

## Decisions of the Health & Well-Being Board

23 January 2014

Cabinet Members:-

Cllr Helena Hart (Chairman)

* Dr Debbie Frost	* Selina Rodrigues	* Dawn Wakeling
* Kate Kennally	* Dr Clare Stephens	* Cllr David Longstaff
* John Morton	* Cllr Reuben Thompstone	(Substitute for Cllr Sachin Rajput)
* Mathew Kendall (Substitute)	* Julie Pal (Substitute)	
	* David Riddle (Substitute)	

\* denotes Member Present

### 1. MINUTES OF THE PREVIOUS MEETING (Agenda Item 1):

Selina Rodrigues, Healthwatch Barnet, asked that the minutes of the previous meeting be changed to reflect that she was in attendance rather than Julie Pal.

**RESOLVED that the minutes be amended to reflect Selina Rodrigues' attendance.**

**RESOLVED that the minutes of the Health & Well-Being Board meeting held on 21 November 2013 be agreed as a correct record.**

Councillor Hart, the Cabinet Member for Public Health, welcomed Andrew Travers, Chief Executive of Barnet Council, to the Meeting.

Dr Debbie Frost introduced herself as the new Chairman of Barnet CCG, having taken on the role from Dr Sue Sumners. Dr Frost thanked Dr Sumners for all that she had achieved during her time as Chairman and recognised the work she had put in to developing the shadow Health and Well-Being Board.

### 2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies for absence were received from:

Dr Andrew Howe  
Councillor Sachin Rajput (Councillor David Longstaff substituting)  
Dr Charlotte Benjamin  
Paul Bennett

### 3. DECLARATION OF MEMBERS' INTERESTS (Agenda Item 3):

There were none.

### 4. PUBLIC QUESTIONS (Agenda Item 4):

No public questions were submitted.

**5. QUALITY AND SAFETY AT BARNET, ENFIELD AND HARINGEY MENTAL HEALTH TRUST (Agenda Item 5):**

Councillor Hart, Chairman of the Health & Well-Being Board, welcomed the members of the Barnet, Enfield and Haringey Mental Health Trust Board and thanked them for their attendance.

Councillor Hart had brought this item to the Board due to her concerns over the quality and safety issues at Barnet, Enfield and Haringey Mental Health Trust highlighted in the Care Quality Commission report issued in November 2013.

In response to the Care Quality Commission (CQC) report, Ms Kennally advised that actions had already been taken to address the quality and safety issues faced by Barnet, Enfield and Haringey (BEH) Mental Health Trust. Members of the Health and Well-Being Board, and other senior colleagues in the Council and CCG, met with the Mental Health Trust on the 17<sup>th</sup> January 2014 to discuss their concerns. Ms Kennally explained that the discussion had been productive, but that the group acknowledged there were a number of systemic challenges that need to be addressed. Ms Kennally emphasised the importance of Health & Well-Being Board being able to seize the opportunity to work with the Trust to improve quality issues.

Mary Sexton, Director of Nursing, Quality and Governance at BEH Mental Health Trust, advised that the Trust has taken steps to address the concerns expressed in the recent CQC report and that it is heading in a positive direction. Ms Sexton updated the Board on the changes made over the last 18 months through addressing issues with staff skills and competencies (including discussions with the local university to explore options for re-focusing training), changes to the clinical leadership in the Trust (increasing the presence of medical leaders on the wards) and actions towards raising standards (including increasing staff rotations on wards).

Ms Sexton highlighted that the changes made to the managerial leadership will take time to be fully implemented and that the level of expectation from staff has risen over the last 18 months. Ms Sexton also noted that staff have been provided with training in response to the issues raised in the Care Quality Commission.

Ms Sexton acknowledged the long-standing concerns with the quality of care provided at the Oaks Ward but expressed confidence with the extensive quality improvement work undertaken to address these issues over the last 6-9 months. She said that positive changes on the ward were evidenced in the CQC reports.

She also acknowledged that the level of learning on other wards had been lower than on the Oaks, and explained that a nurse consultant was now leading a tight implementation plan to secure improvements in the quality of care on these wards by the end of February. She explained that the Trust was working closely with the CQC on this and will be in a position to report back on progress in March. She accepted the Trust needed to 'do better'.

