

Integrated System Delivery Board Meeting Notes and Actions

19 April 2019, 1630-1800

Present:
Stuart Bell (SB), Chief Executive Oxford Health NHS Foundation Trust
Sara Doughty (SD), South East Oxfordshire (SEOx) Federation
Bruno Holthof (BH), Chief Executive Oxford University Hospitals NHS Foundation Trust
Louise Patten (LP), Chief Executive Oxfordshire CCG (Chair)
Melanie Saunders (MS), South Central Ambulance Service ISDB Representative
Derek Sprague (DS), Abingdon Health Federation
Fiona Wise (FW), STP Executive Lead
In attendance:
Lesley Corfield, Business Manager Oxfordshire CCG (Notes)
Jo Cogswell (JC), Director of Transformation Oxfordshire CCG
Dr Kiren Collison(KC), Clinical Chair Oxfordshire CCG
Ross Cornett (RC), Acting Head of Operations – Oxfordshire South Central Ambulance Service
Karen Fuller (KF), Deputy Director of Adult Services Oxfordshire County Council
Diane Hedges (DHe), Chief Operating Officer and Deputy Chief Executive OCCG
Jonathan Horbury (JH), Programme Director, Integrated Care for Oxfordshire
Benedict Leigh (BL), Deputy Director, Commissioning, Oxfordshire County Council
Val Messenger (VM), Interim Director of Public Health
Sara Randall (SR), Deputy Director of Clinical Services Oxford University Hospitals NHS Foundation Trust
Apologies:
Dominic Hardisty (DH), Chief Operating Officer Oxford Health NHS Foundation Trust
Andrew Elphick (AE), Chief Executive Officer Principal Medical Ltd
Yvonne Rees (YR), Chief Executive Oxfordshire County Council
Helen Shute (HS), Chief Executive Officer, OxFed

Agenda Item	Discussion	Actions
1.	<p>Notes of the previous meeting: 19 March and 15 January 2019</p> <p>Main Points of Discussion:</p> <ul style="list-style-type: none"> • Subject to noting SR was the Acting Director of Clinical Services and the Project Director action under Sustainability and Transformation Partnership (STP) Strategy Updated related to a Project Director for the Integrated Care System (ICS), the notes of the meeting held on 19 March were approved as an accurate record. • Whether the meeting was a Board or a briefing meeting and Group might be a more appropriate term. • A discussion to be held with the Oxfordshire Joint Health and Overview Scrutiny Committee (HOSC) Chair, Cllr Arash Fatemian, and YR around the status and terms of reference of ISDB as a sub group of the Health and Wellbeing Board (HWB). 	
	<p>Actions / Matters Arising:</p> <ul style="list-style-type: none"> • All attendees to review the January notes and advise any amendments • LP to discuss the status of the ISDB with the HOSC Chair and YR. 	All
2.	<p>STP Update</p> <p>Main Points of Discussion:</p> <ul style="list-style-type: none"> • An STP independent chair was required. The advertisement would be posted on NHS Jobs on Wednesday 17 April 2019 and was open to applications. It was confirmed that applications will be accepted from existing chairs and Non-executive Directors (NEDs) in the system. The link to the role to be circulated to members 	

	<ul style="list-style-type: none"> • A governance review was underway. STP wide workstreams would be agreed • The offer for an STP wide ICS was being reviewed and it was hoped to be at the point of an ICS across the STP aspirant by April 2020 • A current challenge was a single control total across the STP. Without an agreed STP control total access to the ICS transformation funds of £3.8m would be lost. As wave one ICS areas Berkshire West and Buckinghamshire had made commitments against the £3.8m and it had been agreed the balance would go to Oxfordshire as transformation monies • A Performance Standards Framework (PSF) needed to be agreed across the STP • A decision would be made on 17 April around whether a system Finance Directors meeting needed to be held. 	
	<p>Actions / Matters Arising:</p> <ul style="list-style-type: none"> • Organisations to feed back to their NEDs the STP independent chair role had been advertised and was open to existing chairs and NEDs • FW to forward the link to the STP independent chair advertisement to members. 	<p>All</p> <p>FW</p>
<p>3.</p>	<p>Population Health Management (PHM)</p> <p>Main Points of Discussion:</p> <ul style="list-style-type: none"> • The flat pack was a tool for effective system working as it drove forward PHM. • There were five overall aims for PHM: improve the health and wellbeing of the population; enhance experience of care; reduce per capita cost of health care and improve productivity; increase the wellbeing and engagement of the workforce; and address health and care inequalities. • The three core capabilities or building blocks were: infrastructure; intelligence; and interventions with a need to be clear on place level priorities, priorities were able to support networks, interventions could be implemented at place, and progress could be measured. • There would be a need to make PHM meaningful to the people undertaking the work • If data was available in one place it could be possible to produce proposals for the management of specific cohorts and prevent admissions • It needed to be targeted for GPs on what could be done for the population in a given area • Data could relatively easily be taken by postcode from the Growth Deal around planning for housing growth over the next five to 10 years • PHM was an enabler for which a set of core measures needed to be scoped • A Prevention Framework was being worked up in which an attempt to put PHM in understandable language had been made. If data PCNs would be receiving was scoped this could be slotted into the framework to help people understand and know how to approach • Federations had been considered and were providing feedback. <p>It was agreed a Task and Finish Group would be formed to commence the work.</p> <p>Actions / Matters Arising:</p> <ul style="list-style-type: none"> • A Task and Finish Group to be discussed outside of the meeting. 	<p>LP/JCo</p>
<p>4.</p>	<p>Update on Integration</p> <p>Main Points of Discussion:</p>	

