

	Health and Wellbeing Board 8 March 2018
Title	Minutes of the Care Closer to Home Programme Board and Joint Commissioning Executive Group
Report of	Strategic Director for Adults, Communities and Health Chief Operating Officer, Barnet CCG
Wards	All
Date added to Forward Plan	November 2014
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1 – Minutes of: <ul style="list-style-type: none"> • Care Closer to Home Programme Board, 16 November 2017 and 18 January 2018. • Joint Commissioning Executive Group, 5 December 2017.
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Summary

This report provides the minutes of the Care Closer to Home Programme Board and the Joint Commissioning Executive Group (Appendix 1).

Recommendations

1. That the Health and Wellbeing Board comments on and approves the minutes of the Care Closer to Home Programme Board meetings of 16 November 2017 and 18 January 2018; and the Joint Commissioning Executive Group meeting of 5 December 2017.

1. WHY THIS REPORT IS NEEDED

Background

- 1.1 On 26 May 2011 the Barnet Health and Wellbeing Board agreed to establish a Financial Planning group to co-ordinate financial planning and resource deployment across health and social care in Barnet. The Financial Planning Group developed into the Joint Commissioning Executive Group (JCEG) in January 2016 with the key responsibility of overseeing the Better Care Fund, Section 75 agreements, the development of a Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy through its respective membership. JCEG is required to report back to the Health and Wellbeing Board (HWB).
- 1.2 On 9 March 2017 the HWB held a workshop session to discuss the development of a local health and care delivery strategy. In light of the development of the Sustainability and Transformation Plan (STP) it is important that the Barnet HWB can set out its collective priorities for the health and care system for 2017-18 and beyond.
- 1.3 The workshop also agreed the current Joint Commissioning Executive Group (JCEG) would take on the role of overseeing and supporting local implementation of STP plans in Barnet, ensuring alignment with the goals and ambitions of the HWB and the Joint HWBS. This Group will shape local delivery of STP initiatives to ensure each initiative meets local need and works for Barnet as a local system, as well as delivering STP requirements. A critical work stream identified to be led by this group is the Care Closer to Home work stream, which is jointly led by the CCG and the Council. Care Closer to Home encapsulates the existing BCF services, elements of urgent and emergency care, which are both led jointly at the moment; primary care improvement, led by the CCG; and public health, voluntary sector, volunteering and community capacity building, currently led by the Council. Therefore, JCEG membership has been expanded to include providers and rescheduled as the Joint Commissioning Executive, Care Closer to Home (CC2H) Programme Board.
- 1.4 The Terms of Reference for the Joint Commissioning Executive, Care Closer to Home (CC2H) Programme Board were approved by the Health and Wellbeing Board on 20 July 2017.
- 1.5 On 19 October 2017 the Programme Board agreed a revised version of its terms of reference which had been updated to clarify the division of each Board meeting into two parts:
 - Part 1, the Care Closer to Home Programme Board, attended by representatives of commissioner, provider and partner organisations.

- Part 2, to be known as the Joint Commissioning Executive Group (JCEG) meeting, for reserved or sensitive matters, attended by executive members of the Council and CCG only.
- 1.6 These revised terms of reference were approved by the Health and Wellbeing Board at its meeting of 9 November 2017.

Minutes and meetings

- 1.7 Minutes of the Care Closer to Home Programme Board meetings held in November 2017 and January 2018 are presented in Appendix 1.
- 1.8 In November the Programme Board:
- Received an update on the Information, Advice & Signposting workstream, including research into dependencies with the Council and CCG corporate customer transformation programmes. The Board agreed to mobilise the workstream leads to meet and develop a plan of action to be presented to the next Programme Board.
 - Received an update on the Communication & Engagement workstream and agreed to mobilise the communications leads to hold an initial planning workshop before the next Programme Board.
- 1.9 The December 2017 meeting of the Board was cancelled to allow sufficient time for the actions agreed in November's meeting to be completed.
- 1.10 In January the Programme Board:
- Reviewed the new monthly Barnet CC2H Highlight Report (first circulated in December 2017) and gave feedback on its content and format.
 - Received further updates on the workstream meetings of the Information, Advice & Signposting workstream and the Communication & Engagement workstream and agreed further actions for these workstreams.
 - Discussed the CHIN roadmap (number, location and timings of CHINs) and received progress updates from each of the CHIN leads.
- 1.11 Minutes of the Joint Commissioning Executive Group (which meets every six weeks) held in December 2017 are also presented in Appendix 1. Papers and minutes for these meetings are recorded and distributed in a way that recognises and respects the confidential nature of any matters discussed.
- 1.12 In December the Joint Commissioning Executive Group:
- Reviewed the quarterly Section 75 monitoring report and agreed a number of follow-up actions.
 - Received a detailed update on the community equipment contract and agreed a number of follow-up actions.

