

Barnet Clinical Commissioning Group

Minutes from the Health and Wellbeing Board – JCEG Monday 20 June 2016 North London Business Park, Boardroom 11.30 – 13.00

Present:

(CM) Chris Munday, Commissioning Director Children and Young People, LBB

- (DW) Dawn Wakeling, Commissioning Director Adults and Health, LBB (items 1 6)
- (KH) Kirstie Haines, Strategic Lead Adults and Health, LBB
- (LG) Leigh Griffin, Director of Strategic Development, CCG
- (MA) Muyi Adekoya, Acting Head of Service, LBB/CCG
- (RH) Roger Hammond, Interim Chief Finance Officer, CCG
- (ZG) Zoë Garbett, Commissioning Lead Health and Wellbeing, LBB (minutes)

For item 6:

- (ER) Elissa Rospigliosi, Head of Performance and Improvement, LBB
- (MK) Mushtaq Khan, Interim BCF Data Analytics Consultant, LBB/CSU

Apologies:

- (AD) Anisa Darr, Resources Director, LBB
- (AH) Andrew Howe, Director of Public Health, Barnet and Harrow Public Health Team
- (PP) Patricia Phillipson, Interim Head of Finance, LBB

	ITEM	ACTION
1.	Welcome / Apologies	
	As Chair LG welcomed the attendees to the meeting.	
	Apologies were received from AH and AD.	
Pol	icy and strategy	
2.	Joint Commissioning for Adults workshop (23 June)	
	The Group considered the agenda for the workshop session organised for the 23 June. The session will focus on and explore the adults joint commissioning function.	
	Further comments on the agenda should be sent to ZG.	
3.	NCL Sustainability and Transformation Plan (STP)	
	DW explained that a sharable version of the STP was meant to be circulated on Friday but she has not received this so was unable to present this to JCEG.	
	DW had seen an early version from a review meeting with NHS England. DW stated that she feels that the document reflects Barnet's challenges including dementia, mental health, learning disabilities and references to children and young	

	people's mental health. DW felt that information with regards to children and young people and public health, although included, could be stronger.	
	A version for comment should be sent to DW by the end of the day and this will be sent to JCEG for comment. Currently the document is a plan for a plan and a diagnostic for the case for change. This will include:	
	 Clinical case for change The STP submission Two supplements – estates and primary care 	
	JCEG are able to send back comments prior to submission on the 30 June. DW asked for JCEG to:	
	 Ensure that the information and data about Barnet is correct Highlight anything from a whole system perspective for Barnet that needs to be included or would be an issue 	
	RH had been involved in the development of the finances for the STP. RH noted the financial gap and discussions needed to address this.	
	LG asked when the STP could be shared with other colleagues. DW explained that this will be after the 30 June when a public document will be available and shared with Board members.	
4.	Primary Care Strategy	
	LG explained that the Strategic framework for primary care is currently being developed with further information included in a plan which will be developed later.	
	LG mentioned that, since the HWBB in May, the Framework had moved on. Sections on Children and Young People and workforce have been strengthened.	
	The Group discussed the scope locally to support news models of care and agreed that this required formal market testing subject to procurement rules.	
	LG agreed with KH's comments about the need for future proofing a sustainable primary care offer.	
	LG explained that that the extended access model includes the emergence of virtual hubs, estates and a technology fund. Improving access chimes with the content of the STP and wider plans.	
	LG to circulate the updated Framework for comment.	LG
Per	ormance and finance review	
5.	BCF Finance report	
	The Group considered the BCF finance report for the year end (2015/16). RH explained that at the close of the year the net budget was slightly underspent. RH went on to explain that the biggest movement was in the CCG including pressures from Community Equipment spend and holding back funding to mitigate for not achieving the non-elective admissions target.	
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	RH stated that the pooled budget returns have been audited and signed off.	
6.	BCF Performance Dashboard	
	ER and MK joined the meeting for this item.	
	ER explained the task to improve the readmission to hospital 91 days after discharge indicator and to create a BCF dashboard. ER went on to explain that the dashboard presented to the group included improved local measures for the BCF as well as supplementary proxy measures. ER also stated that some of the indicator definitions had been updated slightly.	
	KH explained that the dashboard allows for a subset of indicators to be used for certain interventions where necessary.	
	ER stated that the dashboard can be produced monthly which allows for improved monitoring as previously indicators were only available on a quarterly or annual basis.	
	DW thanked ER and MK for their work on the dashboard and was very happy with the level of data included. <i>DW left the meeting</i> .	
	KH asked if the dashboard could be integrated into performance and finance reporting which RH welcomed and suggested that the cover sheet should highlight areas requiring attention.	
	The Group was happy to monitor performance from a strategic level but wanted assurance that an operational group and/or lead were in place. KH explained that a lead commissioner was currently being recruited to oversee the operational activity of the BCF. ER added that the social care indicators included are currently overseen through other channels.	
	CM asked what quality measures were included as part of the dashboard.	
	ER/MK to look at quality measures.	ER/MK
	The Group was happy with the format of the dashboard. ER will update the dashboard following comments and provide commentary with the report for the next meeting.	
	MK to meet with LG to go through the indicators in more detail.	MK/LG
	LG to meet with KH and MA to discuss next steps with regards to the dashboard and delivery of the BCF.	LG/KH/ MA
7.	Section 75 – progress reports	
	Performance and finance, including control environment ZG gave an overview of the performance of the S75 agreements and highlighted risks associated with service availability (learning disability and SALT), procurement activity (Community Equipment) and quality of LAC assessments – all issues are being worked through by commissioners. Control environments are in place for almost all agreements, Pooled Fund managers are working to ensure these are in place for the remaining agreements.	

