

	Health and Wellbeing Board 26 July 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
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1 – Minutes of: <ul style="list-style-type: none"> • Care Closer to Home Programme Board, 15 February 2018, 22 March 2018 and 3 May 2018. • Joint Commissioning Executive Group, 16 January 2018.and 27 February 2018
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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 15 February 2018, 22 March 2018 and 3 May 2018; and the Joint Commissioning Executive Group meeting of 16 January 2018 and 27 February 2018.

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 Need 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 (CC2H) Programme Board meetings held in February 2018, March 2018 and May 2018 are presented in Appendix 1.

In February, the CC2H Programme Board:

- Reviewed the updated Barnet CC2H Highlight Report. New items included were the Governance structure chart and proposed CHIN development process for 2018 / 2019. Proposed additions to these 2 items were requested to demonstrate the existing position.
- Verbal updates were provided on the Barnet CC2H Delivery Plan and CHIN Roadmap.
- Received an update on the Information, Advice & Signposting workstream, including research and costs related to developing a front-end search engine for multiple health and social care websites.
- Received an update on the Communication & Engagement workstream.

In March, the CC2H Programme Board:

- Reviewed the focus areas, statuses and activities of the 4 different CHINs.
- A logic model draft document was introduced, which will aim to outline how the CCG is working with the Barnet GP Federation to develop and CHIN outcomes framework.
- A Barnet Council "Offer" document was introduced that detailed services the various CHINs should be utilising.

In May, the CC2H Programme Board:

- Reviewed the CHIN roadmap - this included a discussion on when the CHINs will start working together, how CHINs are formed, the criteria for approval of a CHIN, the selection process and benefits or being part of a CHIN and the financial mechanisms in place.
- Updates were provided on CHIN 1, CHIN 2 and CHIN 3 activities.

- 1.8 Minutes of the Joint Commissioning Executive Group (which meets every six weeks) held in January 2018 and February 2018 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.
- 1.9 In January and February 2018 the Joint Commissioning Executive Group:
- Received a paper Section 75 update report.
 - Received an update on Section 75 reporting on voluntary & community sector prevention services
 - Received 2 separate reports on the Better Care Fund:
 - An update on the quarter 3 performance a
 - The development of the pooled budget
 - Received an update on Community Equipment
 - Received a paper on the Joint Health and Wellbeing Strategy implementation plan
 - Received the workplan for the Joint Commissioning Unit

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. approval.}

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.

6. BACKGROUND PAPERS

6.1 None

APPENDIX 1

Care Closer to Home Programme Board

Thursday 15 February 2018, 14:00 – 15:30

Board Room, Building 2, North London Business Park

Present

CW0 Colette Wood, Care Closer to Home Director, BCCG (Chair)
 AB Aashish Bansal, BCCG Governing Body member (CHIN 1)
 AP Anuj Patel, Barnet GP Federation (CHIN 3)
 DG Daniel Glasgow, Care Closer to Home Deputy Director, BCCG
 FB Farhana Begum, Finance Manager, LBB
 JB-H 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
 LM Louise Miller, Clinical Lead, Primary Care, BCCG
 MD Maria DaSilva, Director of Transformation, BCCG
 NW Nicholas Wells, National Management Trainee, LBB
 OI Oge Ilozue, Londonwide Local Medical Committees (LMC) (CHIN 2)
 PR Peter Ridley, Executive Director of Strategy, Royal Free London NHS Trust
 SH Shan Haydar, Project Manager, North Division, CLCH NHS Trust
 SP Sarah Perrin, Prevention & Wellbeing Manager, LBB
 TH Tal Helbitz, GP Board member, Lead for Primary Care, Barnet CCG (CHIN 2)

Apologies

Catherine Searle, Interim Assistant Director, Joint Commissioning Unit, LBB/BCCG
 Cathy Walker, Director of Divisional Ops, CLCH NHS Trust
 Courtney Davis, Head of Adults Transformation, LBB
 Dawn Wakeling, Strategic Director for Adults, Communities and Health, LBB
 Lisa Fuller, Royal Free London NHS Trust
 Muyi Adekoya, Joint Commissioning Manager, LBB/BCCG
 Selina Rodrigues, Barnet Healthwatch and Community Barnet
 Steve Shaw, Royal Free London NHS Trust

	ITEM	ACTION
1.	<p>Welcome and apologies</p> <p>As Chair, CW0 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>18 January 2018 minutes</p> <p>The minutes from the 18 January 2018 Programme Board meeting were approved and will be presented to the Barnet Health & Wellbeing Board at its next meeting on 8 March 2018.</p>	

	ITEM	ACTION
4.	<p>Action Log</p> <p>The Action Log was reviewed and completed actions were closed.</p> <p>DG provided an update on the Information, Advice & Signposting workstream (action 4). He has spoken to colleagues at NHS Digital and expects to receive a technical specification before the next Programme Board meeting that outlines the current infrastructure and indicates how multiple directories could be queried from a single search. CC2H Board members would then be asked to pass this information to their technical leads for consideration and feedback.</p> <p>CWo provided an update on the joint Barnet and Enfield Communication and Engagement team. There is now a Head of Engagement and Communications in post (Gail Hawksworth) with a team of three. CWo will be meeting with Gail next week.</p>	
	<p><u>ACTION:</u> Bring written proposal for how ASC and other Council services will be linked to the Burnt Oak CHIN to the next Programme Board meeting.</p>	JH
	<p><u>ACTION:</u> Obtain NHS Digital technical specification and circulate to CC2H Board members for dissemination to technical leads.</p>	DG
Strategy and Planning		
5.	<p>Barnet CC2H Highlight Report</p> <p>JH told the Board that in response to requests made at the January Programme Board, this month's highlight report included the Barnet CC2H Programme Governance structure chart and proposed CHIN development process 2018/19, both of which had been presented to the Board in October 2017. AP noted that the CHIN development process did not reflect the role of the Barnet GP Federation, or other more recent developments such as the agreed role of QISTs. SP noted that the governance structure chart did not include the named workstream leads who had been agreed since the October 2017 meeting.</p> <p>There was a discussion about whether the programme governance structure chart was an accurate reflection of the current governance arrangements and whether it was still an appropriate structure for the delivery of the Barnet CC2H Programme. It was agreed that this question would be considered more fully at a future Programme Board meeting.</p> <p>AB gave a brief verbal update on CHIN 1 which has now entered the mobilisation phase and is following a multidisciplinary approach to diabetes management. The CHIN team holds weekly meetings to develop the CHIN approach and address any issues arising. Work is in-hand to update the current information governance agreement to reflect the new way of working with CLCH. The Board discussed other potential information governance considerations that may need to be addressed as this CHIN and other CHINs are developed.</p>	
	<p><u>ACTION:</u> Update the CHIN development process page of the highlight report to reflect the latest agreed approach.</p>	JH

