

Joint Commissioning Executive Care Closer to Home Programme Board

Thursday 20 July 2017

North London Business Park, Room G6

14:00 – 16:00

Present

- (DW) Dawn Wakeling, Strategic Director of Adults, Communities and Health, LBB (Chair)
- (BW) Beverly Wilding, Assistant Director, Urgent Care, BCCG
- (CM) Collette McCarthy, Head of Children's Joint Commissioning, LBB/BCCG
- (CW) Cathy Walker, Director of Divisional Ops, Central London Community Healthcare NHS Trust
- (FJ) Fiona Jackson, Director of Integrated Care and Chase Farm Hospital Director, Royal Free
- (GP) Gill Parsons, Chair, Community Education Provider Network (CEPN)
- (JH) Joanne Humphreys, Project Manager, LBB
- (JL) Jeff Lake, Consultant in Public Health, Barnet and Harrow Public Health Team
- (MA) Muyi Adekoya, Joint Commissioning Manager, LBB/BCCG
- (MD) Maria Da Silva, Director of Integrated Commissioning, BCCG
- (MK) Mathew Kendall, Director of Adults and Communities, LBB
- (NSc) Nazia Scott, Adults Transformation Coordinator, LBB
- (SP) Sarah Perrin, Prevention & Wellbeing Manager, LBB
- (TH) Tal Helbitz, BCCG Governing Body

Apologies

- Aashish Bansal, BCCG Governing Body
- Anisa Darr, Director of Resources, LBB
- Courtney Davis, Head of Adults Transformation, LBB
- Leigh Griffin, Director of Strategic Development, BCCG
- Ron Agble, Director of Partnerships and Transactions, Royal Free
- Selina Rodrigues, Barnet Healthwatch and Community Barnet

	ITEM	ACTION
1.	<p>Welcome / Apologies and declarations of conflicts of interest</p> <p>As Chair, DW welcomed attendees to the meeting and apologies were noted.</p> <p>DW noted that Dr Ahmer Farooqi has stepped down from the BCCG Governing Body, and that Neil Hales and Neil Snee have moved from BCCG to new positions. FJ will be stepping down from her role at Royal Free London before the next Programme Board meeting. DW recorded the Programme Board's thanks for these members' contributions to the Care Closer to Home Programme.</p> <p>A potential conflict of interest was recorded for those members of the Board who are members of the first, second and third CHINs. A general conflict of interest was also noted for all GPs and provider organisations (including LBB's Adults and Communities Delivery Unit) present at the meeting.</p>	
	<u>ACTION:</u> Contact Barnet, Enfield & Haringey Mental Health NHS Trust to	JH

	ITEM	ACTION
	confirm an attendee for future Programme Board meetings.	
	<u>ACTION:</u> Provide JH with names of the GP practices that will be part of the first three CHINs. To action before the next Board on 17 August.	BW
	<u>ACTION:</u> Include list of GPs who are future CHIN members (and therefore may have a potential conflict of interest) as an addendum to future JCE CC2H Programme Board agendas. To action before the next board on 17 August.	JH
2a	15 June 2017 Minutes The minutes from the 15 June JCEG CC2H meeting were approved with the following corrections: <ul style="list-style-type: none"> Gill Parsons' name to be corrected. FJ apologies to be recorded. 	
	<u>ACTION:</u> Correct 15 June 2017 minutes prior to their publication as part of the papers for the next Health and Wellbeing Board (14 September 2017).	NSc
2b	Action Log The Action Log was reviewed and completed actions were closed.	
Strategy and Planning		
3	Care Closer to Home DW introduced this part of the meeting to review, comment and agree CC2H programme documentation. <u>Delivery Plan</u> DW introduced the Delivery Plan for Board members to review and approve. Discussion and feedback in relation to the cover paper was provided: <ul style="list-style-type: none"> GP suggested that, in the cover paper, the reference to secondary care referrals should read "fewer inappropriate referrals to secondary care". It was agreed that as the outcome measures are developed, they should have a greater number of positive "increase" measures. DW noted that a detailed outcomes framework will be an output of the business intelligence/data analytics workstream and that feedback given on the outcomes in this meeting would inform this workstream. BW said the plan does not yet reflect the QIST (Quality Improvement Service Teams) element of CHINs implementation. The content of the first 	

