

	Health and Wellbeing Board 17 January 2019
Title	Minutes of the Care Closer to Home Programme Board and Joint Commissioning Executive Group
Report of	Strategic Director for Adults, Communities and Health Chief Operating Officer, Barnet CCG
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1 – Minutes of: <ul style="list-style-type: none"> Care Closer to Home Programme Board, 06 September 2018.
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Summary

This report provides the minutes of the Care Closer to Home Programme Board and the Joint Commissioning Executive Group (Appendix 1).

Recommendations

- That the Health and Wellbeing Board comments on and approves the minutes of the Care Closer to Home Programme Board meeting of 06 September 2018; and the Joint Commissioning Executive Group meeting – no meeting has taken place since the last Health and Wellbeing Board.**

1. WHY THIS REPORT IS NEEDED

Background

- 1.1 On 26 May 2011 the Barnet Health and Wellbeing Board agreed to establish a Financial Planning group to co-ordinate financial planning and resource deployment across health and social care in Barnet. The Financial Planning Group developed into the Joint Commissioning Executive Group (JCEG) in January 2016 with the key responsibility of overseeing the Better Care Fund, Section 75 agreements, the development of a Joint Strategic Need Assessment and Joint Health and Wellbeing Strategy through its respective membership. JCEG is required to report back to the Health and Wellbeing Board (HWB).
- 1.2 On 9 March 2017 the HWB held a workshop session to discuss the development of a local health and care delivery strategy. In light of the development of the Sustainability and Transformation Plan (STP) it is important that the Barnet HWB can set out its collective priorities for the health and care system for 2017-18 and beyond.
- 1.3 The workshop also agreed the current Joint Commissioning Executive Group (JCEG) would take on the role of overseeing and supporting local implementation of STP plans in Barnet, ensuring alignment with the goals and ambitions of the HWB and the Joint HWBS. This Group will shape local delivery of STP initiatives to ensure each initiative meets local need and works for Barnet as a local system, as well as delivering STP requirements. A critical workstream identified to be led by this group is the Care Closer to Home workstream, which is jointly led by the CCG and the Council. Care Closer to Home encapsulates the existing Better Care Fund (BCF) services, elements of urgent and emergency care, which are both led jointly at the moment; primary care improvement, led by the CCG; and public health, voluntary sector, volunteering and community capacity building, currently led by the Council. Therefore, JCEG membership has been expanded to include providers and rescheduled as the Joint Commissioning Executive, Care Closer to Home (CC2H) Programme Board.
- 1.4 The Terms of Reference for the Joint Commissioning Executive, Care Closer to Home (CC2H) Programme Board were approved by the Health and Wellbeing Board on 20 July 2017
- 1.5 On 19 October 2017 the Programme Board agreed a revised version of its terms of reference which had been updated to clarify the division of each Board meeting into two parts:
 - Part 1, the Care Closer to Home Programme Board, attended by representatives of commissioner, provider and partner organisations.

- Part 2 to be known as the Joint Commissioning Executive Group (JCEG) meeting, for reserved or sensitive matters, attended by executive members of the Council and CCG only.

1.6 These revised terms of reference were approved by the Health and Wellbeing Board at its meeting of 9 November 2017.

Minutes and meetings

1.7 Minutes of the Care Closer to Home (CC2H) Programme Board meetings (which meets every six weeks) held in September 2018 are presented in Appendix 1.

In September, the CC2H Programme Board:

- Provided an overview and next steps for the CHIN delivery approach.
- Updates were provided on CHIN 1, CHIN 2 and CHIN 3 activities.
- The role of Social Prescribing was discussed.

1.8 Minutes of the Joint Commissioning Executive Group (which meets every six weeks) are not available within this report as no meetings were held since the last Health and Wellbeing Board.