	ITEM	ACTION
	<u>ACTION:</u> Update the CC2H Programme Governance structure chart to include the named workstream leads.	JH
6.	<p>Barnet CC2H Delivery Plan and Roadmap</p> <p>CWo gave a verbal update on the CC2H Delivery Plan, which captures all the key elements of the programme, and is being continually developed as the programme progresses.</p> <p>CWo introduced the CHIN roadmap, explaining that over the last two months the CCG has been in discussion with the Barnet GP Federation to agree numbers, locations and timescales for CHIN roll-out. Across the NCL STP a number of different approaches have been taken to CHIN rollout. In Barnet the approach has been very much “bottom up”, with GP practices encouraged to build upon their existing relationships with other practices to develop CHIN footprints.</p> <p>DG talked through the current draft roadmap. The first three CHINs cover 37% of the Barnet population, and there are plans to form a fourth CHIN that would bring population coverage up to 50%. In order to reach 100% population coverage by the end of 2018/19, the development of further CHINs will be supported, and practices will also be encouraged to join existing CHINs. Over time the CHIN areas will be refined so that they map more clearly onto existing localities. The focus for 2018/19 will be upon proving the concept, and the roadmap can and should be expected to evolve and change over time.</p> <p>AP asked for clarification about how a CHIN “launch” was defined and DG outlined how for each CHIN there would be a preparatory “discovery” phase, followed by a soft launch that focused upon clinical priorities, followed by a third phase to establish links with all of the other services that would wrap around the CHIN.</p> <p>The first three CHINs have, between them, established their clinical priorities as diabetes, frailty and paediatrics. Lessons learned and successful interventions identified will be shared rapidly across the CHIN network in an agile way, in order to ensure an equitable service across Barnet.</p> <p>The priorities for future CHINs could include some of the 10 High Impact Actions identified in the General Practice Forward View – these would need to be agreed by the CHINs.</p> <p>TH emphasised the importance of the success of CHINs 1-4 to convince other practices of the value of forming their own CHINs or joining existing CHINs.</p> <p>OI asked about the engagement programme for GPs. AP said that the Barnet GP Federation would be meeting with practices that have not yet expressed interest in forming/joining a CHIN on a one-to-one basis. It was noted that the GP Federation, the LMC and the CCG all have plans for GP engagement around CHINs and that these plans will need to be aligned and coordinated.</p> <p>With regard to the involvement of secondary care in CHINs, PR said that RFL would be open to discussions about how its involvement as a provider could be helpful (e.g. providing secondary care capacity in a primary care setting; interacting on wider pathways), while avoiding over-complicating arrangements.</p>	

	ITEM	ACTION
	<u>ACTION:</u> Bring the logic model on CHIN outcomes to the next Programme Board meeting.	DG
7.	<p>Update on programme workstreams:</p> <p><u>Information, Advice and Signposting</u></p> <p>JH introduced the options appraisal paper for this workstream. The working group met for the first time at the end of 2017, chaired by LM, the workstream lead. Since that meeting DG has completed some research on the feasibility, possible costs and availability of Transformation funding for one of the options – developing a single front-end search engine for multiple health and social care websites.</p> <p>The draft options appraisal paper sets out the range of resources currently available, the key groups of staff and volunteers who currently signpost people to services, the challenges for this workstream, and four main options for further developing this workstream in order to support the wider programme</p> <p>TH asked about progress on the development of the single search engine option and DG said that he was speaking to colleagues at NHS Digital about this. Depending upon how the current infrastructure is set up, a number of different solutions could be appropriate (e.g. Black Pear Software). TH also emphasised the importance of applying best practice from Camden CCG’s work on its digital strategy.</p> <p>AB noted that the Watling Health Champion initiative (referenced in the options appraisal) had been funded by the practice and that an appropriate source of sustainable funding would need to be identified for any programme of training and communications.</p> <p>It was noted that although Multi Collaborative Learning Groups (MCLGs) could be a helpful forum for training events, they do not have high levels of GP attendance. Further work is needed to identify existing meetings and forums that could be used as a means of disseminating this information.</p> <p><u>Communication and Engagement</u></p> <p>CWo had already provided an update on the communication and engagement workstream at the beginning of this meeting. She confirmed that following discussion with the new CCG communications and engagement team, an updated communications strategy would be presented at the next Programme Board meeting.</p>	
	<u>ACTION:</u> Present updated Barnet CC2H Communications Strategy/Plan to the next Programme Board meeting.	CCG Comms
Governance		
8.	<p>CC2H work programme (forward plan)</p> <p>The CC2H work programme was presented for Board members to note. CWo encouraged Board members to submit to JH any additional items that they would like the Board to consider at a future meeting.</p>	