2. REASONS FOR RECOMMENDATIONS

- 2.1 The Health and Wellbeing Board established the Health and Wellbeing Financial Planning Sub-Group (now the Joint Commissioning Executive Care Closer to Home Programme Board) to support it to deliver on its Terms of Reference; namely that the Health and Wellbeing Board is required:

To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social well-being. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.

- 2.2 Through review of the minutes of the Care Closer to Home Programme Board and Joint Commissioning Executive Group, the Health and Wellbeing Board can assure itself that the work taking place to ensure that resources are used to best meet the health and social care needs of the population of Barnet is fair, transparent, stretching and timely.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

- 4.1 Provided the Health and Wellbeing Board is satisfied by the progress being made by the Joint Commissioning Executive, Care Closer to Home Programme Board to take forward its programme of work, the group will progress its work as scheduled in the areas of the Sustainability and Transformation Plan, Better Care Fund and Section 75 agreements.
- 4.2 The Health and Wellbeing Board is able to propose future agenda items for forthcoming group meetings that it would like to see prioritised.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The Joint Commissioning Executive Care Closer to Home Programme Board is responsible for the delivery of key health and social care national policy including the Sustainability and Transformation Plan and Better Care Fund.
- 5.1.2 Integrating care to achieve better outcomes for vulnerable population groups, including older people and children and young people with special needs and

disabilities, is a key ambition of Barnet's Joint Health and Wellbeing Strategy.

5.1.3 Integrating health and social care offers opportunities to deliver the Council's Medium Term Financial Strategy (MTFS) and Priorities and Spending Review (PSR), and the CCG's Quality, Innovation, Productivity and Prevention Plan (QIPP) and Financial Recovery Plan.

5.2 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.2.1 The Joint Commissioning Executive, Care Closer to Home Programme Board acts as the senior joint commissioning group for integrated health and social care in Barnet.

5.3 **Social Value**

5.3.1 Social value will be considered and maximised in all policies and commissioning activity overseen by the Board.

5.4 **Legal and Constitutional References**

5.4.1 The Health and Wellbeing Board has the following responsibility within its Terms of Reference:

To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet.

5.4.2 The Council and NHS partners have the power to enter into integrated arrangements in relation to prescribed functions of the NHS and health-related functions of local authorities for the commissioning, planning and provision of staff, goods or services under Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended). This legislative framework for partnership working allows for funds to be pooled into a single budget by two or more local authorities and NHS bodies in order to meet local needs and priorities in a more efficient and seamless manner. Funds pooled by the participating bodies into single budget can be utilised flexibly to support the implementation of commissioning strategies and improved service delivery. Arrangements made pursuant to Section 75 do not affect the liability of NHS bodies and local authorities for the exercise of their respective functions. The Council and CCG now have two overarching section 75 agreements in place.

5.4.3 Under the Health and Social Care Act 2012, a new s2B is inserted into the National Health Service Act 2006 introducing a duty that each Local Authority must take such steps as it considers appropriate for improving the health of the people in its area. The 2012 Act also amends the Local Government and

Public Involvement in Health Act 2007 and requires local authorities in conjunction with their partner CCG to prepare a strategy for meeting the needs of their local population. This strategy must consider the extent to which local needs can be more effectively met by partnering arrangements between CCGs and local authorities. At Section 195 of the Health and Social Care Act 2012 there is a new duty, The Duty to encourage integrated working:

s195 (1) A Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.

s195 (2) A Health and Wellbeing Board must, in particular, provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.

