

	<b>Health and Wellbeing Board 3 October 2019</b>
<b>Title</b>	<b>Minutes of the HWB Commissioning Executive Group</b>
<b>Report of</b>	Strategic Director for Adults and Health Chief Operating Officer, Barnet CCG
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	Yes
<b>Enclosures</b>	Appendix 1 – Minutes of: <ul style="list-style-type: none"> <li>HWB Commissioning Executive Group, June 2019 and revised Terms of Reference for HWB CEG</li> </ul>
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## Summary

This report provides the minutes of the HWB Commissioning Executive Group and revised Terms of Reference (Appendix I and II).

## Recommendations

- 1. That the Health and Wellbeing Board comments on and approves the minutes of the HWB Commissioning Executive Group meeting of June 2019 and approves the revised Terms of Reference.**

### 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 HWB Strategy.
- 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 and are presented here for an update.
- 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.
- 1.7 In light of a good practice, JCEG Terms of reference were reviewed on 1<sup>st</sup> April 2019 and recommended changes enclosed in Appendix II.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 The Health and Wellbeing Board established the Health and Wellbeing Commissioning Executive Group:

*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 HWB 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 HWB Commissioning Executive Group, 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 can 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 HWB Commissioning Executive Group 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 all residents and embed population health approach 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 HWB Commissioning Executive Group 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 Under Article 7 of the Constitution, 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 HWB Commissioning Executive Group will factor in engagement with users and stakeholders to shape its decision making.
- 5.7.2 The HWB Commissioning Executive Group 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 I - Action Notes of HWB Commissioning Executive Group (HWBEG) Meeting  
Held on Monday 17<sup>th</sup> June 2019 at 12.00pm  
In the Chapman Room, North London Business Park

<b>Attendees</b>		
Sarah D'Souza	SDS	Director of Commissioning, Barnet CCG, Chair
Matt Backler	MB	Director of Finance, Barnet CCG
Dawn Wakleling – dial in	DW	Executive Director for Adults & Health, LBB
Tamara Djuretic	TD	Director of Public Health, LBB
Colette McCarthy	CMc	Divisional Director, Commissioning & Business Improvement, Children's Services, LBB
Jess Baines-Homes – dial in	JBH	Assistant Director Adults Joint Commissioning
Muyi Adekoya	MA	Lead Commissioner Older Adults and Integrated Care, Barnet CCG
Elizabeth Barker	EB	Executive PA, Barnet CCG, Minute Taker

<b>Item</b>	<b>Subject</b>	<b>Action</b>
1.	Apologies received from Chris Munday	
2	<b>HWB CEG (Commissioning Executive Group) TOR (terms of reference)– sign off</b>	ALL
2.1	The HWBCEG TOR were agreed subject to the following amendments:	
2.2	Section 75 Agreements Children – Replace Speech & Language Therapy/Occupational Therapy with Integrated Therapies	
2.3	Performance & Finances – remove reference to children (bullet point e and f)	
2.4	Governance – NHS Barnet CCG's Finance, Performance & QIPP should read Clinical Commissioning Finance & QIPP. Take out NCL STP as not CCG decisions making.	
2.5	Any other updates should be sent to TD within the next 7 days.	
3	<b>Review of Better Care Fund</b>	
3.1	MA presented the Better Care Fund 2017/19 review and provided an update on guidance for 2019/20 plans. The review took place between March and May 2019.	
3.2	The aim of the review was to establish how the schemes funded through the BCF supported the delivery of the 4 national metrics and the supporting conditions	
3.3	The review found that the majority of schemes supported or enabled the delivery of the BCF metrics and conditions. In relation to the delivery of the reablement metric, DW commented on the requirement for a local indicator to support the system in better monitoring. DW felt improvements were needed regarding the process for CLCH data collection which is currently only collected once a year from a phone survey.	
	The target for reduction in non-elective admissions (general and acute)	