	 <u>Audit</u> ZG explained that progress had been made to deliver the outstanding Audit actions: JCEG TOR to be added to the Better Care Fund and Voluntary Sector and Prevention section 75; officers have updated and completed their actions and the agreements are with legal to action Equipment Section 75 to be updated and include the JCEG TOR, pooled fund manager; documents have been prepared and signed by the CCG Signing of the BEH – MHT section 75; with BEH-MHT to sign before being returned to legal for sealing Training for officers will be arranged for July 2016 ZG explained that the BCF deed was prepared by legal and approved by Liz James so this will be sent to the CCG for signing in the next week and should be sealed early July. ZG went on to explain that the overarching section 75 agreement for adults, which expires in August 2016, has been reviewed and will be extended with no end date. Audit actions will be reported to LBB Audit Committee in July. CM stated that the Council is currently undertaking a review of its prevention services which have implications for the voluntary sector section 75. The review is being conducted from a Council perspective currently but it would be helpful to join this work up with the work of the CCG. LG, MA, KH, ZG and Neil Snee (new CCG) 	ZG
	Director) to meet to discuss.	
	iness	
8.	Minutes of previous meeting – 25 April 2016 and action log	
	For item 4 from April, additional information was provided following the meeting so the Group agreed the delivery model and implementation of the 2 year Integrated Review between Health and Early Years within Barnet.	
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9.	 the Group agreed the delivery model and implementation of the 2 year Integrated Review between Health and Early Years within Barnet. The following updates were heard with regards to the action log: With regards to joint workshops, the adults workshop is being held on the 23 June. For childrens, CM would like the work to link with the CYP Partnership with the CCG leading on the designated areas of the CYP Plan An update on the cost and timescale for BILT was provided following the presentation of BILT at the last JCEG meeting With regards to End of Life, further research is needed to ensure that we have appropriate data on people dying in their usual place of residence. MA explained that Dying Matters Week was recently held with good engagement with the public about End of Life, having conversations early 	

	t meeting – 26, 12.30 – 1.30, Boardroom NLBP	
10.	AOB CM informed the group that Collette McCarthy has joined his team as the new Head of Joint Childrens Commissioning. ZG to invite Collette McCarthy to future JCEG meetings.	ZG
	<u>HWBB forward plan</u> LG reflected on discussions regarding childhood immunisations at the last HWBB. CM stated the Jo Murfitt would be attending the next Board to report on progress. Following the next HWBB, LG to meet with AH and CM to agree the best way to deliver this service.	LG/AH/ CM
	ZG explained that the HSCI Board had been focused on Adults. LG to speak with DW and CM with regards to childrens engagement around integration.	LG/DW CM
	The Group agreed for a provider network to be held in July with the first meeting of the Board before the end of September.	
	LG stated that this was an important forum and needs to be up and running as soon as possible. LG went on to highlight the opportunity for discussing the wider integration agenda through this forum. LG to discuss the HSCI Board with Debbie Frost and agree Chairing arrangements.	LG
	HSCI Board ZG explained the plans to reinstate the HSCI Board, the plans include updated membership, updated terms of reference and a plan for meetings throughout the year at key times to engage providers in our plans.	