

Minutes from the Health and Wellbeing Board – JCEG
Monday 25 April 2016
North London Business Park, Boardroom
12.30 – 15.00

Present:

- (AH) Andrew Howe, Director of Public Health, Barnet and Harrow Public Health Team
- (AL) Amisha Lall, Commissioning Lead, Adults and Health, LBB (item 6)
- (BT) Ben Thomas, Strategic Lead Children and Young People, LBB
- (CM) Chris Munday, Commissioning Director Children and Young People, LBB
- (KH) Kirstie Haines, Strategic Lead Adults and Health, LBB
- (LG) Leigh Griffin, Director of Strategic Development, CCG
- (LJ) Liz James, Interim Joint Chief Operating Officer/Director of Clinical Commissioning, BCCG (Joint Chair)
- (MA) Muyi Adekoya, Acting Head of Service, LBB/CCG
- (MJ) Marsha Jones, Darzi Fellow, CCG
- (PP) Patricia Phillipson, Head of Finance, LBB
- (RH) Roger Hammond, Deputy Chief Finance Officer, BCCG
- (SI) Sarah Inverary, Senior Lawyer – Contracts, Employment & Governance, HB Public Law (item 2)
- (ZG) Zoë Garbett, Commissioning Lead Health and Wellbeing, LBB (minutes)

Apologies:

- (AD) Anisa Darr, Resources Director, LBB
- (DW) Dawn Wakeling, Commissioning Director Adults and Health, LBB (Joint Chair)

	ITEM	ACTION
1.	<p>Welcome / Apologies</p> <p>As Chair LJ welcomed the attendees to the meeting.</p>	
2.	<p>Section 75 Training</p> <p>SI gave an overview of the legal framework, governance, development and implementation of section 75s and answered questions from the Group.</p> <p>The Group agreed for practical training for officers (in the CCG and LBB) involved in the development and monitoring of section 75s to be organised. Governance officers from the CCG and LBB will be involved in this session.</p> <p>The Group requested a one page overview for officers covering what needs to be included in a section 75 and what process needs to be followed.</p> <p>The Group discussed the need for time to be allocated for members of the Group to explore what joint outcomes LBB and the CCG would like to achieve</p>	<p>ZG</p> <p>SI</p> <p>KH</p>

	<p>and how section 75 agreements could facilitate this.</p> <p>CM left the meeting.</p>	
<p>Policy and strategy</p>		
<p>3.</p>	<p>NCL Sustainability and Transformation Plan (STP)</p> <p>LG gave an overview of the discussions that have taken place and the developments to date to move towards sustainability across NCL; CCG, LBB and providers are involved in the discussion. Each area has identified a facilitator/coordinator, for NCL this is the Chief Executive of the Royal Free.</p> <p>A draft, high level plan was submitted on the 15 April 2016. LG to share with JCEG.</p> <p>The STP needs to be produced by the end of June 2016. LG highlighted the amount of work that needs to take place prior to submission of the plan to ensure that it is sufficiently transformational.</p> <p>LJ highlighted the importance of ensuring that the needs of Barnet's communities are appropriately represented in the regional plans.</p> <p>KH stated that the principle of subsidiary needs to be considered to ensure that the plans developed at a regional level are common but flexible to local need.</p> <p>AH joined the meeting.</p>	<p>LG</p>
<p>4.</p>	<p>2 year integrated review</p> <p>BT introduced the paper which proposes a model for integration for two early year health checks. The aim of the new model is to improve information sharing, develop a framework for joint visits and ensure that children and families are receiving the appropriate support as early as possible.</p> <p>LJ stated that the paper needed to be clearer in terms of the model. LJ stated that the group supported and agreed the principle and objectives but clearer information is needed with regards to the recommended model.</p> <p>To clarify, BT provided the following information with regards to the delivery model:</p> <p>PROPOSED DELIVERY MODEL</p> <p>In the Task and Finish group it was decided that a delivery model offering three levels of service would be the most viable and effective within Barnet; meeting the needs of children not attending early year's provision, but also allowing information sharing and early identification of additional and/or unmet needs. It would also be an opportunity for families to be made aware of the funded early education scheme and link them in with their local children's centre and Early Help services.</p> <p>The draft delivery model proposes a total of three ways to deliver the service, each associated with a distinct client group:</p> <p>I. Children receiving universal care packages (low risk) who are attending</p>	