3.4	was not achieved in 2018/19 and there followed a discussion around what might be done to refocus schemes on admissions avoidance improvements.	MA  SDS
3.5	The 2 year plan included schemes targeting older adults, group felt that it would be helpful to expand the scope of work to cover age of 55. DW commented that consideration should be given to management of patients with long term conditions and this could be a discussion for UEC Boards.	
3.6	TD requested for the detailed performance data supporting the review. MA confirmed that the data used to support the review was available. It was agreed that it would be useful for a meeting to be arranged with TD/MA/JBH and Dan Morgan and Enrico Panizzo to review the trends in non-elective activity.	
3.7	<b>Guidance for 19/20.</b> DW provided additional feedback on the process required for developing the 19.20 plan, stating that there is a likelihood that the focus will be on admission avoidance and keeping patients at home.	
3.8	In response to a question from MB regarding investment into the ineffective schemes, JBH confirmed that a decision was made to decommission schemes that were not successful.	
3.9	SDS proposed that a further review of a 7-day working service should be undertaken, with the purpose of establishing which services required 7 day working and those that did not; as not all service providers were available 7 days to discharge patients. Agreed MA to review.	MA
4	<b>Frailty/Admission</b>	SDS
4.1	SDS advised this item had been removed from the agenda.	
4.2	A discussion took place about setting a wider group to review CCG data and BCF data and it was agreed that a meeting should be established to review data and include the work that has been developed by BCCG on unplanned care. TD to nominate Public Health representation.	
5	<b>HWB Strategy Review</b>	TD
5.1	TD provided an outline of work in progress to develop the HWB Strategy from 2020. A review of the four-year strategy would be undertaken to review what was achieved. It was agreed that it would be useful to focus on co-design and engage with younger people via social media. TD to bring back to September meeting.	
6	<b>S75 Performance Report</b>	
6.1	It was agreed that it was important that an update on all schemes should be provided at each meeting and need to be improve forward planning.	
6.2	It was noted the Integrated Therapies had been drafted but required sign off. CAMHS report was more complex due to financial issues but was in draft form.	
6.3	In response to question from SDS about the financial risk for the LD Harperbury Section 75, JBH confirmed that the Trust had confirmed sustainability of the service and it no longer presented an in-year cost pressure.	



7	<b>ICS/STP Update</b>	
7.1	It had been agreed this would be a standing item on the agenda. DW advised that Will Huxter had been in contact about setting up an ICS Design group asking for nominations for 2 representatives from each borough partnership. It was agreed that SDS/TD would clarify who should attend with Kay Matthews.	SDS/TD
8	<b>HWB Forward Planner</b>	
8.1	The forward planner for the HWBB was reviewed and contents agreed. It was proposed that the forward planner should be presented to each SMT and teams to ensure papers were produced to meet Committee deadline.	DW/SDS DW
8.2	It was agreed that a brief paper on the ISC/IC partnership and draft outcomes would be submitted to the next HWBBB. DW advised that she had submitted a short paper to the Adults and Safeguarding Commissioning which could be adapted.	
9	<b>Govroam</b>	
9.1	Ella Goshaulk provided an overview of the Govroam which LBB are in the process of implementing. SDS commented that feedback from CCG had been positive however further clarification was required about the costs to CCGs and Providers, and the costs of implementation for the CCG and whether there were any procurement issues. EG to confirm the costs and whether there were any procurement issues.	EG

## Appendix II

## **Health and Wellbeing Commissioning Executive Group Terms of Reference**

The Health and Wellbeing Commissioning Executive Group (HWB CEG) will operate as the executive arm of the Health and Wellbeing Board and will therefore support delivery of priorities and outcomes set by the Board as well as overseeing existing and future joint commissioning arrangements across the life course between NHS Barnet Clinical Commissioning Group (CCG) and the London Borough of Barnet (LBB).

HWB CEG will be accountable and make recommendations to the Health and Wellbeing Board for Section 75 and Better Care Fund arrangements and will be supported by a range of operational groups (Appendix I).

The North Central London (NCL) Sustainability and Transformation Plan (STP) sets out wide ranging delivery plans covering the full range of health care. Whilst many of the STP aspirations are in alignment with the ambition set out in Barnet Health and Wellbeing Strategy, Barnet Corporate Plan and the CCG Business Plan, it is important that, as a local system, there is a clear view of what is needed for the implementation of these plans that best suits needs of Barnet's residents. The HWB CEG will therefore be responsible for overseeing local implementation of NCL STP initiatives and will consider the impacts of, and responses to, STP work at the borough level. Work is underway across NCL to consider how to address the NHS plan requirements for integrated care systems (ICSs) and these terms of reference will be updated as this work evolves.

The HWB CEG will operate within existing organisational schemes of delegation and reservation, constitutions and standing orders of each organisation.

