

	Health and Wellbeing Board 19 January 2016
Title	Section 75 Agreements: Annual Report
Report of	Commissioning Director – Adults and Health, LBB Commissioning Director – Children and Young People, LBB CCG Accountable Officer – Barnet CCG
Wards	All
Date added to Forward Plan	June 2016
Status	Public
Urgent	No
Key	Yes
Enclosures	None
Officer Contact Details	Zoë Garbett, Commissioning Lead, Health and Wellbeing Email: zoe.garbett@barnet.gov.uk, Tel: 020 8359 3478

<h2 style="margin: 0;">Summary</h2>
<p>Under Section 75 of the NHS Act 2006 Local Authorities and NHS bodies can enter into partnership arrangements to provide a more streamlined service and to pool resources, if such arrangements are likely to lead to improvements in how functions are exercised.</p> <p>The borough has Section 75 agreements covering services for adults and children. The Joint Commissioning Executive Group monitors the delivery of the agreements.</p> <p>The Health and Wellbeing Board is responsible for overseeing the delivery of the Section 75 agreements to ensure that they are operating effectively and having maximum impact. The Health and Wellbeing Board have the opportunity to review key achievements, risks and mitigations, financial information and commissioning intentions.</p>

Recommendations

- 1. That the Health and Wellbeing Board notes and comments on the impact of the Section 75 agreements in delivering improved outcomes for Barnet's residents.**

1. WHY IS THE REPORT NEEDED

Background

- 1.1 Under Section 75 of the NHS Act 2006 local authorities and NHS bodies can enter into partnership arrangements to provide a more streamlined service and to pool resources, if such arrangements are likely to lead to improvements in how functions are exercised.
- 1.2 Section 75 (S75) agreements allow for Local Authorities and health to pool funding to develop improve services and to maximise resources. Section 75s are a tool to facilitate joint working to improve outcomes for residents.
- 1.3 Over the past year the Joint Commissioning Executive Group (JCEG) has been working to implement the audit recommendations from LBB's Audit Committee at the end of 2015. The recommendations included updating the agreements, improving the storage of agreements and putting in place more robust monitoring. There was also the requirement for training on Section 75s for all staff involved in their set up, delivery and monitoring, this was held in December 2016.
- 1.4 JCEG receives Section 75 progress reports at each meeting. The progress reports allow JCEG to oversee the delivery of Section 75 including risks and mitigations, finances and commissioning intentions (including the end dates of the agreements themselves). JCEG makes recommendations to the relevant decision making bodies or officers for future joint arrangements.
- 1.5 The report covers key achievements, risks and mitigations, finances and commissioning intentions from September 2015 – September 2016 for each agreement/schedule. The key achievements across all of the agreements are:
 - Improved outcomes for residents such as:
 - Improving outcomes for children and young people with Speech Language and Communication Needs (SLCN)
 - Significant successful progress has been made in the re-provision of patients from hospital settings to their new community bespoke community services
 - Reducing emergency admissions due to falls
 - Reducing excess bed stays for people who have had a stroke

- Supporting a an enablement focused model of mental health and improving employment and accommodation options for people with mental health conditions
- Developing person centred plans for the Campus Reprovision residents which are making measure improvements to the quality of life of residents
- Joining up service provision and improving access to services for older people through the Health and Social Care Integration S75
- Joint actions to mitigate risks and issues such as to reduce the overspend in community equipment
- Undertaking joint evidence based reviews such as of early support interventions
- Appropriate control environments and monitoring is in place for all agreements.

The Agreements and schedules – adults

1.6 Overarching agreement

1.6.1 The overarching agreement in adults has been in place since August 2013. The original agreement expired in August 2016 and was extended was no end date (specific agreements / schedules have end dates).

1.6.2 The overarching agreement details the terms for collaborative working, between Barnet Council and Barnet CCG relating to the establishment of management of jointly commissioned services pursuant to Section 75. The following outcomes and objectives are expected from this agreement:

- Consolidate and improve joint commissioning between the Parties to the agreement to improve the services received by members of the community
- Improve outcomes for members of the community in relation to their physical and mental health and emotional wellbeing
- Commission Services in a co-ordinated manner by identifying the benefits and options of further integrated service provision, service commissioning and support services between the Council and the Clinical Commissioning Group
- Raise standards by improving the quality and responsiveness of the Services and providing a wider pool of knowledge and experience for staff working.
- Support the development of the Joint Strategic Needs Assessment
- Make more effective use of resources and where appropriate shift resources to focus on prevention and early intervention, and the extension of universal services, rather than high cost specialist provision

- Seek to secure more seamless service provision across both Parties (to the agreement) and also across different types of services to meet needs holistically and promote easy access to Services.

