

	Health and Wellbeing Board 20th July 2017
Title	Revised Terms of Reference and Minutes of the Joint Commissioning Executive Care Closer to Home Programme Board
Report of	Strategic Director of Adults, Communities and Health
Wards	All
Date added to Forward Plan	November 2014
Status	Public
Urgent	No
Key	Yes
Enclosures	<p>Appendix 1 – Joint Commissioning Executive, Care Closer to Home Programme Board Revised Terms of Reference.</p> <p>Appendix 2 - Minutes of the Joint Commissioning Executive Group 20 February 2017.</p> <p>Appendix 3 - Minutes of the Joint Commissioning Executive Group 25 April 2017.</p> <p>Appendix 4 - Minutes of the Joint Commissioning Executive Group and Care Closer to Home Programme Board 27 April 2017.</p> <p>Appendix 5 – Minutes of the Joint Commissioning Executive Group and Care Closer to Home Programme Board 18 May 2017.</p>
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Summary

This report provides:

- Revised Terms of Reference for the Joint Commissioning Executive Care Closer to Home Programme Board (formerly known as the Joint Commissioning Executive Group) (Appendix 1).
- Minutes of the Joint Commissioning Executive Group meetings (Appendix 2 and 3).
- Minutes of the Joint Commissioning Executive Care Closer to Home Programme Board (Appendix 4 and 5).
- An update on the joint planning of health and social care funding in accordance with the Council's Medium Term Financial Strategy (MTFS) and Priorities and Spending Review (PSR), and Barnet CCG's Quality Improvement and Productivity Plan (QIPP) and financial recovery plan.

Recommendations

- 1. That the Health and Wellbeing Board comments on and approves the Joint Commissioning Executive Care Closer to Home Programme Board Terms of Reference (appendix 1).**
- 2. That the Health and Wellbeing Board comments on and approves the minutes of the Joint Commissioning Executive Group meetings of 20 February 2017 (appendix 2) and 25 April 2017 (appendix 3).**
- 3. That the Health and Wellbeing Board comments on and approves the minutes of the Joint Commissioning Executive Care Closer to Home Programme Board of 27 April 2017 (appendix 4) and 18 May 2017 (appendix 5).**

1. WHY THIS REPORT IS NEEDED

Purpose and Terms of Reference

- 1.1 On 26 May 2011 the Barnet Health and Wellbeing Board agreed to establish a Financial Planning group to co-ordinate financial planning and resource deployment across health and social care in Barnet. The Financial Planning Group developed into the Joint Commissioning Executive Group (JCEG) in January 2016 with the key responsibility of overseeing the Better Care Fund, Section 75 agreements, the development of a Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy through its respective membership. JCEG is required to report back to the Health and Wellbeing Board (HWBB).
- 1.2 On 9 March 2017 the Health and Wellbeing Board (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)¹, 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 Barnet Council STP website: <https://www.barnet.gov.uk/citizen-home/adult-social-care/north-central-london-sustainability-transformation-plan.html>
Barnet CCG STP website: <http://www.barnetccg.nhs.uk/about-us/sustainability-and-transformation-plan.htm>

- 1.3 Key highlights impacting health and social care in 2017:
- NCL STP entering delivery phase from April 2017.
 - Changes to NCL CCGs' management arrangements.
 - Changes to health commissioning (functions delegated to a committee of 5 NCL CCGs).
 - Two year BCF (2017 – 2019).
 - NCL STP does not achieve financial balance for the sector.
 - Activity in the urgent and emergency care pathway is increasing, with record levels attending A&E, high levels of delayed transfers of care, etc. This has a corresponding impact on planned care activity and earlier intervention by social and primary care.
- 1.4 The workshop agreed to develop a Health and Care Delivery Strategy which will provide a clear joined-up position setting out how the leaders of the Barnet health and care system anticipate the STP requirements being translated into local delivery. This supports and does not suspend other decision making or current strategies / commissioning intentions. It is also important to consider and appropriately manage communication and engagement with residents throughout the delivery strategy.
- 1.5 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 that 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, as this 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. The Terms of Reference can be found at appendix 1.
- 1.6 It should be noted that, in taking on this role, the JCE / CC2H Programme Board does not supersede existing individual organisation decision-making routes but ensures strategic alignment and effective implementation across the CCG, Council, NHS and social care providers. The minutes of the JCE / CC2H will continue to be formally adopted and agreed through its reporting to the Health and Wellbeing Board.
- 1.7 Guidance on the Better Care Fund allocations for 2017/18 has not yet been published by NHS England.

