

## Joint Commissioning Executive, Care Closer to Home Programme Board

Thursday 19 October 2017, 13:30 – 15:00  
Chapman Room, Building 2, North London Business Park

### Part 1 – Commissioners and Providers

#### Present

DW Dawn Wakeling, Strategic Director of Adults, Communities and Health, LBB (Chair)  
 AH Andrew Howe, Director of Public Health, LBB  
 AL Anika Lewis, Frailty Fellow  
 CD Courtney Davis, Head of Adults Transformation, LBB  
 CWa Cathy Walker, Director of Divisional Ops, CLCH NHS Trust  
 CWo Colette Wood, Care Closer to Home Director, BCCG  
 DM Daniel Morgan, North Central London STP  
 GP Gill Parsons, Chair, Community Education Provider Network (CEPN)  
 JH Joanne Humphreys, Project Manager, LBB  
 JL Jeff Lake, Consultant in Public Health, Barnet and Harrow Public Health Team  
 LM Louise Miller, Clinical Lead, Primary Care, BCCG  
 LR Lisa Robbins, Barnet Healthwatch and Community Barnet  
 MA Muyi Adekoya, Joint Commissioning Manager, LBB/BCCG  
 MD Maria Da Silva, Director of Integrated Commissioning, BCCG  
 NM Nicholas Mistry, Clinical Lead, Primary Care, BCCG  
 NW Nicholas Wells, National Management Trainee, LBB  
 SP Sarah Perrin, Prevention & Wellbeing Manager, LBB  
 TH Tal Helbitz, BCCG Governing Body

#### Apologies received

Anuj Patel, Barnet GP Federation  
 Catherine Searle, Interim Assistant Director, Joint Commissioning Unit, LBB/BCCG  
 Collette McCarthy, Head of Children's Joint Commissioning, LBB/BCCG  
 Kay Matthews, Chief Operating Officer, BCCG  
 Peter Dutton, Barnet Clinical Director; Barnet, Enfield & Haringey Mental Health NHS Trust  
 Selina Rodrigues, Barnet Healthwatch and Community Barnet

	ITEM	ACTION
1.	<p><b>Welcome and apologies</b></p> <p>As Chair, DW welcomed attendees to the meeting and apologies were noted. DW also welcomed AL, CWo, LM and NM to their first Programme Board meeting.</p> <p>DW noted that this was the first full JCE/CC2H Programme Board meeting since July 2017, as the August meeting had been cancelled due to the high proportion of members on annual leave and the September meeting had focused upon reviewing the Better Care Fund submission.</p>	
2.	<p><b>Declaration of conflicts of interest</b></p> <p>A potential conflict of interest was recorded for those members of the Board who are members of the first, second and third CHINs (these practices were listed as an addendum to the meeting agenda). A general conflict of interest was also noted for all GPs and provider organisations present at the meeting.</p>	

	ITEM	ACTION
3.	<p><b>20 July 2017 minutes</b></p> <p>The minutes from the 20 July 2017 Programme Board meeting were approved.</p>	
4.	<p><b>Action Log</b></p> <p>The Action Log was reviewed and completed actions were closed.</p> <p>CD informed the Board that it was likely that some of the Discovery (research) activity for the Information, Advice &amp; Signposting workstream could be carried out through the Council's Customer Transformation Programme. DW requested that an update on this workstream be provided at the next Programme Board meeting.</p> <p>SP confirmed that she had completed her outstanding action (No.16) to make connections with Children's Services around their work on early intervention and prevention and that an update on this would be provided as part of agenda item 6 (Local Area Coordination).</p> <p>It was agreed that action No.17 (identifying how CHINs can draw upon preventative services) would be picked up under agenda item 8 (CC2H Programme planning and governance update).</p>	
	<p><b><u>ACTION:</u> Add update on the Information, Advice &amp; Signposting workstream to the Forward Plan for the 16 November 2017 JCE/CC2H Programme Board.</b></p>	<b>JH</b>
<p><b>Strategy and Planning</b></p>		
5.	<p><b>Review progress to implement first wave of CHINs</b></p> <p>DM provided a verbal update on the progress made towards launching the first CHIN in Burnt Oak. Initially the CHIN will be focused upon GP networks and community services, and will develop into a collaborative model over time. Diabetes will be one of the CHIN's clinical priorities and additional funding has been applied for from the NHS Diabetes Transformation Fund.</p> <p>DM was pleased to note there has been a highly collaborative approach to implementing the Burnt Oak CHIN, with the Task &amp; Finish Group including representation from a range of local commissioner and provider organisations.</p> <p>The launch date of the Burnt Oak CHIN is to be confirmed. DW requested that future timescales for CHIN roll-out be presented and reviewed at the next Programme Board meeting.</p>	
	<p><b><u>ACTION:</u> Provide update on CHIN roll out timetable to the 16 November 2017 JCE/CC2H Programme Board.</b></p>	<b>CWo/ DM</b>
6.	<p><b>Local Area Coordination</b></p> <p>SP provided a verbal update on the progress made towards implementing Local Area Coordination (LAC) across Barnet. LAC is a long-term, evidence-based approach that works alongside people to build and pursue their personal vision for a good life; and stay strong, safe and connected as contributing citizens.</p> <p>The programme in Barnet will not be known as LAC as the Barnet programme will differ in a number of respects from the core national LAC approach, which has a</p>	

