Appendix 1

Joint Commissioning Executive
Care Closer to Home Programme Board

Thursday 15 June 2017

North London Business Park, Room G2

9.00 – 10.30am

Present:

(DW) Dawn Wakeling, Commissioning Director Adults and Health, LBB (Chair)

(JLu) Jonathan Lubin, Barnet GP Federation

(AF) Ahmer Farooqi, BCCG Governing Body

(NS) Neil Snee, Interim Director of Integrated Commissioning, BCCG

(MD) Maria Da Silva, Director of Integrated Commissioning, BCCG

(JH) Joanne Humphreys, Project Manager, LBB

(AC) Andrew Colledge, Deputy CFO, BCCG

(AD) Anisa Darr, Director of Resources, LBB

(MK) Mathew Kendall, Director of Adults and Communities, LBB

(CD) Courtney Davis, Head of Adults Transformation, LBB

(NSc) Nazia Scott, Adults Transformation Coordinator, LBB

(GP) Gill Parsons, Community Education Provider Network (CEPN)

(AP) Anuj Patel, Barnet GP Federation

(MKh) Murtaza Khanbhai, Barnet GP Federation

Apologies:

Leigh Griffin, Director of Strategic Development, BCCG

Fiona Jackson, Director of Integrated Care and Chase Farm Hospital Director, Royal Free

Jeff Lake, Consultant in Public Health, Barnet and Harrow Public Health Team

Selina Rodrigues, Community Barnet

Cathy Walker, Director of Divisional Ops, Central London Community Healthcare NHS Trust

	ITEM	ACTION
1.	**Welcome / Apologies** As Chair, DW welcomed attendees to the meeting and apologies were noted. AF, AP, JLu and MKh declared a potential conflict of interest as members of GP practices that have submitted expressions of interest to develop CHINs. A general conflict of interest was noted for all GPs and provider organisations (including LBB's Adults and Communities Delivery Unit) present at the meeting. JLu noted that he has an additional potential conflict of interest as a provider of GP services to care homes. **Action: Add 'declaration of conflict of interest' to future agendas as a standing item. Action before 20 July.**	**CD**
2.	**Minutes of Previous Meeting and Matters Arising** Minutes had been circulated from the 18 May JCE/CC2H Programme Board meeting. DW asked those who had been present at the meeting to confirm the accuracy of the meeting minutes and asked Board members if there were any corrections required. Board members confirmed that the minutes were accurate. Outstanding actions from the meeting were reviewed. • Action item no. 2 remains outstanding: *BCF: NS asked MA for further analysis and an expanded report on current KPIs, monitoring and services to go to CCG Executive. NS, NH, MA and DW to meet to review. Substantive paper to be taken to JCE. MA to invite CSU to the meeting.* DW said this information should be provided by Muyi Adekoya. NS confirmed that he would follow this action up with Neil Hales. • Action item no. 5 remains outstanding: *JL/MA to circulate NEAs/DTOCs paper to this Board.* DW confirmed that JL/MA (Jeff Lake and Muyi Adekoya) should circulate this information to the Board. • Action item no. 10 remains outstanding: *An adult social care representative will be identified and invited to future meetings.* DW requested that this action be made clearer – it relates to the CHIN development meetings hosted by BCCG. Beverley Wilding (BW) will be asked to take this action in Leigh Griffin's absence. DW suggested that MK or a nominated deputy would be an appropriate adult social care representative. • Action item no. 11 remains outstanding: *Share 'Right First Time' data at STP level for Social Care with Board Members.* DW sought to clarify with Board members the content and relevance of this data to the CC2H work. AF said that the NHS produces two sets of data which could be relevant; the Right Care (acute) data and the Get it Right First Time (primary care) data. He stated it	

