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| | Health and Wellbeing Board 9 November 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 | Appendix 1 – Minutes of the Joint Commissioning Executive Care Closer to Home Programme Board 20 July 2017. Appendix 2 – Joint Commissioning Executive Care Closer to Home Programme Board revised terms of reference. |
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| Summary |
| This report provides the minutes of the Joint Commissioning Executive Care Closer to Home Programme Board (Appendix 1) and revised terms of reference for the Joint Commissioning Executive Care Closer to Home Programme Board (Appendix 2). |

Recommendations

1. That the Health and Wellbeing Board comments on and approves the minutes of the Joint Commissioning Executive Care Closer to Home Programme Board of 20 July 2017 (Appendix 1).
2. That the Health and Wellbeing Board comments on and approves the revised Joint Commissioning Executive Care Closer to Home Programme Board Terms of Reference (appendix 2).

1. WHY THIS REPORT IS NEEDED

Background

- 1.1 On 26 May 2011 the Barnet Health and Wellbeing Board agreed to establish a Financial Planning group to co-ordinate financial planning and resource deployment across health and social care in Barnet. The Financial Planning Group developed into the Joint Commissioning Executive Group (JCEG) in January 2016 with the key responsibility of overseeing the Better Care Fund, Section 75 agreements, the development of a Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy through its respective membership. JCEG is required to report back to the Health and Wellbeing Board (HWB).
- 1.2 On 9 March 2017 the HWB held a workshop session to discuss the development of a local health and care delivery strategy. In light of the development of the Sustainability and Transformation Plan (STP) it is important that the Barnet HWB can set out its collective priorities for the health and care system for 2017-18 and beyond.
- 1.3 The workshop also agreed the current Joint Commissioning Executive Group (JCEG) would take on the role of overseeing and supporting local implementation of STP plans in Barnet, ensuring alignment with the goals and ambitions of the HWB and the Joint HWBS. This Group will shape local delivery of STP initiatives to ensure each initiative meets local need and works for Barnet as a local system, as well as delivering STP requirements. A critical work stream identified to be led by this group is the Care Closer to Home work stream, 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.

- 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.

Minutes and meetings

- 1.5 Minutes of the Joint Commissioning Executive CC2H meeting held on 20 July 2017 are presented in Appendix 1. In July the Board:
- Reviewed, commented upon and agreed a number of core pieces of CC2H programme documentation including:
 - Reviewing and approving the Delivery Plan and agreeing the formation of a “task and finish” group.
 - Commenting upon a draft communications and engagement plan and agreeing next steps for further development of the plan.
 - Signing off the project brief and approving initiation of the information, advice and signposting workstream.
 - Noting the resource plan.
 - Commenting upon and requesting additions to the governance map and detailed board mapping.
 - Received a paper providing an overview of preventative activity currently occurring in Barnet and work being undertaken through adult social care to develop the prevention “offer” and deliver local area co-ordination. It was agreed that the task and finish group would identify how the CC2H programme can draw effectively upon the many preventative services for children and adults that are available in Barnet.
 - Received and noted a paper presenting analysis of non-elective admissions and delayed transfers of care in Barnet.
- 1.6 The August meeting of the Joint Commissioning Executive CC2H Programme Board was cancelled in consideration of a number of absences of key Board members, due to annual leave.
- 1.7 The September meeting of the Programme Board was replaced by a special meeting for Council and CCG commissioners to review the draft Better Care Fund plan prior to its submission.
- 1.8 On 19 October 2017 the Programme Board agreed a revised version of its terms of reference (presented in Appendix 2) 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, for reserved or sensitive matters, including commercially sensitive matters, identified by either the Council or the CCG as commissioning organisations. This part of the meeting is attended by executive members of the two organisations only. Papers and minutes for and of Part 2 of the meetings will be recorded and distributed in a way that recognises and respects the confidential character of any matters discussed.

- 1.9 The minutes from the Programme Board meeting of 19 October 2017 will be reviewed and agreed at the Board's next meeting in November and then presented to the 25 January 2018 meeting of the Health and Wellbeing Board.

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 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

6.1.1 BACKGROUND PAPERS

None.