### **Purpose**

To operate as the executive delivery arm of the Health and Wellbeing Board and to oversee strategic development and implementation of delivery plans for an improved and integrated health and social care system including:

- ☐ Barnet's Health and Wellbeing Strategy;
- ☐ Local implementation of NCL STP;
- ☐ The borough's Better Care Fund;
- ☐ The delivery of Section 75 agreements between NHS Barnet CCG and London Borough of Barnet.

The group is responsible for joint working across the life course and spans physical and mental health and wellbeing. Care will be taken to ensure that all aspects of the group's remit, i.e.: children & young people; adults; physical and mental health, are fully addressed in the agendas and forward plan for HWB CEG meetings.

### **Functions**

1. To oversee development and delivery of **Health and Wellbeing Strategy**:
  - a) Regularly review and refresh Barnet's Health and Wellbeing Strategy, based on vision and outcomes set by the Board
  - b) Ensure that appropriate governance is set up to deliver on HWB Strategy Priorities
  - c) Oversee development and delivery of HWB Board Delivery plan and key performance indicators
  - d) Ensure consistency, compatibility and co-ordination between programmes and projects focusing on prevention and early help across the system.
2. To oversee the delivery of the **Better Care Fund** including:
  - a) Overseeing the BCF Care Model and ensuring accountability for its delivery
  - b) The Group is responsible for making recommendations on the governance and legal functions required to develop and implement the Better Care Fund Pooled budget and manage risk
  - c) Monitoring expenditure for budgets for the Better Care Fund and for wider work to integrate care services
  - d) Monitor progress in delivering Better Care Fund services and tracking benefits realisation against these budgets
  - e) Overseeing the financial risk of the Better Care Fund and, where necessary, making recommendations on recovery plans.
3. To oversee all **Section 75 agreements** held between the London Borough of Barnet and NHS Barnet CCG to ensure that they are operating effectively including:
  - a) Monitor performance reports at least quarterly, receiving an annual report with onwards reporting to the Health and Wellbeing Board
  - b) Monitor expenditure and management of the pooled funds

- c) Review risks to ensure that appropriate actions are in place
- d) Oversee the extension and renewal process for Section 75 agreements.

Section 75 agreements are:

Adults	Community Equipment;
	Learning Disability
	Campus Re-provision
	Health and Social Care Integration (BCF)
	Mental Health (between the council and Barnet, Enfield and Haringey Mental Health Trust).
Children	Speech and Language Therapy
	Looked After Children
	Occupational Therapy
	Children and Young People Mental Health Services (from January 2018)

#### 4. Performance and finances

- a) To recommend to the Health and Wellbeing Board, Council Committees and Barnet CCG's Finance Performance and QIPP Committee how budgets should be spent to further integrate health and social care
  - b) To ensure appropriate governance arrangements and management of additional budgets delegated to the Health and Wellbeing Board
  - c) To develop and review the work programme for the Health and Wellbeing Board and make recommendations for amendments or additions
  - d) To review reports being considered by the Health and Wellbeing Board which have financial or resource implications
  - e) To approve the work programmes of the Joint Commissioning Units (adults and children)
  - f) To agree business cases arising from the Joint Commissioning Units for adults and children requiring alignment of social care expenditure and activities
  - g) To support the refresh of the Joint Strategic Needs Assessment and oversee the refresh and implementation of the Joint Health and Wellbeing Strategy
  - h) To develop and maintain a forward work programme to ensure strategic and operational alignment between the Council and Barnet CCG. All members will contribute to the work programme.
5. Each organisation should ensure that the risks relating to the delivery of Health and Wellbeing Strategy, BCF and section 75 agreements are clearly reflected on each organisation's respective Risk Registers and that these risks are reviewed regularly at each meeting and escalated to the Health and Wellbeing Board and the FPQ Committee as required.

## Membership

Organisation	Post
<b>Commissioning</b>	
London Borough of Barnet (LBB)	Executive Director for Adults and Health
	Director of Public Health
	Assistant Director for Children and Young People
	Director of Finance (Section 151 Officer) or Deputy
NHS Barnet Clinical Commissioning Group (CCG)	Director of Commissioning
	CCG Clinical Board representative (1)
	Deputy Director of Commissioning – Children
	Director of Primary Care Transformation
	Deputy Chief Finance Officer
Joint representative	Deputy/Assistant Director of Joint Commissioning - Adults

Members are able to appoint a senior substitute to attend in their place if they are unavailable to attend a meeting.