5.4.4 As yet, there is no express provision in statute or regulations which sets out new integrated health budgets arrangements, and so the s75 power remains.

5.4.5 NHS organisations also have the power to transfer funding to the Council under Section 256 of the National Health Service Act 2006, and the Council similarly has the power to transfer money to the NHS under Section 76 of the NHS Act 2006. These powers enable NHS and Council partners to work collaboratively and to plan and commission integrated services for the benefit of their population. The new integrated budgets arrangements replace the current use of Section 256 money although Section 256 will remain in place.

5.5 Risk Management

5.5.1 There is a risk, without aligned financial strategies across health and social care, of financial and service improvements not being realised or costs being shunted across the health and social care boundary. JCEG has identified this as a key priority risk to mitigate, and the group works to align timescales and leadership of relevant work plans which affect both health and social care.

5.6 Equalities and Diversity

5.6.1 All public sector organisations and their partners are required under s149 of the Equality Act 2010 to have due regard to the need to:

- a) *eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*
- b) *advance equality of opportunity between persons who share a relevant*

protected characteristic and persons who do not share it;

c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.6.2 The protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

5.6.3 The MTFS has been subject to an equality impact assessment considered by Cabinet, as have the specific plans within the Priorities and Spending Review. The QIPP plan has been subject to an equality impact assessment considered.

5.7 Consultation and Engagement

5.7.1 The Joint Commissioning Executive, Care Closer to Home Programme Board will factor in engagement with users and stakeholders to shape its decision-making.

5.7.2 The Joint Commissioning Executive, Care Closer to Home Programme Board will also seek assurance from group members that there is adequate and timely consultation and engagement planned with providers as integrated care is implemented.

5.8 Insight

5.8.1 N/A

6. BACKGROUND PAPERS

6.1 None.

Appendix 1

Care Closer to Home Programme Board Minutes

Thursday 16 November 2017, 15:30 – 17:00

G2, Building 2, North London Business Park

Present

CWo Collette Wood, Care Closer to Home Director, BCCG (Chair)
AL Anika Lewis, Frailty Fellow
AP Anuj Patel, Barnet GP Federation
CD Courtney Davis, Head of Adults Transformation, LBB
CWa Cathy Walker, Director of Divisional Ops, CLCH NHS Trust
CS Catherine Searle, Interim Assistant Director, Joint Commissioning Unit, LBB/BCCG
DW Dawn Wakeling, Strategic Director of Adults, Communities and Health, LBB
JBH Jess Baines-Holmes, Head of Integrated Care Quality, 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
NM Nicholas Mistry, Clinical Lead, Primary Care, BCCG
NW Nicholas Wells, National Management Trainee, LBB
PD Peter Dutton, Barnet Clinical Director; Barnet, Enfield and Haringey MH NHS Trust
SP Sarah Perrin, Prevention & Wellbeing Manager, LBB
TH Tal Helbitz, GP Board member, Lead for Primary Care, Barnet CCG

Apologies

Chris Munday, Strategic Director for Children & Young People, LBB
Collette McCarthy, Head of Children's Joint Commissioning, LBB/BCCG
Gill Parsons, Chair, Community Education Provider Network (CEPN)
Joanne Humphreys, Project Lead, Adults Transformation, LBB
Kay Matthews, Chief Operating Officer, BCCG
Maria Da Silva, Director of Integrated Commissioning, BCCG
Mathew Kendall, Director of Adults and Communities, LBB
Mike Greenberg, Medical Director, Royal Free London NHS Trust
Rachel Leuw, Programme Director – Integrated Care, Royal Free London NHS Trust

	ITEM	ACTION
1.	Welcome and apologies As Chair, CWo welcomed attendees to the meeting and apologies were noted.	
2.	Declaration of conflicts of interest 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.	
3.	19 October 2017 minutes The minutes from the 19 October 2017 Programme Board meeting were approved.	
4.	Action Log The Action Log was reviewed and completed actions were closed.	