	ITEM	ACTION
9.	<p>Any other business</p> <p>MD provided an update on the community services redesign work.</p> <p>AB provided an update on the residents working group that was initiated at last year's CCG/Council annual engagement summit for service users and carers. JH has prepared a draft proposal for the format and objectives of this working group which has not yet been shared more widely. The Board agreed that every CHIN should engage with its patients to inform and shape the ongoing development of the CHIN. This engagement work should be informed by the overarching communication and engagement strategy for Barnet. CWo suggested that CHIN1 would be a good starting point for testing communication and engagement activity that could then be replicated across other CHINs.</p> <p>TH shared that there is an opportunity to meet potential bidders to implement the Digital Care Record on 14 March and agreed to send out information about this to other Board members.</p> <p>There were no further items raised. CWo thanked everyone for their attendance and closed the meeting.</p>	
	<u>ACTION:</u> Put AB in touch with the new joint comms team, to discuss an approach to communication and engagement for CHIN 1.	CWo/AB
	<u>ACTION:</u> Share the draft proposal for the residents working group with AP and with the new joint comms team.	JH
	<u>ACTION:</u> Share details of the Digital Care Record bidders meeting (14/3) with Programme Board members.	TH
	<p>Future meeting dates:</p> <ul style="list-style-type: none"> • 22 March 2018, 14.00 – 15.30. • Board meetings from April 2018 onwards to be rescheduled shortly. 	

Care Closer to Home Programme Board
Thursday 22 March 2018, 15:00 – 16:30
Chapman Room, Building 2, North London Business Park

Present

DW Dawn Wakeling, Strategic Director for Adults, Communities and Health, LBB (Chair)
 AB Aashish Bansal, BCCG Governing Body member (CHIN 1)
 CW Cathy Walker, Director of Divisional Ops, CLCH NHS Trust
 DG Daniel Glasgow, Care Closer to Home Deputy Director, BCCG
 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
 LR Lisa Robbins, Healthwatch Barnet
 MK Mathew Kendall, Director for Adults and Communities, LBB
 NW Nicholas Wells, National Management Trainee, LBB
 OI Oge Ilozue, Londonwide Local Medical Committees (LMC) (CHIN 2)
 SP Sarah Perrin, Prevention & Wellbeing Manager, LBB

Apologies

Anuj Patel, Barnet GP Federation (CHIN 3)
 Colette Wood, Care Closer to Home Director, BCCG
 Jill Barnes, Project Manager, Strategy & Insight Team, LBB
 Kay Matthews, Chief Operating Officer, BCCG
 Peter Dutton, Barnet Clinical Director; BEH MH NHS Trust
 Peter Ridley, Executive Director of Strategy, Royal Free London NHS Trust
 Steve Shaw, Royal Free London NHS Trust
 Tal Helbitz, GP Board member, Lead for Primary Care, Barnet CCG (CHIN 2)

	ITEM	ACTION
1.	Welcome and apologies As Chair, DW 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.	15 February 2018 minutes The minutes from the 15 February 2018 Programme Board meeting were approved and will be presented to the Barnet Health & Wellbeing Board at its next meeting on 9 July 2018.	
4.	Action Log The Action Log was reviewed and completed actions were closed. DG provided an update on the action to obtain and circulate the NHS Digital technical specification – NHS colleagues are working on this and it will shortly be available for circulation.	

	ITEM	ACTION
CHIN updates		
5.	<p>CHIN 1 (AB)</p> <p>CHIN 1 is focused on diabetes and the Diabetes QIST. The CHIN is working with CLCH to deliver the enhanced diabetes offer and looking to put diabetes nurses into the GP practices. This will enable delivery of a more holistic vision and development of greater levels of patient engagement, expert patient groups, etc.</p> <p>A public/patient engagement event for CHIN 1 will be held on 12 April. This is being recruited through the Council's PeopleBank database, the PPGs and through Barnet Healthwatch.</p> <p>The availability of Making Every Contact Count (MECC) training in March and April has been noted and shared with practices within the CHIN.</p>	
6.	<p>CHIN 2 (DG and OI)</p> <p>The CHIN meets monthly. There have been discussions about the practicalities of frailty-focused work (such as duplication of existing work), working towards the development of a frailty multi-disciplinary team (MDT).</p> <p>A review of avoidable admissions data for over 65s has shown that stroke, UTIs, flu and pneumonia are the most expensive and common reasons for admission. An audit of NELIE data will be undertaken to examine the underlying reasons for admission and inform the development of the frailty MDT.</p> <p>The CHIN 2 business case will be finalised within the next few weeks, with an anticipated go-live date in April, which will fit with the conclusion of the community services review.</p>	
7.	<p>CHINs 3 and 4 (DG)</p> <p>CHIN 3 will focus upon paediatrics and is currently being defined at a strategic level, before a specific area of operational focus is identified and a business case is developed before a go-live date in June.</p> <p>CHIN 4 will have a digital focus and is developing a menu of options.</p> <p>A full business case and roadmap for the CHINs will be presented to the CCG Governing Body in May, before presentation to the Health & Wellbeing Board in July.</p> <p>DG also informed the Board that an engagement event for all GPs is scheduled for the end of April.</p>	
8.	<p>Barnet CC2H Highlight Report and NCL HCCTH Highlight Report</p> <p>DW asked about the plans for CHIN contracting, particularly given the current uncertainty around NHS England's expectations for Integrated Care Systems. DG confirmed that a number of different contract forms are under consideration.</p> <p>DW asked about progress on data sharing agreements. DG informed the Board that the CHINs and the Barnet GP Federation are currently making their own data sharing agreements based on each CHIN's focus of work. For the purposes of wider information sharing, the existing pan-Barnet data sharing agreement would</p>	

