APPENDIX A
TERMS OF REFERENCE (agreed May 2011- with suggested changes highlighted)

1. On behalf of the Barnet Partnership Board, to be the lead partnership body for health and social care matters in the borough as identified in the Sustainable Community Strategy and other Barnet policies and programmes.

2. 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 (i.e. not just an absence of disease or infirmity[1]). 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.

3. 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.
4. To agree a Health and Well-Being Strategy for Barnet taking into account the findings of the JSNA and performance manage its implementation
5. To consider the Quality, Innovation, Productivity and Prevention (QIPP) plan[2] and ensure its relevance to the Health and Well-Being Strategy and commissioning strategies.
6. 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.

7. To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health.
8. To support joint commissioning of services and the use of pooled budgets, where appropriate, to enable the more efficient use of resources. As and when they are introduced, to manage and allocate a 'community budget' for health and care.

9. To oversee and give direction to the work of sub groups such as the Financial Planning Group, the Health and Well-Being Implementation Group and client group specific partnership boards and receive reports from them at least annually.

10. To assess its contribution by using outcomes of measures which are published

MEMBERSHIP

The meeting will be chaired by an elected Cabinet member.

- Cabinet Members with responsibility for Public Health; for Education, Children and Families; and for Adults
- NHS North Central London- Barnet Borough Director and non executive Director
- Clinical Commissioning Group reps for each locality (x 3)
- Director of Adult Social Care and Health

[1] Based on the World Health Organisation definition of health
[2] This is a document analogous to a medium-term financial strategy that the local NHS must prepare

- Director of Children's Service
- Joint Director of Public Health
- Barnet Link representative (to become Healthwatch rep when latter in place)

In attendance:
- Associate Director of Joint Commissioning
- Providers as and when issues being discussed

(Exact titles may change during the year as NHS reforms are rolled out).

Methods of Working- as agreed at the HWBB Development Day- 12 May 2011

1. Scope:

a. Scope of the Board would be limited to priorities where it can make an impact through focusing resources
b. It will be guided by the JSNA and through that the production of the ensuing strategic priorities, expressed through a Health and Well Being Strategy for meeting JSNA identified needs
c. Subsequent Health, LBB Social Care and GP Consortia commissioning plans would reflect the strategic priorities agreed and be shared plans.
d. This would accord with the expectations of the reforms and legislative design
e. Where plans were shared, these would be the primary focus of Board members, not an 'add on'. The ultimate goal was integrated commissioning around the shared priorities.

2. Style:

a. The Board would not become involved in wider service related matters
b. It would be driven by the priorities agreed by itself
c. It would not be a performance managing body
d. It would receive a high level, outcome focused performance assurance framework report on a regular basis, to be designed around the key priorities and its own emerging plans for improvement
e. A key role would be in encouraging formal use of partnership arrangements such as S75s where these provided added value to the local system. It was agreed use of these had been too limited to date, and existing joint arrangements needed review
f. The focus would be not only on shared planning, but shared implementation of these plans

3. Priorities

<u>Priorities for commencement in the year ahead would include developing agreements and approaches to:</u>

a. Disease prevention/health improvement
b. Encouraging residents to take responsibility for their own and their families' health and well being.
c. Demand management - including expectations of patients
d. Reducing 'Social Admissions' to hospital and concentrating on 'admission avoidance'
e. Reducing A& E attendance by people over 65yrs
f. Developing 'Care Closer to Home'
g. Increasing 'Care Outside of Hospital' services appropriate to the above

h. Supporting Children Trust priorities (specifically Children's Health) through early intervention and prevention
i. Early intervention to reduce complex needs (example of mental health service users on Incapacity Benefit)
j. Reducing health inequalities particularly for those with Learning Disabilities and Mental Health Problems

4. Resources

a. The resources of the partners covered by the above priorities would within the scope of the Board's discussions at any time
b. The Board would manage the NHS monies for reablement and social care allocations through the NHS (approximately £3.5 mlln in 2011/12) as a strategic fund for leveraging change
c. The Board would have as a key resource, Public Health and the Public Health Budgets to be transferred to LBB pending legislation
d. The Board would also be supported by the Associate Director Joint Commissioning
e. LBB Chief Executive Service would provide business support eg developing work plan, following up action and 'Governance Services' would provide the formal secretariat support
f. Estates would be a potential area for supporting the change in service design necessary especially ways in which common estate utilisation can be agreed to support NHS change in the community

5. High Impact Plans

a. The NHS QIPP and LBB Medium Term Financial Strategy would be crucial as documents to be shared for discussion at the Board.
b. The purpose would be to identify common areas of interest and impact between the partners so that measures might be agreed jointly to support and manage the effects of necessary change.
c. Increasingly such plans would be prepared in consultation together prior to their finalising within the individual organisations.

6. **Effective relationships with General Practice**

a. The role of GPs in having detailed knowledge of the population is a strength to tap into
b. LBB will develop stronger links between the Council and General Practice whilst maintaining close links with the wider NHS Sector.
c. The Board would have a role in commenting on GPs commissioning strategies and ensuring alignment to shared priorities

7. **Essential Behaviours**

The Board will consider how to ensure effective behaviours for working together and with others