## Minutes from the Health and Wellbeing Board – JCEG Tuesday 25 April 2017 North London Business Park, Chapman Room 15.30 – 16.30

## Present:

- (AC) Andrew Colledge, Deputy Finance Officer, BCCG
- (CMc) Collette McCarthy, Head of CYP Joint Commissioning, LBB/BCCG
- (JL) Jeff Lake, Consultant in Public Health, LBB
- (MA) Muyi Adekoya, Joint Commissioning Manager Integration, LBB/BCCG
- (NS) Neil Snee, Director of Integrated Commissioning, BCCG (Chair)
- (PP) Patricia Phillipson, Head of Finance, LBB
- (ZG) Zoë Garbett, Commissioning Lead Health and Wellbeing, LBB

## Apologies:

- (AD) Anisa Darr, Resources Director, LBB
- (AH) Andrew Howe, Director of Public Health, Barnet and Harrow Public Health Team
- (CM) Chris Munday, Commissioning Director Children and Young People, LBB
- (DW) Dawn Wakeling, Commissioning Director Adults and Health, LBB
- (LG) Leigh Griffin, Director of Strategic Development, BCCG
- (NH) Neil Hales, Assistant Director Commissioning Development, BCCG
- (RH) Roger Hammond, Interim Chief Finance Officer, BCCG

	ITEM	ACTION
1.	Welcome / Apologies	
	As Chair, NS welcomed the attendees to the meeting.	
	Apologies were noted as above.	
2.	Minutes of previous meeting – 20 February 2017 and action log	
	The minutes were agreed as an accurate record.	
	<ul> <li>Actions were noted and additional actions agreed:</li> <li>Management of the community equipment provider, ZG to check with NH that this was actioned if not MA to provide a paper by 10 May</li> </ul>	ZG / NH / MA
	<ul> <li>Update on BCF dashboard to be discussed at the next meeting to include measures of the prevention work (self-management, self-care, early support)</li> </ul>	PP/AC
	<ul> <li>Progress on pooled budgets to go to CCG Executive 8 May, PP and AC to review pooled budget and share learning with CMc for CAMHS</li> </ul>	
Perf	ormance and finance review	
3.	BCF performance dashboard	
	MA explained that some of the metrics are based on NHS England data and/or provided on an annual basis which makes updating the dashboard difficult. MA provided an overview of performance:	
	Non-Elective Admissions (NEL): The schemes within the plan are mainly focused	

	ZG updated on the performance report for S75s highlighting the following risks and	
4.	Section 75 performance – including Voluntary Sector Transition Plan report and updates to VCS and Equipment	
	MA stated BCF meetings had been set up for every two weeks and the review will be discussed.	
	NS asked the group to provide comments to MA by the end of the week.	
	MA informed the Group that the policy framework for BCF had been received but the guidance has still not been published. MA explained that if this was not received by 28 April 2017 it will be delayed by the pre-election period. MA did state that jointly agreed elements of the fund can be spent.	
	BCF review	
	The Group reviewed the BCF Finance and agreed the break even position.	
	BCF Finance	
	NS, NH, MA and DW to meet to review. Substantive paper to be taken to JCE on 18 May 2017. MA to invite CSU to the meeting.	MA
	<ul> <li>Pace and Treat</li> <li>7 day social care</li> <li>Extended hours hubs</li> <li>Discharge to assess</li> <li>Trusted assessor.</li> </ul>	
	NS asked MA for further analysis and an expanded report on current KPIs, monitoring and services to go to CCG Executive 8 May. JL offered to support this piece of work. The paper will also pick up the following action from the last meeting including looking at the impact of BCF programmes on the following:	MA/JL
	<ul> <li>In response to questions from the Group MA outlined:</li> <li>System wide issues which are monitored on a service level</li> <li>MA had attended a BCF measuring and monitoring workshop</li> <li>BCF schemes target people over the age of 65 therefore they will not have an impact on whole indicator</li> <li>We do not have access to full system data</li> <li>We have the opportunity to improve monitoring through the updated plans for BCF for 2017/19.</li> </ul>	
	Delayed transfers of care: The BCF measures a reduction in delayed transfers of care expressed as the number of delayed days in total from hospital and the data is expressed per 100,000 population. Barnet has significantly increased compared to last year.	
	on targeting the older age group aged over 65. Non-Elective Admissions (NEL) for the over 65s has seen a reduction of 6% compared to 2015/16 for the first half of the year.	