Dr Jonathan Bindman, Medical Director at Barnet Enfield and Haringey Mental Health Trust informed the Board of the plans to recruit a substantive consultant in order to ensure there was the right clinical leadership in place to drive continued improvements of the key issues around quality concerns.

Cllr Hart queried what specific actions had been taken by the BEH Mental Health Trust to address the issues and concerns relating to staff communication and training. Ms Sexton advised that specific targets and guidelines have been set around record keeping, care for elderly people, staff engagement and training on the principles in mental health legislation.

Dawn Wakeling, Adults and Communities Director at LBB, highlighted that people may not be aware of their status under the Mental Health Act. Ms Wakeling requested clarification on how quality was being governed in mental health community services, in particular those concerning risk assessments.

Mary Sexton advised that in order to adequately address the concerns raised by the CQC report a number of “deep dive” inspections were being completed, and reported back to both community and inpatient staff groups. Furthermore, Ms Sexton informed the Board that where needed these quality assessments have also been referred to senior members of staff for further review and that Community teams have also been subject to scrutiny under this approach. Ms Sexton also informed the Board that an important source for review of quality is the feedback received from patients on experience with services, which forms a key part of the Trust’s audit work.

Councillor Hart expressed concerns in the light of the issues raised in the second CQC report and questioned whether a cultural change in attitude among staff would be needed to effectively tackle these concerns. Councillor Hart requested further reassurance that there is action taking place to address the concerns raised in the CQC report.

Maria Kane, Chief Executive at Barnet Enfield and Haringey Mental Health Trust, informed the Board that the full implementation of the action plan to tackle the quality concerns will take time. Ms Kane informed the Board that in light of the concerns identified in the CQC report a number of actions are being implemented, such as recruitment of a full-time medical consultant, establishment of improvement forums designed to enable staff to express their concerns more freely, and work with the Royal College of Nursing to look at staffing concerns. She explained that the Trust still has to rely on agency staff, and that the scrutiny of the quality of care provided on older people’s wards meant that some staff did not want to work on these wards.

John Morton, Chief Officer at Barnet Clinical Commissioning Group, informed the Board of the CCG’s involvement in improving quality issues at BEH Mental Health Trust, including the improvement work taking place through the Clinical Quality Review Group monthly meetings with the Trust. Mr Morton noted the importance for commissioners to implement an action plan to meet the challenges of a sustainable strategy for assessing and discharging patients in conjunction with the 3 CCG’s across Barnet, Enfield and Haringey. He explained that some patients on these wards did not need to be in NHS

care, and that not enough people were currently being discharged from the wards. The CCGs are working to commission alternative provision but this will take time to implement.

Mr Morton advised that the CCG is taking its responsibility towards performance of BEH Mental Health Trust very seriously and that it is working closely with the Trust Development Agency and CQC to ensure improvements are made. He explained that the changes to CQC's inspection regime meant that more providers will come under scrutiny now, and that commissioners needed to give providers sufficient time to make changes.

Selina Rodrigues, Head of Healthwatch Barnet, noted the importance of developing an action plan to ensure that local mental health services will support vulnerable people. She explained that Healthwatch had met with the Mental Health Trust to understand the issues at play. Ms Rodrigues emphasised that it is essential for Healthwatch to receive updates on the progress made by the Mental Health Trust in addressing the quality and safety concerns identified in the CQC report. She explained that residents need to know what the outcomes of the improvement work will be, what things will look like when the changes have been made, and within what timescales improvements can be expected.

Ms Rodrigues also highlighted that the availability of services for tackling anxiety and depression are of particular concern for the charity sector.

Dr Jonathan Bindman informed the Board that the Trust needed a twin-track approach to addressing quality- focusing on formal structures, and staff culture. He said a central challenge for the Trust was to embed a learning culture among staff.

Dr Bindman noted the pressure on inpatient services and the difficulties encountered around moving people out of service. Dr Bindman also noted the need for the action plan to involve community services, care team and inpatients services.