	ITEM	ACTION
	<p>be used as the basis for information sharing, with additional addendums as required.</p> <p>DW requested that the programme schedule and milestones be reviewed and updated, and that the involvement of mental health services, community health services and acute services are factored into the milestone plans.</p> <p>SP queried what is meant in the NCL HCCTH Highlight Report by “baseline position on social prescribing – capacity” (green status).</p>	
	<p><u>ACTION:</u> Update Barnet CC2H Highlight Report programme schedule and milestones.</p>	<p>DG, JH</p>
<p>9.</p>	<p>Barnet CC2H updated governance structure</p> <p>The updated governance structure was reviewed and agreed by the Board. There was a discussion about which workstreams providers such as CLCH would need to be involved in planning and delivering.</p>	
	<p><u>ACTION:</u> For each CC2H workstream identify membership and input required from Programme Board members and other colleagues (terms of reference).</p>	<p>DG, JH</p>
<p>10.</p>	<p>CHIN outcomes – draft logic model</p> <p>DG introduced this document, which aims to show Programme Board members how the CCG is working with the Barnet GP Federation to develop an outcomes framework.</p> <p>JL noted that logic models add greatest value when they are iterative and are used as a basis for measurement. Therefore this logic model will need to continue to evolve as the CHINs develop.</p> <p>It was noted that the current logic model has a strong focus on health outcomes and it was agreed that colleagues from Public Health and from other partner organisations outside of the NHS should be involved in further developing the logic model, to ensure that there are whole-system outcomes that reflect the movement towards an integrated and holistic model of health and care.</p> <p>MK requested that the logic model should be overlaid with work that is already being delivered by other organisations, for example, adult social care teams work extensively with care homes.</p> <p>The Board agreed that the logic model will be a valuable evaluation tool for the CC2H programme, and as such, it needs to reflect the STP and local programme aims, and be owned and developed further by the Programme Board.</p>	
<p>11.</p>	<p>Barnet CC2H – the Council “offer”</p> <p>DW and JH introduced this paper. It was agreed by the Board that the paper describes valuable services that the CHINs should be using.</p> <p>JH noted that current referral routes into these services are already well-established and highly accessible. Usually people can refer themselves into the services, often on a drop-in basis without an appointment. Therefore the focus for future work needs to be on increasing awareness of these services across CHIN staff, and encouraging people to use the services when they are referred to them.</p>	

	ITEM	ACTION
	<p>DW noted that a high proportion of calls to the Council's Social Care Direct telephone service are received from GPs who are looking for information about these types of services.</p> <p>The Board agreed that there should be face-to-face training for core CHIN staff (starting with CHIN 1) to begin this process of raising awareness.</p>	
	<p><u>ACTION:</u> Develop a CHIN training plan, outlining how face-to-face training on 'wrap-around services' will be delivered to core CHIN staff.</p>	<p>DG, SP, JH</p>
<p>Governance</p>		
<p>12.</p>	<p>CC2H work programme (forward plan)</p> <p>The CC2H work programme was presented for Board members to note. DW encouraged Board members to submit to JH any additional items that they would like the Board to consider at a future meeting.</p>	
<p>13.</p>	<p>Any other business</p> <p>There were no further items raised. DW thanked everyone for their attendance and closed the meeting.</p>	
	<p>Future meeting dates:</p> <ul style="list-style-type: none"> • 3 May, 14.00 – 15.30 • 14 June, 14.00 – 15.30 • 26 July, 14.00 – 15.30 • 6 September, 14.00 – 15.30 • 25 October, 14.00 – 15.30 • 29 November, 14.00 – 15.30 	

Care Closer to Home Programme Board
Thursday 3 May 2018, 14:00 – 15:30
Board Room, Building 2, North London Business Park

Present

CWo Colette Wood, Care Closer to Home Director, BCCG (Chair)
 CM Collette McCarthy, Divisional Director, Commissioning, LBB and BCCG
 AF Ahmer Farooqi, Barnet GP Federation (CHIN 3)
 AmP Amit Patel, Chief Operating Officer, Barnet GP Federation
 AP Anuj Patel, Barnet GP Federation (CHIN 3)
 CWa Cathy Walker, Director of Divisional Ops, CLCH NHS Trust
 DA Dami Adedayo, Londonwide Local Medical Committees (LMC) Co-Chair
 DW Dawn Wakeling, Strategic Director for Adults, Communities and Health, LBB
 GP Gill Parsons, Chair, Community Education Provider Network (CEPN)
 JH Joanne Humphreys, Project Lead, Adults Transformation, LBB
 JL Jeff Lake, Consultant in Public Health, LBB
 LF Lisa Fuller, Royal Free London NHS Trust
 SP Sarah Perrin, Prevention & Wellbeing Manager, LBB
 TD Tamara Djuertic, Director of Public Health, LBB
 TH Tal Helbitz, GP Board member, Lead for Primary Care, Barnet CCG (CHIN 2)

Apologies

Jill Barnes, Project Manager, Strategy & Insight Team, LBB
 Lisa Robbins, Healthwatch Barnet
 Daniel Glasgow, Care Closer to Home Deputy Director, BCCG
 Will Hammond, Head of Adults Transformation, LBB
 Aashish Bansal, BCCG Governing Body member (CHIN 1)

#	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.	22 March 2018 minutes The minutes from the 22 March 2018 Programme Board meeting were approved and will be presented to the Barnet Health & Wellbeing Board at its next meeting on 9 July 2018.	
4.	Action Log The Action Log was reviewed and completed actions were closed. With reference to the action around the CC2H communication plan, it was agreed that, given the volume of communications activity currently underway across the partner organisations, it was essential that a communications plan be developed to	