	ITEM	ACTION
Strategy and Planning		
5.	<p>NCL Highlight Report</p> <p>There was no NCL highlight report this month due to changes in the programme structure.</p>	
	<p><u>ACTION:</u> Develop a monthly highlight report for the Barnet CC2H Programme, to be circulated in advance of every Programme Board meeting.</p>	CD/JH
6.	<p>Update on programme workstreams</p> <p><u>Information, Advice and Signposting</u></p> <p>The Information, Advice and Signposting brief originally came to the July Programme Board and it was noted by everyone that this is not developing new information tools/systems – it is about understanding what is already out there and how we can support staff and the public to use it better.</p> <p>CD has been investigating dependency with LBB customer transformation programme (CTP). CTP has recently agreed the scope and timescales for the next stage which includes continuing to refresh the Council's website and investigating the numerous Directories the Council uses to form a view on consolidation. As part of this it was agreed they would do a light touch investigation on what else is out there (e.g. health) to ensure technical capability was as future proofed as possible. This dependency will continue to be managed.</p> <p>Discussed creating and maintaining directories that serve a number of users and how best to integrate with other existing directories.</p> <p>It was agreed that this work is remains an essential part of the delivery plan and the next step will be mobilising the group listed (leads to confirm/provide) with an aim to meet prior to the next CC2H Board meeting.</p> <p><u>Communications and Engagement</u></p> <p>The communication and engagement plan also came to the July meeting. Following that meeting there was an action to arrange a workshop with comms leads from various organisations. In trying to arrange the meeting it became clear that the purpose of the meeting was not very clear and a number of the leads, who didn't have any previous exposure to the project, were reluctant to devote time to a workshop.</p> <p>At the same time, it was flagged that the NCL CC2H Programme Board had agreed the programme team would develop a NCL Communications Plan.</p> <p>It was decided we would hold off on the workshop and instead a smaller group met (project team, CCG/LBB comms) to discuss tactical communications, identify relevant communications channels/frequency on the CCG side that are most appropriate for tactical messaging for CHIN go live.</p> <p>The communication and engagement plan is still broadly fine as it was only high level to begin with. The only change since July was incorporating the STP Community Engagement and Development Plan which included a summary of the main messages from residents through recent engagement exercises and key</p>	

	ITEM	ACTION
	<p>points for shaping services which we know are important to residents. We incorporated this into our Comms plan under the resident and patient insight section.</p> <p>CWo flagged there is an issue of understanding what CHINs are and a need to have clear messaging around this.</p> <p>CD informed the Board that following on from the Council's annual Engagement Summit in July (for residents, service users and carers), a residents working group would be formed that would be one of the channels through which patients and residents are involved in the development of CC2H in Barnet.</p> <p>DW asked the Board what it thought the next steps should be for this workstream. She suggested that it would be helpful to have "Champions" who could communicate what CHINs are and what they deliver (front line staff, users, nurses and practice managers).</p> <p>SP said that she is willing to facilitate messaging and communications.</p> <p>It was agreed that it will be important to bring learning from other CHINs and to ensure that the previously agreed CHIN principles are kept front of mind.</p> <p>It was agreed that this work is remains an essential part of the delivery plan and the next step will be arranging a workshop for communications leads prior to the next CC2H Board meeting.</p>	
	<p><u>ACTION:</u> Mobilise the Information, Advice & Signposting workstream leads and schedule an initial meeting to take place before the next CC2H Board meeting.</p>	<p>CD/JH</p>
	<p><u>ACTION:</u> Mobilise the Communications leads and schedule an initial workshop to take place before the next CC2H Board meeting.</p>	<p>CD/JH</p>
<p>7.</p>	<p>CHIN development Delivery Plan, including CHIN roll-out timetable and delivering Barnet-wide coverage of CHINs and QISTs</p> <p>Dialogue is still ongoing.</p> <p>There will be three definite CHINs but groupings still need to be confirmed.</p> <p>Burnt Oak: Over the next three months, scoping, engaging and implementing will occur with DQIST (Diabetes QIST).</p>	
	<p><u>ACTION:</u> Bring CHIN roll-out plan and timetable to the next CC2H Board meeting in December.</p>	<p>CWo</p>
<p>Governance</p>		
<p>8.</p>	<p>CC2H work programme</p> <p>The CC2H work programme was presented for Board members to note. Any additional items for the Forward Plan should be emailed to JH.</p>	

