

<u>MEETING</u> HEALTH & WELLBEING BOARD
<u>DATE AND TIME</u> THURSDAY 10TH MARCH, 2016 AT 9.00 AM
<u>VENUE</u> HENDON TOWN HALL, THE BURROUGHS, NW4 4BG

Dear Board Members,

Please find enclosed additional papers relating to the following items for the above mentioned meeting which were not available at the time of collation of the agenda.

Item No	Title of Report	Pages
1.	MINUTES OF THE JOINT COMMISSIONING EXECUTIVE GROUP	1 - 12

Salar Rida 020 8359 7113, salar.rida@barnet.gov.uk

This page is intentionally left blank

	Health and Wellbeing Board 10 March 2016
Title	Minutes of the Joint Commissioning Executive Group
Report of	Commissioning Director – Adults and Health Chief Operating Officer
Wards	All
Date added to Forward Plan	November 2014
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1- Minutes of the Joint Commissioning Executive Group 22 January 2016
Officer Contact Details	Zoë Garbett Commissioning Lead – Health and Wellbeing zoe.garbett@barnet.gov.uk 0208 3593478

Summary
<p>This report is a standing item which presents the minutes of the Joint Commissioning Executive Group (formerly known as the Financial Planning Sub-Group) and updates the Board 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. The Groups key areas of work include the Better Care Fund and Section 75 agreements.</p>

Recommendations
<p>1. That the Health and Wellbeing Board notes and comments on the minutes of the Joint Commissioning Executive Group meeting of 22 February 2016.</p>

1. WHY THIS REPORT IS NEEDED

- 1.1 The Barnet Health and Wellbeing Board on the 26th May 2011 agreed to establish a Financial Planning group (now named the Joint Commissioning Executive Group) to co-ordinate financial planning and resource deployment across health and social care in Barnet. The Joint Commissioning Executive Group (JCEG) meets bi-monthly and is required to report back to the Health and Wellbeing Board (HWBB).
- 1.2 In 2015/16, the section 256 allocation for Barnet Council is £6,634,000 to deliver the main social care services which also have a health benefit. In 15/16, this funding is no longer received from NHS England but included within CCG allocations as part of the total Better Care Fund allocation of £23.4M for Barnet, which includes the NHS Barnet CCG minimum contribution to the Better Care Fund of £14,060,000.
- 1.3 The budgets will be used to continue to support the delivery of existing initiatives, as well as any such new initiatives identified to support the delivery of Better Care Fund (BCF) outcomes and the appropriate protection of social care services.
- 1.4 Given changes in the operating context for the CCG and LBB, the Terms of Reference were updated and agreed in December 2015, giving the Joint Commissioning Executive Group main functions:
 - To oversee the development and implementation of plans for an improved and integrated health and social care system (including Education where relevant) for children and young people, adults with disabilities, older people, those with long term conditions, and people experiencing mental health problems
 - To oversee the delivery of the Better Care Fund including:
 - Making recommendations on the governance and legal functions required to develop and implement the Better Care Fund Pooled budget and manage risk and, where necessary, making recommendations on recovery plans
 - Monitoring expenditure for budgets for the Better Care Fund and for wider work to integrate care services.
 - Monitor progress in delivering Better Care Fund services and tracking benefits realisation against these budgets.
 - To oversee all Section 75 agreements held between the London Borough of Barnet and NHS Barnet CCG to ensure that they are operating effectively and to bring them in line with overarching Section 75 agreements. Receiving performance reports on Section 75 agreements and other relevant services/projects.
 - To review all annual budget, additional budget, budget virement and all new expenditure commitment proposals relating to the Better Care Fund, or to other joint budget arrangements prior to these being taken through the approval processes required under each partner's own scheme of delegation.
 - To approve the work programmes of the Joint Commissioning Units (adults and children).

- To develop and review the work programme for the Health and Wellbeing Board and make recommendations for amendments or additions.
- To review reports being considered by the Health and Wellbeing Board which have financial or resource implications.
- To receive financial reports (Better Care Fund and Section 75 reports).
- 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.
- To ensure appropriate governance arrangements and management of additional budgets delegated to the Health and Wellbeing Board.
- To agree business cases arising from the Joint Commissioning Units for adults and children's, subject to both the Council and Barnet CCG's governance framework or Scheme of Reservation and Delegation
- To support the refresh of the Joint Strategic Needs Assessment and oversee the refresh and implementation of the Joint Health and Wellbeing Strategy.
- 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.