1.6.3 As the overarching agreement details collaborative principles, where Section 75s have been developed for specific services these have and will become schedules under this agreement. Currently the following are schedules under the overarching agreement:

- Community Equipment
- Prevention / Voluntary Sector
- Health and social care integration (covering the Better Care Fund).

1.6.4 The following service specific agreements remain as separate agreements until they are revised and/or renewed and will then become schedules under the overarching agreement:

- Integrated Learning Disability Service
- Campus Re-provision; “Our Health, Our Care, Our Say”, with the support of “Valuing People”, that services termed as NHS Campus sites, be reprovided. The agreement covers the care of 10 people

1.6.5 The Agreement between LBB and Barnet, Enfield, Haringey Mental Health Trust covering Integrated Provision of Mental Health Services will remain as an independent agreement.

1.7 **Lead Commissioning for an Integrated Community Equipment Service**

1.7.1 The current schedule for Community Equipment has been in place from April 2016, replacing the previous agreement which was in place from December 2013. The current schedule expires in March 2017 and has a pooled fund of £2,566,598. The key outcomes of the current schedule are:

- To maximise economies of scale and deliver cost saving opportunities through effective commissioning of community equipment
- Commission good quality community equipment services which allow service users to safely remain in their own homes for as long as possible, retain individuals independence upon hospital discharge and provide appropriate support to retain individuals independence upon hospital discharge and provide appropriate support to maintain good health or support recovery in the case of long-term illness or complex conditions.

1.7.2 The key highlights from this schedule are:

- A joint approach to providing Community Equipment across Barnet, ensuring that service users get the right equipment in the right time, regardless of their needs or which team they deal with
- A single point of contact across health and social care staff to resolve issues, give feedback and set up new providers on the system
- Effective contract monitoring of the Community Equipment contract, delivering improvements across the service, especially in improving the quality and timeliness of recycled equipment
- A full commissioning process was delivered in short timescales, ensuring that Barnet is on track to mobilise a new Community Equipment contract for 1 April 2017.

1.7.3 There is a risk regarding overspend on Community Equipment, jointly the following activity has been undertaken to ensure the appropriate use of equipment and to improve processes including increasing collections through a more targeted approach, stricter authorisation processes and workshops for staff.

1.7.4 A further risk for this schedule is the short mobilisation period for the new contract; action plans have been put in place to allow for a smooth transition.

1.7.5 The section 75 will be varied and extended from 1 April 2017 alongside the commencement of the new contract.

1.8 **Voluntary and Community Sector Commissioning (prevention and early support)**

1.8.1 The current schedule for Voluntary and Community Sector Commissioning has been in place from April 2016, replacing the previous agreement which was in place from April 2014. The current schedule expires in March 2022 and has a pooled fund of £2,474,449. The schedule covers funding for 13 services in the voluntary sector providing a range of services contributing to improved health and wellbeing for Barnet residents.

1.8.2 The key highlights from this schedule are:

- Integrated the commissioning of preventative services, reducing duplication, maximising outcomes and ensuring each service commissioned has a properly constructed service specification
- Monitoring has been improved and is consistent across the services.
- Services have been jointly reviewed for quality of service delivery, value for money and contribution towards entry and escalation into the social care system
- Redesigned and enhanced the service for carers and young carers with a new contract commencing in October 2016

- Voluntary sector capacity building and volunteering contracts have been extended to January 2018, commissioners have worked with provide to improve service delivery for 2017
- Spend is to profile; no over or underspends reported.

1.8.3 There is a risk regarding the impact of the review on the voluntary and community sector. Community Barnet have been commissioned to support organisations to explore other options including partnerships and alternative funding. The review has been managed by the council's Adults and Safeguarding Committee.

1.8.4 A further risk associated with this schedule is that a number of organisations are in council buildings, some of which are in arrears. The council Estates team is working with organising, in line with the Community Benefit Assessment Tool and putting in place payment plans for arrears where necessary.