	ITEM	ACTION
9.	<p>Any other business</p> <p>HealthWatch is happy to get patients involved as part of the communications and engagement work.</p> <p>Duplication of GP practices to be corrected in the conflict of interest list.</p>	
	<p>Future meeting dates:</p> <ul style="list-style-type: none"> • 18 January 2018, 15.00 – 16.30. • 15 February 2018, 14.00 – 15.30. • 22 March 2018, 14.00 – 15.30. • Then the third Thursday of every month, 14.00 – 15.30. 	

Care Closer to Home Programme Board Minutes

Thursday 18 January 2018, 15:00 – 16:30

Board Room, Building 2, North London Business Park

Present

CWo Colette Wood, Care Closer to Home Director, BCCG (Chair)
 AB Aashish Bansal, BCCG Governing Body member and CHIN 1 Lead
 AP Anuj Patel, Barnet GP Federation
 CD Courtney Davis, Head of Adults Transformation, LBB
 CWa Cathy Walker, Director of Divisional Ops, CLCH NHS Trust
 CS Catherine Searle, Interim Assistant Director, Joint Commissioning Unit, LBB/BCCG
 DG Daniel Glasgow, Care Closer to Home Deputy Director, BCCG
 FB Farhana Begum, Finance Manager, LBB
 JBH Jess Baines-Holmes, Head of Integrated Care Quality, LBB
 JH Joanne Humphreys, Project Lead, Adults Transformation, LBB
 JL Jeff Lake, Consultant in Public Health, Barnet and Harrow Public Health Team
 LF Lisa Fuller, Royal Free London NHS Trust
 LM Louise Miller, Clinical Lead, Primary Care, BCCG
 MA Muyi Adekoya, Joint Commissioning Manager, LBB/BCCG
 NW Nicholas Wells, National Management Trainee, LBB
 PD Peter Dutton, Barnet Clinical Director; BEH MH NHS Trust (by telephone)
 SP Sarah Perrin, Prevention & Wellbeing Manager, LBB
 TH Tal Helbitz, GP Board member, Lead for Primary Care, Barnet CCG

Apologies

Collette McCarthy, Divisional Director of Commissioning, LBB/BCCG
 Kay Matthews, Chief Operating Officer, BCCG
 Lisa Robbins, Barnet Healthwatch and Community Barnet
 Selina Rodrigues, Barnet Healthwatch and Community Barnet
 Dawn Wakeling, Strategic Director for Adults, Communities and Health, LBB

	ITEM	ACTION
1.	<p>Welcome and apologies</p> <p>As Chair, CWo welcomed attendees to the meeting and apologies were noted.</p>	
2.	<p>Declaration of conflicts of interest</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>	
3.	<p>16 November 2017 minutes</p> <p>The minutes from the 16 November 2017 Programme Board meeting were approved.</p>	
4.	<p>Action Log</p> <p>The Action Log was reviewed and completed actions were closed.</p> <p>It was noted that action 6 (identify how ASC and other Council services can be linked to the Burnt Oak CHIN) had been added to the action log since the last CC2H Programme Board meeting in November and that the first output of this</p>	

