**Minutes from the Health and Wellbeing Board – JCEG**
**Monday 24 October 2016**
**North London Business Park, Boardroom**
**14.00 – 15.30**

**Present:**
(AH) Andrew Howe, Director of Public Health, Barnet and Harrow Public Health Team
(CM) Chris Munday, Commissioning Director Children and Young People, LBB
(KH) Kirstie Haines, Strategic Lead Adults and Health, LBB
(MA) Muyi Adekoya, Integration, LBB/CCG
(NH) Neil Hales, Assistant Director Commissioning Development, CCG
(RH) Roger Hammond, Interim Chief Finance Officer, CCG (Chair)
(ZG) Zoë Garbett, Commissioning Lead Health and Wellbeing, LBB (minutes)

**Apologies:**
(AD) Anisa Darr, Resources Director, LBB
(DW) Dawn Wakeling, Commissioning Director Adults and Health, LBB
(NS) Neil Snee, Interim Director of Integrated Commissioning, CCG

| | ITEM | ACTION |
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| 1. | **Welcome / Apologies**<br><br>As Chair, RH welcomed the attendees to the meeting.<br><br>Apologies were noted as above. | |
| **Policy and strategy** | | |
| 2. | **NCL Sustainability and Transformation Plan (STP)**<br><br>RH gave an overview of the STP development. The health and care organisations within this NCL geographic footprint have been working together to narrow the gaps in the quality of care, their population's health and wellbeing, and in NHS finances. RH stated that the STP had been submitted on Friday 21 October. RH stated that the financial assumptions within the plan exclude adult social care and specialist commissioning.<br><br>RH stated that, due to guidance from NHS England, the CCG is currently unable to publish the plan. | |

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| **3.** | **Draft Joint Health and Wellbeing Strategy including Barnet's Health Profile**<br><br>AH introduced the paper by explaining that the annual report of the Joint Health and Wellbeing (JHWB) Strategy builds on the reports that have been going to each HWBB and suggests priorities for the coming year.<br><br>The Group reviewed the Barnet Health profile for 2016 and **AH stated that the violent crime indicator would be discussed with Community Safety.**<br><br>CM went on to describe the importance of this indicator with regards to safeguarding. Barnet has seen an increase in serious youth violence and the Council is exploring ways to target resources.<br><br>AH drew the Groups attention to childhood immunisation rates which have been a key focus of the Health and Wellbeing Board (HWBB) over the last year. AH explained that NHS England would be presenting a paper to the HWBB on the 10 November which includes data from practices rather than the COVER system. CM stated that the rates still needed to improve and welcomed the opportunity to discuss this with NHS England at the HWBB.<br><br>The Group asked **ZG to add more detail about the Care Closer to Home programme.** The Group asked for an item on the next agenda about Care Closer to Home.<br><br>AH asked how the paper linked with the CCG's commissioning intentions.<br><br>RH explained that letter had been sent to providers. **RH / NH to circulate to the group.**<br><br>**ZG to work with the CCG with regards to the CCG commissioning intentions being presented at the HWBB.** | **AH**<br><br>**ZG**<br><br>**RH/NH**<br><br>**ZG** |
| **4.** | **Care home update**<br><br>MA provided an introduction to the item explaining that, in late 2014/15, a lot of work was done to review the quality of care home provision in the borough. A strategy was developed to address the gaps and to enhance quality including workforce development and support in care homes.<br><br>MJ explained the joint Council and CCG project exploring how to improve ways of assessing and monitoring quality through the use of a Quality Assessment Framework (QAF) in Nursing and Residential Homes. The project aims to align and improve the assessment and monitoring of quality.<br><br>MJ went on to describe how a tool had been implemented in Birmingham which developed into a CQUIN and involved the LA and CCG. MJ stated that there is an appetite to use the tool in Barnet.<br><br>NH asked about the finances for the project. MA stated that Birmingham have offered Barnet the use of the tool free of charge if Barnet acknowledge Birmingham's develop of the tool. MA explained that the commissioner resource required needed to be scoped and that the issues identified by the tool would be | |

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| | addressed by the care homes themselves.<br><br>KH asked if the Care Quality team in LBB had been involved to date and MJ stated that they had been.<br><br>KH noted the importance of a good relationship with CQC for this to work. MJ explained that the tool supported the development of an improved and proactive relationship with CQC.<br><br>MJ asked the Group to consider supporting the tool and how delegated authority would be addressed (one owner of the tool used by both authorities).<br><br>AH supported the tool but felt that more information was required regarding short and long term impacts.<br><br>The Group agreed to support the proposal of a Quality Assessment Framework (QAF) in nursing homes and in the longer term residential homes.<br><br>The Group asked for a report to the next meeting which looked at how this will work in practice, what the best processes are for both organisations and what the role and responsibilities are between the organisations. | **MA** |
| **5.** | **Roll out of BILT**<br><br>MA presented the BILT update regarding the roll out of the provision. Prior to the roll out BILT had only been operating in the west with GP referrals. The team received 529 referrals, 288 of which had been discharged. MA stated that there had been an expectation of more referrals; a new risk tool has been commissioned which will risk stratify segments of the population for BILT and allow BILT to make contact for intervention. BILT will also be able to identify its own patients. The joint funding for BILT in year one was £759,369 and year 2 is just over £1m.<br><br>MA went on to explain that BILT is currently working with 8 practices in the west of the borough. This will increase by 10 further practices from across the borough identified as having the most high risk patients.<br><br>MA went on to describe a current issue around digital record consent which is vital for the project. NHS digital prefer an opt-in approach which has an anticipated response rate of approximately 3%. An opt-out approach is preferred, processes around this are being considered to ensure that people have enough time to opt-out if they would like to.<br><br>AH asked whether the service would be able to absorb such a large increase in case load. MA stated that this would be monitored.<br><br>KH stated that the new context of the Care Closer to Home programme was important for this service. KH also stated that the outcomes, impact and cost of the service would be analysed. | |
| **6.** | **BCF Finance and performance dashboard**<br><br>**Dashboard** | |

