

**Joint Commissioning Executive
Care Closer to Home Programme Board
Meeting minutes Thursday 18 May 2017
North London Business Park, Room G6**

9.00 – 10.30am

Present:

- (AF) Ahmer Farooqi, BCCG Governing Body
 (AiP) Anita Patel, Deputy Chair, Community Education Provider Network (CEPN)
 (AuP) Anuj Patel, Barnet GP Federation
 (CD) Courtney Davis, Head of Adults Transformation, LBB
 (CW) Cathy Walker, Director of Divisional Ops, Central London Community Healthcare NHS Trust
 (DW) Dawn Wakeling, Commissioning Director Adults and Health, LBB (Co-chair)
 (JH) Joanne Humphreys, Project Manager, LBB
 (JL) Jeff Lake, Consultant in Public Health, Barnet and Harrow Public Health Team
 (LG) Leigh Griffin, Director of Strategic Development, BCCG (Co- chair)
 (MK) Mathew Kendall, Director of Adults and Communities, LBB
 (NH) Neil Hales, Assistant Director Commissioning Development, BCCG
 (NS) Nazia Scott, Adults Transformation Co-Ordinator, LBB (minutes)
 (RA) Ron Agble, Director of Partnerships & Transactions, Royal Free London NHS Foundation Trust
 (TH) Tal Helbitz, BCCG Governing Body

Apologies:

- (NS) Neil Snee, Director of Integrated Commissioning, BCCG
 (PD) Peter Dutton, Clinical Director, Barnet Enfield Haringey Mental Health Trust
 (SR) Selina Rodrigues, Healthwatch Barnet

	ITEM	ACTION
1.	<p>Welcome / Apologies</p> <p>As Chair, LG welcomed the attendees to the meeting. Apologies were noted.</p> <p>LG advised that the meeting would cover items 4 (CHIN delivery and financial plan) and 5 (Chief Executive/Chair meeting) briefly and then focus upon item 3 (CC2H workshop discussion).</p> <p>AF declared a potential conflict of interest as a member of one of the GP practices that make up the first tranche of CHINs. A general conflict of interest was noted for all GPs and provider organisations (NHS and social care) present at the meeting.</p>	
2.	<p>Minutes of Previous Meeting and Matters Arising</p> <p>LG stated that this Board is where executive decisions will be made at a local (Barnet) level. Decisions will be reported up to the Health and Wellbeing Board, individual organisation governance and the North Central London Sustainability and Transformation Plan (NCL STP) board as appropriate.</p> <p>In terms of governance, this Board is established under the Health & Wellbeing Board (HWB) and will oversee the development and implementation of plans for an improved and integrated health and social care system in Barnet.</p> <p>Minutes had been circulated from the 25 April JCEG meeting and the 27 April JCE/CC2H Programme Board meeting. LG noted that from this meeting onwards, previous JCEG meetings were incorporated into these JCE/CC2H Programme</p>	

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	<p>Board meetings.</p> <p>LG asked those who had been present at the meeting to confirm the accuracy of the 25 April JCEG meeting minutes. Outstanding actions from the meeting were reviewed.</p> <p>Action: Produce and circulate a separate action log for these meetings.</p> <p>JL advised that the minutes were accurate. JL updated that he and MA had taken an action to produce a paper on NEAs and DTOCs. Due to the CCG's cyber security issues this paper has not been reviewed by MA and therefore not circulated to Board Members ahead of today's meeting</p> <p>Action: Circulate NEAs/DTOCs paper to this Board</p> <p>LG asked Board members to confirm the accuracy of the minutes from the JCE/CC2H Programme Board on 27 April.</p> <ul style="list-style-type: none"> • AF advised that under Item 5 (p4) PID for Primary Care Home / Capitated Budget Pilot (part of CC2H) where it reads "<i>AF stressed the importance of focusing on outcomes and not funding arrangements</i>" this should read "focusing on outcomes and not just funding arrangements." • CD advised that work to produce a matrix of related boards and their work programmes, required to establish interdependencies (links to stakeholder mapping) remains in progress. This should be ready for the next meeting. It was agreed that this work should include LB and BCCG boards and work programmes, as well as the Acute sector boards and work packages (to help ensure there is no duplication of work). • LG suggested that the PMO in the CCG is included. • DW added for information that the urgent care recovery programme is separately governed. • LG advised that a joint resourcing and programme delivery plan to support the development of CHINs and QISTs across Barnet is still in progress and will be brought to the next meeting. LG needs to review this with DW before circulation. <p>Action: Amend minutes as advised by AF.</p> <p>Action: Bring matrix of related boards and work programmes to the June JCE/CC2H Programme Board meeting. To be included as a meeting agenda item.</p> <p>Action: Bring CHIN/PCH resourcing and delivery plan to the June JCE/CC2H Programme Board meeting.</p> <p>DW reminded everyone that the minutes from this meeting are published and available in the public domain. LG added that Board members are responsible for checking the draft minutes and ensuring that actions are completed on time.</p> <p>DW noted that the Better Care Fund guidance had been unofficially published last week. It is likely that guidance will be published after the election, with first drafts of BCF plans to be produced around 6 weeks of the guidance being published.</p> <p>Action: Circulate unofficial BCF guidance to Board members.</p>	<p></p> <p>CD</p> <p></p> <p>JL/MA</p> <p></p> <p>CD</p> <p>CD</p> <p>LG</p> <p></p> <p>CD</p>