	issues:	
	<ul> <li>LAC health assessments are not meeting statutory timescales</li> <li>Campus: concerns around the markets ability to respond to need</li> <li>Risk of overspend in Community Equipment</li> <li>Childrens S75s have been updated to reflect the planned procurement.</li> <li>Mitigations are in place.</li> </ul>	
	ZG went on to describe the new schedules which have been developed:	
	<ul> <li>Community Equipment has been updated in line with the new contract with an end date of 30 June 2021 and an estimated annual pooled fund of £2,698,619 which will become a schedule of the overarching agreement</li> <li>Voluntary Services Prevention Commissioning has been updated to reflect outcomes of the review completed last year where provision is no longer jointly commissioned with an end date of 31 March 2022 and a total pooled fund of £3,244,948 which will become a schedule of the overarching agreement.</li> <li>JCEG agreed the updated schedules.</li> </ul>	
	S75 for Community Equipment and Voluntary Prevention will be considered by the CCG FPQ 27 April. Following approval from FPQ the agreements will be signed and sealed.	
	cy and strategy	1
5.	Children's continuing care CMc presented the paper, asking the Group to note the recent activity regarding children's continuing care which had taken place in light of recent legislation. A new process has been designed for children's continuing care which has been developed through the CCG working with Local Authority colleagues in Social Care and Education. A new pathway has been implemented and the funding methodology has been revised. A tripartite funding approach has now been agreed for complex children's care which allows for early intervention and improved working with the community. The financial pressure for each organisation is £1.1m which is a recurrent annual cost. This will be monitored and an update will be bought back to this group in quarter 2 to have oversight of the finances so that this group can oversee the approach and manage disputes. <b>NS asked CMc to compare our approach and finances to other areas.</b>	СМс
6.	Children's Integrated Therapies Procurements CMc gave an overview of the procurement activity bringing together occupational therapy, speech and language therapy, physiotherapy and orthotic services. Integrating this provision will improve outcomes and ensure the best use of resources.	
	CMc stated that a consultancy has been engaged to support the remodelling. There has already been a lot of stakeholder engagement and the consultancy will be reporting at the end of April with their findings. Following this the new specification	

	and key outcome indicators will be developed. The new service will be in place from April 2018.
	CMc raised the financial implications for this work; commissioners are in discussions with colleagues in special educational needs and disabilities to increase their contribution to this pot and there may be implications for the CCG too.
	A further update will be presented to the Group in July 2017.
7.	CAMHS
	CMc presented the paper on children and young people's emotional wellbeing and mental health services and the Group noted the key decisions made regarding this programme of work:
	<ul> <li>CCG and LBB will pool budgets though a section 75 agreement</li> <li>Remodel community CAMHS with a move from to a prevention focused</li> </ul>
	<ul> <li>model</li> <li>Agreed to go out to the market for new provision to be in place January 2018.</li> </ul>
	CMc mentioned the real term increase in CAMHS funding and that soft market testing was taking place in May.
	iness
8.	TOR and Workplan
	ZG informed the Group of the Groups merger with the Care Closer to Home and
	Primary Care Home Working groups. A TOR has been developed and will be further considered at the first meeting on 27 April. The Group noted the detailed forward work programme.
	further considered at the first meeting on 27 April. The Group noted the detailed forward work programme. CMc added:
	further considered at the first meeting on 27 April. The Group noted the detailed forward work programme.
	further considered at the first meeting on 27 April. The Group noted the detailed forward work programme. CMc added: • LAC – June • Children's Integrated Therapies Procurement - July • Public Health nursing – September
	further considered at the first meeting on 27 April. The Group noted the detailed forward work programme. CMc added: • LAC – June • Children's Integrated Therapies Procurement - July
9.	further considered at the first meeting on 27 April. The Group noted the detailed forward work programme. CMc added: • LAC – June • Children's Integrated Therapies Procurement - July • Public Health nursing – September
9.	further considered at the first meeting on 27 April. The Group noted the detailed forward work programme. CMc added: • LAC – June • Children's Integrated Therapies Procurement - July • Public Health nursing – September • Children's continuing care (tripartite funding) – October
9.	<ul> <li>further considered at the first meeting on 27 April. The Group noted the detailed forward work programme.</li> <li>CMc added: <ul> <li>LAC – June</li> <li>Children's Integrated Therapies Procurement - July</li> <li>Public Health nursing – September</li> <li>Children's continuing care (tripartite funding) – October</li> </ul> </li> <li>AOB <ul> <li>The Group noted that ZG will be moving on to a role in children's joint commissioning. NS, on behalf of the group, thanked ZG for her work on the HWBB</li> </ul> </li> </ul>
9.	further considered at the first meeting on 27 April. The Group noted the detailed forward work programme. CMc added: • LAC – June • Children's Integrated Therapies Procurement - July • Public Health nursing – September • Children's continuing care (tripartite funding) – October AOB The Group noted that ZG will be moving on to a role in children's joint commissioning. NS, on behalf of the group, thanked ZG for her work on the HWBB and JCE. Next meeting (JCE CC2H):
9.	further considered at the first meeting on 27 April. The Group noted the detailed forward work programme. CMc added: • LAC – June • Children's Integrated Therapies Procurement - July • Public Health nursing – September • Children's continuing care (tripartite funding) – October AOB The Group noted that ZG will be moving on to a role in children's joint commissioning. NS, on behalf of the group, thanked ZG for her work on the HWBB and JCE.