	<p>a pre-school/nursery setting will have their reviews carried out at separate times, and integration arises from information sharing and ensuring integrated responses to identified issues.</p> <p>II. Children receiving progressive care packages (children subject to a child protection plan, children in need, or any other vulnerabilities/concerns) will have their reviews undertaken by health visitors by appointment. Where possible, these should be carried out jointly with early years' practitioners.</p> <p>III. Children receiving universal care packages (low risk) who are not attending a pre-school/nursery setting will have their reviews undertaken by health visiting staff if possible in their local Children's Centres. The children's centre will be notified of the review, so integration arises from information sharing and ensuring an integrated response to identified issues.</p>	
<p>5.</p>	<p>BCF 2016/17</p> <p>KH stated that the BCF 2016/17 plans have been developed as a joint effort towards stabilisation. KH explained that the next step is for the HSCI Business Plan, which dates back to 2014, to be reviewed in terms of what we are currently doing and what we are not as well as challenging return on investment and evidence based pathways across our plans.</p> <p>The Group asked that the work programme for the BCF be mapped to the JCEG meetings to ensure that the Group have the opportunity to shape, comment and monitor the schemes in a timely manner.</p> <p>LG and LJ thanked MA and KH for the work that they have done on the BCF submission.</p> <p>KH explained that the first version of the 2016/17 plans was returned by NHS England as approved with support which means that more detail is required to provide assurance to NHS England that we have the appropriate plans in place. KH and MA are meeting with NHS England on 26 April.</p> <p>KH went on to explain that the key work that needs to take place now includes work on the metrics and monitoring, including in year stock takes and ways to support new and different working. The data has been agreed between LBB and CCG and reflects targets from the CCG Operational Plan and LBB's Corporate Plan.</p> <p>DW has arranged a meeting for all parties to sign of the submission prior to the 3 May.</p>	<p>KH/MA</p>
<p>6.</p>	<p>Integrated locality team</p> <p>AL joined the meeting and presented the paper. AL explained the ambition to expand the Integrated Locality Team from the West of the borough to become borough wide. AL stated that a specification has been drafted and costs are being discussed with CLCH ahead of mobilisation in quarter 2.</p> <p>AL to circulate Barnet's Public Health evaluation report of the Barnet Integrated Locality team pilot.</p>	<p>AL</p>

	<p>LJ asked that the KPIs and outcomes are clear and measurable so that we can monitor how the initiative is supporting our objectives.</p> <p>LG asked whether the risk tool will be in time to support the roll out of the Integrated Locality Team. MA explained that this has been worked on to ensure that the projects are joined up.</p> <p>LJ asked that the KPI and costing information be presented to the JCEG, as the next meeting is on the 20 June this may have to be circulated prior to the meeting.</p>	<p>MA/AL</p>
<p>7.</p>	<p>Care homes project</p> <p>MA explained the ambition to bring BCF project updates and reports to JCEG to ensure that JCEG has oversight of the programmes delivery. MA gave an overview of the work in care homes focussing on training and workforce development. The contractual framework is currently being developed for the project.</p> <p>LG thanked MA and MJ for the report and expressed interest in understanding more about the details of the project as the project develops.</p> <p>AH asked whether there are links with the STP. LG explained that the links had been made in terms of reducing non-elective admissions but not explicitly on a project level at this stage.</p> <p>AH stated that there is an opportunity to share this good practice at an NCL level.</p> <p>LJ asked for more information about the current number of people in Barnet who die in a place of their choice.</p> <p>MA stated that the CSU are working on obtaining data on the number of people who die in a place of their choice and this would be updated and circulated when the information is received.</p> <p>KH also stated that this would be picked up in the BCF review of commissioned services and the value being added but each project.</p>	<p>MA</p>
<p>Performance and finance review</p>		
<p>8.</p>	<p>BCF Finance report and risk register</p> <p>RH presented the BCF finance reports for month 10 and 11 2015/16. RH explained that the Finance Subgroup meet to discuss and review the finances for the BCF.</p> <p>LJ stated that the Group required more context and information behind the financial reports including a current position of the wider system (e.g. non-elective admissions, service pressures). KH, working with Duncan Campbell (CCG), to present indicators and a wider system view at the next JCEG.</p> <p>RH explained that the Community Equipment budget is slightly overspent; this is being managed and reviewed by the service manager.</p>	<p>KH</p>