1.9 REASONS FOR RECOMMENDATIONS

2.1 The Health and Wellbeing Board established the Health and Wellbeing Financial Planning Sub-Group (now the Joint Commissioning Executive Care Closer to Home Programme Board) to support it to deliver on its Terms of Reference; namely that the Health and Wellbeing Board is required:

To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social well-being. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council

2.2 Through review of the minutes of the Care Closer to Home Programme Board and Joint Commissioning Executive Group, the Health and Wellbeing Board can assure itself that the work taking place to ensure that resources are used to best meet the health and social care needs of the population of Barnet is fair, transparent, stretching and timely.

3 **ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

3.1 Not applicable.

4 **POST DECISION IMPLEMENTATION**

4.1 Provided the Health and Wellbeing Board is satisfied by the progress being made by the Joint Commissioning Executive and the Care Closer to Home Programme Board to move forward with its programme of work, the group will progress its work as scheduled in the areas of the Sustainability and Transformation Plan, Better Care Fund and Section 75 agreements.

4.2 The Health and Wellbeing Board is able to propose future agenda items for forthcoming group meetings that it would like to see prioritised.

5 **IMPLICATIONS OF DECISION**

5.1 **Corporate Priorities and Performance**

5.1.1 The Joint Commissioning Executive Care Closer to Home Programme Board is responsible for the delivery of key health and social care national policy including the Sustainability and Transformation Plan and Better Care Fund.

5.1.2 Integrating care to achieve better outcomes for vulnerable population groups, including older people and children and young people with special needs and disabilities, is a key ambition of Barnet's Joint Health and Wellbeing Strategy.

5.1.3 Integrating health and social care offers opportunities to deliver the Council's Medium Term Financial Strategy (MTFS) and Priorities and Spending Review (PSR), and the CCG's Quality, Innovation, Productivity and Prevention Plan (QIPP) and Financial Recovery Plan.

5.2 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.2.1 The Joint Commissioning Executive, Care Closer to Home Programme Board acts as the senior joint commissioning group for integrated health and social care in Barnet.

5.3 **Social Value**

5.3.1 Social value will be considered and maximised in all policies and commissioning activity overseen by the Board.

5.4 **Legal and Constitutional References**

5.4.1 The Health and Wellbeing Board has the following responsibility within its Terms of Reference:

To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet.

5.4.2 The Council and NHS partners have the power to enter into integrated arrangements in relation to prescribed functions of the NHS and health related functions of local authorities for the commissioning, planning and provision of staff, goods or services under Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended). This legislative framework for partnership working allows for funds to be pooled into a single budget by two or more local authorities and NHS bodies in order to meet local needs and priorities in a more efficient and seamless manner. Funds pooled by the participating bodies into a single budget can be utilised flexibly to support the implementation of commissioning strategies and improved service delivery. Arrangements made pursuant to Section 75 do not affect the liability of NHS bodies and local authorities for the exercise of their respective functions. The Council and CCG now have two overarching section 75 agreements in place.

5.4.3 Under the Health and Social Care Act 2012, a new s2B is inserted into the National Health Service Act 2006 introducing a duty that each Local Authority must take such steps as it considers appropriate for improving the health of the people in its area. The 2012 Act also amends the Local Government and Public Involvement in Health Act 2007 and requires local authorities in conjunction with their partner CCG to prepare a strategy for meeting the needs of their local population. This strategy must consider the extent to which local needs can be more effectively met by partnering arrangements between CCGs and local authorities. At Section 195 of the Health and Social Care Act 2012 there is a new duty, The Duty to encourage integrated working:

s195 (1) A Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.

s195 (2) A Health and Wellbeing Board must, in particular, provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.

5.4.4 As yet, there is no express provision in statute or regulations which sets out new integrated health budgets arrangements, and so the s75 power remains.

5.4.5 NHS organisations also have the power to transfer funding to the Council under Section 256 of the National Health Service Act 2006, and the Council similarly has the power to transfer money to the NHS under Section 76 of the NHS Act 2006. These powers enable NHS and Council partners to work collaboratively and to plan and commission integrated services for the benefit of their population. The new integrated budgets arrangements replace the current use of Section 256 money although Section 256 will remain in place.