1.8.5 The Section 75 schedule will be reviewed following the outcomes of the third party spend review.

1.9 **Integrated Learning Disability Service**

1.9.1 The current agreement for the Integrated Learning Disability Service has been in place from February 2016, replacing the previous agreement which was in place from February 2012. The current agreement expires in January 2018 and has a pooled fund of £3,151,708. The key outcomes of the current agreement are to:

- Maximise the efficiency and effectiveness of the commissioning of the services for people with learning disabilities
- Improve the quality of the services and outcomes for people with learning disabilities and their carers
- Improve Services, responding to expert professional opinion, such as from the GP community and delivering the strategic objectives of each party
- Wherever possible, provide services closer to where people live
- Improve access to both health and social care services for people with Learning Disabilities
- Ensure service users and their carers receiving coherent integrated packages of care
- Provide high quality Services which are safe, sound and comprehensive and supportive.

1.9.2 The key highlights from this agreement are:

- For Winterbourne Patients and Hospital avoidance, significant successful progress has been made in the re-provision of patients from hospital

settings to their new community bespoke community services and the CCG/LBB and BLDS partnership working to urgently respond to patients' potential health crisis and being able to effectively treat patients within the community

- The temporary employment of a Specialist Occupation Therapist has developed independence for individuals with learning disabilities. Exploring long term options
- Providing employment support to providers to increase opportunities for individuals; full benefit is expected to be seen in early 2017.

1.9.3 There is currently a minor overspend of £7,000 whilst the three organisations discuss room hire costs for clinic accommodation for outpatient health clinics and therapy facilities; this is expected to be resolved.

1.9.4 There is a risk regarding the Winterbourne Cohort not moving on as per the NHS England time frames due to Official Solicitor orders; working with NHS England to ensure services are robust. The Health and Wellbeing Board receive six monthly reports regarding the borough's Winterbourne Cohort as part of the Transforming Care update.

1.9.5 With regards to service development, commissioners are part of the NCL Transforming Care Partnership and are working with NHSE to identify model.

1.9.6 The specialist Health Services will be retendered in early 2017. The commissioner is currently working with individuals with learning disabilities, the specialist learning disability services and carers to create an appropriate tender document.

1.10 **Learning Disability Services for 10 service users – subject to the campus re- provision programme**

1.10.1 The current agreement for Campus re-provision has been in place from April 2010. The current agreement has no expiry date (as the agreement relates to the care of specific individuals) and has a pooled fund of £1,709,088. The key outcomes of the current agreement are to:

- Pool budgets to support people with learning disabilities who have been living in long stay NHS accommodation to live within the local community; ensuring that stakeholders are consulted and decision taken in the best interest of the individual concerned
- Support people to live meaningful, fulfilling lives whatever their ability or disability.

1.10.2 The key highlights from this agreement are:

- Providing a consistent approach to care co-ordination
- Review of person centred planning documents
- Implementation of the NHS England toolkit

- Co-ordination with North Central London Transforming Care Programme
- Specialist Residential Services (SRS) commissioners action plan:
 - Forming an understanding of the whole cohort of service users at SRS to develop a joined up plan for the future care needs of each individual. An external specialist agency (Changing our Lives) has been commissioned (funded by NHSE) to undertake a review of each patient's needs.
 - Developing a framework approach setting out the steps to be taken for each patient; this has been discussed with the Official Solicitor.
 - Established collaborative working to review the outcomes of the Changing Our Lives reviews and consider options available for individual patients so that the framework can be applied consistently to each person,
- Spend is to profile; no over or underspends reported.

1.10.3 A risk regarding this agreement is that providers may be unable to respond to the needs identified through individual reviews; commissioners are working with providers to ensure that services are developed and are to the highest quality.

1.10.4 A further risk, which has been escalated to NHS England, is that providers may become unstable if service users move on.

1.10.5 The Section 75 will require review prior to the March 2018 contract being entered into following the completion of the Changing Our Lives work in Spring/Summer 2017. The person centred review may result in additional needs being identified or that individual patients should remain within the service.

1.11 Health and Social Care Integration

1.11.1 The current schedule for Health and Social Care Integration has been in place from April 2016, replacing the previous agreement which was in place from April 2015. The current schedule expires in March 2017 and has a pooled fund of £24,324,521. The main aim of the schedule is to oversee the Better Care Fund pooled budget and associated work programmes to integrate health and social care for frail elderly and people with long term conditions.

