

Council of Governors: 19.7.18
Agenda Item: CGo.7.18.15

REPORT FROM THE PARTNERSHIPS COMMITTEE

Presented by:	Bill McCarthy, Chair	Author:	Edward Cornick, Head of Policy
Previously considered by:	Board of Directors on 12 July 2018		

Key points	Purpose:
1. This paper provides a brief summary of the key matters that were discussed at the meetings of the Partnerships Committee held on 23 March 2018 and 25 May 2018	To note and gain assurance

Executive Summary:
<p>The purpose of the Partnerships Committee, as set out in its Terms of Reference, is to provide scrutiny of the partnership work the trust carries in order to provide assurance, in particular in relation to the delivery of the trust clinical strategy and, if necessary, raise concerns or make recommendations to the Board of Directors.</p> <p>Partnerships Committee: 23 March 2018</p> <p>1. Key matters discussed at the meeting</p> <ul style="list-style-type: none"> • The collaboration with Airedale Foundation Trust • “Vertical” integration • WYAAT and the STP • Proposed new projects to support partnership work & Partnership Committee business workplan 2018/19 <p>2. Key Matters</p> <p>2.1. Airedale Collaboration Update</p> <p>John Holden presented an update to the committee regarding the latest on the collaboration with Airedale Foundation Trust (AFT). The discussion:</p> <ul style="list-style-type: none"> • Confirmed that some preliminary discussions had taken place about possible models of shared governance in support of closer working. • Noted that Airedale Foundation Trust (AFT) have now advertised for a replacement CEO • Noted that we are already in close partnership with AFT for the delivery of several services, so some level of continued joint working will always be required. Working out how that collaboration is best done is the challenge. • Noted that both BTHFT and AFT have to buy into a model that can be shown to put patients rather than organisations first. <p>In summary the committee agreed:</p> <ul style="list-style-type: none"> • There is a need to develop better understanding of clinical governance arrangements and financial flows for services that currently have interdependencies between AFT and BTHFT,

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which will help inform the future direction of collaboration.

- This there is a requirement to talk about the future direction of the collaboration with the new CEO once they are appointed.

2.2. Vertical integration update

John Holden presented an update to the committee regarding the latest on the “vertical” integration and collaboration work the trust completes. The discussion:

- Noted designing a diabetes pathway and outcomes specification contract continues to take a considerable amount of work between all partners.
- Noted ongoing work between the trust, other providers and commissioners concerning out of hospital care (“intermediate care”), which is focusing on the location of community beds to provide step-up and step-down facilities.

In summary the committee agreed:

- On the need to educate and communicate the local population on the changes to where care is delivered. This should be fed through to the integrated care board.
- The impact on the virtual ward models, as outlined in our clinical strategy, needs to be an integral part of any discussion about which is the optimal model for community beds.

2.3. WYAAT and STP update

John Holden presented an update to the committee across several areas of “horizontal” collaborative work. The discussion:

- Noted that the WYAAT decision on where the other arterial centre is located (BTHFT or Calderdale and Huddersfield Foundation Trust - CHFT) is imminent, with a final WYAAT Committee in Common decision due on April 24.
- Noted that trusts across WYAAT are considering their business cases for wholly owned subsidiaries (WOS) for estates and facilities.
- Noted there is a WYAAT project assessing service sustainability, which is looking at services that need to be addressed collectively by WYAAT.
- Noted that on 16 February the West Yorkshire STP submitted its expression of interest in becoming an integrated care system.

2.4. New projects to support partnership work & Partnership Committee business workplan 2018/19

Edward Cornick presented some potential new projects to support partnership work & the Partnership Committee business workplan 2018/19. These included:

- Investigation of state of play of bi-lateral relationships
- Assessment of national body influence on partnership work
- Analysis of findings/relevance in other acute collaborations – e.g. national vanguards programme
- Assessing the local “Accountable Care system” (i.e. vertical integration)
- Economic assessment of Bradford system

The committee discussed these areas and concluded:

- An assessment of the relationship between the trust and the local Bradford economy is a key piece of work which should be brought back to this committee at a later date.

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- An assessment of the relationship between the trust and bilateral relationships across West Yorkshire (ie not just Airedale FT) would be useful.