Councillor David Longstaff (London Borough of Barnet, substituting for Councillor Sachin Rajput) queried the proposed recommendations for the Board and the proposed course of action to address the quality and safety concerns at BEH Mental Health Trust. Kate Kennally advised that following approval of the notes from the meeting on the 17<sup>th</sup> January, and receipt of the Trust's action plan, both will be circulated to the Board.  
**(Action: Kate Kennally and Maria Kane)**

David Riddle queried whether any disciplinary measures have been taken following the concerns identified in the CQC report. Ms Sexton informed the Board that subsequent to the investigation, some staff members had received disciplinary action; a number of staff are currently going through the disciplinary process, while others have resigned from the organisation.

Ms Wakeling emphasised the need for assurance on Barnet-specific quality care issues so that the Board can be assured that Barnet patients are receiving safe care.

Maria Kane highlighted the importance of the involvement of social workers in the discussions, who have a good awareness of Barnet patients' needs. Ms Wakeling

concluded, highlighting that it was a Barnet social worker who reported quality issues in the Trust in the first place. Selina Rodrigues advised that Healthwatch would be keen to invite feedback from the Mental Health Partnership Board on the quality of community services.

Dr Debbie Frost, Chair of Barnet CCG, highlighted the need to focus on further involvement of community services, and GPs, to support people in maintaining and developing good mental health and well-being.

Councillor Hart noted that the Trust needed to learn from the feedback received from both patients and professionals.

Councillor Hart advised that the issue will be a substantive item on the next Health and Well-Being Board agenda (on 20 March 2014) to ensure appropriate follow up by the Board.

**RESOLVED that:**

- 1. The Barnet Enfield Haringey Mental Health Trust provides the action plan to the Board.**
- 2. The notes of the Meeting on Friday 17 January 2014 of senior officers across the Local Authority, Barnet CCG and BEH Mental Health Trust are circulated to the Health & Well-Being Board.**
- 3. The Board considers progress at addressing the issues of quality at the Mental Health Trust at its meeting on the 20 March 2014.**

**6. FRANCIS REPORT UPDATE (Agenda Item 6):**

Vivienne Stimpson introduced this item. She noted that the Francis Report highlighted the importance of ensuring that systems work together to improve quality of care. Ms Stimpson explained that the CCG was working to improve the way it receives and analyses complaints. Ms Stimpson also updated the Board that Barnet CCG is taking a number of steps to improve its quality assurance processes with providers, such as reviewing services from different viewpoints, and adapting relevant job descriptions for new staff. Ms Stimpson also highlighted that Barnet CCG is keen to share its intelligence with the Board and key partners.

Councillor Hart noted that during the early discussions of the Francis Report, the Board had received assurances on the implementation of the main recommendations from that report. Councillor Hart expressed concerns over the feedback of poor patient experience at Royal Free Hospital. Councillor Hart noted that Healthwatch have now initiated hospital visits and that in light of the number of Barnet residents who are treated at Royal Free Hospital, their feedback on patient experience was critical to the Board.

Selina Rodrigues stressed that Healthwatch is planning to collect as much data as possible on patients' experience of services. She explained that Healthwatch will begin

hospital visits at Barnet and Chase Farm but is aware of the importance of working with the Royal Free Hospital too.

Ms Stimpson informed the Board that the Commissioning Support Unit has been developing a patient feedback dashboard for the CCG, which is looking good. It will be populated from Clinical Quality Review Group meetings and individual Trusts. Ms Stimpson also talked about the increase in “walk through” exercises taking place, and explained that where possible patient information is made available to staff prior to the exercise. Ms Stimpson said the CCG was working with the CSU to explore the collection of ‘real time’ data. Ms Stimpson welcomed this as a great opportunity to engage with patients and to work with providers in a co-ordinated way.

Kate Kennally thanked Ms Stimpson for her report and stressed the importance of moving forward with positive leadership in order to deliver assurances on quality and safety issues. Ms Kennally questioned how the 2014 quality accounts that will be going to the Health Overview & Scrutiny Committee will be informed by these plans. Ms Stimpson explained that the CCG are trying to prevent quality accounts from being a provider led process, by asking the accounts to be presented at the Clinical Quality Review Group on a quarterly basis. This will ensure that when the CCG Board assures the Quality Accounts, they have a closer understanding of the issues. Ms Kennally suggested it would be helpful for the CCG to give advice to the Health Overview & Scrutiny Committee so as to stitch together discussions by local Councillors and local clinical professionals about health care quality in the Borough.