	ITEM	ACTION
	<p>action would be a document summarising the various Council services that could be linked to the first CHIN and proposing how initial links would be developed. JH and CD have met with AB to agree this initial approach and a self-care workshop led by the Public Health team yesterday will also inform this action. PD requested that the services offered at the Wellbeing Hub be included in this proposal.</p>	
Strategy and Planning		
5.	<p>NCL Highlight Report</p> <p>Board members noted the contents of the highlight report, which is produced every two months by the NCL STP Programme Management Office.</p>	
6.	<p>Barnet CC2H Highlight Report</p> <p>It was noted that some workstreams did not yet have named leads:</p> <ul style="list-style-type: none"> • Information, Advice and Signposting: it was agreed that LM was the formal lead for this workstream. • Communication and Engagement: see update on programme workstreams (item 7 below). • Measuring outcomes: work is currently underway at NCL level. • Workforce, training & professional development: this workstream is not yet live. • Local accountable care options appraisal: this workstream is not yet live. <p>It was also noted that some milestones did not yet have confirmed timescales. CWo said the latest version of the Delivery Plan, which would fill in a number of these gaps, was in development and would be brought to the February Programme Board.</p> <p>JL said that it would be helpful for the highlight report to include additional information that would root the progress made in the previous month in the context of the CC2H programme as a whole (the “golden thread”).</p>	
	<p><u>ACTION:</u> Bring the latest version of the Barnet CC2H Delivery Plan to the February Programme Board.</p>	CWo
	<p><u>ACTION:</u> Include the programme governance map (from the Delivery Plan) as an addendum to future Barnet CC2H highlight reports and consider how monthly progress can be reported within the context of the programme.</p>	JH
7.	<p>Update on programme workstreams</p> <p><u>Information, Advice and Signposting</u></p> <p>CD provided an update on this workstream. The first workstream meeting, chaired by LM, was held on 15 December and attended by colleagues from the CCG (including Ian Bretman, Governing Body member for PPI) and the Council (with representation from adult social care prevention services, Family Services and Public Health). Some initial mapping of digital self-care resources available for people in Barnet, compiled by the Public Health team, was circulated to workstream</p>	

	ITEM	ACTION
	<p>members before the meeting. The project team took a number of practical actions away from the meeting. DG provided an update on his actions:</p> <ul style="list-style-type: none"> • Best practice research with Vanguards: the most common approach has been to add information about social care services into the NHS Directory of Services. Given the significant investment made by the Council in its own information directories this would not be a practical solution for Barnet. • Availability of transformational funding for a new front-end through which the information from existing directories could be accessed, and estimated costs for project/technical support: research is underway and DG will provide a further update to the next Programme Board. <p>It was agreed that CD and JH would incorporate these findings into an outline options appraisal that would be circulated to the workstream group with feedback given via email in time for an update to be given to the February Programme Board. The workstream group would then meet at the end of February to agree how to implement the plan of action agreed by the Programme Board.</p> <p><u>Communications and Engagement</u></p> <p>CD provided an update on this workstream. The first formal workstream meeting was held on 19 December, attended by colleagues from the CCG, the Council, Community Barnet and CEPN. It was noted at the workstream meeting that BCCG had hosted two communications events (for residents and third sector organisations) in summer 2017 which were well attended and received. It was agreed that the outputs from these events should inform the next version of the Communications Plan.</p> <p>The workstream meeting had agreed that the priority areas to complete for the next version of the Communications Plan were:</p> <ul style="list-style-type: none"> • Identify the key messages for stakeholders. The main stakeholder groups being patients/residents and GPs/other professionals. • Identify the channels through which these messages will be conveyed, with a focus upon channels that a) exist already and b) are low cost. <p>The CCG Comms team will develop a new version of the Communications Plan before the end of January, to be reviewed by the workstream group before the next Programme Board in February.</p> <p>TH requested that the project team should make contact with the Reimagining Mental Health programme team to identify lessons that can be learned, in particular around co-design of services. He also requested that initial communications with residents should include residents in CHINs 2 and 3 as well as CHIN 1.</p> <p>CW noted that the new NCL structure for communications, engagement and governance would create an opportunity to develop a unified approach to CC2H communications across the region. The CCG Governing Body has agreed that there is a need for a Communications plan supported by relevant capacity and expertise.</p> <p>CD also gave an update on the residents' working group that was proposed at the</p>	