	ITEM	ACTION
	<p>protected brand identity. For example, in Barnet, the service will initially be targeted towards specific cohorts judged to be at-risk of needing funded ASC services.</p> <p>Following a phase of engagement and service design in June-July this year, there are now 3 full-time coordinators and 1 part-time digital coordinator in post. The service is expected to go live in mid-November 2017.</p> <p>TH emphasised the importance of engaging with Barnet GPs to ensure that they are aware of this service.</p> <p>DM said that there could be opportunities to join this work with the NHS proposals to put care navigators into GP practices (for which additional funding will be made available by NHS England).</p> <p>CWa asked how service users were being identified. SP said that they are identified by social care practitioners. DW noted that there is an opportunity for GP practices to act as hubs for the programme, through the CHIN roll out.</p> <p>JL noted the links and overlaps between this services and other initiatives. DW said that a Task &amp; Finish group around preventative services was being proposed as part of agenda item 8 (CC2H programme planning and governance update) which would help to bring these strands together.</p>	
	<p><b><u>ACTION:</u> Share the Local Area Coordination business case with DM.</b></p>	<p><b>SP</b></p>
<p><b>7.</b></p>	<p><b>North Central London Highlight Report</b></p> <p>DW proposed that this monthly highlight report would be a recurring agenda item for the JCE/CC2H Programme Board meetings.</p> <p>Board members noted the contents of the highlight report and agreed to receive future reports as part of the papers for each Programme Board meeting.</p>	
<p><b>8.</b></p>	<p><b>Care Closer to Home programme planning and governance update</b></p> <p>The proposals for programme planning and governance were presented in a series of slides to be circulated to members after the Board meeting.</p> <p>LM queried how the sharing of information would work. DM said that this would vary by pathway, for example, Diabetes is a clinical priority for the Burnt Oak CHIN, which means the Diabetes register would be shared across practitioners.</p> <p>It was agreed that the proposed programme governance structure would include a workstream for information governance.</p> <p>The need for a separate Estates workstream was discussed. It was agreed that at this stage in the Programme not enough is yet known about what the shifts in clinical activity are likely to be and therefore what Estates changes (if any) may be needed. It was agreed that this would be recorded in the Programme's dependencies log for future consideration and action.</p> <p>GP raised a query around workforce logistics for the implementation of CHINs and</p>	

	ITEM	ACTION
	<p>DW noted that “workforce, training &amp; professional development” is a proposed programme workstream.</p> <p>MD emphasised the importance (and complexity) of ensuring that health and care services across Barnet are aligned. For this reason it would be important that BCCG and the Barnet GP Federation work together to jointly lead the roll-out of CHINs across Barnet.</p> <p>CWa suggested that the “Transforming Community Services” workstream be renamed to avoid confusion with a previous initiative of the same name.</p> <p>DW said that the focus of the programme was to connect existing services in the right way, and definitely not to duplicate existing services.</p> <p>There was a discussion about how CHINs should be distributed to deliver coverage across Barnet and it was noted that a number of local geographical groupings are already in place (for example, the CCG is split into North, West and East localities). The different options for mapping Quality Improvement Support Teams (QISTs) onto CHINs were also raised.</p>	
	<p><b>Approval:</b> The proposed development approach, development process and programme governance for CC2H in Barnet (as set out in the slide deck) were approved by the Board.</p>	
	<p><b>ACTION:</b> Bring proposals for delivering Barnet-wide coverage of CHINs and QISTs to the 16 November 2017 JCE/CC2H Programme Board.</p>	CWo
<b>Governance</b>		
9.	<p><b>Updated terms of reference for JCE/CC2H Board</b></p> <p>DW informed the Programme Board that the terms of reference for the Board had been updated to clarify the division of each Board meeting into two parts – Part 1, the CC2H Programme Board and Part 2, other matters to be discussed only by commissioners.</p>	
	<p><b>Approval:</b> The Board approved the updated terms of reference.</p>	
10.	<p><b>JCE / CC2H work programme</b></p> <p>The JCE/CC2H work programme was presented for Board members to note. DW asked Board members to contact JH with any other items to be added to the work programme.</p>	
11.	<p><b>Health and Wellbeing Board work programme</b></p> <p>The Health and Wellbeing Board forward work programme was also presented for JCE/CC2H Board members to note.</p>	

	ITEM	ACTION
12a	<p><b>Barnet Community Services Redesign</b></p> <p>CWa and MD provided a brief verbal update on a proposal from CLCH to reconfigure services including District Nursing, BILT, Intermediate Care (including falls), Rapid Response and PACE to better support the roll-out of CHINs. It was agreed that CLCH would work with the CHIN mobilisation programme group to ensure the alignment of these services with the CHINs.</p>	
12b	<p><b>Any other business</b></p> <p>LR asked about the progress of the communication and engagement workstream. DW requested that an update be provided to the next Programme Board meeting.</p>	
	<p><b><u>ACTION:</u> Bring update on CC2H communication and engagement to the 16 November 2017 JCE/CC2H Programme Board.</b></p>	<p><b>JH</b></p>