Councillor Reuben Thompstone, Cabinet Member for Education, Children and Families, emphasised the importance of the new duty of candour in improving service quality. Ms Stimpson agreed that individual responsibility and professional accountability are factors that need to be taken into account by each member of staff under the new code of conduct.

Ms Wakeling noted the importance of GPs and primary care in assuring for quality. Dr Frost explained that annual GP appraisals and practice led discussions about complaints will help keep primary care closely involved in quality issues.

Councillor Hart welcomed the positive nature of the CCG’s plans to work with partner organisations to prevent health care failings.

**RESOLVED that the Board notes and supports the steps taken by Barnet CCG to improve clinical effectiveness and patient safety.**

## **7. HEALTHWATCH BARNET UPDATE (Agenda Item 7):**

Councillor Hart welcomed the report and congratulated Healthwatch Barnet on their achievements in ensuring that the experiences of vulnerable communities are heard and represented.

Selina Rodrigues presented the report and explained that Healthwatch Barnet is meeting all of its contractual targets. Ms Rodrigues outlined plans to continue to support the Council's Care Quality Team with Enter and View visits, to ensure as many care homes as possible are reviewed. Ms Rodrigues explained that the Enter and View visits will be extended to hospitals from February, starting at Barnet and Chase Farm Trust. Ms Rodrigues also explained that Healthwatch would be referring their Enter and Visits to the Mental Health Trust to the Health Overview and Scrutiny Committee. She said that Healthwatch would be happy to take forward further Enter and View visits in mental health services, to support the Board assess the quality of these services in Barnet.

Ms Rodrigues highlighted the work Healthwatch is doing to support improvement of patient feedback services at GP surgeries. Selina Rodrigues welcomed the opportunity to consult with CCG Barnet on effective engagement plans, to avoid duplication of work and concentrate on outcomes and monitoring of feedback from patients. Ms Rodrigues explained that Healthwatch Barnet is working with partners to understand any redesign of services and how to involve patients in the redesign of services.

Ray Booth, CEO at Barnet Mencap, noted the charity's current plans to enable a better understanding of the issues affecting the care of people with learning disabilities. Mr Booth expressed concerns over the relatively high percentage of patients reporting poor experience. Patient feedback showcased frustration experienced by patients in understanding results and decisions of consultation visits, prompting the introduction of user friendly feedback forums and summary of decisions notices. Mr Booth explained that he would be bringing a full report on this issue to the Health and Well-Being Board meeting in March.

Councillor Hart asked whether there is a strategy in place for improving meaningful communication with ethnic minority communities. Councillor Hart requested that Healthwatch fully engage with organisations such as Sangam and work with them to access hard to reach groups. Selina Rodrigues informed the Board that Healthwatch Barnet continues to work on improving engagement with members of ethnic minority communities within the planning for Year 2.

Ms Rodrigues highlighted that health and social care providers needed clearer forward plans for working together with Healthwatch and for Chase Farm to actively promote usage of complaints and feedback process.

Dr Frost noted the success achieved by Healthwatch Barnet for its consultation and engagement with service users, and noted that it is essential that all care providers work together more closely and to share intelligence and feedback. Dr Frost asked Healthwatch to share its complaints information with the CCG so that they could include it in their GP bulletin. **(Action: Ms Rodrigues)**

Councillor Longstaff queried whether additional factors will be taken into account in gathering feedback from respondents. Ms Rodrigues informed the Board that factors such as age and disability will also be monitored in gathering experiences of service users. Ms Rodrigues noted that Healthwatch will be hosting a road show event to gather young people's views on health and social care issues, and that Healthwatch can share

intelligence from this to the Board. Ms Rodrigues informed the Board that Healthwatch would shortly be recruiting a policy and research officer to support the team.

Kate Kennally asked that Healthwatch Barnet note the 12 Month Forward Work Plan and focus on particular areas such as reports of experiences of people with learning disabilities, and implications of the Children and Families Bill. Ms Kennally formally requested that the Health and Well-Being Board forward work programme should be integrated into the Forward Work programme for Healthwatch Barnet. (**Action: Ms Rodrigues**).

