

**PARTNERSHIPS COMMITTEE
MINUTES, ACTIONS & DECISIONS**

Date:	Friday, 22 March 2019	Time:	14:00-15:30
Venue:	Trust Meeting Room, Trust HQ, BRI	Chair:	Trevor Higgins, Acting Chair
Present:	Non-Executive Directors: - Trevor Higgins, Acting Chair (TH) - Amjad Pervez, Non-Executive Director (AP) - Professor Laura Stroud, Non-Executive Director (LS) Executive Directors:- - Professor Clive Kay, Chief Executive (CLK) - Bryan Gill, Chief Medical Officer (BG) - John Holden, Director of Strategy and Integration (JH) - Matthew Horner, Director of Finance (MH)		
In Attendance:	- Edward Cornick, Head of Policy (EC) - Alison Smith, Head of Partnerships (AS)		
Observers:			

No.	Agenda Item	Action
P.3.19.1	Apologies for Absence	
	None	
P.3.19.2	Declarations of Interest	
	None	
P.3.19.3	Minutes and actions of the meeting held on 25 January 2019	
	The minutes were approved. It was agreed the only open action, holding a joint Partnership board with CCGs could be closed (the action was initiated at the CCGs request but they had not followed up on requests to hold the joint meeting).	
P.3.19.4.1	Matters arising from the Board of Directors	
	None	
P.3.19.5	Strategic Risks relevant to the Committee	
	The committee noted that the strategic risks relevant to the committee would be discussed in detail in the vertical integration, horizontal integration and Airedale collaboration items.	
P.3.19.6	Vertical Integration update	
	<p>JH presented this item to the committee, describing the strategic risk associated with this item (3090) and mitigating actions.</p> <p>JH noted that the Strategic Partnering Agreement (SPA) had been discussed at the last BTHFT board. In that discussion the board agreed it was content to give approval for the Trust to sign the final version of the SPA at the upcoming Integration and Change Board (on the proviso the final version did</p>	

	<p>not include any substantive changes). It was noted that other organisations in the SPA were currently undergoing a similar approval process as detailed in the Annex A for this item.</p> <p>JH noted the ongoing work in Diabetes care that is underway at a place based level. He noted BTHFT continues to participate in the project and a two-year phased implementation is planned.</p> <p>JH provided an update on the work the Trust is completing in the place based community partnerships programme. He noted that this area of work has been given prominence in the new NHS long term plan, and that community partnership work will also be a key part of the 5 year plan the West Yorkshire and Harrogate Health and Care Partnership is developing.</p> <p>In the discussion that followed the following points were raised:</p> <ul style="list-style-type: none"> • That BTHFT should use the community partnerships programme of work to develop the Trusts virtual ward model, and work closely with GPs in expanding these types of models. • That BTHFT continues to be aware of the ongoing tension of programmes being conducted at a place level and West Yorkshire and Harrogate level, in particular as the organising unit (place vs ICS) of local NHS care continues to be debated. • BTHFT monitors the risk of secondary care carrying an undue amount of risk in place based programmes of work, and to explore genuine partnership models. <p>The committee noted the discussion and the update.</p>	
P.3.19.7	Airedale Collaboration update	
	<p>JH presented this item to the committee, and described the strategic risks associated with this item (3260 and 3255) and mitigating actions.</p> <p>The committee made the following points in responding to JH's update:</p> <ul style="list-style-type: none"> • It was noted that despite the Trusts aligning with each other strategically for the programme, there is likely to still be some level of mistrust of each other in the initial stages of the work. • The programme needs to move at pace if it is to deliver the benefits required. • The Trust needs to ensure that the programme does not only become a vehicle for the Trust supporting vulnerable services at ANHSFT - there also needs to be genuine transformative work that helps BTHFT develop its service profile. This needs to be borne in mind in the initial stages of the programmes where the work is prioritised. • It was also noted however that a balance needs to be struck: if any services at ANHSFT do become unsustainable then BTHFT will likely be required to step in to help support (as occurred in the case of stroke service), so it is the Trust's interest to work with ANHSFT to address these issues as early as possible. <p>Action: The committee agreed these issues need a strategic level discussion at board level, and this could usefully be done at the next board development session on 11 April 2019.</p>	JH

	The committee noted the discussion and the update.	
P.3.19.8	Horizontal Integration update	
	<p>JH presented this item to the committee, and described the strategic risks associated with this item (3091, 2380 & 3293) and mitigating actions. He noted that the work with WYAAT and the ICS has not advanced significantly since the update provided at the last committee, other than work is being completed on revising a capital bid for the hybrid theatre required for the arterial centre.</p> <p>The committee noted the discussion and the update.</p>	
P.3.19.9	Well Bradford Update	
	<p>JH presented this item to the committee. He noted that although Well Bradford is not one of the standing items on the committee workplan, it is a strong example of innovative partnership working for an acute Trust is involved in and therefore it is appropriate for it to be periodically updated on in committee.</p> <p>In his update JH noted the following:</p> <ul style="list-style-type: none"> ▪ BTHFT is the lead organisation in Well Bradford, having formed a partnership with Bradford Council and Bradford CCGs. Its aim is to work with individuals, community groups and partners to enable the local communities in Bradford to take ownership of their environment, health and wellbeing. He noted that series of projects are already underway in Girdlington, Home Wood and Keighley. ▪ JH noted this has previously been part of a boarder Well North programme of work, but this partnership is reaching the end of its initial programme. Therefore Well Bradford will be operating autonomously from now on. A full time Programme Director is now in post, who reports for the Director of Strategy at BTHFT, and there is a defined visions and strategy for the programme over 2019/20. <p>The committee noted the update and commended the objectives of the programme and the work it is undertaking.</p>	
P.3.19.10	Partnership Committee Dashboard	
	The committee approved the Partnership committee dashboard	
P.3.19.12	Board Assurance Framework	
	The BAF was reviewed by the committee. It was agreed it would be amended to include recent developments in its controls ahead of it being submitted to the next full board.	
P.3.19.13	Any Other Business	
	It was recognised that this was the last Partnership Committee that CLK would attend. The committee thanked CLK for his contributions to the Committee.	
P.3.19.14	Matters to share with other committees	
	None	
P.3.19.15	Matters to Escalate to the Strategic Risk Register	

	None	
P.3.19.16	Matters to Escalate to the Board of Directors	
	It was agreed that a discussion on the collaboration with Airedale should be brought to the next board development day on the 11 April 2019.	
P.3.19.17	Items for Corporate Communications	
	None	
P.3.19.18	Date and time of next meeting	
	17 May 2019 2-4pm, Trust HQ meeting room.	

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
22/3/2019	P.3.19.7	Bring a discussion to the next available board development session about some of the strategic risks associated with the collaboration with Airedale	Director of Strategy & Integration	30/04/2019	Session delivered at board development session held 11 April 2019. Action concluded.