Partnerships Committee: 25 May 2018

1. Key matters discussed at the meeting

- Airedale collaboration
- Vertical Integration
- Horizontal Integration
- Stakeholder engagement process

2.1. Airedale Collaboration update.

John Holden presented an update to the committee regarding the latest on the collaboration with Airedale Foundation Trust (AFT). The discussion:

- Noted a CCG led review of current service interdependencies across the two trusts is due to begin shortly. This will map the way that services currently interact and propose remedies for issues identified.
- Noted the CCG is also providing additional funds of £100k to optimise the existing joint stroke service, which will be used for further programme management and OD support.
- Noted more broadly this work will help define the type of collaboration the trust takes forward with AFT, and that due to the geography of the two trusts and the patient populations served, it is in BTHFT's interest to ensure that AFT is sustainable.
- Highlighted that the trust needs to ensure that the CCG review of interdependent services gets to the bottom of any clinical governance issues between the organisations.

The committee agreed that

- BTHFT should ensure it develops a more systematic relationship with AFT, consistent with BTHFT's clinical strategy, and also ensure all actions do not undermine safe patient care for both trusts' patient populations.

2.2. Vertical Integration update

John Holden provided an update for this item, focussing on the local Out of Hospital Programme, which is looking at the designation of community bed locations across Bradford. The discussion:

- Noted there is currently a discussion with CCG, primary care and GP partners over several different potential local configurations for community beds. The favoured option of local partners is for three separate community bed sites, but with a single assessment centre on one site. However BTHFT also has a concern that this may not necessarily be the best way to provide step-up/step-down facilities to and from acute care.
- Noted that whatever community solution is implemented it will have to fit with BTHFT's virtual ward strategy, and that clinicians involved with that strategy are aware of this work.

The committee noted the update.

2.3. Horizontal Integration update

John Holden provided an update on BTHFT's horizontal integration work. The discussion:

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- Noted that the WYAAT vascular arterial centre process has come to a recommendation - with BTHFT selected as the preferred site, with the recommendation has now been referred to NHSE for ratification, and that NHSE will also need to decide whether there is a need for public consultation as result of the service change.
- Noted that the STP is in the process of drafting a clinical strategy. It is mainly focused on mapping what aspects of specialties should be delivered in each setting (for example in acute, community or primary). It is not proposing, as yet, to look to define what geographic locations specialties should be delivered from.
- Noted that the STP has been designated by NHSE as a “shadow” Integrated Care System, which is a vote of confidence from NHSE in the progress of the STP. As part of the process of becoming an ICS, the STP has been drafting a Memorandum of Understanding (MoU), which is close to being finalised. It was noted the STP anticipates a final version can be signed off by the boards of individual statutory organisations in the summer.
- The MoU’s latest draft was discussed in some detail by the committee, assessing:
 - The proposed structure and groups with the new governance.
 - The proposed dispute resolution process
 - The implications on the trust of the financial section of the MoU
 - The implications of the MoU on the NHSE/I relationship with the STP and the Trust.

In response the committee noted the following points.

- That the composition of the proposed STP system oversight and assurance group presents a risk if there is ongoing representation of the acute sector from only one trust.
- There will be an onus on non-exec partnership committee members to ensure that the work of the proposed partnership board in the STP governance aligns with, and is updated on, in partnerships committee.
- There are still many grey areas in the MoU, particularly regarding where decisions should be made in the STP and by which bodies. These grey areas will have to be worked through by the STP once the MoU starts to be implemented. As a result the Trust Secretary should attend future partnership committees to ensure they are kept up to date on progress.

In light of this discussion the committee agreed the following points:

- Content to recommend signing up to the MoU, providing the final version does not contain any material changes from the version viewed by this committee.
- The final version of the MoU, along with the views of this committee will be taken by CK to the BTHFT board in July to propose sign off. [**POST MEETING NOTE:** *MoU is now due to come to September Board*]
- The Trust Secretary should become an attending member of this committee
- The trust should seek legal advice on the implications of signing up to the MoU before it is taken to full board

2.4. Stakeholder engagement process

John Holden provided an update on the development of a metric to measure the trust’s stakeholder engagement.

- The committee were appreciative of the work on stakeholder engagement which they felt was important and useful. However they commented that the use of a number to rank each

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stakeholder engagement relationship did not necessarily take into account the nuance of what are the key relationships that trust holds and what the trajectory is for improving those key relationships.

The committee agreed that:

- Stakeholder relationships, and the subsequent RAG rating, should be based on an overall subjective assessment from the strategy and integration team which draws on the views from the stakeholder key account holders.

The Council of Governors are asked to note the contents of the report.

Financial implications:

Regulatory relevance:

Monitor:

**Equality
Impact /
Implications:**

Is there likely to be any impact on any of the protected characteristics? (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)

Yes ☐ No ☒

If yes, what is the mitigation against this?

Other:

**Strategic
Objective:**

*Reference to
Strategic
Objective(s)
this paper
relates to*

To collaborate effectively with local and regional partners