#	ITEM	ACTION
	<p>ensure alignment of messaging and activity across the partners, and that the communications workstream be appropriately resourced.</p> <p>TH noted that at a recent Q&A with the Barnet GP Federation, it was apparent that some GPs feel disconnected from the CC2H Programme, and do not know where to find the Programme Board minutes. Some practices are very engaged with and informed about the Programme, others much less so. TH suggested a monthly bulletin that includes information about who to get in touch with for GP practices that would like to join a CHIN. It was further suggested that this information could be added to the CCG Chair's regular bulletin, either as part of the bulletin or as a hyperlink within it.</p> <p>CWa provided a verbal update on a recent meeting between CLCH and the CCG, regarding the redesign of community health services. There is a need to ensure these services are integrated with primary care. Currently the service is structured as a number of small services, which can result in silo working and inefficiencies. The reintegration of the service will be similar to that already undertaken by CLCH in Harrow. The new structure will be mapped around the CHINs and each CHIN will know who is in their integrated care team. Three communication and engagement events have been held so far.</p> <p>With reference to the action to develop a CHIN training plan on "wrap-around services", JH updated the Board that Daniel Glasgow's team would be meeting GP practices over the next few months and attending Multi Collaborative Learning Groups (MCLGs). Therefore it had been agreed that JH would produce a short guide to wrap-around services that DG's team could share with practices to begin conversations about the benefits of referring patients to these services. An example guide, with local information specific to Burnt Oak, was circulated in the meeting. DW noted that it was more efficient to share this information in existing meetings, rather than to set up additional meetings.</p> <p>AF noted that it was not necessary for clinicians to make the referrals to these other services, and so it would be important to ensure that this information was disseminated across all practice staff. It was added that consideration needed to be given to how patients could access this information without needing to visit their local GP surgery.</p> <p>CM and TD both identified that their services could provide additional information for the guide, on Children's Services and preventative services respectively.</p> <p>JL noted that the evaluation report on the Making Every Contact Count training programme would soon be available, and that the findings should be applied to the dissemination of this information and any future training.</p>	
	<p><u>ACTION:</u> Provide JH with additional service information for the GP guide to "wrap-around" services.</p>	<p>CM, TD</p>
	<p><u>ACTION:</u> Clear the GP guide with the LBB corporate comms team prior to distribution.</p>	<p>JH</p>

#	ITEM	ACTION
CHIN updates		
	<p>Before the individual CHIN updates, AP provided a verbal update on the CHIN roadmap. Three CHINs have now been formed and a fourth is “embryonic”. There were originally five CHIN bids submitted, and the bids that were initially not selected to be taken forward are being reviewed. The GP Federation held a communication and engagement event with all GP members on 25 April and the next cycle of MCLG events will focus upon CHINs. The intention is that by Q2 2018/19 all CHINs will be mapped out and starting to work together. A key factor in the roll-out will be understanding why some practices are not engaging with the CC2H Programme.</p> <p>CWo added that a CC2H overall business case had been approved by the BCCG Primary Care Procurement Committee.</p> <p>GP asked about the criteria for approval of each CHIN – will each CHIN need to be geographically specific? CWo noted that a set of principles were applied when the first round of CHIN applications was evaluated, and that in order to ensure fairness and transparency, future CHIN applications will be subject to evaluation against the same criteria. It was agreed that these criteria should be shared with GPs, in order to provide greater clarity around how CHINs are formed.</p> <p>AP noted that a key question for GPs will be what is going to change “on the ground” when CHINs are implemented. CWa added that there was an opportunity for CLCH to work with the GP Federation on a joint case for change targeted at the clinical workforce.</p> <p>TH said that it would be crucial to explain the selection process and the benefits of being part of a CHIN, and to explain the financial mechanisms in place that will make the programme sustainable. AF added that it would also be important to outline what makes this programme different from similar programmes implemented in the past, and for communications to be clinician-led as far as possible. AP said that it was important to be clear that the development of a CHIN needs to start with analysis of data to provide an evidence base, and that the support available to GPs to carry out that analysis needs to be communicated.</p> <p>AmP gave an update on recent recruitment undertaken by the GP Federation to provide support to CHINs in writing their business cases and engaging effectively. The recruitment did not identify appropriate resource and therefore the Federation is considering other ways in which it can secure this support. TH noted that, particularly where a CHIN does not include a GP who is already a CC2H Programme Board member, it will be crucial to have a person available to each CHIN who can advise CHINs about the different people who can be approached to support the launch of each CHIN (e.g. contacts for preventative services, Public Health services).</p> <p>TD noted that the NCL data pack did not always provide data at a level that was helpful for CHIN-sized localities and that the Public Health team may be able to support GPs with some of the data that they need.</p>	

#	ITEM	ACTION
	<p>The Board also agreed that there was a need for clarity on CHIN funding available for GPs, and to emphasise that each CHIN will have an equitable share of any funding made available.</p> <p>CWo noted that the STP would not be providing any central communications materials or resources for the roll-out of CC2H – it is up to individual borough areas to develop their own messages. DW, CWo and JL attended the STP-level CHIN development programme group on 12 April and it was clear that each area has interpreted the concept of CHINs in a different way. DW said that the CHIN development programme group would be a valuable forum for sharing learning across the five boroughs.</p> <p>CW said that the NCL STP logic model will be used to measure the CHIN outcomes. DW emphasised the need for the development of CHINs to link in with contracting mechanisms and help to ensure that the broader aims of the CC2H programme are realised. LF noted that risk is shared more widely under integrated care systems, but NHS England has not yet confirmed how contracting would work under such a system.</p>	
	<p><u>ACTION:</u> Draft a briefing note to be cascaded from the GP Federation to GPs, outlining the standard process for approving and implementing CHINs.</p>	<p>DG, JH</p>
<p>5.</p>	<p>CHIN 1</p> <p>As AB (CHIN 1 Lead) had sent apologies for this meeting, CWo provided a brief update on CHIN 1, which is continuing its focus on diabetes and the Diabetes QIST, although AB is keen to continue to explore other opportunities.</p> <p>The DQIST has been running for approximately four weeks with healthcare assistants, focusing only upon adults whose diabetes can successfully be managed in the community. The involvement of Diabetes Specialist Nurses and pharmacists is planned. Learning from the DQIST will be replicated across the CHINs this year. The DQIST will be evaluated and the findings brought back to this Programme Board later this year. JL asked about the timescales for extending the DQIST to include the pre-diabetic population.</p>	
	<p><u>ACTION:</u> Add DQIST update as a recurring agenda item for the CC2H Programme Board.</p>	<p>JH</p>
<p>6.</p>	<p>CHIN 2 (TH)</p> <p>The CHIN will be implementing a multi-disciplinary team for frailty, to be chaired by a GP, with other members possibly including a dedicated matron, social care professional and representation from Age UK. Acute services will be drawn upon as and when they are required. QI analysis led by Daniel Morgan at the CCG has identified two priority cohorts: UTIs and pneumonia. The CHIN is also engaging with SP and with the Public Health team around the Expert Patient Programme. Launch date is dependent upon the findings from the QI analysis followed by CCG approval – current plan is to complete the business case this month, with roll-out in July.</p>	

