

	<p>As some of the funding is from social care monies, there needs to be clarity on the role of the Council in commissioning services from the NHS under NHS contracts and whether any formal partnership agreement is required for the NHS to act as the lead commissioner. For example, the care navigator posts are to be recruited to and based within NHS organisations. The Council needs to have clarity on the performance price mechanism and any necessary authorisations from the organisation to enter into contractual arrangements in respect of the frail elderly pathway. This needs to be urgently clarified in conjunction with LBB procurement.</p> <ul style="list-style-type: none"> The discussion confirmed the need for the Terms of Reference for the Health and Well- Being financial planning group to be re-circulated and for the role of the group to be considered by the Chief Officer of the CCG with the Council's lead officer for HWBB. The group noted the need for consistent senior level representation from the CCG in order for the group to discharge its responsibilities. 	<p>MK</p> <p>KK to follow up with John Morton</p>	
<p>3.</p>	<p>PWC, Stroke and Dementia update CC gave an update on the joint project across health and social care with PWC on Stroke and Dementia pathways. The report from PWC includes projected savings over a number of years with recommendations which reflect work with stakeholder groups undertaken to date. The paper is going to the QIPP group within the CCG in December 2013. CC advised that by the end of February 2013 the scoping work on the detailed proposals will be completed and this will identify for greater levels of certainty the level of savings that could be achieved.</p> <p>CC advised that there was more common agreement from stakeholder groups on stroke interventions than on dementia. The group requested that CC meet with Andrew Howe to get a public health perspective on the proposals and the evidence base being cited by PWC in respect of stroke and dementia.</p> <p>More detail will be required in the final business case which will be presented to the February HWB finance group for agreement.</p> <p>KK asked what the position was in relation to the completion of this pathway work and the CCG position regarding the relocation of Dolphin Ward from Barnet to Chase Farm. CC advised that Dolphin Ward is still temporary closed and that Temmy Fasegha is leading on this with the Mental Trust regarding the Dolphin Ward. This is being addressed separately from the PWC work. The group noted that there needs to be appropriate involvement from ASCH in this decision. Action Temmy via MK</p> <p>KK asked what the position was regarding the completion of this pathway work for dementia and the decision regarding the Alzheimer's Society day service as this too has been deferred to take account of this work. CC advised that the proposals are being developed and that these need to be finalised and signed off by ASCH in conjunction with</p>	<p>CC</p> <p>TF / MK</p>	<p>13th Feb 2013</p> <p>Ongoing</p>

	<p>the NHS. CC is working on enhancing Alzheimer's Service to be part of a hub. CC confirmed that the Dementia café, memory books in libraries project funded through s256 earmarked funds for dementia is on track and a delegated powers report is being prepared.</p>	CC	13 th Feb 2013
4.	<p><u>Children's Commissioning priorities for Health and Social Care linked to HWBB Strategy: SEN, transport, Children's Centres, Obesity</u></p> <p>VS presented a report setting out proposals for the use of section 256 monies for Children's Services over and above the allocation of £140k from previous amount to support the development of commissioning capacity within the Children's Service. It was agreed that more detailed information is required on how the specific needs and priorities for CS can be met through the 3 posts that were proposed covering the following areas:-</p> <ol style="list-style-type: none"> 1. <u>Short breaks offer</u> - Uptake has been low in the last few years. Role is to consult with families and look at developing brokerage system in place. Questions from HWBB finance group include does this need to be a post within CS? Could this not be delivered by an external provider. 2. <u>Insight Officer for High Cost Care and Complex Needs</u>. HWBB finance group identified that this should link with transitions to jointly plan across different key stages across health and social care. . 3. <u>Planning Officer post</u> - To link to SEN and Transformation project, looking at PID for this next week. <p>Next meeting will result in a final decision on request from CS and discussion on deployment of s256 monies in totality and enablement funding from the NHS.</p>	VS	13 th Feb 2013
5.	<p><u>QIPP Performance Update and Commissioning Priorities</u></p> <p>A PowerPoint presentation was received from JM which had previously been considered at the HWBB. The savings profile set out in the QIPP plan was discussed and the interface with the frail elderly business case as there appeared to be a discrepancy between the figures in the business case and those linked to the QIPP. The HWBB finance group was advised that the QIPP figures contained savings from other schemes not linked to the frail elderly business case. MK agreed to clarify the position.</p>	MK	
6.	<p><u>Agenda next meeting 13 February 2013</u></p> <ul style="list-style-type: none"> • CCG QIPP plan and Council MTFs – areas for joint working and business case development • Section 256 and enablement funding update (All) • Finalising Children's Service proposals for section 256 monies (VS) • Frail Elderly Business Case (MK) • Detailed cost Stroke and Dementia Business (CC) • Joint Commissioning Proposals (JM / KK) 		