	ITEM	ACTION
	Council/CCG annual engagement summit last year. JH and CD met with AB last week and have agreed that recruitment of the group will go ahead, drawing initially from the Council's PeopleBank database.	
	<u>ACTION:</u> Provide update on IAS workstream (transformational funding, estimated project/technical costs) to the February Programme Board.	DG
	<u>ACTION:</u> Develop outline options appraisal for IAS workstream, circulate to the workstream group and report back to the February Programme Board.	CD/JH
	<u>ACTION:</u> Meet with Charlotte Benjamin (Reimaging Mental Health) to identify lessons that can be learned for the CC2H Communications workstream.	CWo, CD, JH
	<u>ACTION:</u> Present updated Barnet CC2H Communications Plan to the February Programme Board.	CCG Comms
	<u>ACTION:</u> Obtain details of the new NCL structure for communications, including what posts will be created and under what timescales.	CWo
8.	<p>Update on CHIN roadmap (number, location, timing of CHINs)</p> <p>CWo gave a verbal update on this item. The first three proposed CHINs cover approximately half the population of Barnet and it is likely that there will be a total of six CHINs (each with an average population size of approximately 65,000), mapping broadly onto existing locality areas. The CCG will put in programme management resource to support the roll out and the timescale to have all six CHINs operational is approximately two years.</p> <p>AP noted that the GP Federation received five expressions of interest in response to the original CHIN proposal, and that the two submissions not currently being developed should be revisited. Practices should also be encouraged at a later date to merge into the early CHINs where appropriate.</p> <p>It was agreed that it would be important to improve the understanding of CHINs across the wider GP population as CHINs are rolled out beyond the first three.</p> <p>Brief updates were provided on each of the first three CHINs:</p> <p>CHIN 1 (AB) – launching in January 2018 DQIST (Diabetes) model is in development – to provide clinical care in every practice and a more holistic approach. Through engagement with patients, new ideas will be brought on-board over time. Paediatric clinic will launch soon and options for bringing in pharmacists (to run a minor illness service, etc.) are being explored.</p> <p>CHIN 2 (TH) – launching in April 2018 Focusing initially on frailty pathways and care homes. TH has circulated the invitation to the Frailty QI Network forum (22 February) from Dr Katie Coleman to the Programme Board.</p> <p>CHIN 3 (AP) – beginning dialogue</p>	

	ITEM	ACTION
	Likely to focus on Diabetes, frailty and paediatrics. CHIN 3 is likely to learn from the first two CHINs as they roll-out their services.,	
	<u>ACTION:</u> Invite Dr Katie Coleman (NCL Clinical lead for Primary Care and CC2H) to the next Barnet Programme Board meeting.	JH
9.	<p>Update on progress of the CHIN mobilisation workstream</p> <p>The CHIN mobilisation workstream will include the GP CHIN Leads and relevant leads from the Council (including Public Health) and CLCH.</p> <p>CWo asked JL to give an update on the self-care workshop held yesterday. A variety of existing innovations in the borough were discussed at the workshop, including Practice Health Champions, the Wellbeing Hub, Prevention & Wellbeing Coordinators and Care Space hubs. At the workshop it was agreed that these services should be built upon. A further workshop on 1 February will address operational matters. Findings will be written up and a proposal developed for drawing together all of the strands and developing some GP training.</p>	
Governance		
8.	<p>CC2H work programme</p> <p>The CC2H work programme was presented for Board members to note. Any additional items for the Forward Plan should be emailed to JH.</p> <p>AP suggested that when the first CHIN is up-and-running there should be a regular item to monitor CHINs once they are operational. CWo noted that Camden has already started some work on this (Neighbourhood IT Working Group) and there will be opportunities to link with this in the future as Camden CCG will be providing some ICT services for BCCG.</p>	
9.	<p>Any other business</p> <p>There were no further items raised. CWo thanked everyone for their attendance and closed the meeting.</p>	
	<p>Future meeting dates:</p> <ul style="list-style-type: none"> • 15 February 2018, 14.00 – 15.30. • 22 March 2018, 14.00 – 15.30. • Then the third Thursday of every month, 14.00 – 15.30. 	

