London Health and Care Integration Collaborative

11th September, 3 to 5pm

MINUTES & ACTIONS

Present:	
Geoff Alltimes **(Chair)**	LGA & National Collaborative for Integrated Care
Rachel Bartlett	Head of Out of Hospital Service Transformation, NHS England – London Region
Julia Brown	Director of SEL PMO, Southwark CCG
Elizabeth Comley **(Minutes)**	Integrated Care Programme Team, NHS England – London Region / London Social Care Partnership
Rachael Crampton	Integrated Care, Southwark CCG
Tommy Denning	Policy Manager, DH and London Social Care Partnership
Jane Gateley	Director of Strategic Delivery, Barking and Dagenham, Redbridge and Havering CCGs
David Jones	Deputy Director (London Region), Department of Health
Peter Kohn	Director, Office of London CCGs
Khadir Meer	Head of Rectification and CCG Support, NHS England, London Region
John Morton	Chief Operating Officer, Barnet CCG
Paul Najsarek	Corporate Director, Adults and Housing, LB Harrow
Thirza Sawtell	Director of Strategy, North West London ICP
Grainne Siggins	DASS, LB Newham & ADASS London joint lead for health
Martin Smith	Chief Executive, London Borough of Ealing
Jay Stickland	Senior Assistant Director, Adults and Older People, RB Greenwich
Sarah Sturrock	Interim Strategic Lead for Health & Adult Services, London Councils
Dawn Wakeling	DASS, LB Barnet & ADASS London joint lead for health
John Wardell	Deputy Chief Officer, NHS Tower Hamlets CCG
Apologies:	
Caroline Alexander	Chief Nurse & London region SRO for Integrated Care
Conor Burke	Accountable Officer, Barking and Dagenham, Redbridge and Havering CCGs
Tom Coffey	GP and Chair, South West London Out of Hospital Programme Board
Tamsin Hooton	Director of Service Redesign, Southwark CCG
Jen Leonard	Head of Integrated Care, NHS England – London Region
Mark Spencer	Medical Director, NHS England – London Region
Dominic Wright	Accountable Officer, Richmond CCG
Observing:	
Issy Brant	Champion, Changing Our Lives & MP, Dudley Peoples Parliament
Lucy Dunstan	Changing Our Lives
Anne Hackett	People, Communities and Local Government, DH
Subtan Mahmood	Changing Our Lives
Matthew Quinn	Shadowing Thirza Sawtell

Agenda Item	Minutes and Actions	Responsible
1.	**Introductions and apologies – Chair** Geoff welcomed Issy Brent from Changing Our Lives and Dudley Peoples Parliament who was spending the day shadowing Jon Rouse in Department of Health.	
2.	**Minutes, actions and matters arising – Chair (Attachment A)** Minutes of the meeting on 5th August were agreed with the addition of apologies from Dawn Wakeling and Grainne Siggins.	Programme team
3.	**Planning for the Integration Transformation Fund (ITF) and other national updates – Chair (Attachment B)** Geoff Alltimes provided a summary of the background to the ITF and this was followed by a detailed and active discussion by members of the Collaborative, including the following points: • There is no 'new' money, half of it is already in the system but we must revisit how it is spent • £1bn of the money is only to be released on the basis of a PbR system – nationally, the means to identify whether areas are on target so that this money can be released must be agreed • NHS England and LGA are the core team developing the ITF template proposals and are reporting to a wider group that includes the Treasury, DH and DCLG • This is all subject to ministerial sign-off, the latest time for this to happen is 10th October, therefore a final draft will be prepared for late September and there may be a chance for this to be tested with a small number of Collaborative members • There is an agreement that the process must be kept as simple as possible, however, to satisfy the political process there must be a means to measure delivery and savings achieved • Measures are likely to include delayed discharges, hospital admissions, access to reablement, outcomes of reablement within 91 days, friends and family test, residential care admissions • There will be scope for areas to include local measures but this will be optional. There would be a risk in including further measures and then not meeting targets • A National Integration Implementation Steering Group has been established, chaired by Bill McCarthy and Carolyn Downs. The first meeting is on Monday 23rd September. • The Collaborative meeting is a helpful opportunity to test the ITF proposals with the people that will be implementing them and to influence national policy on the basis of London's experience of integrated care • Planning for the ITF needs to be integrated with: o The Call To Action with the expectation that CCGs will develop 3 - 5 year strategic plans with 2 year allocations and 2 year operational planning guidance	

	o Section 256 funding transfers o DH policy on vulnerable older people • The importance of the ITF acting as a catalyst for something much bigger was recognised. Plans should focus on improving the whole system • The ambition should be to have a single local plan between local authorities and CCGs that sets out a vision with the ITF being an extract from those plans, approved by the Health and Wellbeing Board • It is crucial to get front line staff working differently to achieve change. Greenwich set a broad vision and let staff develop the ways in which they were going to achieve it. **Measures and data** • Agreement that the measures included were appropriate and expected • It was suggested that length of stay in hospital should be included • Consideration should be given to the measures that will most impact acute trust behaviour and activity. For this reason, measuring timely discharge of medically fit patients may be more appropriate than delayed discharges in total • The data set collected under ASCOF is due to change (April 2014?) which may impact on the data requirements for the ITF • Use of the term 'protecting social care services' rather than 'social care spend' was intended to indicate that the focus was on protecting social care outcomes, not levels of spend • Carers are currently absent from the ITF metrics but can be the focus of initiatives in underpinning local plans **Health and Wellbeing Boards** • Agreement of plans by HWBs will be an indicator of the robustness of the plans and an achievement in itself. • National partners were urged to avoid placing duties on HWBs to produce performance reports • The ITF was discussed at the first meeting of the London HWB Chairs network, particularly their role in signing-off plans. • Providers are a key partner and need to agree and buy-into plans. This can be achieved via HWB if providers are members. **Finance** It was agreed that CCG allocations need to be published as soon as possible along with clarification as to why specialist commissioning does not have to contribute a share of the £3.8bn. **In conclusion:** • Collaborative members agreed that the ITF process would be achievable locally with most areas already being on this pathway. • It is crucial that as much of the process as possible is locally driven and agreed upon. The key won't be the plan but whether it is bought into locally	

