

Integrated System Delivery Board Meeting Notes and Actions

21 May 2019, 1630-1800

Present:
Stuart Bell (SB), Chief Executive Oxford Health NHS Foundation Trust
Lucy Butler (LB), Director for Children, Education and Families OCC
Andrew Elphick (AE), Chief Executive Officer Principal Medical Ltd
Louise Patten (LP), Chief Executive Oxfordshire CCG (Chair)
Yvonne Rees (YR), Chief Executive Oxfordshire County Council
Ben Riley (BR), Chair and Chief Clinical Officer, OxFed
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 (from 16.45)
Ross Cornett (RC), Acting Head of Operations – Oxfordshire South Central Ambulance Service
Karen Fuller (KF), Deputy Director of Adult Services Oxfordshire County Council
Kathy Hall (KH), Director of Strategy Oxfordshire University Hospitals NHS Foundation Trust
Dominic Hardisty (DHa), Chief Operating Officer Oxford Health NHS Foundation Trust
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 (from 16.45)
Sara Randall (SR), Deputy Director of Clinical Services Oxford University Hospitals NHS Foundation Trust
Apologies:
Sara Doughty (SD), South East Oxfordshire (SEOx) Federation
Bruno Holthof (BH), Chief Executive Oxford University Hospitals NHS Foundation Trust
Melanie Saunders (MS), South Central Ambulance Service ISDB Representative
Helen Shute (HS), Chief Executive Officer, OxFed

Item	Discussion	Actions
1	Notes of the previous meeting: 16 April 2019	
	Main Points of Discussion: <ul style="list-style-type: none"> • Notes of 16 April 2019 meeting approved. • Format of notes to be amended to provide item, main points of discussion and actions/matters arising. • Noted an update from the ISDB was required for the Health and Wellbeing Board (HWB) meeting on 13 June 2019. • The Task and Finish Group for the Population Health management work had been formed and meetings held. 	
	Actions / Matters Arising: <ul style="list-style-type: none"> • JC to pick up the action to circulate information on the work by Dr Zoe Cookson. 	JC
2	Sustainability and Transformation Partnership (STP) Update	
	Main Points of Discussion: <ul style="list-style-type: none"> • Three candidates had been shortlisted for the STP Independent Chair role with interviews on 24 May 2019. The interview panel would consist of the Improvement (NHSI) & NHS England (NHSE) and three Chairs from organisations across the BOB. The appointment would need to be signed off by the national team. • The BOB STP would morph to a shadow Integrated Care System (ICS) from the end of the month and be referred to as BOB ICS. 	

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	<ul style="list-style-type: none"> • Berkshire West and Buckinghamshire would be launched as Integrated Care Partnerships (ICPs). • Regional Director (South East) NHSI/E and the Director for Transforming Health Systems would be visiting Oxfordshire on 7 June 2019. A presentation was being prepared and organisations would work on a coordinated approach. • Delivery groups would be formed with place and STP representation. The Finance delivery group would be chaired by the OCCG Director of Finance. • Statutory obligations would remain at place, with existing statutory organisations which would form part of the ICP. • NHSE South East region was setting up a number of delivery boards on which the BOB ICS needed to be represented. These delivery groups would be slightly different to BOB ICS priorities. • KH was to take an item on strategy to the next HWB including explanation of the role of Integrated Care Partnerships. • A robust conversation on assurance assumptions had been held with the NHSE Deputy Regional Director and would be discussed with Chief Executives before sharing with the wider group. The general direction was a move towards self-assuring. 	
	<p>Actions / Matters Arising:</p> <ul style="list-style-type: none"> • The information to be provided at the NHSI/E visit to Oxfordshire to be reviewed. 	FW
3	<p>ISDB – Areas of Focus and Delivery</p> <p>Main Points of Discussion:</p> <ul style="list-style-type: none"> • PCNs would be a key part of delivering integrated care. Oxfordshire had achieved 100% PCN population coverage. • Documents suggested Federations could be enablers of services on a variety of fronts. A 30-50,000 population might not be of the breadth required to support the delivery of systems/services as desired and Federations might be seen as facilitators of services which were not able to be delivered at every PCN. • It was a key change in commissioning with some resources going directly to PCNs, with PCNs deciding how to group together and where to receive support from. • Queried how the PCNs would create the governance and structures required whilst meeting public expectations as the Federations had needed to do when they formed, although recognising this would be on a smaller scale. • The majority of services to be commissioned initially by PCNs were designated by NHSE. • Organisations with existing resources such as contracting and procurement could potentially offer their services and support to PCNs. • The system should look to form an Oxfordshire Integrated Care Partnership consisting of Oxford Health NHS Foundation Trust (OHFT), Oxford University Hospitals NHS Foundation Trust (OUHFT), Oxfordshire County Council (OCC), PCNs and commissioners. Consideration to be given to whether there was a need for a Managing Director role to pull together the workstreams and to lead on moving towards an ICP. • There was a distinction between transforming services and delivering services. There was a need to agree the accountability and scope for all place based work to then be clear around where were the boundaries for the STP/ICS level work. 	