1.11.2 Barnet's Better Care Fund (BCF) aimed to deliver a multidisciplinary approach, provide integrated and coordinated services and develop a whole system focus. This approach has provided:

- A point of access to agencies
- Joint assessments; providing effective triage and navigation of service users to the most appropriate pathways
- A focus on early intervention and bringing care closer to home

- Improved management of older people by enabling alternatives to hospital admissions and care home placements.
- Positive impact on activity levels (2015/16):
 - Non-elective admissions – Relating to Falls. Across the pathway the falls service has seen a reduction in 2015/16 especially in hip trauma and sprain strain, this has led to a cost reduction on the previous year of £163k.
 - Care homes/ Delayed transfers of care Dementia: across the pathway it data shows a movement in the case mix alongside an overall reduction in activity of 30, this has led to savings of £300k in 2015/16.
 - Delayed transfers of care - stroke: reduction in excess bed days by 272 over BCF period in line with current projections in our local Business Case.

1.11.3 It is anticipated that the reduction in adverse clinical outcomes will continue in 16/17. Below are the outcome measures currently below target including mitigations:

- Delayed Transfers of Care (DTCOs) target. The local health economy has struggled to achieve the set target. In order to mitigate the issues, the local health and social care system brought online 20 Discharge to Assess beds in November 2016
- Reablement: The borough broadened access to enablement services in 2015/16 aiming to reduce the need for more intensive care packages across the health and social care cohort and this in turn meant that people with greater levels of need are now using enablement services. Work is being carried out with local providers to improve the borough's enablement offer.

1.11.4 There is currently a reported overspend in quarters 1 and 2 of 2016/17 predominately driven by Community Equipment (health element). The following activity has been undertaken to ensure the appropriate use of equipment and to improve processes including increasing collections through a more targeted approach, stricter authorisation processes and workshops for staff.

1.11.5 A review of all projects is underway to assess effectiveness and impact. Interventions that demonstrating impact will be scaled-up interventions in line with guidance for 2017/18 – 2018/19.

1.11.6 The Section 75 schedule will be varied and extend the agreement in line with guidance for 2017/18 – 2018/19.

1.12 Integrated provision of mental health services for adults of working age & older adults

1.12.1 The current agreement for mental health provision has been in place since August 2015. This agreement is between the council and Barnet, Enfield and Haringey Mental Health Trust. The current agreement has expires in July 2017 and has a pooled fund of £20,346,953 (two year value). The key outcomes of the current agreement are to:

- Improve outcomes for people with mental health problems
- Increase the number of people with mental health problems in stable accommodation
- Increase the number of people with mental health problems in employment.

1.12.2 The key highlights from this agreement is that the delivery against the key actions is in line with key performance indicators and shows improved performance on 14/15 comparisons for settled accommodation and employment.

1.12.3 The Section 75 agreement has supported council staff to be managed by the Trust. That position is now changing with the Adults and Communities reorganisation of social work staff and the Trust's reorganisation of enablement community services.

1.12.4 There is a shortage of trained Advanced Mental Health Practitioners (AMHPs) at national level continues to impact on the availability of staff for rota cover across Barnet, Enfield and Haringey. Meetings continue every 6 weeks across the Barnet, Enfield and Haringey boroughs to discuss mitigations where possible. Administrative support for AMHPs has been included in the new Adults team structure.

1.12.5 From the end of January 2017 there will no longer be a need to ensure the Section 75 allows for aligned funds or LBB social work staff employed in the Trust, however there will be a variation planned to the current contract to reflect the continued joint and integrated working and key performance indicator management; and the continuing arrangements for a residual staffing complement remaining in the Trust's Older People's services.

The Agreements and schedules – Children services

1.13 Overarching agreement

1.13.1 The overarching agreement in children services has been in place since August 2013. The original agreement expired in August 2016 and has been extended was no end date (specific agreements / schedules have end dates).

1.1.1 The overarching agreement details the terms for collaborative working, between Barnet Council and Barnet CCG relating to the establishment of management of jointly commissioned services pursuant to Section 75. The agreement details the same terms as the adults agreement (as detailed in 1.6.2).

1.1.2 As the overarching agreement details collaborative principles, where Section 75s have been developed for specific services these have and will become schedules under this agreement. Currently the following are schedules under the overarching agreement:

- Speech and Language Therapy (SALT)
- Looked After Children (LAC); and
- Occupational Therapy (OT).

1.1.3 The new schedule for Child and Adolescent Mental Health Services (CAMHS) will become a schedule under the overarching agreement once it is developed.