5.5 Risk Management

5.5.1 There is a risk, without aligned financial strategies across health and social care, of financial and service improvements not being realised or costs being shunted across the health and social care boundary. JCEG has identified this as a key priority risk to mitigate, and the group works to align timescales and leadership of relevant work plans which affect both health and social care.

5.6 Equalities and Diversity

5.6.1 All public sector organisations and their partners are required under s149 of the Equality Act 2010 to have due regard to the need to:

- a) *eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*
- b) *advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*
- c) *foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

5.6.2 The protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

5.6.3 The MTFs has been subject to an equality impact assessment considered by Cabinet, as have the specific plans within the Priorities and Spending Review. The QIPP plan has been subject to an equality impact assessment considered.

5.7 Consultation and Engagement

5.7.1 The Joint Commissioning Executive, Care Closer to Home Programme Board will factor in engagement with users and stakeholders to shape its decision making.

5.7.2 The Joint Commissioning Executive, Care Closer to Home Programme Board will also seek assurance from group members that there is adequate and timely consultation and engagement planned with providers as integrated care is implemented.

6. Corporate Parenting

6.1 Where appropriate the minutes detail the specifics that may have a direct or indirect impact on children in care and the steps that have been taken to mitigate them.

7. BACKGROUND PAPERS

7.1 None

APPENDIX 1

Care Closer to Home Programme Board

6th September 2018, 14:00 – 15:30

Boardroom Room, Ground Floor, Building 2, North London Business Park

Present

CW Colette Wood, Director, Care Closer to Home, BCCG (Chair)
 DW Dawn Wakeling, Strategic Director for Adults, Communities and Health, LBB
 DG Daniel Glasgow, Care Closer to Home Deputy Director, BCCG
 SR Selina Rodrigues, Community Barnet
 CB Charlotte Benjamin, GP Board Member, St. Georges Medical Centre
 TH Tal Helbitz, GP Board member, Lead for Primary Care, Barnet CCG (CHIN 2)
 DA Dami Adedayo, Local Medical Committees (LMC) Co-Chair
 AP Anuj Patel, Barnet GP Federation (CHIN 3)
 BO Bob O'Driscoll
 KS Karen Spooner, Deputy Director of Operations, CLCH
 MC Mandy Claret, Project Manager, Barnet CEPN
 AB Aashish Bansal, BCCG Governing Body member (CHIN 1)
 JC Julie Cairns, Executive Assistant, LBB (Minute taker)

Apologies

WH Will Hammond, Head of Adults Transformation, LBB
 AT Anita Thawani, Programme Coordinator, Adults Transformation, LBB

#	ITEM	ACTION
1.	<p>Welcome and apologies</p> <p>As Chair, DW welcomed attendees to the meeting and apologies were noted.</p>	
2.	<p>Declaration of conflicts of interest</p> <p>No declarations</p>	
3.	<p>Review of 26th July meeting minutes</p> <p>Minutes approved from the last meeting.</p>	
4.	<p>Action Log tasks:</p> <ul style="list-style-type: none"> • Action 1: AT mapping all various communications channels developing simple fact sheets re CHIN and what is a CHIN. <ul style="list-style-type: none"> ○ Primary care will have someone in the team CCS appointed communications and engagement lead-To look at what resource can be provided. ○ Health Watch – Have volunteers happy to assist. • Action 2 can be closed off • Action 3 can be closed off • Action 4 can be closed off – Check with Dawn if anything can be added • Action log can be closed off 	