## Administration

The Council and CCG will provide support to the Board jointly. LBB will organise papers and agendas; and schedule meetings. Barnet CCG will produce minutes. Agendas and forward plans will be jointly agreed.

## Declaration of Interests

The Chair will ask at the beginning of each meeting whether any member has an interest about any item on the meeting agenda. If a member has a direct or indirect conflict with an issue on the agenda which may impact on their ability to objective, it should be declared at the meeting and recorded in the minutes. On the basis of the

interest declared, the Group will make a decision as to whether it is appropriate or not for this member to remain involved in considering the agenda item in question. The agenda for meetings will stipulate where items are for commissioners only and will be managed, as appropriate, by the Chair (e.g. through moving to part 2).

### **Quoracy**

For the Group to be quorate, two representatives from each organisation (CCG and LBB) need to be present.

### **Chairmanship**

There will be alternate chairing arrangements, shared between the Executive Director for Adults and Health (LBB) and the Director of Commissioning (CCG).

### **Governance**

Health and Wellbeing Commissioning Executive Group will be supported by Health and Wellbeing CEG Strategy Delivery, Care Closer to Home Board, CAMHS Transformation Board, Children and Young People Partnership Board ? and all contracts operational groups. Proposed Governance is included in Appendix I.

Reports from supporting groups will have a standard format and report on exceptions only to the HWB CEG. Quarterly reports will include agreed KPIs and outcomes, timelines on re-procurement in the next 24 months, commissioning intentions and recommissioning plans, risks, achievements and section 75 timelines.

The minutes of all the HWB CEG meetings will only include list of actions and recommendations that will be submitted to the Health and Wellbeing Board for noting and comment, and to NHS Barnet CCG's Finance, Performance and QIPP Committee for noting.

The HWB CEG will refer matters for decision to the Health and Wellbeing Board and/or relevant NHS Barnet CCG and/or London Borough of Barnet officers or committees where appropriate (within the appropriate level of delegated authority to take decisions).

### **Frequency and Notice of Meetings**

Meetings shall be held quarterly, 8 weeks before the public meeting of the Health and Wellbeing Board.

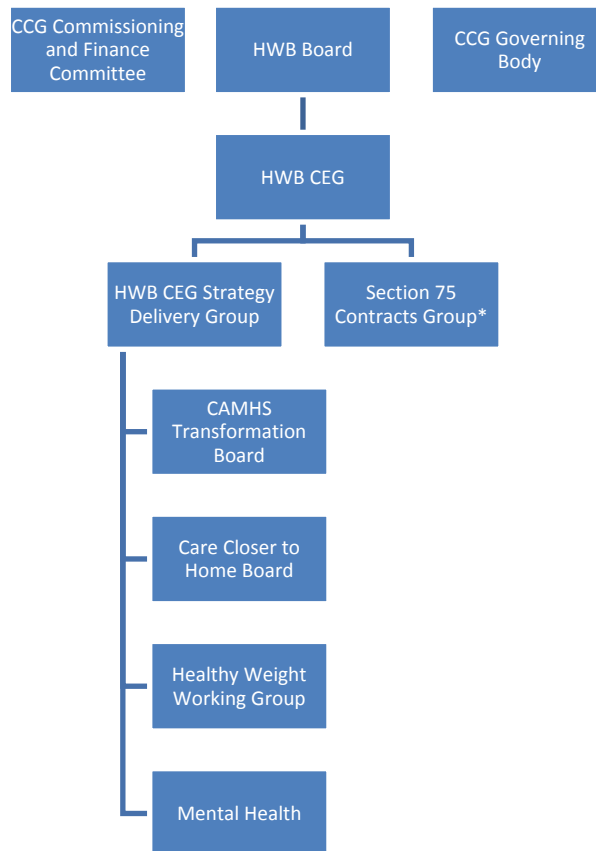
Items of business to be transacted for inclusion on the agenda of the meeting should be approved via the work programme and agreed with the chair at least 5 working days before the meeting takes place (chairs are able to add items to the agenda as they arise). Any supporting papers should be sent to the members at least 5 working days before the meeting.

The Chair reserves the right to call for an urgent or extraordinary meeting of the Group through a virtual distribution of paper(s) with clear specific instructions to the members.

## **Review**

These terms of reference will be reviewed on an annual basis and the work of this group is subject to both organisation's internal audit work plan and programme to review its effectiveness.

## Appendix I – Governance supporting HWB CEG



\*LD Section 75, MH section 75, Equipment and CYP Section 75