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	<ul style="list-style-type: none"> • The Strategic Resourcing Group Directors of Strategy would ensure priorities were being delivered by workstreams and the Delivery Oversight Group would bring together workstreams and place. • Areas the Oxfordshire ICP should be covering: <ul style="list-style-type: none"> ○ Cancer ○ Children and Young People ○ Integrated Community Services ○ Mental Health ○ Planned Care ○ Urgent Care • The necessary resource to move forward was not available. There was a need to turn proposals and schemes into delivery. Strong programme governance and someone whose responsibility it was to deliver the work were required. A Managing Director role had been scoped, details should be circulated and how the role was funded discussed before recruiting on a fixed term contract. 	
	<p>Actions / Matters Arising:</p> <ul style="list-style-type: none"> • The cost and funding for the Managing Director role to be discussed at the Delivering the Oxfordshire Pound Group. 	BL
4	<p>Primary and Community Services Integration</p> <p>Main Points of Discussion:</p> <ul style="list-style-type: none"> • A specified PCN Task and Finish Group to be responsible for key aspects of the work over the 2019/20 financial year. • Workshop to be held on 13 June 2019 to explore the opportunities for integrating primary care and community services • Networks would be broader than practices and there would be a need to look at areas where action was required such as referral rates and health inequalities. • There was a responsibility to demonstrate a coordinated approach around PCN set up as there was an expectation this would be where population health management would start to be offered. • PCNs needed to be a longer term wider description of integrated services in a place. • There was a need to consider additional scope to primary care as well as whether other aspects such as benefits advice and housing should be included. • PCNs were the 'Lego bricks' and there would be circumstances where grouping for a particular service or set of services would be appropriate. 	
5	<p>Population Health and Care needs – Banbury and Surrounding Areas</p> <p>Main Points of Discussion:</p> <ul style="list-style-type: none"> • Proposed the Population Health and Care Needs Framework should be used in Banbury and surround areas, including neighbouring counties, to consider the health needs. • Lobby groups had been engaged on the proposed approach which had been favourably received. • The system was being asked through the ISDB to undertake a piece of work, which would include some of the transformation work at the Horton Hospital and the hospital bed service. • There would be a continual review of services and if there was a change in circumstances the services provided would be reviewed and reinstatement of a service might be considered. • The local population would be fully engaged throughout the process. 	

Item	Discussion	Actions
6	<p>Care Quality Commission (CQC) Action Plan Highlight Report</p> <p>Main Points of Discussion:</p> <ul style="list-style-type: none"> • The highlight report would be presented to the HWB on 13 June. • Three areas where problems identified: Organisational Development; Voluntary, Community and Social Enterprise (VCSE); Flow and Pathways. • Two initiatives around clinical staff needed to be linked in. • The Performance Evaluation Framework was regularly reported to the HWB. • Leadership to be through the Managing Director role. • LP and LB to present the Report at the HWB meeting. 	
	<p>Actions / Matters Arising:</p> <ul style="list-style-type: none"> • VCSE to be discussed outside of the room. • A plan to review all areas to be discussed. 	<p>BL/JC BL/DH</p>
7	<p>Any Other Business There being no other business the meeting was closed.</p>	
8	<p>Date of Next Meeting 18 June 2019, 16.30 – 18.00, Conference Room A, Jubilee House</p>	

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