#	ITEM	ACTION
7.	<p>CHIN 3 (AP)</p> <p>The CHIN is considering priority areas of home visiting for the elderly and paediatric asthma, and is waiting for data to enable analysis and decision making. The paediatric asthma work would involve the new Royal Free pathway and include coordination with health visitors and schools. CWa emphasised the need for all partners (including CLCH) to be aware of and linked in to this pathway as it is developed.</p>	
8.	<p>Barnet CC2H Highlight Report and NCL HCCTH Highlight Report</p> <p>The two highlight reports were reviewed by the Programme Board.</p> <p>AmP asked who owned the social prescribing directory. SP responded that a directory of community and voluntary services in Barnet was held and maintained on the Council website. There are also other sources such as Barnet Age UK's What's On Guide. MECC (Making Every Contact Count) training, led by the Public Health team, has been promoted to front line staff.</p>	
9.	<p>Workstream sample Terms of Reference</p> <p>JH introduced this agenda item. At its last meeting, the Programme Board had requested that for each CC2H workstream the membership and input required from Programme Board members and other colleagues be identified. JH has developed a Terms of Reference template and populated this with information about one of the workstreams (Programme Management) as an example.</p> <p>The Programme Board agreed it would be helpful for this template to be populated with relevant information for the other CC2H workstreams.</p>	
Governance		
10.	<p>CC2H work programme (forward plan)</p> <p>The CC2H work programme was presented for Board members to note. CWo encouraged Board members to submit to JH any additional items that they would like the Board to consider at a future meeting.</p> <p>AP asked whether patient communications could be discussed at a future Programme Board. It was suggested that HealthWatch Barnet would be able to assist with developing this agenda item, and/or the Barnet Involvement Board. It was noted that the first residents working group meeting (for Burnt Oak) will be held on 17 May.</p>	
11.	<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"> • 14 June, 14.00 – 15.30 • 26 July, 14.00 – 15.30 	<ul style="list-style-type: none"> • 6 September, 14.00 – 15.30 • 25 October, 14.00 – 15.30 • 29 November, 14.00 – 15.30

Joint Commissioning Executive Group
Tuesday 16 January 2018, 13.00 – 14.30
Boardroom, Building 2, North London Business Park

Present

DW Dawn Wakeling, Strategic Director of Adults, Communities and Health, LBB (Chair)
 AH Andrew Howe, Director of Public Health, LBB
 CD Courtney Davis, Head of Adults Transformation, LBB
 CM Collette McCarthy, Divisional Director, Commissioning, LBB/BCCG
 CW Colette Wood, Director, Care Closer to Home, BCCG
 CS Catherine Searle, Interim Assistant Director, Joint Commissioning Unit, LBB/BCCG
 FB Farhana Begum, Finance Manager, LBB
 JH Joanne Humphreys, Project Manager, LBB
 JL Jeff Lake, Public Health Consultant, LBB
 MA Muyi Adekoya, Joint Commissioning Manager, LBB/BCCG
 NW Nicholas Wells, National Management Trainee, LBB
 RD Ruth Donaldson, Commissioning Director, BCCG

Apologies received

Kay Matthews, Chief Operating Officer, BCCG

	ITEM	ACTION
1.	<p>Welcome and apologies</p> <p>As Chair, DW welcomed attendees to the meeting and, as there were a number of new attendees at this meeting, summarised the remit of JCEG. As a formally constituted subgroup of the Barnet Health & Wellbeing Board, JCEG:</p> <ul style="list-style-type: none"> • Oversees Section 75 agreements between the Council and the CCG. • Oversees and monitors the Better Care Fund. • Feeds the Forward work programme of the Health & Wellbeing Board. • Signs off the work priorities for both the adults and children Joint Commissioning Units. • Will oversee the Joint Strategic Needs Assessment (JSNA) for 2020. <p>The Health & Wellbeing Commissioning Lead is responsible for running and administering the JCEG meetings. This post was vacant but has now been filled and the officer will be in post from Spring 2018.</p>	
2.	<p>5 December 2017 minutes</p> <p>The minutes from the 5 December 2017 meeting of JCEG were approved.</p> <p>CM noted that she and the new Head of Children's Joint Commissioning (Richard Tipping) will attend future meetings, and Chris Munday (Strategic Director for Children and Young People) will no longer attend.</p>	
	<p><u>ACTION:</u> Invite Richard Tipping to future JCEG meetings and add to master distribution list for papers.</p>	JH
3.	<p>Action log</p>	