Minutes and meetings

- 1.8 Minutes of the JCEG meeting held on 20 February 2017 are presented in appendix 2. In February the Group:
- Discussed the content of the North Central London Sustainability and Transformation plan; ensuring that this is appropriate from a Barnet

perspective particularly focusing on developments of Care Closer to Home; and planned for a HWBB workshop.

- Agreed action to improve the Community Equipment services particularly around the process of collections and monitoring.
- Agreed the Joint Health and Wellbeing Strategy Implementation Plan update and agreed to ensure action plans were in place to improve red RAG items.
- Considered plans to improve the maternal mental health pathway asking for strong baseline data and links with adults mental health developments to be included in the developments.
- Agreed the BCF Quarter 3 submission for NHS England.
- Scrutinised the BCF dashboard and further shaped the review of the BCF programme to be presented to the Group in April.

1.9 Minutes of the JCEG meeting held on 25 April 2017 are presented in appendix 3. In April the Group:

- Considered the BCF 2016/17 review and further advised on the scope, detail and dependencies of the review which will inform plans for 2017 – 2019.
- Reviewed S75 agreement performance and monitoring, ensuring appropriate mitigations and controls are in place.
- Agreed the updated schedules for Voluntary Sector Prevention Commissioning (2017 – 2022) and Community Equipment (2017 – 2021) to be signed and sealed by both parties in May 2017.
- Reviewed and noted the new process designed for children's continuing care which has been developed through the CCG working with Local Authority colleagues in Social Care and Education.
- Commented on progress to procure children's integrated therapies by April 2018.
- Commented on the progress to procure a new children and young people's emotional wellbeing and mental health services by January 2018.
- Agreed the updated TOR for the JCE CC2H Board.

1.10 Minutes of the meeting of the JCE CC2H Board held on 27 April 2017 are presented in appendix 4. In April the Board:

- Established and refined the purpose and focus of the Board.
- Agreed TOR to be presented to the HWB for agreement.
- Approved the development of a Care Strategy for presentation at the HWB.
- Considered progress to develop Care Closer to Home Integrated Networks (CHINs), agreeing further action.
- Agreed the Barnet Care Closer to Home project initiation document; agreeing actions to accelerate developments.
- Considered timescales and progress to develop BCF 2017/19.

1.11 Minutes of the meeting of the JCE CC2H held on 18 May 2017 are presented in appendix 5. In May the Board:

- Received a verbal update from BCCG on progress towards the development of the delivery plan and financial plan for CHINs.

- Considered the priorities for the business cases that will be developed by the CHINs.
- Reviewed notes from the January meeting of local NHS and Local Authority Chief Officers and agreed an outline agenda for the group's next meeting on 25 May.
- Held a workshop style discussion on the vision and aspirations for Care Closer to Home, which will be written up into a report and considered at a future meeting, prior to presentation at the HWB.

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

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

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

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The Joint Commissioning Executive Care Closer to Home Programme Board is responsible for the delivery of key health and social care national policy including the Sustainability and Transformation Plan and Better Care Fund.

5.1.2 Integrating care to achieve better outcomes for vulnerable population groups, including older people and children and young people with special needs and disabilities, is a key ambition of Barnet's Joint Health and Wellbeing Strategy.

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

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

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

5.3 **Social Value**

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

5.4 **Legal and Constitutional References**

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

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

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

5.4.3 Under the Health and Social Care Act 2012, a new s2B is inserted into the National Health Service Act 2006 introducing a duty that each Local Authority must take such steps as it considers appropriate for improving the health of the people in its area. The 2012 Act also amends the Local Government and Public Involvement in Health Act 2007 and requires local authorities in conjunction with their partner CCG to prepare a strategy for meeting the needs of their local population. This strategy must consider the extent to which local needs can be more effectively met by partnering arrangements between CCGs and local authorities. At Section 195 of the Health and Social Care Act 2012 there is a new duty, The Duty to encourage integrated working:

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

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

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

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

5.5 Risk Management

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

5.6 Equalities and Diversity

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

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

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

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

5.7 Consultation and Engagement

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

decision-making.

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

5.8 **Insight**

5.8.1 N/A

6. **BACKGROUND PAPERS**

6.1 None.