	• The ITF planning process and implementation should act as a spring board for a joint understanding local and a joint vision for whole system transformation • A London programme of support for localities would be of value, especially in terms of sharing learning and ideas. It was agreed that links should continue to be made to capture a full account of what is happening across London. Support on impact analysis and the evidence base would also be welcome. • The importance of the national programme of work and the relationship with the London programme was acknowledged. **Actions** Feedback from today's discussion, including those made by CCGs in the paper, to be fed back to the national partners Email to Collaborative to seek volunteers to comment on further iterations of ITF proposals Continue work to capture a fuller account of integrated care in London, linking to the national programme of work to avoid duplication Collaborative members to use their networks to encourage localities to contribute to the national database of integrated care initiatives and to complete value cases Seek volunteers for a steering group to help shape the London regional road show in November How to best share learning across London and consider the role of peer challenge / review – to be included on agenda for next meeting Collaborative members agreed to share draft local plan templates (similar to Ealing's early first draft plan). Members can either circulate themselves or send to elizabeth.comley@nhs.net for circulation	Geoff Alltimes Programme team Programme team ALL Programme team Programme team ALL
4.	**Development of a narrative for London – David Jones (Attachment C & D)** David Jones introduced the papers as a response to discussions at the previous meeting on the case for London and whether a compelling narrative was necessary (separate to the narrative developed by National Voices). It was agreed at the last meeting that people across London were not always 'on the same page' or meaning the same thing when talking about integration. This becomes particularly important with leaders from across health and social care coming together across 33 boroughs to construct local plans for change. The four columns of the narrative 'straw man' were described.	

	Comments • It is important to consider the audience for a compelling narrative. It was suggested that one piece of working going forward could be to make this compelling to the public. • It was agreed that areas such as mental health and end of life care should be included. • Changing behaviour, the role of self care and how successful we are in empowering people should be considered, along with how we measure this. • The demographic differences across boroughs were noted; should we refer to the top 20% of high risk patients rather than population groups such as the frail elderly. • The use of the word 'might' is crucial as it makes it non-prescriptive. **In conclusion:** • this will be useful in local discussions • further work could be done to include measurements • the development of a narrative aimed at users would be of value **Actions** Provide David Jones with the spider diagram measurement tool previously used so areas can judge when they are against the ideas included in the narrative. Collaborative members to provide feedback to David Jones on how this is used locally and any suggested amendments Collaborative members to send to David Jones any other pieces of work they have done locally on a public facing narrative e.g. 'Mrs Smith' type examples	Peter Kohn ALL ALL
5.	**Programme Update – Rachel Bartlett (Attachment E)** Rachel Bartlett went through each of the previously agreed programme areas and highlighted that these will change and/or be added to as the Collaborative evolves. 1. Compelling narrative – covered under agenda item 4 and to be progressed based on agreed actions 2. Fuller account of integrated care in London – covered under agenda item 3 and will be aligned and progressed with the national programme of work 3. The evidence base – AHSNs including UCL Partners are developing a value scorecard for frailty. Agreed that Jenny Shand will be invited to the next meeting to discuss further 4. Measures – to be discussed further at the next meeting 5. Key success factors – programme will focus on 'big 3': IT, workforce and finance. An initial meeting to discuss problems with IT and data sharing has been arranged for September to	

	scope where there are currently gaps and where work can be done. The findings from this meeting will be fed back to the Collaborative at the next meeting to enable the group to agree next steps 6. Community Health Services commissioning guidance – discussion focused on what work could be done on this that would be of use. It was agreed that the group should be remain connected to this work and that NHS England – London Region should feedback any developments at the next meeting of the Collaborative. **Comments** • For the Community Health Services commissioning guidance, the connection between primary care development and community services is important • It is important to feed into the contracting round and think about how we use levers and incentives to drive the integration agenda • Continuing to maintain links to the National Collaborative is crucial • CCGs are working closely with NHS England – London Region to connect the commissioning plans for 2013/14 **Actions** Integrated care programme team to email collaborative members requesting that any issues relating to IT and data sharing are sent in to inform the session later this month Invite to Jenny Shand, UCL Partners to attend the next meeting	Programme team Programme team
6.	**AOB – Chair** NHS England – London region paper on the Citizen Assembly, relating to patient and user engagement, was provided for members to take away ready for a discussion at the next meeting. It was also noted that there is continued engagement with Jeremy Taylor. It was agreed that Collaborative papers can be published on the Knowledge Hub following meetings. Membership of the Collaborative will remain open. Members were encouraged to send alternates if they are unable to attend in future. **Actions** Check whether Ealing's early first draft plan can be published along with the other papers.	Martin Smith