**RESOLVED that the recommendations of the Healthwatch Update Report are agreed.**

**8. CONTRACT MANAGEMENT OF HEALTHWATCH BARNET (Agenda Item 8):**

Mathew Kendall updated the Board on the contract management of Healthwatch Barnet by the Adults and Communities Department at Barnet Council. He explained that Healthwatch and the contract managers had been focusing on getting structures and activities in place to support delivery of the contract. Mr Kendall explained that he would ensure Councillor Hart's comments were taken on Board.

Julie Pal requested that papers from the contract managers should in future ensure that the reference in paragraph 4.1 to the status of Community Barnet is accurate.

**RESOLVED that the progress of Healthwatch Barnet be noted.**

**9. MINUTES OF THE FINANCIAL PLANNING SUB-GROUP (Agenda Item 9):**

The minutes were noted by the Board.

**RESOLVED that the Board duly noted and approved the Minutes of the Financial Planning Sub-Group of 13 December 2013.**

**10. BETTER CARE FUND (BCF) (Agenda Item 10):**

Dawn Wakeling presented the working draft of the Better Care Fund plan. The name of the fund has been changed to Better Care Fund from the Integration Transformation Fund. For 2014/2015 the core fund of £6.6m has been allocated for Barnet for funding schemes including: Prevention, Older People's Integrated Care, Ageing Well and Campus re-provision. Ms Wakeling updated the Board that the BCF fund for 2015-2016 amounts to £23,412M which includes additional funding from the NHS.

Ms Wakeling invited the Board to provide comments and feedback prior to submission of the draft BCF Plan to NHS England by 14 February 2014.

In terms of the submission of the final plan, Ms Wakeling agreed to submit the final draft BCF Plan to the Health and Well-Being Board meeting on 20 March 2014 and for any amendments to be signed off by the Chairman. **(Action: Dawn Wakeling)**

Ms Wakeling invited the Board to note the investments that will feed into tier (ii) of the integration model between Barnet Council and CCG for delivering integrated care across Barnet. Ms Wakeling asked public health to confirm their investment figures for 2014/15 that would support delivery of the model. **(Action: Jeff Lake)**

Ms Wakeling emphasised that most of the BCF is not new or additional resources, but the reallocation of existing service provision budgets to a new pooled budget format.

For 2014/15, Ms Wakeling noted that budget monitoring of Council and CCG spend will include reviewing the entire system of total spend for Older People, Prevention, Carers, Learning Disabilities and Continuing Health Care. For 2015/16, Ms Wakeling indicated that the aim is to have a fully integrated/ aligned fund for the model.

Ms Wakeling also indicated that in addition to the five nationally proposed performance indicators for spend of this money- around permanent admissions, discharge proportion of older people and delayed transfers of care from hospital- a local measure will need to be chosen as metric from the relevant Outcomes Framework.

John Morton invited the Board to provide feedback on the Metrics and Performance Indicators. Mr Morton suggested that ideally the metric should be a social care metric, or a measure which reflects the social care level in the community. Mr Morton highlighted the need to cover children's services in the metrics where appropriate.

Councillor Hart asked for guidance on choosing the most appropriate and useful metric for Barnet residents.

Ms Wakeling noted the need to review any additional metrics for the final report. **(Action: Dawn Wakeling)**

Kate Kennally emphasised the importance of considering whether children services commissioning should be included in the final draft prior to submission of the final plan to NHS England by 4 April.

Dr Debbie Frost concurred with the views expressed over the importance of having patients involved.

Andrew Travers welcomed the plan and encouraged the positive nature of discussions on co-operation between the Council and CCG on wider issues around health and adult social care. Mr Travers highlighted that as a partnership, the challenge is to focus on the aspirations of the BCF that are being commissioned and to consider the scope for wider rational integration to meet financial and demographic challenges in the future.

Mr Travers further noted the excellent progress made so far but also the need to address the wider issues around the transformation in integrated health and social care. Mr Travers highlighted the importance of sharing savings and management lessons with the wider organisation.

Ms Kennally requested for the outline business case developed by Ernst and Young to be received at the Health and Well-Being Board meeting on 20 March 2014. (**Action: Dawn Wakeling**)

Councillor Hart queried whether Barnet CCG could provide assurance on the sustainability of current plans, given the backdrop of a financially challenged CCG. Mr Morton commented that the system has not yet been fully implemented and that the financial figures continue to move. Mr Morton emphasised that prior to receiving the baseline position for the next financial year, it will be difficult to make sustainable estimates at this stage.