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	would be useful for this group to see this data. NS said he would make further enquiries on the relevance of this data and of any opportunities it might present for the CC2H work. CD welcomed any opportunity to review the data within the business intelligence/data analytics workstream. DW advised that if the data is relevant it should be brought to the Board as a future agenda item. CD and NS to coordinate.	
	Action: Follow up with Neil Hales on the outstanding BCF report (analysis and expanded report on KPIs, monitoring and services). Action before 20 July. **Action: Circulate NEAs/DTOCs paper to this Board. Action before 20 July.** **Action: An adult social care representative will be identified and invited to future CHIN development meetings (BCCG with GP practices). Action before 20 July.** **Action: Clarify the relevance of the NHS Right Care and Get it Right First Time datasets. If they are relevant to the CC2H work, co-ordinate with CD to include as a future agenda item for this Board. Action before 20 July.**	**NS** **JL/MA** **BW** **NS**
Strategy and Planning		
3.	**CHIN update – presentation** DW explained that this presentation forms part of the work to build a comprehensive delivery plan for CC2H in Barnet. Review of the delivery plan is tabled for the BCCG governing body meeting in July. The delivery plan needs to: • Cover everything needed to deliver the full CC2H model, going beyond the first waves of CHIN implementation. • Make a case for the additional resources required. • Form a significant part of the Barnet BCF, together with the urgent care recovery plan. DW invited feedback on the summary of the workshop undertaken at the May Board meeting and the vision document created from the workshop summary, which had been circulated to and welcomed by the Barnet Chair/Chief Executives' meeting on 25 May. DW took Board members through the CC2H update and resource planning presentation. • AF said, within the slides entitled 'benefits' that reads CHINs ''will reduce secondary care referrals'' this should read "inappropriate secondary care referrals". • GP noted that within the slide entitled 'The Vision For Barnet CHINs'; 'each CHIN has a strong team ethos' – this will be extremely challenging to deliver. DW agreed and advised that a Workforce, Training & Professional Development workstream will consider how this can be delivered. • AF added that provider organisations as well as GP practices will need to work together to deliver CHINs. It was agreed that the GP lead for the Burnt Oak CHIN would be invited to attend this Board in future.	

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	• DW explained that CHINs will develop over time. As CHINs develop it will be important to consider different models of risk management, contracting and financial incentives. • Under 'the case for change' AP noted that it is not only NHS governance structures that need to be considered, but also the governance structures of all partner organisations. • NS advised the case for change should state joining up care requires Barnet to look at care coordination and risk stratification, and to establish formal links with other Local Authorities (where services cut across local boundaries). • JLu observed that this work has many similarities with Reimagining Mental Health, but with a much greater scope as it covers all primary care services. Patients and patient groups will need to be involved in this process and we will need to consider how we can incentivise patients to change their behaviours in order to maximise the benefits of CHINs for patients. DW agreed and advised that this work will be covered under the 'Communication and Engagement' workstream. • MD said a key outcome/benefit for CC2H should be a reduction in A&E attendances. NS advised that the urgent care STP data will have much of this information and that Shaun Ayres (BCCG) will be able to provide these metrics to the programme team (CD). • AF added that wherever patients are mentioned in the document, carers and relatives should also be mentioned. • DW said the role of prevention and early intervention needs to be reflected in this work; how health outcomes can be improved through supporting people to continue to be active members of their community, to remain socially connected and improve their employability. • DW added that the slide titled 'The Barnet CHIN model' should include a more diverse reflection of the Barnet population. It should also include the Barnet CCG and CEPN logos, and state explicitly that the CHIN includes services for children and young people. CD advised that this slide was a work in progress. • GP noted that it would be important to ensure the first CHIN was not overwhelmed by the range of long term ambitions for CHINs. AF said the first CHIN should not aim to do 'everything'. NS agreed and advised that targeting and baselining would be important as CHINs are rolled out. • JLu emphasised the importance of adequately resourcing the plans. • DW requested that all Board members contribute to the completion of the stakeholder map to assist with the development of the communication and engagement plan. <u>Workstreams - overview</u> • DW outlined the project workstreams. The work to develop CHIN business	

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	cases sits within the Business Model Development workstream. DW asked if Board members thought there were any workstreams missing. • AF said that ICT will be very important as an enabler to this work, and therefore in future an ICT, Information Governance and Clinical Governance may be required. • NS added a workstream is needed for developing the 'Clinical Model'. <u>Workstreams – programme management</u> • NS enquired about the programme management resourcing of this work. DW confirmed that CD and JH are currently providing this resource. Recruitment is underway to deliver capacity to provide the other resources identified. <u>Workstreams – information, advice & signposting</u> DW said this work stream will help to ensure that everyone in the system knows where to go to access relevant information and advice. CC2H presenting an opportunity to join up and improve the accessibility of information and guidance and potentially consolidating efforts and resources. <u>Workstreams – communication and engagement</u> • JLu asked how we would engage with patients to ensure they are involved in and understand the changes to the way in which they access care. He reiterated that learnings could be taken from the implementation of Reimagining Mental Health. • DW advised that to address this effectively the engagement will need to be done well and at scale. She mentioned a number of Council channels that could help with this such as the Citizens Panel, the Residents Perception Survey and engagement with Barnet Homes residents. Careful thought needs to be given to the questions we would ask. • NS advised that Stoke, Kent, Hammersmith and the Central London and West London CCGs will have learnings and outputs from their own consultations. We should contact them before we consult to identify specific pressure points/where change needs to happen. It might be that a lot of the questions we want to ask have been answered through other consultations by Local Authorities. <u>Workstreams – business intelligence / data analytics</u> • DW said on the Business intelligence/data analytics work stream we need analysis and understanding of Barnet population and sub-population demographics and health needs, health outcomes. • This work stream to be delivered through existing LBB/BCCG resource in the immediate term but in the future there may be a requirement for more specialist support. • DW asked whether other partner organisations have staff resource they would like to be involved in delivering this work stream but noted that a	