	ITEM	ACTION
Strategy and Planning		
4.	<p>CHIN delivery and financial plan: review</p> <p>LG informed the group that two significant meetings had taken place last week:</p> <ol style="list-style-type: none"> 1. BCCG had met with GPs to discuss investment in locally commissioned services and how primary care provision can be incentivised in a way that is accessible to all practices. Detailed principles and options will be developed next week. 2. BCCG held its first formal meeting with the first CHIN (5 GP practices). Input was provided by Public Health, and GPs from outside of the first CHIN were also present. <p>Action: An adult social care representative will be identified and invited to future meetings.</p> <p>The meeting participants saw CHINs as key to developing an integrated approach and were keen to establish an approach to CHINs that was replicable as CHINs are rolled out across Barnet. It was confirmed that CHINs and QUISTs will be rolled out as two parts of a single programme. The discussion centred upon investment, return-on-investment and data requirements. A number of data sources have been identified and discussions around data are ongoing with partners such as CLCH. The analytics are being packaged together and BCCG is exploring how it can provide PMO support for business case development. Discussions about data will continue over the next 3-4 weeks with a business case complete by 24 July 2017.</p> <p>The CHIN business cases were discussed by the Board. It was agreed that most aspects of the business case would be the same across all CHINs, but with some aspects that were specific to each locality. Reliable data and its analysis will be key to understanding local variations.</p> <p>DW said that in developing the business case it was important to begin by confirming the outcomes for the CHIN to deliver followed by consideration of the best care model to deliver those outcomes. It is also important to understand how money flows through the whole system and consideration will need to be given to the best way to align financial incentives with the care model. These are the things that will show if a CHIN is successful.</p> <ul style="list-style-type: none"> • AiP noted that the workforce development needs of the CHIN need to be reflected in the business case, with consideration given to the people and the skills required, and how these individuals can be jointly trained. • It was noted that the CHINs that follow on from the first CHIN may need more support to get them up to the same starting point as the first CHIN. • TH added that it was important to learn and incorporate learnings from existing examples of CHINs development, for example Manchester. • AF stated it would be helpful to see data that is Social Care focused. <p>Action: share 'Right First Time' data at STP level for Social Care with Board Members.</p>	<p>LG/DW</p> <p>DW</p>

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	<p>DW said that “capitation” was essentially shorthand for the different types of partnership that could be used as vehicles for delivering integrated care, whether that was the CHINs or the Modality Partnership in the West Midlands. There are many different types of alliance that are being used to deliver integrated care models, and different ways of managing contracting and risk sharing, beyond the conventional block payments that are associated with capitated budgets. To know that Care Closer to Home was achieving what was intended in terms of financial sustainability, the group would need to understand the flow of money around the system and what incentives would drive different behaviour, as CHINs are developed.</p>	
<p>5.</p>	<p>Chief Executive/Chair meeting on 25 May</p> <p>DW introduced this item explaining that the Chief Executives had met in January (notes from this meeting were circulated to Board members) where they expressed eagerness to understand the potential for new care models to improve care and outcomes, and financial sustainability.</p> <p>It was agreed that the agenda for the 25 May meeting should focus upon updating the Chief Executives on progress so far, and checking that they are comfortable with the current direction and speed of travel.</p> <p>RA informed the group that NHS England has a new business models team that is looking at financial risk and it will be important to learn from and replicate other successful models.</p> <p>AF noted that it appeared that while there was agreement amongst the members of the JCE/CC2H Programme Board about the programme’s direction of travel, the speed of travel had not been agreed, and it would be important to commit to a pace that did not feel uncomfortable for key stakeholders.</p> <p>Action: speak to Sanjiv Ahluwalia to agree GP Federation attendance at the Chief Executive/Chair meeting.</p> <p>Action: circulate examples of primary care partnership models to the Board.</p>	<p>AuP</p> <p>CD</p>
<p>3.</p>	<p>Care Closer to Home: Workshop discussion – what is our vision for CC2H?</p> <p>The meeting held a workshop style discussion on the vision and aspirations for Care Closer to Home, which will be written up into a report and considered at a future meeting, prior to presentation at the HWB, CCG governing body, and other relevant meetings.</p> <p>Action: produce report pulling together workshop outputs into a vision document for CC2H.</p> <p>Action: circulate a link to the Barnet Community Directory.</p> <p>Action: establish whether the CC2H engagement event scheduled by BCCG for 22 June could be used as an early engagement opportunity.</p>	<p>JH</p> <p>CD</p> <p>LG</p>
<p>6.</p>	<p>Work programme of JCE / CC2H This item was not covered at this meeting.</p>	

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7.	<p>Health and Wellbeing HWBB work programme</p> <p>This item was not covered at this meeting.</p>	
8.	<p>AOB</p> <p>NH enquired about the timescales for delivering CHINs in Barnet. LG noted that we are not fixed on a specific number of CHINs, we will need to establish the most appropriate population coverage for Barnet.</p> <p>DW stated that the CHINs business case will help this group to work together on resourcing to ensure the timescales are met.</p>	
9.	<p>Next meeting:</p> <ul style="list-style-type: none"> • 15 June, 9.00 – 10.30 (G2, NLBP) <p>Future meeting dates:</p> <ul style="list-style-type: none"> • 2 – 4: 20 July • 2 – 4: 17 August • 2 – 4: 21 September • 2 – 4: 19 October • 2 – 4: 16 November • 2 – 4: 14 December 	