	<ul style="list-style-type: none"> • The presentation related to an STP Integrated Care System (ICS) and a collaborative of providers in Oxfordshire. • The delegation of work in order to develop assessed options and focus around what was trying to be achieved. • There was focus on integrated approaches across providers of health and care and what needed to be different. • The integrated governance system in Buckinghamshire was explained as comprising a Partnership Board supported by Implementation Boards, a Financial Recovery Board, an Integrated Commissioning Board and Performance Assurance Boards. • Integrated delivery including some CCG responsibilities would start to move into the Boards, all of which would have provider membership. • The lead for the Partnership Board would also be involved with the STP to ensure all workstreams were joined up. • Integrated Care Providers (ICPs) would need some degree of lay and public membership. • The need to avoid duplication of work eg work had already been undertaken for the Older People’s Strategy and the HWB Strategy. • The need to consult on STP priorities in May. <p>Future steps for Oxfordshire would be:</p> <ul style="list-style-type: none"> • Agree organisational lead/s to develop options for delivery of integrated care • Agree the transformation priorities • Set up a System Integrated Management Team that would: <ul style="list-style-type: none"> • Group the contracts into reasonable integrated ‘Points of Delivery’ • Develop principles of behaviour and protocols • Link the ‘end to end system’, e.g. from wider PCNs (dentists, GPs, community services) through to secondary then tertiary care • <i>Distributing the Oxfordshire £</i> group was set up with an initial objective to secure 2019/20 agreements. It was recognised it should now evolve into the group that supports the ‘Finance and contract’ work stream and its deliverables <ul style="list-style-type: none"> • Work on 2019/20 agreements had identified some key areas which aligned to the integration agenda e.g. mental health (health and social care) and the urgent care pathway (HART and discharge) • Clarification on how PCNs, Federations and OCA work together in order to then progress thinking around incentivisation and risk share • Agree process to identify intended outcomes from population health management • Develop process to engage patient groups and the third sector in agreeing key success factors for ‘joined up, personalised and anticipatory care’ • Proposed work programme based on these elements for May meeting. 	
	<p>Actions / Matters Arising:</p> <ul style="list-style-type: none"> • A draft proposed work programme to be prepared for consideration at the May meeting. • Organisation leads/resources to take the programme forward to be considered. • The Buckinghamshire and Berkshire West proposals would be shared as there were many similarities. 	<p>JH All</p>
<p>5.</p>	<p>Feedback from Oxfordshire Clinical Leaders Group</p> <p>Main Points of Discussion:</p>	

	<ul style="list-style-type: none"> Some best practice had been circulated to the Clinical and Care Forum for consideration and comment. The difficulty in getting everyone together and the need for prioritisation of the meetings. Each place had been asked for form a clinical leaders group which the STP could approach. 	
	<p>Actions / Matters Arising:</p> <ul style="list-style-type: none"> The members of the Clinical and Care Forum to be circulated to the Chief Executives Chief Executives to encourage Clinical and Care Forum members to prioritise the meetings The work by Dr Zoe Cookson to be shared with ISDB members. 	<p>LC</p> <p>CEOs</p> <p>KC</p>
	<p>Workstream Updates</p> <ul style="list-style-type: none"> The workstream updates on Urgent Care, Planned Care and Long Term Conditions, Primary and Community Services Integration, Digital and Workforce were noted. A report on workstreams would be required for the 13 June 2019 HWB meeting. 	
6.	<p>Any Other Business</p> <p>There being no other business the meeting was closed.</p>	
7.	<p>Date of Next Meeting</p> <p>21 May 2019, 16.30 – 18.00, Conference Room A, Jubilee House</p>	

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