

**Minutes from the Health and Wellbeing Board – JCEG
Monday 20 February 2017
North London Business Park, Boardroom
15.30 – 17.00**

Present:

(AH) Andrew Howe, Director of Public Health, Barnet and Harrow Public Health Team
 (DW) Dawn Wakeling, Commissioning Director Adults and Health, LBB
 (MA) Muyi Adekoya, Joint Commissioning Manager Integration, LBB/BCCG
 (NH) Neil Hales, Assistant Director Commissioning Development, BCCG
 (NS) Neil Snee, Director of Integrated Commissioning, BCCG (Chair)
 (ZG) Zoë Garbett, Commissioning Lead Health and Wellbeing, LBB (minutes)

(NC) Natalia Clifford, Consultant in Public Health, Barnet and Harrow Public Health Team
 (item 5)

Apologies:

(AD) Anisa Darr, Resources Director, LBB
 (CM) Chris Munday, Commissioning Director Children and Young People, LBB
 (CMc) Collette McCarthy, Head of CYP Joint Commissioning, LBB/BCCG
 (RH) Roger Hammond, Interim Chief Finance Officer, BCCG

	ITEM	ACTION
1.	<p>Welcome / Apologies</p> <p>As Chair, DW welcomed the attendees to the meeting.</p> <p>Apologies were noted as above.</p>	
Policy and strategy		
2.	<p>NCL Sustainability and Transformation Plan (STP)</p> <p>DW updated the group and explained that there had been a number of NCL meetings in January. DW went on to state that exploration of accountable care in Barnet had started.</p> <p>DW stressed the importance of taking a Barnet view of the STP developments. DW explained that there would be a workshop session for the Health and Wellbeing Board on the 9 March 2017. In light of the development of the STP, the purpose of the workshop session is for Health and Wellbeing Board members to discuss their local priorities for commissioning and delivery across health and care in Barnet. The aim is to develop strategic local plans which build on our joint strategies and programmes such as the Joint Health and Wellbeing Strategy and Better Care Fund. The workshop session which also explore governance for Care Closer to Home and the implications this has for the role of JCEG.</p> <p>DW tasked the Adults Joint Commissioning Unit (JCU) with improving the engagement with primary care. DW stated that JCEG needed to become a strategic, management group with representation across health and social care including clinical. The Group discussed the possibility of GP representation on JCEG and agreed for this to be raised at the workshop session.</p> <p>DW added that a pilot exploring a move towards some sort of population based capitated budget for the new delivery vehicles has started.</p>	
3.	<p>Community Equipment 2017/18</p> <p>At its last meeting, JCEG had asked for an update on the steps being taken to improve the delivery of the Community Equipment service.</p>	

	<p>NH presented an overview of the current service:</p> <ul style="list-style-type: none"> • Projected overspend for 2016/17 of £198,000 • Orders for care homes rose by 25% in 2016/17 • Collections of existing equipment have increased from 2015/16 to 2016/17 due to the Delivery Unit chasing Care Homes when patients are deceased / 24 hour collection facility • Most common ordered equipment is pressure equipment such as mattresses, beds and riser recliners • Biggest increase in ordering is from the CLCH District Nursing team. <p>NH went on to describe the proposed actions to improve delivery and manage the service within existing budgets:</p> <ul style="list-style-type: none"> • CCG/LBB to clarify policy on equipment provision to Care Homes including compassion to like policies elsewhere • Hold review meetings with all high spending teams to understand any changes in ordering behaviour and to reinforce collections policy • Mailshot to all users regarding collections policy, which will also focus on collection of high value Community Equipment. Required ongoing and specifically as part of current Medequip contract ending <p>The group discussed the proposal for a full time Scrutiny Officer (OT) across three boroughs (currently undertaken but only 8 hours a week). DW questioned if this would significantly increase the activity in Barnet and asked for more information regarding the current use of this time and activity of the role to decide of the appropriate action.</p> <p>NS asked how the CCG was improving the management of the provider (prescribers) and asked for a paper, within the week, detailing the actions undertaken and planned.</p>	<p>NH</p> <p>MA / NH</p>
<p>4.</p>	<p>JHWB Strategy Implementation Plan</p> <p>ZG gave an overview of the implementation plan which focuses on nine priorities agreed by the HWBB in November 2016. The paper will be presented to the HWBB on the 9 March 2017.</p> <p>ZG to ask CMC to update LAC text to include all progress since November.</p> <p>Care Closer to Home, a priority within the Strategy, will be considered by the HWBB in a workshop session as well as being considered at the HWBB on the 9 March 2017 as a substantive item.</p>	<p>ZG</p>
<p>5.</p>	<p>Perinatal Mental Health Service</p> <p><i>NC attended for this item.</i></p> <p>NC outlined that NCL, led by Islington, had been successful in winning a bid to improve perinatal mental health services. NC went on to describe some of the improvements required including services for mild and moderate mental health condition and developing a more comprehensive pathway.</p> <p>NS welcomed the update and stressed the importance of good baseline data and links with IAPT.</p> <p>NC said that there is good baseline data and she is working with Dr Charlotte Benjamin to see how Emotional Health Checks could be used in this pathway. NC went on to explain that the ambition is to support people as early as possible, building in screening at 10 weeks. The voluntary sector, such as Homestart, are engaged with the developments. NC stated that this pathway would lead the way national.</p> <p>The detail of the developments will be considered by the Children's Mental Health group (of which NS is a member), NC will return to JCEG in the summer with an update. The work will also be reported to the HWBB via the JHWB Strategy</p>	

	implementation plan update.	
Performance and finance review		
6.	<p>BCF performance dashboard</p> <p>The Group discussed performance concerns regarding delayed transfers of care and enablement and asked for a report clearly stating:</p> <ul style="list-style-type: none"> • Action taken to date • What we need to strategically focus on • Clear action plan going forward • Clear governance (which Board is responsible and responding) <p>The Group welcomed the level of detail provide in the dashboard but requires more narrative to ensure that the data is being used effectively.</p> <p>The Group asked for an in-depth exploration of the BCF including an in-depth analysis of BILT and rapid care</p> <p>DW stated that the BCF guidance was still not published and is of the understanding that the new guidance will be for a two year programme and is an opportunity for real change.</p> <p>Finance</p> <p>The Group noted that the BCF finances are on track according to the plan.</p> <p>Q3 report</p> <p>MA highlighted that progress was good compared to plans last year and also highlighted aspects that have impacted delivery such as the ASC IT system delays.</p> <p>The Group reviewed and agreed the report ahead of submission to NHS England on the 3 March.</p>	<p>MA</p> <p>MA</p>
Business		
7.	<p>Minutes of previous meeting – 4 January and action log</p> <p>The action plan was updated. A number of actions were covered in the agenda, in addition:</p> <ul style="list-style-type: none"> • DW, NH and CMc met to discuss the strategic vision for health and social care in Barnet and how this would be discussed with the HWBB in a workshop session in March 2017. • The CCG is holding a public event on the 28 February 2017 to discuss the vision for healthcare in Barnet. 	
8.	<p>Health and Wellbeing Board (HWBB) – Forward Plan</p> <p>The Group noted the forward work programme for the HWBB.</p>	
9.	<p>AOB</p> <p>None.</p>	

	<p>Next meeting (JCEG): Date of next meeting: 25 April 15.00 – 16.30</p> <ul style="list-style-type: none">• Childrens integrated therapies procurements• BCF review including an in-depth analysis of BILT and rapid care• JCU workplans• JCEG TOR	
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