1.5 Minutes of the meeting of the JCEG held on the 22 February 2016 are presented in appendix 1. In February the Group –

- Confirmed that the BCF Schedule and Deed of Variation have now been signed; the Group discussed ambitions to pool funding and agreed onward action to implement this as soon as possible
- Agreed to onwards discussions to approve the BCF 2016/17
- Discussed the progress made to improve the quality and monitoring of our Section 75 agreements
- Reviewed performance monitoring information for the Section 75 agreements
- Further shaped the draft Children and Young People's Plan (2016 – 2019) with the CCG agreeing to further input into this process
- Barnet CCG agreed to explore a pledge for children in care; following the Council's Corporate Parenting Pledge
- Commented on the Public Health Commissioning Plan 2016/17
- Further shaped the implementation plan for the JHWB Strategy
- Reviewed BCF performance (quarter 3) ahead of submission to NHS England on 26 February

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 Group) 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, 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 Group to take forward its programme of work, the group will progress its work as scheduled in the areas of the Better Care Fund, Section 75 agreements and financial reporting.
- 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 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.
- 5.1.2 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 Group acts as the senior joint commissioning group for integrated health and social care in Barnet. The Groups functions relate to the management of local resources, as outlined at 1.4.

5.3 Social Value

- 5.3.1 Not applicable.

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. The Financial Planning

sub-group 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 Group will factor in engagement with users and stakeholders to shape its decision-making.

5.7.2 The Joint 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.

5.8 Insight

5.8.1 N/A

6. BACKGROUND PAPERS

6.1 None.

Minutes from the Health and Wellbeing Board–
 JCEG Monday 22 February 2016
 North London Business Park, Boardroom
 1pm-2.30pm

Present:

- (AD) Anisa Carr, Resources Director, LBB
- (BR) William (Bill) Redlin, Director of Operations and Delivery, Barnet CCG
- (CM) Chris Munday, Commissioning Director Children and Young People, LBB
- (OW) Dawn Wakeling, Commissioning Director Adults and Health, LBB (Joint Chair)
- (JL) Jeff Lake, Consultant in Public Health, Barnet and Harrow Public Health Team
- (KH) Kirstie Haines, Strategic Lead Adults and Health, LBB
- (LJ) Liz James, Interim Joint Chief Operating Officer/Director of Clinical Commissioning, BCCG (Joint Chair)
- (MA) Muyi Adekoya, Acting Head of Service, LBB/CCG
- (RH) Roger Hammond, Deputy Chief Finance Officer, BCCG
- (ZG) Zoe Garbett, Commissioning Lead Health and Wellbeing, LBB (minutes)

Apologies:

- (AH) Andrew Howe, Director of Public Health, Barnet and Harrow Public Health Team

	ITEM	ACTION
1.	<p>Welcome / Apologies</p> <p>As Chair LJ welcomed the attendees to the meeting.</p> <p>Apologies were received from AH, JL attended in his place.</p>	
2.	<p>Minutes of the last meeting</p> <p>Minutes agreed as accurate. The minutes were reported to the HWBB 21 January.</p>	
3.	<p>Action log</p> <p>The action log was updated.</p> <p>Action from last meeting-</p> <ul style="list-style-type: none"> • A report on the system wide action to reduce falls did not go to the HWBB in January and is going to the Board in March. MA to circulate to JCEG prior to publication • DW to circulate mental health social work business plan and 	<p>MA</p> <p>DW</p>

	implementation plan (when this is in a form to share).	
4.	<p>BCF 2016/17</p> <p>BR explained that the paper presented was a paper that went to the CCG Financial, Planning and QIPP (FPQ) Committee to explain the progress made to develop our BCF plans for 2016/17. The policy framework and individual allocations have been released but timescales are still not known.</p> <p>BR would like to review the System Resilience Schemes and assess how these can be bought into the BCF. MA explained that this work is in progress.</p> <p>KH asked about the HWBB reporting; the Group agreed that as the guidance is still unavailable an updated report would be bought to the next JCEG in April.</p> <p>DW asked for a plan of action to be circulated to the JCEG to assure sign off by JCEG.</p> <p>RH asked if both organisations would have agreed their budgets prior to agreeing the BCF plans. AD stated that LBB's budget is going to council on 1 March 2016. AD to circulate when published.</p> <p>DW stated that the Deed of Variation has been signed so the pooled budget can now be established. RH and AD to propose how the pool budget can be established and what needs to be considered e.g. managing risks.</p> <p>The Group agreed that good progress has been made following a number of discussions about the BCF for 2016/17.</p> <p>DW stated that the FPQ paper does not make explicit reference to the amount for the protection of adult social care (for Barnet £6.7 million) specified in guidance from NHS England calculated using a Relative Needs Formula. BR and DW to discuss outside of the meeting.</p>	<p>KH/MA</p> <p>AD</p> <p>AD/RH</p> <p>DW/BR</p>
5.	<p>Section 75: Progress reports</p> <p><u>Progress against 575 Audit</u></p> <p>KH updated on progress against the section 75 audit; majority of the actions have progressed:</p> <ul style="list-style-type: none"> • Deed of variation and signed schedules identified • Performance and annual reporting framework agreed • Signed documents are available and stored in LBB deed room and a central electronic library is saved in ZG • Training being arranged for staff at all levels as well as members of the Audit Committee <p>Outstanding action:</p> <ul style="list-style-type: none"> • Children's MOU to be signed – LJ to review and return to CM for signing and sealing 	<p>LJ</p>