1.14 **Speech and Language Therapy (SALT)**

1.14.1 The current schedule for Speech and Language has been in place from April 2014. The current schedule expires in March 2019 and has a pooled fund of £2,053,635. The key outcomes of the current schedule are to provide a comprehensive range of interventions within a universal, targeted and specialist framework for delivery, which:

- Maximise the speech, language and communication skills of all children and young people in Barnet, from birth to their nineteenth birthday
- Maximise the extent to which parents and carers are able to support children and young people in Barnet to develop speech, language and communication skills
- Maximise the extent to which staff working with children and young people are skilled and confident in supporting them to develop, language and communication skills
- Use an early identification and intervention approach to working with all children and young people.

1.14.2 The key highlights from this schedule are:

- Better flexibility in service delivery for example sessions in children's centres, front line staff trained, and input at tribunals and improved coordination of speech and language communication needs
- The provider was graded as outstanding in a recent CQC inspection and activity data and training offered were over performance targets

- Families and stakeholders, including schools and Cambridge Education, report satisfaction with provider and service delivery. As well as 100% of children reporting that they feel listened to by the staff
- Agreements for data sharing are being developed to improve service delivery.

1.14.3 A current issue is that advice for Education, Health and Care Plans (EHCP) is below schedule, remedial actions have been discussed and are in place.

1.14.4 A re-procurement exercise will be undertaken that will integrate children's community therapies, SALT, Occupational Therapy and Physiotherapy that will result in a need led outcomes and evidenced based service. The new service in place January 2018 and the section 75 schedule will be revised accordingly.

1.15 Occupational Therapy

1.15.1 The current schedule for Occupational Therapy has been in place from April 2014. The current schedule expires in March 2019 and has a pooled fund of £401,000. The key outcomes of the current schedule are to:

- Provide a consistent high quality assessment and treatment service that is child and family centred at all points of the treatment pathway
- Work with children and their families, in order to attain highest independence and maximal physical potential, promote learning and sharing and assist children and families to integrate activities into their daily life.
- Provide specialist therapy to optimise functional motor skills and reduce the risk of developing contractures
- Assess for, recommend and provide where possible equipment such as seating, splinting, aids to daily life for home and school in conjunction with others involved
- Assess for special educational needs and advice the local authority.

1.15.2 The key highlights from this schedule are:

- a stronger partnerships resulting in better opportunities to deliver seamless services to children and young people for example meetings between Joint Commissioning Unit and family services, Cambridge education, 'Leading Edge Groups' (LEGS) resulting in increased dialogue which improves and shapes service delivery
- Quarterly contracts meetings which have resulted in better understanding of performance and opportunities to show added value and innovation

- The service is actively recruiting to vacant posts and providing additional clinics to increase the capacity in the service and to reduce delays experienced in accessing the service.

1.15.3 A re-procurement exercise will be undertaken that will integrate children's community therapies, SALT, Occupational Therapy and Physiotherapy that will result in a need led outcomes and evidenced based service. The new service in place January 2018 and the section 75 schedule will be revised accordingly.

1.16 **Looked after children**

1.16.1 The current schedule for Looked after children (LAC) has been in place from April 2015. The current schedule expires in March 2019 and has a pooled fund of £131,941. The key outcomes of the current schedule are to:

- Co-ordinate and monitor health assessment reviews for children placed in the Barnet
- Arrange and co-ordinate health assessment reviews for co-shared care children placed out of LBB for specifically named children
- Ensure that looked after children have equality of access to health care
- Undertake assessments of non-school children in care homes, or those who have complex needs and or previous history within the service
- Ensure that a health care plan is written for each looked after child that clearly sets out objectives, actions, time-scales and responsibilities arising from the assessment.
- Provide expert advice for carers and any agency in relation to a child's or young people identified health needs.

1.16.2 The key highlights from this schedule are:

- Improved collaboration between the Local Authority, the provider and the CCG to resolve outstanding issues of delivery
- Regular meetings between all stakeholders involved which did not happen before
- Previously reported a challenge in meeting the 20 day period for the Initial Health Assessment (IHA) for when the child is taken into care. Capacity, pathway and information sharing have improved and the service is now reporting that 72% of assessments are complete in the required timeframe.

1.16.3 The service is being reviewed and the commissioners are exploring and developing service options. The Section 75 schedule will be updated accordingly.

