



Minutes from the Health and Wellbeing Board – JCEG Wednesday 23 November 2016 North London Business Park, Boardroom 13.30 – 15.00

Present:

- (AH) Andrew Howe, Director of Public Health, Barnet and Harrow Public Health Team
- (CMc) Collette McCarthy, Head of Children's Joint Commissioning, LBB/BCCG
- (DW) Dawn Wakeling, Commissioning Director Adults and Health, LBB (Chair)
- (MA) Muyi Adekoya, Joint Commissioning Manager Integration, LBB/BCCG
- (JF) John Ferguson, Primary Care Transformation Lead / Care Closer to Home, BCCG
- (LG) Leigh Griffin, Director of Strategic Development, BCCG
- (NH) Neil Hales, Assistant Director Commissioning Development, BCCG
- (NS) Neil Snee, Director of Integrated Commissioning, BCCG
- (ZG) Zoë Garbett, Commissioning Lead Health and Wellbeing, LBB (minutes)

Apologies:

- (AD) Anisa Darr, Resources Director, LBB
- (CM) Chris Munday, Commissioning Director Children and Young People, LBB
- (RH) Roger Hammond, Interim Chief Finance Officer, CCG

	ITEM	ACTION
1.	Welcome / Apologies	
	As Chair, DW welcomed the attendees to the meeting.	
	Apologies were noted as above.	
Policy and strategy		
2.	NCL Sustainability and Transformation Plan (STP)	
	DW introduced the item and asked the group for questions and comments.	
	NS asked about the anticipated impact on joint work and implication for peer organisations and local authorities. NS went on to comment on the importance of contracts over the next 2 years for both organisations and was particularly interested in ensuring that prevention is included in these contracts.	
	NS also noted the importance of the third sector and public health as the plans are implemented locally. With regards to Care Closer to Home, NS stated that 42 of the 44 plans nationally include Care Closer to Home so there is the need to articulate what this means locally for Barnet.	
	DW described the leadership summits which have been arranged and reflected NS points around the importance of 2 year contracting.	

DW went on to inform the group that, at the time of the meeting, the assurance timetable was not clear. DW also stated that the NCL Transformation Board continues to meet and will be evolving as the plans move towards implementation.

DW informed the group that the NCL STP had been published on all NCL council websites and that a consultation was live on the council's consultation webpages (Engage Barnet).

DW also informed the group that the NCL STP would be considered at Joint Health Overview Scrutiny Committee (25 November 2016).

NS stated the need for clear, joint service development and finance development plans to reflect joint discussions.

DW informed the group of the clear joint work programmes for the Joint Commissioning Units (JCUs). NH and CMc to ensure that the JCU work programmes for children and adults reflect the NCL STP and joint working discussions.

NH/CMc

3. Care Closer to Home

JF introduced the Care Closer to Home programme which is in line with national and local drivers for change. In order to develop a new Care Closer to Home approach a key requirement is to create a major shift of balance from avoidable hospital admissions to integrated health, social care and third sector models delivered in community and primary care settings. To deliver the key vision, all non-acute services would need to be aligned to a Care Closer to Home model of delivery which is based on healthcare effective clinical outcomes and not volume. The Care Closer to Home approach will include patient-focused, evidence based, sustainable services. JF stated that it is proposed for Care Closer to Home becomes a framework for improved service delivery.

JF explained that the programme is at an early stage with the vision still being developed and welcomed a discussion about creating a joint approach between health, social care and public health.

LG added that the embedded within the Care Closer to Home approach are the principles of prevention, early support and integration.

NS added that the Care Closer to Home programme builds on and links to a number of joint programmes developing over the next years including the frailty pathway and services for looked after children.

CMc described how the Family Friendly Barnet and resilience approaches, articulated in the borough's Children and Young People Plan, fits with the narrative of the Care Closer to Home programme.

AH stated that some of the activities described as being included in the Care Closer to Home programme are already in the borough's Joint Health and Wellbeing (JHWB) Strategy, such as physical activity. AH also stated that we have a Making Every Contact Count (MECC) training initiative which has started in the council and that there is Health Education England funding available for this. JF explained that there had been some initial discussions about this.