	<p>KH stated that this process has been important to assure Committees that we have covered these concerns to allow for pool and to minimise risk.</p> <p>ZG to add JCEG ToR link from HWBB papers ZG to ensure that Jason Brown has copies of the Section75s ZG add specific list of schedules and where they are stored CCG in send link to where the S75s are stored to ZG</p> <p>LJ stated that the Speech and Language Therapy, BCG and Learning Disability S75s all include principles to pool budgets, We now need to move in that direction.</p> <p>Report required at the next meeting from the Finance Group (which reports to JCEG) which explores clauses to pool budgets to ensure appropriateness and how these can be implemented. RH and AD to discuss with the Finance Group.</p> <p>Audit update to be circulated prior to the next CCG Audit Committee (22 April)</p> <p>Performance and finance. Including control environment reports</p> <p>KH explained that a performance monitoring process has been put in plan to monitor performance of the section 75s and report these to each meeting of the JCEG. Templates were sent to pooled budget managers and three completed.</p> <p>DW and BR to support the performance monitoring process.</p> <p>CM stated that the same reporting template will be used for children's S75s and reported to the next JCEG.</p>	<p>ZG</p> <p>BR</p> <p>AD/RH</p> <p>KH</p> <p>DW/BR</p>
6.	<p>Draft overarching section 75</p> <p>KH explained that she is still waiting for legal advice as to whether we are able to change the current agreement with a deed of variation to become open ended and to update the risks or whether a new one is required. KH to chase legal for a response and liaise with BR.</p>	<p>KH/BR</p>
7.	<p>Children and Young People's Plan (2016- 2019)</p> <p>CM explained that the Child n and Young People's Plan is being developed, linking with the Joint Health and Wellbeing Strategy as well as the Primary care Strategy (outline) and raising specific issues that are important to our young people and families. The Plan also raises the concept of a family friendly Samet. Clare Stephens from the CCG has been involved so far. The Plan goes to Children, Education, Libraries and Safeguarding {CELS) committee in March and will then go out to consultation for final agreement in May.</p> <p>LJ stated that she felt the report read really well. LJ agreed to make sure that the right people feed in and shape the plan.</p>	<p>LJ</p>
8.	<p>Corporate Parenting Pledge</p>	

	<p>CM stated that the Council have developed and agreed its pledge to support children in care.</p> <p>CM suggested that CCG develops its own pledge for children in care involving the Looked After Children Nurse and GPs. LJ to take forward.</p>	LJ
9.	<p>Public Health Commissioning Plan (2015-2020)</p> <p>JL explained that the Public Health Commissioning Plan is being refreshed and is going to the HWBB in March. Each of the council theme committee is receiving an updated Commissioning Plan. JL explained that the public health plan recognises the reduction in the public health grant (from central government) in year (2015/16) by 6.2% and further reductions will take place to 2020.</p> <p>The Group discussed the plan and agreed that it should be made clear that Public Health funds are used for system innovation and transformation.</p>	
10.	<p>JHWP Strategy Implementation Plan</p> <p>The Group agreed that a strategic overarching document needed to be reported to the HWBB at each meeting and that JCEG should review a detailed performance report at each so that they can provide assurance to the HWBB.</p>	
11.	<p>Health and Social Care Integration (HSCI) Governance</p> <p>DW described the changes to the HSCI Governance that have taken place such as bringing together Tier 1 and 2 with Ageing Well and bringing the HSCI Agreement of Ageing Well changes.</p> <p>The Group agreed the importance of providers being involved in the HSCI Board and this will be looked at as part of BCF 16/17.</p>	
Performance and Finance Review		
12.	<p>BCF: Q3 Performance report (to NHSE 26 February)</p> <p>The Group discussed BCF reporting ahead of submission of quarter 3 performance to NHS England on the 26 February. This is the first quarter where non-elective admissions have decreased. Delayed transfers of care improved over the last month but still above target. There is work to be done to develop single client identifiers.</p> <p>AD stated that the budget is on track to be spent.</p> <p>LJ explained that there is a data issue which the CCG are looking into with the CSU</p> <p>DW and LJ/BR to check and agree narrative</p>	DW/LJ/BR
13.	<p>JCEG Work Programme</p> <p>Section 75 finance group report to be added to the the next agenda.</p>	

14.	HWWB - Forward Plan CCG to confirm timescales for the STP paper. ZG to discuss with Matt Powls.	ZG
12.	AOB No AOB.	
	Next meeting- Monday 25 April 2016, 1pm-3pm (Boardroom, NLBP)	

--

This page is intentionally left blank