

<b><u>MEETING</u></b> <b>HEALTH &amp; WELLBEING BOARD</b>
<b><u>DATE AND TIME</u></b> <b>THURSDAY 12TH MAY, 2016</b> <b>AT 9.00 AM</b>
<b><u>VENUE</u></b> <b>HENDON TOWN HALL, THE BURROUGHS, NW4 4BG</b>

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 - 20

Salar Rida 020 8359 7113, [salar.rida@barnet.gov.uk](mailto:salar.rida@barnet.gov.uk)

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	<b>Health and Wellbeing Board</b>  <b>12 May 2016</b>
<b>Title</b>	<b>Minutes of the Joint Commissioning Executive Group</b>
<b>Report of</b>	Commissioning Director – Adults and Health Chief Operating Officer
<b>Wards</b>	All
<b>Date added to Forward Plan</b>	November 2014
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	Yes
<b>Enclosures</b>	Appendix 1- Minutes of the Joint Commissioning Executive Group 25 April 2016 Appendix 2 – JCEG Terms of Reference
<b>Officer Contact Details</b>	Zoë Garbett Commissioning Lead – Health and Wellbeing <a href="mailto:zoe.garbett@barnet.gov.uk">zoe.garbett@barnet.gov.uk</a> 0208 3593478

<h2>Summary</h2>
<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>

<h2>Recommendations</h2>
<ol style="list-style-type: none"> <li>1. That the Health and Wellbeing Board comments on and approves the minutes of the Joint Commissioning Executive Group meeting of 25 April 2016.</li> <li>2. That the Health and Wellbeing Board approves the updated Terms of Reference of the Joint Commissioning Executive Group.</li> </ol>

## **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 For 2016-2017 the overall Better Care Fund pot has increased by a £797,000 uplift to core the CCG allocation, £17,059 additional CCG funding and £100,000 increase in Disabled Facilities Grants (DFG) funding. Therefore, the Better Care Fund Allocation for Barnet in 2016/17 is £24,324,521, which includes the Barnet CCG minimum contribution of £22,336,331, additional CCG contribution of £17,059 and Barnet Council's Contribution of £1,971,131.
- 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 25 April 2016 are presented in appendix 1. In April the Group –

- Received section 75 training from HB Public Law covering the legal framework, governance, development and implementation of section 75s and agreed to a further session to explore how section 75s (and other mechanisms) can support our shared ambitions
- Discussed Barnet's contribution to the North Central London Sustainability and Transformation Plan
- Agreed to the delivery model and implementation of the 2 year Integrated Review between Health and Early Years within Barnet
- Noted the development of our BCF plans for 2016/17; agreed to align the BCF work plan with the JCEG meetings so that JCEG can oversee and steer the BCF programme
- Shaped the roll out of the Integrated Locality Team and
- Discussed the progress to deliver the Care Homes Strategy
- Reviewed the BCF finances and actions for areas of risk
- Reviewed progress to deliver the JHWP Strategy focusing on childhood immunisations ahead of the discussion at the HWBB on 12 May
- Confirmed delivery against the section 75 audit; officers were tasked to take forward outstanding actions
- Agreed for an overarching section 75 agreement to be developed with no end date to allow for schedules to be developed that facilitate joint working and service delivery
- The group updated and agreed its Terms of Reference (appendix 2, changes noted in Appendix 1 at point 12)

## **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 25 April 2016**  
**North London Business Park, Boardroom**  
**12.30 – 15.00**

**Present:**

- (AH) Andrew Howe, Director of Public Health, Barnet and Harrow Public Health Team
- (AL) Amisha Lall, Commissioning Lead, Adults and Health, LBB (item 6)
- (BT) Ben Thomas, Strategic Lead Children and Young People, LBB
- (CM) Chris Munday, Commissioning Director Children and Young People, LBB
- (KH) Kirstie Haines, Strategic Lead Adults and Health, LBB
- (LG) Leigh Griffin, Director of Strategic Development, CCG
- (LJ) Liz James, Interim Joint Chief Operating Officer/Director of Clinical Commissioning, BCCG (Joint Chair)
- (MA) Muyi Adekoya, Acting Head of Service, LBB/CCG
- (MJ) Marsha Jones, Darzi Fellow, CCG
- (PP) Patricia Phillipson, Head of Finance, LBB
- (RH) Roger Hammond, Deputy Chief Finance Officer, BCCG
- (SI) Sarah Inverary, Senior Lawyer – Contracts, Employment & Governance, HB Public Law (item 2)
- (ZG) Zoë Garbett, Commissioning Lead Health and Wellbeing, LBB (minutes)

**Apologies:**

- (AD) Anisa Darr, Resources Director, LBB
- (DW) Dawn Wakeling, Commissioning Director Adults and Health, LBB (Joint Chair)