DW noted the strategic relevance of the programme and links with the wider STP and welcomed the discussion at the group. DW stated that a lot more work was needed to develop the programme into a joint programme including developing joint governance, building on joint programmes already in place such as the JHWB Strategy and the Better Care Fund and looking at the role of the HSCI Board and the JCUs. LG welcomed the comments and stated that design of the programme is to be further developed and will look to address these points. LG went on to state that the HSCI Board was slightly different and that a discussion was required between commissioning and strategic discussions. DW asked if, before new services were developed, current provision and activities could be mapped so that a position is taken on what is working and not working and the programme can be developed from this. MA updated the group on the commitment, made by the group, to review the BCF. MA stated that this was underway. **DW asked for the initial developments to be** MA shared with NS, NH and DW. NS summarised the elements involved in this programme as the joint commissioning functions, LBB joint working, primary care improvement, transforming adults and public health. DW asked for the role of JCEG and the JCU to be articulated in the next JF iteration of the plans. The group agreed for LG to work with JF and DW to discuss and work LG through the issues raised. CMc asked for someone form the Resilience Programme for LBB to be invited JF onto the working group. NS left the meeting. Resilience NH explained that this item was requested at the previous JCEG meeting following a discussion about delayed transfers of care (DTOC). NH gave an overview of the resilience and winter planning plans in place to mitigate increased demand and other pressures over the winter period. MA stated the links with the Better Care Fund plans. LG stated that there was now work to do to look at pressures around particular condition or care homes and how we are ensuring the best range of choices are available. LG also noted the need for key messages and communication. **Community Equipment** NH explained that he had met with James Mass (Assistant Director, Adults and Communities, LBB) and was waiting further analysis with regards to health's

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overspend on Community Equipment. NH stated that activity is currently being

reviewed to ensure appropriate use.

DW stated that the use of Community Equipment helped people to remain independent in their own homes but that both organisations need to ensure that the service is being delivered appropriately and effectively.

Performance and finance review

6. BCF Finance and performance dashboard and Q2 submission

Dashboard

The group welcomed the report.

LG asked MA for clarification on the presentation on the reablement figures.

MA to review the level of information presented to JCEG.

Finance

Finance colleagues were not present. Finance to send a narrative of the financial position for BCF to the group. **MA to inform finance colleagues.**

MA to chase a report from finance group regarding pooling budgets for BCF

Q2 submission

MA introduced the item which asks for JCEG's approval of the quarter 2 report ahead of submission to NHS England on 25 November 2016.

MA described how, compared to the national conditions, Barnet looks favourable and that Barnet was on track to meet all targets (except DTOC).

The group noted the positive progress regarding non-elective admissions.

MA explained that the Q2 submission notes that most localities are referring to BILT, BILT is now receiving referrals from all localities and this will be reflected in the Q3 return.

MA to ensure that the narrative reflects both LBB and BCCG activity.

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Business

7. Minutes of previous meeting – 24 October and action log

Further information to be added regarding the BCF finances.

The action plan was updated. A number of actions were covered in the agenda, in addition:

- BCCG commissioning intentions were circulated to the group
- Discussion at HWBB regarding the violent crime indicator (in the Barnet Health Profile 2016) to be taken forward by Community Safety

	Outstanding S75 reports received and annual report is being worked.	
9.	Health and Wellbeing Board (HWBB) – Forward Plan	
	The Group noted the forward work programme for the HWBB.	
10.	AOB	
	DW noted the development of a number of groups, programmes and boards where the council and BCCG work together. The group agreed for the role and responsibility of JCEG to be reviewed.	ZG
	Next meeting (JCEG):	
	4 January 10.00-11.30	
	 Report from the Finance Group regarding pooling budgets for the BCF Section 75 Annual report Care homes update - to review and comment on how the Quality Assessment Framework will work in practice CAMHS 	
	20 February 15.30-17.00	
	BCF Quarter 3 sign off	