement</p> <p>Main Points of Discussion:</p> <ul style="list-style-type: none"> • The aim was to develop a data platform to improve the data available for clinicians. • A decision would be made shortly on the supplier. • A funding agreement had been signed with NHSE. • It was hoped to sign the contract in March which would require systems to sign up in the next few weeks. • The business case was for £19.5m which would be assigned on population levels across the system. • A proposed partnership agreement for organisations to commit to had been prepared but as the highest cost now appeared to be £620k the proposal was OCCG signed up and took the risk. • There was a need to ensure control of benefits realisations and a wish to see arrangements for benefits management as the cost would be across the system. • There would be further intensive work on planning and profiling over the next few months which would be reinforced by engagement across the system. The work should define where the benefits would be produced and delivered. The key issue would be the efficiencies that could be driven out through the platform. • The ISDB supported OCCG to sign the Thames Valley and Surrey LHCRE Partnership Agreement and noted the cost profile would be circulated. 	
6	<p>Any Other Business</p> <p>Quarter 3 System Assurance Meeting</p>	

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	<p>The slide deck for the Q3 System Assurance Meeting would be circulated on Thursday for system sign-off Thursday afternoon.</p> <p>There being no other business the meeting was closed.</p>	
7	<p>Date of Next Meeting</p> <p>The next meeting was scheduled for 19 February 2019 but as this fell within half-term consideration would be given to slipping the meeting by a week.</p>	LC