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	<p>Barnet CHIN business case will influence how QISTs are developed.</p> <ul style="list-style-type: none"> FJ suggested the outcome around emergency hospital admissions could be reframed to show that improved access to a range of primary care services will result in fewer emergency hospital admissions. MK said the outcomes should reflect the programme's wider objectives around supporting people to continue to be active members of their community, remain socially connected and improve their employability. MK added that products addressing the workforce should be included as products for each workstream and not only addressed in the 'workforce' workstream. TH said the outcomes needed to include more 'softer' benefits for patients/residents and for staff. GP said the outcomes should include a reference to addressing variations in standards of care. DW noted that an additional product would be a description of the vision and the service model for CC2H, against which progress would be reported. 	
	<u>Approval:</u> The Delivery Plan was approved subject to Board members' feedback being incorporated.	
	<u>ACTION:</u> Update Delivery Plan and cover paper to reflect Board members' feedback. To action before the next Board on 17 August.	JH
	<u>ACTION:</u> Circulate QIST design template to Board members. To action before the next Board on 17 August.	BW
	<p><u>'Task & finish' group terms of reference</u></p> <p>DW introduced the task & finish group terms of reference for Board members to review and agree the formation of a task & finish group.</p> <p>BW explained that the task & finish group would be a group of operational leads, representing all partner organisations, that focuses upon agreeing the operational detail around how providers will work together to deliver CHINs, ensuring that these conversations are only held once, and not repeated for each CHIN. The group would report back to each meeting of the Programme Board.</p> <p>A key output from this group will be the CHIN business case, which will be brought back to the Programme Board for review and approval.</p>	

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	<p>DW requested that a representative from Children's Services be included in the task & finish group membership.</p> <p>It was agreed that BW would invite representatives from other provider organisations outside of the core operational group (for example, community pharmacy, urgent and OOO care, community and voluntary sector group representation) to attend the group's meetings as required.</p>	
	Approval: Formation of a task and finish group was agreed by the Board.	
	<u>ACTION:</u> Contact Board members to request nominations for representatives to attend the task and finish group meetings and schedule the first meeting to take place before the next Board on 17 August.	BW
	<u>ACTION:</u> Provide task and finish group member nominations to BW – staff with appropriate seniority and operational responsibility.	All
	<u>ACTION:</u> Update JCE CC2H agenda to include an update from the task and finish group as a standing agenda item from 17 August onwards.	NSc
	<p><u>Draft Communications Plan</u></p> <p>DW introduced the draft plan for Board members to comment on and agree next steps. Feedback was provided:</p> <ul style="list-style-type: none"> • TH agreed that it was important to inform and engage with GPs who did not apply to be part of the first wave of CHINs. • MK said the objectives need to be more encompassing of the whole system workforce (for example, social care staff). • DW noted that communications to patients and residents would initially be targeted towards people in the catchment area of the first CHINs, preparing them to see a different professional and/or go to a different location. Broader messages to the wider public would be developed at a later date. • FJ added that the communications should identify the benefits of CHINs to patients and residents. • The group agreed it was important that the Communications workstream be appropriately resourced, with involvement and resource from communications professionals across all of the JCE CC2H partner organisations. • It was agreed to schedule a workshop for communications professionals from each partner organisation to flesh out the draft communications plan, shape and define the communications activities and develop a resourcing proposal for consideration by the Board at a future meeting. 	