	<p>PP asked about the current financial position in terms of non-elective admissions. RH and PP to discuss at the next Finance Subgroup.</p>	RH/PP
9.	<p>JHWB Strategy Implementation Plan</p> <p>ZG presented the JHWB Strategy Implementation Plan update; this is the second update report that will be presented to the HWBB on the 12 May.</p> <p>LG stated that the report gave a helpful overview.</p> <p>LJ asked for more information about immunisations. AH explained that NHS England will be presenting a detailed paper at the next HWBB. AH stated that Barnet has not received satisfactory information from NHS England for almost three years, the presentation at the HWBB is an opportunity for the Board to ensure that NHS England are held appropriately accountable.</p> <p>AH asked for information about the TB programme that the CCG is involved in. LJ to provide AH with information about the TB programme.</p>	LJ
10.	<p>Section 75 – Progress reports</p> <p>KH explained that significant progress has been made against the Section 75 audit with only a couple of actions outstanding to add the JCEG ToR to two agreements. This action will be completed alongside the overarching section 75 update. LBB are working with BEH MT to finalise the section 75.</p> <p>ZG is working with CCG governance colleagues to ensure that the CCG has electronic and hard signed copies of all the agreements.</p> <p>LG asked that the Community Equipment spend to reflect earlier discussions about the BCF spend. RH stated that Bill Redlin had been working with Sam Raffell (LBB) on the Community Equipment section 75.</p> <p>The Group noted the risks stated in the report including capacity/demand requirements for Speech and Language Therapy and recruitment for staff associated with the Looked After Children S75. The Children’s JCU are working on these issues.</p>	
Business		
11.	<p>Draft overarching section 75</p> <p>KH explained that she had now received the revised overarching section 75 agreement from legal. The current overarching agreement end date is August 2016, the new agreement will be open-ended (have no end date) with the schedules under the overarching agreement having end dates.</p> <p>KH to circulate the overarching agreement to JCEG.</p> <p>LJ asked that the termination clauses are clear and agreed between the CCG and</p>	KH

	<p>LBB.</p> <p>KH stated the Directors in LBB have the authority to agree the new agreement through a DPR.</p> <p>LG and LJ to work together to ensure that the process is followed for the CCG.</p>	LG/LL
<p>12. JCEG ToR</p>	<p>LJ explained that JCEG had agreed its TOR in December 2015 and agreed to review them each April.</p> <p>Slight amendments were made to the TOR –</p> <ul style="list-style-type: none"> • At point 3, Progress for each agreement will be reported at least 6 monthly to JCEG – updated to <i>Progress for each agreement will be reported to JCEG at each meeting with a more in depth review received annually.</i> • Added at point 14: <i>To oversee the work of the Health and Social Care Integration Board and related project boards.</i> • Quoracy – change of wording from <i>members</i> to <i>representatives: For the Group to be quorate, two representatives from each organisation (CCG and LBB) need to be present.</i> <p>The Group agreed the updated TOR.</p>	
<p>13. Minutes of previous meeting – 22 February 2016 and action log</p>	<p>The minutes of the previous meeting were agreed as accurate.</p> <p>Outstanding action for LBB to circulate budget papers: https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=162&MId=8343&Ver=4</p>	
<p>14. Health and Wellbeing</p> <ul style="list-style-type: none"> • HSCI Board • HWBB – Forward Plan 	<p>The Group noted the HWBB Forward Plan. LG stated that the Board will receive an update on the STP rather than a draft plan.</p> <p>MA stated that the plans for the HSCI Board are being reviewed. A provider network will be developed from a BCF and integration perspective.</p>	
<p>12. AOB</p>	<p>None.</p>	
<p>Next meeting –</p> <p>June 20 11.30 – 1, Boardroom NLBP</p>		



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