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	number of provider organisations, that may wish to be involved, were not represented in this meeting. • DW enquired about BCCG's risk stratification tool and its use. JLu said the tool is in place but not yet widely used by GPs and there are currently no incentives for GPs to use it. AF advised that as part of a GP's day job it is difficult to find time to work with this tool. NS stated that the CCG and other stakeholders need to review the tool and consider how it can be improved. <u>Workstreams – business model development</u> • DW said within this workstream we should add identification of what will incentivise the behavioural change that is required. • NS enquired about capitation as a feature of any new business model. DW said that the Chair/Chief Executives Group had agreed to use alternative terminology to better convey the objectives of this work stream. <u>Workstreams – workforce, training and professional development</u> • MK said that this piece of work was not a silo and that consideration of the workforce should apply to every workstream, particularly Business Model Development. Board members agreed. • DW added that she wants the CHINs to consider and recognise broader social issues such as domestic violence, modern slavery and human trafficking. <u>Delivery Plan</u> • DW advised that the delivery plan sets out how the work programme will be implemented and the BCF plan will need to align to this. • JLu expressed concerns about services having the capacity to work in different ways. For example GPs spend approx. 30-60 minutes per day on paperwork. They need to be 'freed up' for more preventive and strategic work. • AF added that the way GP practices operate is fragmented and there is duplication that needs to be addressed. • NS addressed JLu and AF concerns by describing the current stage of work as 'storming and forming'. We do have evidence which shows where interventions are working and where they are not. He cited an example from West London CCG of a hub model which transferred activity from acute settings into the community. • DW added that at this stage of the project we are describing and defining how Barnet will deliver the STP. The work presents a high level picture and there will be more 'fleshing out' to follow. <u>Next Steps</u> DW stated that the key next steps are: • Identify support for the development of the CHINs business case.	

	ITEM	ACTION
	• Flesh out the resource plan and take it to the CCG governing body. • Start communications work and the development of the business case. DW said that as it had not been possible in this meeting to quantify the resources needed to undertake this work, Board members should contact CD with suggestions and recommendations. She informed the group that JCU recruitment is underway. MKh said that he felt there was a disconnect between the discussions at this meeting and what he had experienced at CHINs meeting he attended. He said that there might be a lack of communication between the groups and there needs to be joined up thinking. DW and MD agreed that alignment was required and the meetings should be joined-up. MD said the model needs to be more defined. There is not yet sufficient clarity on what the CHINs will look like. MKh said Finance, HR need to inform how much support they can provide on this work. NS used the example of the 'Wound Care Model' and their cohorts as an analogy for the CHINs model. DW added that there is a framework for CHINs and QIPPs – however better alignment is needed.	
	<u>Action:</u> Contact BW and MD to take forward the discussion about improving alignment between CHINs development meetings and JCEG/CC2H meetings as raised by MKh. Before 20 July. **<u>Action:</u> Contact CD/JH with any further suggestions and recommendations to further develop the resource plan. Before 20 July.** **<u>Action:</u> Update the resource plan to reflect the feedback and comments received from this this meeting. Before 20 July.** **<u>Action:</u> Invite representative from CHIN to future JCEG/CC2H Programme Board meetings. Before 20 July.** **<u>Action:</u> Review the draft stakeholder map table and inform CD/JH of any gaps. Before 20 July.**	**DW** **All** **CD/JH** **BW** **All**
4.	**Work programme of JCE / CC2H** This item was not covered at this meeting.	
5.	**Health and Wellbeing HWBB work programme** This item was not covered at this meeting.	
6.	**AOB** None.	

	ITEM	ACTION
7.	**Next meeting:** • 2 – 4: 20 July (G6, NLBP) Future meeting dates: • 3 – 5: 5 September • 2 – 4: 19 October • 2 – 4: 16 November • 2 – 4: 14 December	