	ITEM	ACTION
	<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"> • Agree arrangements for the reinstatement of S75 finance reports for JCEG meetings. This action to be extended to include BCF financial reports. Owners confirmed as Matt Backler (Deputy Chief Financial Officer) for BCCG and FB for LBB. • Bring monitoring report for the Better Care Fund (including financial report) to the next JCEG meeting. It was noted that the Q3 financial position is being finalised. <p>Two new actions were agreed (see below).</p>	
	<p><u>ACTION:</u> Develop proposal for implementing pooled/aligned budgets, to be presented at the next JCEG (27 February 2018).</p>	<p>RD & Matt Backler</p>
	<p><u>ACTION:</u> Develop proposal for pooled budgets for speech and language therapy, occupational therapy and Looked After Children to be reviewed at the next JCEG (27 February 2018).</p>	<p>FB & Matt Backler</p>
<p>4.</p>	<p>Section 75 quarterly progress report</p> <p>It was noted that this paper had been circulated at short notice due to the late submission of reports by pooled budget owners, and it was agreed that actions would be taken to ensure that future S75 reports can be circulated further in advance of each JCEG meeting.</p> <p>The progress report was reviewed.</p> <ul style="list-style-type: none"> • It was noted that the current Learning Disabilities contract expires in 2 months. • A separate paper on the Community Equipment contract was circulated and MA provided additional verbal commentary on this. • CM provided updates on SLT, OT and LAC. 	
	<p><u>ACTION:</u> Provide an update on QIPPs and analysis of Community Equipment overspend in comparison to previous years. For the next JCEG (27 Feb 2018).</p>	<p>MA</p>
	<p><u>ACTION:</u> Provide JH with updated BCF dates for the JCEG Forward Plan.</p>	<p>MA</p>
	<p><u>ACTION:</u> Schedule review and lessons learned report for the Learning Disabilities contract.</p>	<p>CS</p>
	<p><u>ACTION:</u> Update the BCF S75 agreement (re-bind and sign).</p>	<p>MA</p>
	<p><u>ACTION:</u> Circulate BCF Plan and Q2/Q3 reports to RD and to Sarah D'Souza (joint Commissioning Director, BCCG).</p>	<p>MA</p>
<p>5.</p>	<p>Section 75 reporting on voluntary & community sector prevention services</p> <p>It was noted that there is no named owner for the quarterly reporting on the S75 agreement for prevention services provided by the voluntary and community sector, and agreed that this needed to be addressed before the next JCEG meeting.</p>	

	ITEM	ACTION
	<u>ACTION:</u> Identify appropriate lead officer. Check handover notes from Paula Arnell; also check whether Finance can confirm current contributions and speak to Zoe Garbett.	CS
6.	JCEG Forward Plan Presented to JCEG members for noting. Any future items to be added to the Forward Plan should be emailed to JH.	
7.	Health and Wellbeing Board Forward Work Programme Presented to JCEG members for noting. Any future items to be added to this Forward Plan should be emailed to Salar Ridar in the LBB Governance team.	
8.	Any other business	
	<p>DW chaired a discussion about what the priorities should be for JCEG over the next 12 months. Comments included:</p> <ul style="list-style-type: none"> • Greater visibility of S75 expenditure. • Review of the draft Care Home Strategy. • Developing and monitoring actions from the Joint Health & Wellbeing Strategy implementation plan. • Preparation for 2020 JSNA. • Receive NCL STP updates. <p>It was noted that due to local Council elections on 3 May 2018 there will not be a May meeting of the Health & Wellbeing Board and therefore some items may need to be brought forward to the March meeting. The pre-election period begins on 27 March 2018.</p>	
	<u>ACTION:</u> Bring the Health & Wellbeing Strategy action plan to the next JCEG meeting.	JH/NW
	<u>ACTION:</u> Update the JCEG Forward Plan with the priorities discussed at the 16 January meeting, for review at the next JCEG meeting.	JH
	There were no further items raised. DW thanked everyone for their attendance and closed the meeting.	

Joint Commissioning Executive Group
Tuesday 27 February 2018, 12.30 – 14.00
Boardroom, Building 2, North London Business Park

Present

DW Dawn Wakeling, Strategic Director of Adults, Communities and Health, LBB (Chair)
 AH Andrew Howe, Director of Public Health, LBB
 CM Collette McCarthy, Divisional Director, Commissioning, LBB/BCCG
 CS Catherine Searle, Interim Assistant Director, Joint Commissioning Unit, LBB/BCCG
 FB Farhana Begum, Finance Manager, LBB
 JH Joanne Humphreys, Project Manager, LBB
 JL Jeff Lake, Public Health Consultant, LBB
 KM Kay Matthews, Chief Operating Officer, BCCG
 MA Muyi Adekoya, Joint Commissioning Manager, LBB/BCCG
 NW Nicholas Wells, National Management Trainee, LBB
 RT Richard Tipping, Head of Children’s Joint Commissioning, LBB/BCCG

Apologies received

Matt Backler, Deputy Chief Financial Officer, BCCG (by telephone)
 Ruth Donaldson, Commissioning Director, BCCG
 Colette Wood, Director, Care Closer to Home, BCCG
 Courtney Davis, Head of Adults Transformation, LBB

	ITEM	ACTION
1.	Welcome and apologies As Chair, DW welcomed attendees to the meeting. Apologies were noted.	
2.	16 January 2018 minutes The minutes from the 16 January 2018 meeting of JCEG were approved, with one correction – that an update on CAMHS procurement update had already been given to the Health & Wellbeing Board at its meeting of 25 January 2018.	
3.	Action log The Action Log was reviewed and completed actions were closed. Four actions remain open, to be reviewed again at the next JCEG: <ul style="list-style-type: none"> • Agree arrangements for reinstatement of S75 finance reports for JCEG meetings. • Develop proposal for pooled budgets for speech and language therapy, occupational therapy and Looked After Children. • Schedule review and lessons learned report for the Learning Disabilities contract. • Update the BCF S75 agreement (re-bind and sign). 	
4.	BCF finance report (Month 9) FB introduced the paper, noting that it shows we are on track to use the full amount of BCF funding by the end of the financial year. The totals do not include staffing budgets as these are covered under Section 75. It was noted that it was helpful to see the budget broken down by theme line. Some additions were agreed for future reports (see action line below).	