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| | KH provided an overview of the BCF dashboard, stating that:<br>• Delayed transfers of care (DTOCs): have remained above target for both NHS and Social Care delays in Q2. Barnet does not have delays in assessing clients - systems are in place, including an Assessment Notification Screening Role, to ensure assessments are allocated, prioritised and acted on promptly. This role is working well and ensures that limited resources are targeted appropriately to ensure prompt discharges. As a result, Barnet performs much more strongly than its comparators. Challenges around the shortage of homecare capacity remain. Work is being carried out to rationalise lists of patients awaiting discharge and streamline handoff processes, as well as putting in place dedicated escalation routes to resolve issues quickly.<br>• Non-elective admissions: Q1 non-elective admissions for Barnet CCG patients are 121 (1.6%) below plan.<br>• Permanent admissions to residential care: reported admissions are still well below target at the end of Q2 (169.7 against the 192.7 per 100,000 population target).<br><br>NH stated that this linked to resilience work that the CCG is working on which would be good to bring to this group.<br><br>**Finance**<br><br>RH stated that overall the BCF finances were on plan. RH recognised the pressures in the system on both sides.<br><br>KH asked for diagnostics and the plans in place to minimise the community equipment pressure on both sides. The Group will receive a paper at its next meeting about this.<br><br>**Report from finance group regarding pooling budgets for BCF**<br><br>RH acknowledged the report of the finance group and asked for a further report of how the organisations will take forward the pooling arrangements. The finance group are required to answer the questions laid out in appendix 1 of the paper to establish the pooled from April 2017.<br><br>The Group agreed to establish the appropriate process through the BCF pooled budget and then replicate this for the other section 75 agreements.<br><br>CM explained that there would be a pooled fund for CAMHS which will require a new section 75 agreements. | **NH** |
| **7.** | **Section 75 – performance and audit update**<br><br>ZG highlighted that the actions required for the S75 Audit have now been completed. RH thanked ZG and KH for the work that they had undertaken on this.<br><br>ZG went on to add that two section 75 agreement highlight reports were not received, these were for Mental Health (BEH MHT) and learning disabilities. **ZG to chase and update NH if these are not received.**<br><br>ZG noted that some of the risks highlighted in the report had already been discussed as part of the agenda. ZG stated the risks around the children section 75 | **ZG** |

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| | agreements which are being addressed by commissioners.<br><br>ZG stated that a S75 annual report would be bought to JCEG in January ahead of the Health and Wellbeing Board.<br><br>ZG mentioned that she is working with the Childrens JCU to secure the appropriate agreement to extend the overarching section 75 agreement infinitely (similar to the adults overarching agreement) as well as extending the three section 75 agreements under this (SALT, LAC and OT) for 3 years until March 2019. For the Council CM can agree this under delegated authority, for the CCG this has to go to the Governing Body in November. | |
| **Business** | | |
| **8.** | **Minutes of previous meeting – 23 August and action log**<br><br>The minutes were agreed at the HWBB on the 17 September. No changes were made.<br><br>The action plan was updated. A number of actions were covered in the agenda, in addition:<br>• The outstanding BCF financial report from the last meeting has been circulated<br>• The CCG and LBB extended the adults overarching section 75 agreement indefinitely with extension/variations to the BCF, Voluntary Sector and Equipment schedules<br>• Integration of health into 0 – 25 was taken to HSCI Board in September for discussion and action<br>• Primary care strategy and risk stratification went to the HWBB for discussion in September<br>• The CCG and Council continue to meet to discuss the third party spend review to ensure alignment<br>• The CCG's Mental Health Task and Finish group is meeting to take forward the reimagining programme. | |
| **9.** | **Health and Wellbeing**<br><br>**Health and Social Care Integration (HSCI) Board**<br><br>The Group heard how the HSCI Board had met to discuss the STP, Accountable Care, Care Closer to Home and health integration in the 0-25 programme. The minutes of the HSCI Board will be reported to the HWBB in November.<br><br>**Health and Wellbeing Board (HWBB) – Forward Plan**<br><br>The Group noted the forward work programme for the HWBB. | |
| **10.** | **AOB**<br><br>None. | |

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| | **Next meeting (JCEG):**<br><br>23 November 13.30-15.00, Boardroom<br><br>• BCF Quarter 2 sign off (due 25 November 2016)<br>• Resilience update and links with other programmes (including winter planning) (NH)<br>• Community equipment – diagnostics and further action (MA)<br>• Care closer to home (NH)<br><br>4 January 10.00-11.30<br><br>• Section 75 Annual report<br>• Care homes updates (LBB / CCG)<br><br>20 February 15.30-17.00<br><br>• BCF Quarter 3 sign off | |