

**Joint Commissioning Executive  
Care Closer to Home Programme Board**

Thursday 27 April 2017  
North London Business Park, Boardroom  
15.00 – 16.00

**Present:**

- (AC) Andrew Colledge, Deputy Finance Officer, BCCG  
 (AF) Amher Farooqi, BCCG Governing Body  
 (AP) Anuj Patel, Barnet GP Federation  
 (CD) Courtney Davis, Head of Adults Transformation, LBB  
 (CW) Cathy Walker, Director of Divisional Operations, Central London Community Healthcare NHS Trust  
 (DW) Dawn Wakeling, Commissioning Director Adults and Health, LBB  
 (FJ) Fiona Jackson, Hospital Director, Royal Free London NHS Foundation Trust  
 (JH) Joanne Humphreys, Project Manager, LBB  
 (JL) Jeff Lake, Consultant in Public Health, Barnet and Harrow Public Health Team  
 (LG) Leigh Griffin, Director of Transition, BCCG  
 (MA) Muyi Adekoya, Joint Commissioning Manager, LBB/BCCG  
 (MK) Mathew Kendal, Director of Adults and Communities, LBB  
 (NH) Neil Hales, Assistant Director Commissioning Development, BCCG  
 (NS) Neil Snee, Director of Integrated Commissioning, BCCG  
 (PD) Peter Dutton, Clinical Director, Barnet Enfield Haringey Mental Health Trust  
 (SA) Sanjiv Ahluwalia, Barnet GP Federation  
 (TH) Tal Helbitz, BCCG Governing Body  
 (ZG) Zoë Garbett, Commissioning Lead Health and Wellbeing, LBB (minutes)

**Apologies:**

- (AH) Andrew Howe, Director of Public Health, Barnet and Harrow Public Health Team  
 (CM) Chris Munday, Commissioning Director Children and Young People, LBB

	ITEM	ACTION
1.	<p><b>Welcome / Apologies</b></p> <p>As Chair, DW welcomed the attendees to the meeting.</p> <p>Apologies were noted as above.</p>	
2.	<p><b>Purpose and TOR</b></p> <p>DW introduced the paper and summarised recent activity which had led to the creation of the Board from discussions at the HWBB public meeting, HWBB workshop and the CCG Governing Body. The Board expands the membership of the LBB and CCG officer Joint Commissioning Executive Group and brings together relevant streams of work as well as partners. The Board will oversee the development and implementation of plans for an improved and integrated health and social care system including:</p> <ul style="list-style-type: none"> <li>• the local delivery of the STP including being the programme board for Care Closer to Home</li> <li>• the borough's Better Care Fund.</li> <li>• the delivery of Section 75 agreements between NHS Barnet CCG and London Borough of Barnet.</li> </ul>	

	<p>LG added that the Board has been developed to provide a space to jointly develop and deliver plans recognising the need to balance transformational change at pace and ensuring we are doing what is appropriate for Barnet.</p> <p>LG stated that this Board is where executive decision will be made at a local level and reported up to the Sustainability and Transformation Plan (STP). AF added that NCL were leading acute commissioning and CC2H was being developed at a local level.</p> <p>The Board considered the TOR.</p> <p><b>CEPN and Healthwatch to be added as members.</b></p> <p>The Board agreed the TOR, noting that they could be revisited for review at any time and that the TOR would be reported to the HWBB and CCG Executive in July with the minutes.</p>	<p><b>ZG</b></p>
<p><b>Strategy and Planning</b></p>		
<p><b>3.</b></p>	<p><b>NCL Sustainability and Transformation Plan (STP): local delivery</b></p> <p>DW introduced the paper as an opportunity for the Board to discuss and agree what it would like to know about, initiate and lead.</p> <p>JL provided an overview of the Public Health aspects of the paper:</p> <ul style="list-style-type: none"> <li>• Strategic integration is welcomed</li> <li>• No additional funding through Sustainability and Transformation Fund for prevention, the Board will need to consider how prevention will be delivered</li> <li>• Need to further review and consider CC2H and BCF to decide what can be taken forward and how this can be further aligned with Public Health</li> <li>• Building on the council’s wellbeing duty (Care Act, 2014)</li> <li>• Developing targeted prevention around particular needs.</li> </ul> <p><b>The Board agreed to ensure that activities were not duplicated and to ensure that all partners are aware of available provision.</b></p> <p>SA stressed the importance of engaging providers in developments.</p> <p>FJ welcomed further support to develop providers noting the need for initiatives such as Making Every Contact Count (MECC).</p> <p>Maternal mental health was cited as an area of need. PD informed the group of an NCL perinatal mental health pathway which is being developed and stated the need to make sure that the service is available for Barnet mums.</p> <p>TH added the opportunity that the integrated care record brings to improve integration and closer working between local authority services and primary care.</p> <p>DW stressed that the key responsibilities of this Board are BCF and work streams from the STP (Care Closer to Home Integrated networks, CHINs and Quality Improvement Support Teams QISTs locally). Altogether Better will evolve and as it is funded through BCF and Public Health so will be reported to this group.</p> <p>The Board recognised the learning that can be taken from the Reimagining Mental Health approach which has resulted in the Wellbeing Hub.</p>	<p><b>JL</b></p>