	ITEM	ACTION
	<p><u>ACTION:</u> Amend BCF report template to include</p> <ul style="list-style-type: none"> • Actual expenditure on each line to-date. • Whether each line represents the total budget for that item, or represents only a partial contribution to a larger budget. <p>This report to be presented at every future JCEG meeting.</p>	FB
5.	<p>Better Care Fund update (Q3 performance report)</p> <p>MA introduced the paper. The service is on target to meet its DTOC target. DW noted that this was a very good result, particularly as performance has been maintained over the winter months, and that JCEG members were appreciative of the very significant amount of work that staff have undertaken on DTOCs.</p> <p>Performance on non-elective emergency admissions is not meeting targets. It was agreed that MA and JL would refresh their previous NEL analysis and present it to the next JCEG meeting.</p> <p>It was noted that the service is on target for admissions to residential and nursing homes, although the chart is missing the performance line. This will be corrected for the next performance report.</p> <p>Reablement is an annual measure and so no progress data is currently available. DW noted that there are drawbacks to the way the intermediate care data feeding into this measure is collected (an annual telephone survey) and that there were opportunities to improve both the way this measure is reported, and the underlying performance.</p> <p>KM suggested that there may be an opportunity to request outcomes measurement as part of the contract renegotiations with CLCH. KM also requested that future performance reports include more narrative to place the data in context.</p>	
	<p><u>ACTION:</u> Update future BCF performance reports to include DTOCs measured by day rate.</p>	MA
	<p><u>ACTION:</u> Present updated analysis on non-elective emergency admissions to the next JCEG meeting.</p>	MA, JL
	<p><u>ACTION:</u> Liaise with the Delivery Unit and other service providers to identify ways in which reablement reporting could be improved, and report back to the next JCEG meeting.</p>	MA
	<p><u>ACTION:</u> Speak to Maria DaSilva (BCCG) about the potential for CLCH contract negotiations to reflect the need for improved reablement reporting.</p>	MA
6.	<p>Community Equipment update</p> <p>MA introduced this paper, which provides details of expenditure across 2016/17 and 2017/18. It does not include details of expenditure on different types of equipment, as this was provided in the previous Community Equipment update to JCEG.</p> <p>Increased expenditure on Community Equipment may be supporting cost avoidance across other service areas (e.g. Discharge to Assess) but there is not currently a robust evidence base to demonstrate this hypothesis.</p>	

	ITEM	ACTION
	<p>DW noted there is a regular joint meeting of senior Council and CCG officers to oversee Community Equipment expenditure. This group has not met very recently but regular scheduled meetings will be restarting from April 2018.</p> <p>The next update on Community Equipment will be provided as part of the Section 75 annual report, which will be reviewed by JCEG at a special meeting on 18 June 2018.</p>	
	<p><u>ACTION:</u> Find out whether we can obtain any benchmarking data to support analysis of our Community Equipment expenditure.</p>	<p>MA</p>
<p>7.</p>	<p>Development of a BCF pooled budget</p> <p>FB introduced this paper, which sets out the implications of a formal pooled BCF budget. KM noted that the potential cost savings arising from LBB's ability to recover VAT would be very small, as most expenditure is VAT exempt.</p> <p>It was agreed that the current "aligned budget" arrangements should remain in place, particularly as many other Councils/CCGs are operating in this way and if Barnet were to change its practice it would be taking a different path to the other NCL partners which could prove problematic in the future.</p> <p>KM noted that both the CCG and Council will need to ensure that future documentation defines the BCF budget arrangements accurately.</p> <p>This item to be reviewed in six months' time, at the 14 August 2018 JCEG meeting.</p>	
<p>8.</p>	<p>Joint Health & Wellbeing Strategy Implementation Plan</p> <p>DW noted that the paper circulated to JCEG members was the Joint Health and Wellbeing Strategy Implementation plan (2015 – 2020) annual progress report which was presented to Health & Wellbeing Board in November 2017.</p> <p>It was agreed that outside the meeting there is a need to confirm who is responsible for monitoring each of the actions in the JHWBS implementation plan.</p>	
	<p><u>ACTION:</u> Follow up with JCEG members to confirm the monitoring responsibilities for the JHWBS implementation plan.</p>	<p>JH</p>
<p>9.</p>	<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>	
<p>10.</p>	<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 Ridar in the LBB Governance team.</p>	
<p>11.</p>	<p>JCU Work Programmes</p> <p>The adults JCU workplan was circulated as part of the papers for this meeting. RT updated the meeting that the children's JCU workplan was currently under review and an updated version would be available for the next JCEG meeting.</p>	

	ITEM	ACTION
	<p>DW requested that for future meetings the JCU Work Programmes should be placed higher up on the agenda, and unit leads should be available if necessary to answer any queries. DW also encouraged Public Health colleagues to bring relevant plans to JCEG, particularly for cross-cutting work.</p> <p>CS noted that in the adults JCU, work on governance arrangements is underway and she will share the outcomes of this work with colleagues in the children's JCU.</p> <p>There is work currently underway to improve health care delivered in care homes. One programme is the "Red Bag," and a team has developed a strategy to collect data from this programme weekly to assess the impact on the health of care home residents and their journey to hospital and back.</p>	
	<p><u>ACTION:</u> Bring paper about Red Bag reporting and monitoring to the next JCEG meeting.</p>	<p>MA</p>
<p>12.</p>	<p>Any other business</p> <p>There were no further items raised. DW thanked everyone for their attendance and closed the meeting.</p>	
	<p>Future meeting dates:</p> <ul style="list-style-type: none"> • 23 April 2018, 11.30 – 13.00 • 22 May 2018, 14.00 – 15.30 • 18 June 2018, 12.30 – 13.30 – special meeting to review S75 annual report • 3 July 2018, 12.30 – 14.00 • 14 August 2018, 14.00 – 15.30 • 25 September 2018, 14.00 – 15.30 • 6 November 2018, 12.30 – 14.00 • 18 December 2018, 12.30 – 14.00 	