Joint Commissioning Executive Group Minutes

Tuesday 5 December 2017, 12.30 – 13.15

Boardroom, Building 2, North London Business Park

Present

DW Dawn Wakeling, Strategic Director of Adults, Communities and Health, LBB (Chair)
 MB Matt Backler, Deputy Chief Financial Officer, BCCG (by telephone) AH Andrew Howe, Director of Public Health, LBB
 JH Joanne Humphreys, Project Manager, LBB
 CS Catherine Searle, Interim Assistant Director, Joint Commissioning Unit, LBB/BCCG
 MA Muyi Adekoya, Joint Commissioning Manager, LBB/BCCG
 CD Courtney Davis, Head of Adults Transformation, LBB

Apologies received

CM Collette McCarthy, Head of Children's Joint Commissioning, LBB/BCCG

	ITEM	ACTION
1.	<p>Welcome and apologies</p> <p>As Chair, DW welcomed attendees to the meeting and reminded everyone that there are alternate chairing arrangements for these meetings, shared between LBB and BCCG.</p> <p>As this is the first meeting of JCEG since it was separated from the Care Closer to Home Programme Board, DW also reminded attendees that a key function of JCEG is to oversee and scrutinise the ongoing monitoring of S75 agreements.</p>	
2.	<p>19 October 2017 minutes</p> <p>The minutes from the 19 October 2017 meeting of JCEG were approved with one correction – Claire O'Callaghan to be added to the list of attendees.</p>	
3.	<p>Action log</p> <p>The Action Log was reviewed and completed actions were closed. Two actions remain open, to be reviewed again at the next JCEG:</p> <ul style="list-style-type: none"> • Contact MA/AL to identify relevant lessons learned from the frailty multidisciplinary team (C'OC). • Contact JH to identify the best way to establish ongoing connections with the Barnet CC2H Programme and CHINs roll-out (C'OC). 	
4.	<p>Section 75 quarterly progress report</p> <p>DW noted that in the past, specific finance reports on the S75 agreements including BCF had been presented to JCEG.</p> <p>The progress report was reviewed. It was noted that:</p> <ul style="list-style-type: none"> • Procurement for Learning Disability services has been delayed. • Finalisation of the redrafted Mental Health S75 agreement is imminent. <p>As no colleagues from Family Services were present, the monitoring reports for S75 agreements covering services for children and families could not be reviewed in the meeting.</p>	

	ITEM	ACTION
	<u>ACTION:</u> Liaise with Anisa Darr (LBB Director of Resources) to agree arrangements for the reinstatement of S75 finance reports for JCEG meetings. To be put in place for the next JCEG meeting on 16 January 2018.	MB
	<u>ACTION:</u> Bring monitoring report for the Better Care Fund (including financial report) to the next JCEG meeting on 16 January 2018.	MA
5.	<p>Update on community equipment contract</p> <p>Due to concerns raised about the quality of the new community equipment service at the last JCEG meeting in October 2017, a further monitoring report had been requested for this JCEG meeting.</p>	
	<p><u>ACTION:</u> Prepare a report on the community equipment contract to include:</p> <ul style="list-style-type: none"> • Review of the assurance and controls on contract spend. • Financial summary of this contract (including details of overspend against budget) for the last three financial years (LBB and BCCG finance officers to assist with this). • Agreed KPIs and the provider's performance against them. • Review of contract to identify whether the provider can be required to meet the costs of service enhancements that have been required as a result of issues with the quality of the service. <p>Circulate this information to JCEG members via email and request a collective decision on next steps. To be completed before the next JCEG on 16 January 2018.</p>	MA
	<u>ACTION:</u> Raise query about potential risks associated with the performance of the community equipment contract – at meeting today, 05.12.2017.	DW
6.	<p>JCEG Forward Plan</p> <p>Presented to JCEG members for noting. Any future items to be added to the Forward Plan should be emailed to JH.</p>	
7.	<p>Health and Wellbeing Board Forward Work Programme</p> <p>Presented to JCEG members for noting. Any future items to be added to this Forward Plan should be emailed to Salar Rida in the LBB Governance team.</p> <p>DW noted that any HWB agenda items for April 2018 onwards should be sent to Salar Rida . They will be recorded but not formally published until the next municipal year (as is the Council's usual practice).</p>	
8.	Any other business	
	There were no further items raised. DW thanked everyone for their attendance and closed the meeting.	