David Riddle concurred with the views expressed and commented that the Board should support the recommendations in the draft report.

**RESOLVED that the recommendations in the report are noted and agreed.**

**RESOLVED that Ms Wakeling notes the need to review additional metrics for the final report and to develop these as part of the final BCF plan.**

#### **11. PUBLIC HEALTH COMMISSIONING INTENTIONS 2014-15 (Agenda Item 11):**

Dr Jeff Lake (Public Health, substituting for Dr Andrew Howe) noted the Public Health principles outlined in the Commissioning Intentions Report such as primary prevention, intervention in early years and supporting elderly people as the basis for a highly effective strategy for helping people live healthier lives and reduce their need for care.

Dr Lake outlined the new areas for investment for 2014-15. Dr Lake emphasised the broader programme of supporting individuals affected by welfare reforms into work in conjunction with other Council initiatives (at page 105). Dr Lake noted that further broader strategies are needed for effective alcohol intervention and alcohol treatment services. Dr Lake finally noted the particular focus in 2014-15 on physical activity promotion through the Fit and Active Barnet campaign.

The Chairman noted that alarming reports had been received focusing on the increasing use of Shisha (water pipes) and its effects on health, particularly pertaining to the risks of spreading tuberculosis. The Chairman noted the need for a comprehensive Health Campaign informing of the health risks of smoking Shisha, involving promotional materials and effective tobacco information campaigns.

Councillor Hart noted the plans for further investment in Outdoor Gyms in 2014-15 and highlighted that more work is needed to promote physical activity in order to combat health risks associated with obesity.

David Riddle queried whether the figures in the budget plan (at page 106) represent any changes in comparison to the previous year, based on current trends in performance. Mr Riddle noted the importance of transparency in relation to the published figures for 2014-15 budget. Dr Jeffrey Lake advised that the aim is to achieve better outcomes through

increased provision in area of Health Checks, continued provision in the area of tobacco control, and new investment to provider universal activities to tackle obesity. Dr Lake also explained that the public health team and CCG were working together to design a targeted obesity offer.

Dr Lake informed the Board that media attention and concerns regarding increased use of tobacco products will be followed up in the meeting with Tobacco Alliance. The lessons and action plans from the meeting will be shared with Board.

Dr Debbie Frost informed the Board that providers are currently trying to establish the extent of alcohol problems, with particular focus on excess alcohol consumption and misuse of alcohol. Dr Lake noted the need to work with Barnet CCG in order to generate solutions to tackle alcohol misuse.

Dr Clare Stephens, Barnet CCG Board Member, noted the high proportion of cancer diagnosis figures attributable to smoking. Highlighting the health risks related to smoking, Dr Stephens noted the need for an action plan to control the number of venues that are providing shisha.

Kate Kennally concurred and outlined the need for dialogue around shisha usage and information campaigns in schools and colleges. Dr Stephens queried whether public health funds could also be used to increase participation in cancer screening, in particular screening for breast cancer.

Kate Kennally highlighted the challenges around increasing physical activity rates and queried whether GLL Sport Foundation is delivering potential public health gains alongside the management of leisure centres. She explained that Public Health would be bringing a full business case on the commissioning of physical activity to the Board in summer 2014, and that the new contract management framework for leisure services is linked to the Public Health Outcomes Framework. Referring to the Health and Well-Being Strategy report received in November 2013, Ms Kennally requested the Board to consider what the ideal return on investment should be to ensure that investments are effective in improving public health issues (**Action: Jeff Lake**).

Ms Kennally also confirmed with Dr Lake that the Public Health quantum that will form part of the Better Care Fund application will include the Ageing Well and self-care lines of the Public Health budget in 2014/15.

Dawn Wakeling advised the Board that current aerobics programmes funded by the Adults and Communities Department are targeted at frail and elderly people, and advised that there are also plans to develop social hubs for physical activity. Selina Rodrigues commented that it was essential to promote and inform residents of physical activity programmes and to seek feedback from residents about the quality of service provision - GP surgeries can be used as an ideal platform for improving feedback and responses.