CHIN UPDATES

<p>5.</p>	<p>Chin Delivery Approach:</p> <p>DW gave an overview of the CHIN delivery approach. Entry to be as easy as possible and once entered, to be a CHIN Steering Group. Looking to appoint a joint clinical lead. Will have 3 life cycles, 3 different components to it. Stage 3 to be monitoring how we bring in wider providers. To support need to formalise priority improvements function.</p> <p>AP & BO – Great process – Enjoyed working with DG and making good headway.</p> <p>BO – BAU not far off being completed.</p> <p>DW – Helpful to understand membership of the CSG. DG looks similar to this group.</p> <p>DW – What else do we strip-out? CW to bring to Board structure.</p> <p>DW – Engagement with provider side and VCS side – 2 specific sessions on the agenda in the future.</p> <p>What is happening with QIST Steering Group – DG looking at. BO – To table at Federation Board.</p>	
	<p>ACTION: CD to send out dates for upcoming quarterly forums</p>	<p>CD</p>
<p>6.</p>	<p>QIST update</p> <p>Paper to come to next meeting.</p>	
<p>7.</p>	<p>CHIN 1</p> <p>Going along smoothly once a week. Clinic out of Oak Lodge and second at Everglade practice.</p> <p>Looking at paediatric hot clinics. Putting case together to reduce 0-5 year olds.</p> <p>CW- Is there an opportunity to do work around obesity prevention? Looking at in the future.</p> <p>CCG governing meeting – To do with immunisation rates, immunisations and screening rates not what they should. There could be opportunity to do a piece of work to increase uptake. Would require a little investment. Not sure how it fits in with funding scheme. DW worth looking at – take off line with Public Health / Tamara Djuretic has an interest in this.</p> <p>Phlebotomy – Patients are unhappy that they have to wait 2 weeks to get a blood test. Concern about data. DW – will hear about CHIIN updates coming up.</p>	
	<p>Action: CW or one of team to pick up outside of the meeting.</p>	<p>CW</p>
<p>8.</p>	<p>CHIN 2</p> <p>In a balanced stage.</p> <p>Starting to move into mobilisation stage.</p> <p>Frailty business paper going through final stages 6/9. If passed should be on</p>	

	target for 1st October start.	
9.	<p>CHIN 3</p> <p>AP provided an update.</p> <p>Is there is a process if successful in a CHIN? How are they going to be monitored? DG – CHIN steering group will be the place where they will be monitored eventually.</p>	
10.	<p>Social Prescribing</p> <p>Innovation event - lots going on not joined up at the moment. Looking at how it can be embedded in the system. Initial discussions on risk shares. Lots going on in Barnet. Lots of voluntary services. Funding from Health London partnership until end of next year.</p> <p>DW – CHIN 2 Clair D’Souza coming to their groups. Isn’t someone going to be attached to CHIN? DW - Build a mini PDSA that can be replicated.</p>	
	Action: To Pick up with Jeff outside on what the plan is for moving this forward.	
	<p>ACTIONS:</p> <ul style="list-style-type: none"> • Include information on how a new surgery can join a CHIN within the FAQ document - Possibly add something around interpretation and help. • Add contact leads to FAQ document - Completed • DM to send list of members included within CHIN 5 – To come to next meeting. • CW to send TD data for CHIN 4 & 5 - Completed 	<p>DG</p> <p>DG</p> <p>DM</p> <p>CW</p>
11.	<p>Barnet CC2H Highlight Report</p> <ul style="list-style-type: none"> • Needs to be tidied up • Key changes picked up • Milestones out of date and need changing • Needs to be improved for next time. 	
Governance		
12.	<p>NCL Health & Care Close to Home Highlight Report</p> <p>Questions to take back to Sara Mackleway for clarification.</p>	
13.	<p>Any other business</p> <p>CW – Future meetings will be good if a lead is nominated and formalised a bit more. DG and CW to aim to do for next meeting. Different format for agenda.</p>	
	<p>Future meeting dates:</p> <ul style="list-style-type: none"> • 17 January, 14.00 – 15.30 • 21 February, 14.00 – 15.30 	

	<ul style="list-style-type: none">• 21 March, 14.00 – 15.30	
	ACTION: Add VCS to the agenda – This is deferred to a later meeting TBD.	AT