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	<ul style="list-style-type: none"> DW noted that since the first CHIN goes live in October 2017, initial communications need to begin in September 2017. BW informed the group that the STP has a Communications team, and they may have produced CC2H communications material that could be used as a starting point for communications in Barnet. 	
	<u>ACTION:</u> Contact Board members to request nominations for representatives to attend the communications plan workshop, to be scheduled before the Board on 17 August if possible.	JH
	<u>ACTION:</u> Provide staff nominations for communications workshop to JH.	All
	<u>ACTION:</u> Contact Gen Ileris (STP Communications Lead) to identify any relevant communications materials that could be shared. To action before the next board on 17 August.	BW
	<p><u>Information & signposting project brief</u></p> <p>DW introduced the project brief for Board members to sign off and approve initiation of the workstream. Feedback was provided:</p> <ul style="list-style-type: none"> GP advised that Harrow CCG has developed a health information app that should be considered as an example of good practice. SP emphasised the importance of training staff to navigate information resources and ensuring that this workstream does not duplicate existing resources. DW said that the first objective of the workstream was to map all of the resources that are already available, including people. The workstream should improve the accessibility of information. TH is meeting the MiDoS team next week. It was agreed that membership of the workstream group should include SP and a member of the Children's Joint Commissioning team. MK suggested that community and voluntary sector organisations that provide information and advice should be involved in the mapping exercise, including Age UK, Barnet Carers Centre and Alzheimer's Society. 	
	<u>Approval:</u> Board members signed off the project brief and approved initiation of the workstream.	
	<u>ACTION:</u> Initiate the information & signposting workstream.	TBC
	<u>Resource Plan</u>	

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	<p>DW introduced this paper for Board members to note. The plan lists the staff resources currently in place and identifies those areas where additional resource is needed. DW emphasised that this document is a first draft that requires further development. Any additional funding requirements will need to be presented in a proposal to partner organisations' Chief Executive Officers.</p> <p>CW queried whether sufficient resource had been allowed for contracting and for business intelligence analysis. BW noted that the QIST teams will have some analytics capacity.</p>	
	<u>ACTION:</u> Review the Resource Plan and provide any feedback to JH before the next Board on 17 August.	All
	<p><u>Governance map and detailed board mapping</u></p> <p>DW introduced the Governance map, which had been developed in response to requests for information about how the various groups and boards fit together. Board members were asked to comment and make additions.</p> <p>Feedback was provided:</p> <ul style="list-style-type: none"> • FJ said the mapping should include the other STP workstreams such as urgent and emergency care and planned care. • CM requested that the Children, Education, Libraries and Safeguarding Committee be included in the governance map. • It was agreed that the new task & finish group should be included. • It was also agreed that the Barnet GP Federation should be added to the map, with a dotted line to the JCE CC2H Programme Board and the task & finish group. • Reference to other provider organisations' own governance structures should be added as a footnote. 	
	<u>ACTION:</u> Update the governance map and board mapping to reflect Board feedback. To action before the next board on 17 August.	JH
4	<p>Summary of LBB preventative activity including local area co-ordination</p> <p>SP introduced the paper, for the Board to note and agree how existing preventative activity can be aligned with CHINs development. She explained that LBB's preventative activity follows a holistic model that draws upon a range of commissioned and non-commissioned services. Four Local Area Coordinators, who will be able to help people to navigate and access preventative services, will be in post from October 2017.</p>	

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	<ul style="list-style-type: none"> CM suggested that this work should be joined up with work that Karen Pearson (Head of Early Years) is leading around early intervention and prevention, and a local offer for children with SEN and disabilities. DW noted that the prevention summary did not include the many preventative services that are offered for children, young people and their parents, and that appropriate connections need to be made with Children's Services preventative activity. TH suggested that the Four Local Area Coordinators are involved with the CHINs once in post so that they can be part of the process. MK suggested that more can be done to support and engage with the community and voluntary sector, and make it easier for them to work with the Council and other statutory services. It was agreed to ask the task & finish group to consider how to ensure that CHINs use preventative services effectively. <p>DW thanked SP and JL for their work on this agenda item.</p>	
	<u>ACTION:</u> Work with Tony Lewis and Karen Pearson in Children's Services to make connections with their work around early intervention and prevention. To action before the next board on 17 August.	SP
	<u>ACTION:</u> Identify how CHINs can draw effectively upon the many preventative services for children and adults that are available in Barnet. Consider what efficiency implications this may have for the CHIN business case.	T&F Group
5	BCF Metrics: NEAs and DTOCs This paper was provided in response to a previous request for information by the Joint Commissioning Executive Group. The paper was noted by the Board.	
Governance		
6	JCE/CC2H work programme This item was noted.	
7	Health and Wellbeing Board work programme This item was noted.	
8	AOB MA is developing the Better Care Fund plan and will circulate a draft to the Board for review prior to submission on 11 September 2017.	