	<p>To understand the Boards responsibility in relation to other Boards and programmes the group asked for <b>an overview of key related boards and their work programmes to establish interdependencies (links to stakeholder mapping)</b>.</p>	<p>CD</p>
<p>4.</p>	<p><b>CC2H – work programme</b></p> <p>A joint report from DW and LG was presented. DW stated that the paper focused on adults and that the children and Public Health elements will be strengthened. The aim of the paper and the work of the Board is to develop a joint delivery plan for CC2H. The NCL STP gives local areas responsibility for the delivery of the care closer to home (CC2H) work stream, with the establishment of CHINs (CC2H integrated networks) and QISTs (quality improvement support teams) a core deliverable for 2017/18. The JCEG’s refreshed terms of reference and membership gives it the programme board role for CC2H and reflects the triumvirate leadership of the NCL STP. It has been agreed by BCCG, LBB and the HWB that the CC2H work programme will be jointly led by BCCG and LBB.</p> <p>LG explained the CCGs activities to improve primary care. Access has been improved the availability of more appointments via the Federation. CHINs and QISTs are a new way of integrated working which will develop services. The aim is to get three CHINs established this year. CHINs follow a similar geography to QISTs. LG added the need to invest more in Locally Enhanced Services and review the equitable access to PMS contracts (currently run by 26 out of 61 practices). The Federation is working with vulnerable practices.</p> <p>DW added the potential for alignment of CHINs and QISTs with adult social care. DW stated that the councils volunteering and voluntary sector infrastructure could also compliment the developments.</p> <p>AP stated the need for practices to engage in the process and that having appropriate detail was key.</p> <p>The Board noted that developing too much in a short period of time risks overloading practices.</p> <p>Next steps were agreed as:</p> <ul style="list-style-type: none"> <li>• Officers from BCCG, LBB and the Federation will develop a joint resourcing and programme delivery plan to support the development of CHINs and QISTs across Barnet and, subject to further design, proposals for the primary care home pilot within the CC2H programme. <b>LG to bring initial draft to the next meeting on this Board.</b></li> <li>• <b>Officers from LBB and BCCG will progress the development of the care strategy which will be owned by this Board</b></li> <li>• <b>The intention is to present a draft care strategy to the HWB in July 2017.</b></li> </ul>	<p>LD</p> <p>DW/LG</p> <p>DW/LG</p>
<p>5.</p>	<p><b>PID for Primary Care Home / Capitated Budget Pilot (part of CC2H)</b></p> <p>DW introduced the Capitated Budget Pilot PID. DW explained that this pilot is in its early stages with quality, risk, clinical governance and commercial aspects still needing to be worked out.</p>	

	<p>SA, who has been involved in the national developments, advised that this pilot should be in line with CHINs in a way that is sustainable. SA added that the health care system is not used to new ways of working and working in partnership; this needs to change rapidly. SA advised starting with data sharing and not risk. SA stated that the principles are correct and have worked well in other areas and that locally pace is needed to take this forward.</p> <p>AF stressed the importance of focusing on outcomes and not just on funding arrangements.</p> <p>DW stated that the plan involved starting small and developing and growing the model over time. DW added that it was important to have the right activities and flow of money taken at a system level and not cost shunting between partners.</p> <p>A formal group will be established to take this work forward. <b>Members to contact ZG if they would like to be involved by close of play Tuesday 2 May.</b></p> <p>LG added that there was a workshop meeting with the Chief Executives in January and then next meeting of this group is on 25 May which allows for planning at the next meeting of this Board (18 May).</p> <p><b>LG and DW to programme plan.</b></p>	<p>All</p> <p>LG/DW</p>
<p><b>6.</b></p>	<p><b>Timescale for BCF submission 2017</b></p> <p>MA explained that the Policy Framework for BCF was made available on the 31 March. Two year plans are to be developed and the national conditions have reduced from eight to four. Technical guidance has not been received yet, when this is announced we will have six weeks to develop and submit our plan. MA explained that a review of the 2016/17 plan is currently underway. Small group has been set up to start the process of developing the two year plan.</p> <p><b>Board members to send any reviews of the BCF to MA.</b></p>	<p>All</p>
<p><b>Business</b></p>		
<p><b>7.</b></p>	<p><b>Work programme of JCE / CC2H</b></p> <p>The Board noted the JCE / CC2H work programme, comments are to be provided to ZG.</p>	
<p><b>8.</b></p>	<p><b>Health and Wellbeing – HWBB work programme</b></p> <p>The Board noted the HWBB Work Programme, comments are to be provided to ZG.</p>	
<p><b>9.</b></p>	<p><b>AOB</b></p> <p>None.</p>	
	<p><b>Next meeting:</b></p> <ul style="list-style-type: none"> <li>• 18 May 9 – 10.30 (G6, NLBP)</li> </ul> <p>Future meeting dates:</p> <ul style="list-style-type: none"> <li>• 9 – 10.30: 15 June</li> <li>• 2 – 4: 20 July</li> <li>• 2 – 4: 17 August</li> <li>• 2 – 4: 21 September</li> <li>• 2 – 4: 19 October</li> <li>• 2 – 4: 16 November</li> <li>• 2 – 4: 14 December</li> </ul>	