2. REASONS FOR RECOMMENDATIONS

- 2.1 JCEG receive performance reports at each of its meetings regarding the effectiveness of Section 75. This report allows the HWBB to comment on the performance of the agreements and task JCEG with any further action required.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 N/A

4. POST DECISION IMPLEMENTATION

- 4.1 Pooled fund managers will continue to monitor the effectiveness of the agreements and reports will be taken to each JCEG.
- 4.2 A number of the Section 75 agreements will be varied and extended or reviewed in the next 12 months. The commissioning intentions are outlined in section 1.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 Ensuring that our section 75 agreements are operating effectively supports local health and social care integration which is a key priority of the Joint Health and Wellbeing Strategy as well as the government's Five Year Forward View. The section 75 agreements allow for key programmes to be delivered supporting prevention and wellbeing agendas including the delivery of equipment to allow people to remain in their own homes for longer.

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

- 5.2.1 Section 75s detail the pooled fund for the agreements which are detailed in section 1 and summarised below:

Agreement title	Pooled budget (16/17 unless stated)
Adults	
Lead Commissioning for an Integrated Community Equipment Service	£2,566,598
Voluntary and Community Sector Commissioning (prevention and early support)	£2,474,449
Integrated Learning Disability Service	£3,151,708
Learning Disability Services for 10 service users –	£1,709,088

Agreement title	Pooled budget (16/17 unless stated)
Adults	
subject to the campus re- provision programme	
Health and social care integration	£24,324,521
Integrated provision of mental health services for adults of working age & older adults	£20,346,953 (2 year total value)
Childrens	
Speech and Language Therapy	£2,053,635
Looked After Children	£131,941
Occupational Therapy	£401,000

5.3 Social Value

5.3.1 The Public Services (Social Value) Act 2013 requires those who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

5.4 Legal and Constitutional References

5.4.1 Under Section 75 of the NHS Act 2006 local authorities and NHS bodies can enter into partnership arrangements to provide a more streamlined service and to pool resources, if such arrangements are likely to lead to improvements in how functions are exercised.

5.4.2 The Council's Constitution (Responsibility for Functions – Annex A) sets out the Terms of Reference of the Health and Wellbeing Board which include:

- To jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet Joint Strategic Needs Assessment (JSNA) to all relevant strategies and policies.
- To agree a Health and Well-Being Strategy for Barnet taking into account the findings of the JSNA and performance manage its implementation to ensure that improved outcomes are being delivered.
- To agree a Health and Wellbeing Strategy (HWBS) for Barnet taking into account the findings of the JSNA and performance manage its implementation to ensure that improved outcomes are being delivered.
- To consider all relevant commissioning strategies from the CCG and the NHS Commissioning Board and its regional structures to ensure that they are in accordance with the JSNA and the JHWBS and refer them back for reconsideration.
- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.
- Specific responsibilities include overseeing public health and developing further health and social care integration.

5.5 Risk Management

5.5.1 Section 1 outlines the specific risks (and mitigations) associated with each Section 75, identified by Pooled Fund managers.

5.5.2 Risks with the contractual providers are managed through the appropriate contractual management processes.

5.5.3 Risk is managed through progress updates at the Joint Commissioning Executive Group (JCEG) and escalated to the HWBB as necessary.

5.6 Equalities and Diversity

5.6.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, advance equality of opportunity between people from different groups and foster good relations between people from different groups. Both the Local Authority and the CCG are public bodies. The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

5.6.2 The contracts delivering the services (under the section 75) are closely monitored to ensure that the equalities duties are met. Equalities information is considered in making commissioning decisions and identifying the requirement for Section 75 agreements.

5.6.3 The JHWB Strategy has used evidence presented in the JSNA to produce an evidence based resource which has equalities embedded at its core, explicitly covering the current and future needs of people in Barnet from each equalities group.

5.7 **Consultation and Engagement**

5.7.1 N/A

5.8 **Insight**

5.8.1 The JSNA is an insight document and pulls together data from a number of sources including Public Health Outcomes Framework, GLA population projections, Adults Social Care Outcomes Framework and local analysis. In making commissioning decisions and identifying the requirement for Section 75 agreements, insight is employed.

6. **BACKGROUND PAPERS**

6.1.1 Internal Audit Exception Recommendations Report and Progress Report up to 31 December 2016, Audit Committee, 28 January 2016, item 7:

<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=144&MId=8415&Ver=4>

6.1.2 Prevention Services, Adults and Safeguarding Committee, 10 November 2016, item 10:

<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=8674&Ver=4>