Dr Stephens advised that sports programmes held at social clubs could also be rolled out for young people - noting that investing early in the life course is recognised to have great results.

**RESOLVED that the Board notes the Public Health Commissioning Intentions for 2014-15**

**RESOLVED that the Public Health investments in Ageing Well and self-care form part of the Better Care Fund application.**

**12. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) (Agenda Item 12):**

Dr Jeffrey Lake introduced the JSNA item asking the Board to accept the amended JSNA reports. He explained that these had been revised following discussions with CCG clinical leads. He also explained that the Public Health team will be establishing a JSNA Programme Board to continue working in partnership to develop Needs Assessments in future. Dr Frost noted the quality of the reports and thanked the Public Health team for their co-operation with the CCG to provide analysis of local issues.

Dr Lake explained that the value of having a Programme Board across the Boroughs of Barnet and Harrow is critical for ensuring efficiencies are made by the team and that intelligence relevant to both Boroughs is shared effectively. He reassured the Board that the JSNAs would continue to be Borough specific despite the establishment of a shared Programme Board.

Dr Lake noted the need to review the way in which the JSNA supports the working of the Health & Well-being Board and to identify areas for further assessment and scrutiny.

**RESOLVED that the Board accepts the recommendations and final reports, and notes the actions to further refresh the JSNA.**

**13. CCG STRATEGIC AND OPERATIONAL PLANNING 2014/15 ONWARDS (Agenda Item 13):**

John Morton introduced the item and noted that commissioners are required to prepare a two-year operational plan, commencing in 2014/15. Mr Morton advised that the two-year operational plan for Barnet will follow. Mr Morton also explained that CCGs are required to work on a longer footprint too, and will be asked to produce 5 year Strategic plans this year. Mr Morton emphasised the importance of working together on strategic issues for best value and to incorporate previous discussions on the Better Care Fund in the CCGs longer-term plans. The Chairman concurred with the points expressed.

**RESOLVED that the Board notes the requirements on Barnet CCG for the development of the operational and strategic plans.**

**14. BARNET CLINICAL COMMISSIONING GROUP (CCG) PRIMARY CARE STRATEGY (Agenda Item 14):**

Dr Debbie Frost introduced the CCG's Primary Care Strategy, noting the importance of good partnerships. Dr Frost emphasised the benefits for GP surgeries to work together

and extend learning through peer review. Dr Frost also noted that electronic systems could be used to enable options such as safer and easier electronic prescriptions and utilising text messaging services as appointment reminders.

The Chairman concurred with the views expressed and noted that text messaging services could ideally be used in saving resources and time.

Selina Rodrigues welcomed the development of the GP networks and requested that the CCG forward on further details about these to Healthwatch so they can promote the primary care services available (**Action: Debbie Frost**)

John Morton advised the Board that Barnet CCG is implementing plans to support GPs in lower level administrative tasks in order to allow practitioners to focus on complex patient responsibilities.

John Morton also advised that the CCG and Public Health team would be submitting a response to the NHS England Call to Action consultation. Selina Rodrigues informed the Board that Healthwatch would also be submitting a response to this Consultation.

**RESOLVED that the recommendations of the report are agreed by the Board.**

**15. 12 MONTH FORWARD WORK PROGRAMME (Agenda Item 15):**

The Chairman noted that following the Local Elections in May 2014, the move to a new committee system of governance will be implemented. A new Calendar of meetings is being drafted and there will no meetings planned in May- it is therefore important to capture all items for discussion in the next meeting of the Health & Well-Being Board on 20 March 2014.

**RESOLVED that the Board reviews the scheduling of agenda items for the next Health & Well-being Board meeting on 20 March 2014, in light of local elections taking place in May 2014.**

**16. ANY OTHER BUSINESS (Agenda Item 16):**

Mr Morton provided an update on the acquisition of Barnet & Chase Farm NHS Hospitals Trust by the Royal Free Hospital London NHS Foundation Trust. He explained that the Royal Free Trust Board had decided to proceed with the acquisition and would be submitting a full Business Case to Monitor. Mr Morton explained that each CCG involved in the acquisition would need to decide individually whether they are supportive of this acquisition or not.

The meeting finished at 12.30 pm