

**MINUTES**

*Health & Social Care Integration Board*

**Date:** 9<sup>th</sup> September 2015  
**Time:** 14:00-16:00  
**Venue:** Committee Room 2, Barnet House, N20 0EJ

**Attendees:** Dawn Wakeling (DW), Melanie Brooks (MB), Regina Shakespeare (RS), Grace Natoli (GN), Katie Donleavy (KD), Chris Baxter (CB), Muyi Adekoya (MA), Jeff Lake (JL), Maria O’Dwyer (MOD), Zoe Garbett (ZG), Jon Dickinson (JD), Mike Rich (MRi), Kirstie Haines (KH), Karen Spooner (KS), Natalie Daley (ND), Mike Roberts (MRo).

**Apologies:** Debbie Frost, James Benson, Julie Pal  
**Chair:** Dawn Wakeling (DW)  
**Minutes:** Mike Roberts (MR)

No	Item	Lead
1	<b>Minutes of the previous meeting and matters arising</b>	
	The minutes of the previous meeting were accepted as a correct record.	
2	<b>Actions arising from previous minutes</b>	
	JD stated that Social Care evaluation for BILT will be complete next week.	JD
3	<b>Programme Highlight Report Update</b>	
	<p><b>3.1 BCF Metric Monitoring</b>                      LBB and CCG systems now set up for regular reporting. The Enablement target remains a priority for the Board. Currently, this target is measured annually. MA is leading work between LBB and CCG to propose a process which would enable more frequent reporting</p> <p><b>3.2 Section 75 Schedule</b>                      The governance to execute the Section 75 Deed of Variation to manage the BCF fund is not yet complete. The HWBB Finance Group are considering the redrafted version in two weeks’ time.</p> <p><b>3.3 Programme Plan</b>                      Development of the programme of activities beyond 2015 is a priority. Tiers 1 and 2 now have an 18 month programme. For tiers 3 to 5, it is was agreed for the Board to undertake a stock take at the next HSCI board to review progress and revisit objectives in light of current data findings</p> <p><b>Action:</b> Programme tiers 3 to 5 stock take at next HSCI Board on 24 November in light of current data findings.</p>	<p>MA</p> <p>MB/MA</p>

4	<b>Better Care Fund Submission</b>	
	<p>4.1 MB reported that for quarter 1, there was a requirement to report on local progress, use of the BCF income and expenditure pools, and performance against the BCF metrics. The performance report summarises the submission made to NHS England (this is attached with the minutes)</p> <p>For the national conditions, there is compliance in all but two areas:</p> <p>4.2 NHS Number as a primary indicator. Not currently in place with plans in progress. The pilot to share information across EMIS and SystmOne is about to start. The new Social Care Mosaic system currently being implemented (go live in November) will give the required functionality to record NHS number.</p> <p>MoD reported that CCG IT strategy group currently working on System1 and EMIS and that she is awaiting progress reported go live date. She will bring report to Board meeting</p> <p><b>Action:</b> JD to update at the next HSCI on position re Social Care recording, use of NHS number and the date on which this will take place.</p> <p><b>Action:</b> MOD to update CCG IT strategy at next meeting</p> <p>Joint approach to assessment. Only operational through BILT at 7 GP practices.</p> <p><b>4.3 Non-Elective Admissions</b></p> <p>MB reported that there has been an increase of activity in non elective admissions for quarter 1 compared to the previous year.. The consequence is that the BCF has not achieved the performance target for quarter 1. DW queried whether this was a real performance issue or whether it was to do with how data is captured.</p> <p>MoD stated that some of the initial modelling was done using historical data however CCG are now in a position to report monthly and would bring some analysis to the next Board meeting.</p> <p><b>Action:</b> MoD to bring analysis on Non Elective Admissions comparison to next Board meeting for discussion. <b>MoD</b></p> <p>On a general note on how the performance report is presented, RS suggested including a RAG status to each of the performance measures to</p>	<p><b>JD</b></p> <p><b>MoD</b></p> <p><b>MoD</b></p>

<p>indicate progress and what area the Board may need to focus on.</p> <p><b>Action: MB</b> to reconsider how future BCF performance reports are presented, and include a RAG status.</p>	<p><b>MB</b></p>
<p><b>5 Tiers 1 and 2 Update</b></p>	
<p>5.1 ZG presented a report setting out a position statement and progress to date. One of the key activities planned for September is to raise the profile of the initiatives taking place in Barnet in particular self management initiatives such as Healthy Living Pharmacies. There is also a piece of work needed to promote the branding so that people know what is available out there and how and where to access it.</p> <p>5.2 GS expressed concern regarding the incremental approach to implementation at a time when there is a £400m funding gap. It was suggested that where there is already proven research for a number of the initiatives that have been piloted including self management, the initiatives need to be progressed rather than go into ‘pilot phases’. Pilots ought to be focussed on areas that have not been well evidenced.</p> <p>It was agreed that JL would consider pace and scale through the prevention and wellbeing projects.</p> <p><b>Decision:</b> The Board signed off the Tier 1 &amp; 2 plan, with the caveat that where there is clear national evidence, the pace of implementation would be increased.</p> <p><b>Action:</b> ZG to circulate PID’s to Board.</p> <p><b>Action:</b> ZG and JL to update at the next Board on what initiatives would be progressed based on current evidence, and initiatives would be ‘piloted’.</p> <p>To support and promote buy in for the work of health champions, it was suggested the profile could be raised by having a GP ‘champion’ – and MoD could help with this.</p> <p><b>Action: MoD</b> to approach GP colleagues.</p>	<p>JL</p> <p><b>ZG</b></p> <p><b>ZG/JL</b></p> <p><b>MoD</b></p>
<p><b>6 Tiers 3, 4 and 5 Update</b></p>	
<p><b>6.1 BILT:</b> MA updated the meeting that in addition to the 7 practices that have signed up to BILT in the west locality, 10 more have been approached to join. We now need to decide on the model to move forward with.</p>	

**Adult and Communities**

	<p>Care Homes Open Day workshop planned for October and new member of staff recruited to drive the strategy forward.</p> <p>OPIIC we need to decide at the next meeting on the risk tool to take forward.</p> <p><b>6.2 MDT:</b> Some issues had been experienced in the effective running of the MDT. MOD has agreed to facilitate a meeting to clarify expectations. KS stated that the MDT still produces good output for the patients but needs to be redefined in terms of way forward. The number of referrals and where they were coming from need to be reviewed.</p> <p><b>Action:</b> MA to speak to individual Board members where appropriate regarding some of the issues experienced in MDT</p> <p><b>6.3 Risk Stratification:</b> GS stated that the Board is keen to continue with utilising the risk stratification tool. This should be used to support clinical judgement. MA informed the Board that the contract with the provider of the tool expires end of September. The Board agreed to extend the use of the tool to the end of financial year 2015/16.</p> <p><b>Decision:</b> Extend contract with provider of risk stratification tool.</p> <p><b>6.4 End of Life Draft Strategy</b> - MoD reported that the first draft is in circulation and would be shared with Board members shortly.</p> <p><b>Action:</b> Draft strategy to be presented to November Board for discussion.</p>	<p><b>MA</b></p> <p><b>MoD</b></p>
6	AoB	
	None	
7	Date of next meeting	
	24 <sup>th</sup> November 2015	