	ITEM	ACTION
1.	<b>Welcome / Apologies</b>  As Chair LJ welcomed the attendees to the meeting.	
2.	<b>Section 75 Training</b>  SI gave an overview of the legal framework, governance, development and implementation of section 75s and answered questions from the Group.  <b>The Group agreed for practical training for officers (in the CCG and LBB) involved in the development and monitoring of section 75s to be organised.</b> Governance officers from the CCG and LBB will be involved in this session.  <b>The Group requested a one page overview for officers covering what needs to be included in a section 75 and what process needs to be followed.</b>  <b>The Group discussed the need for time to be allocated for members of the Group to explore what joint outcomes LBB and the CCG would like to achieve</b>	    <b>ZG</b>    <b>SI</b>    <b>KH</b>

	<p><b>and how section 75 agreements could facilitate this.</b></p> <p>CM left the meeting.</p>	
<p><b>Policy and strategy</b></p>		
<p><b>3.</b></p>	<p><b>NCL Sustainability and Transformation Plan (STP)</b></p> <p>LG gave an overview of the discussions that have taken place and the developments to date to move towards sustainability across NCL; CCG, LBB and providers are involved in the discussion. Each area has identified a facilitator/coordinator, for NCL this is the Chief Executive of the Royal Free.</p> <p>A draft, high level plan was submitted on the 15 April 2016. <b>LG to share with JCEG.</b></p> <p>The STP needs to be produced by the end of June 2016. LG highlighted the amount of work that needs to take place prior to submission of the plan to ensure that it is sufficiently transformational.</p> <p>LJ highlighted the importance of ensuring that the needs of Barnet's communities are appropriately represented in the regional plans.</p> <p>KH stated that the principle of subsidiary needs to be considered to ensure that the plans developed at a regional level are common but flexible to local need.</p> <p>AH joined the meeting.</p>	<p><b>LG</b></p>
<p><b>4.</b></p>	<p><b>2 year integrated review</b></p> <p>BT introduced the paper which proposes a model for integration for two early year health checks. The aim of the new model is to improve information sharing, develop a framework for joint visits and ensure that children and families are receiving the appropriate support as early as possible.</p> <p>LJ stated that the paper needed to be clearer in terms of the model. LJ stated that the group supported and agreed the principle and objectives but clearer information is needed with regards to the recommended model.</p> <p>To clarify, BT provided the following information with regards to the delivery model:</p> <p><b>PROPOSED DELIVERY MODEL</b></p> <p>In the Task and Finish group it was decided that a delivery model offering three levels of service would be the most viable and effective within Barnet; meeting the needs of children not attending early year's provision, but also allowing information sharing and early identification of additional and/or unmet needs. It would also be an opportunity for families to be made aware of the funded early education scheme and link them in with their local children's centre and Early Help services.</p> <p>The draft delivery model proposes a total of three ways to deliver the service, each associated with a distinct client group:</p> <p>I. Children receiving universal care packages (low risk) who are attending</p>	

	<p>a pre-school/nursery setting will have their reviews carried out at separate times, and integration arises from information sharing and ensuring integrated responses to identified issues.</p> <p>II. Children receiving progressive care packages (children subject to a child protection plan, children in need, or any other vulnerabilities/concerns) will have their reviews undertaken by health visitors by appointment. Where possible, these should be carried out jointly with early years' practitioners.</p> <p>III. Children receiving universal care packages (low risk) who are not attending a pre-school/nursery setting will have their reviews undertaken by health visiting staff if possible in their local Children's Centres. The children's centre will be notified of the review, so integration arises from information sharing and ensuring an integrated response to identified issues.</p>	
<p><b>5.</b></p>	<p><b>BCF 2016/17</b></p> <p>KH stated that the BCF 2016/17 plans have been developed as a joint effort towards stabilisation. KH explained that the next step is for the HSCI Business Plan, which dates back to 2014, to be reviewed in terms of what we are currently doing and what we are not as well as challenging return on investment and evidence based pathways across our plans.</p> <p><b>The Group asked that the work programme for the BCF be mapped to the JCEG meetings</b> to ensure that the Group have the opportunity to shape, comment and monitor the schemes in a timely manner.</p> <p>LG and LJ thanked MA and KH for the work that they have done on the BCF submission.</p> <p>KH explained that the first version of the 2016/17 plans was returned by NHS England as approved with support which means that more detail is required to provide assurance to NHS England that we have the appropriate plans in place. KH and MA are meeting with NHS England on 26 April.</p> <p>KH went on to explain that the key work that needs to take place now includes work on the metrics and monitoring, including in year stock takes and ways to support new and different working. The data has been agreed between LBB and CCG and reflects targets from the CCG Operational Plan and LBB's Corporate Plan.</p> <p>DW has arranged a meeting for all parties to sign of the submission prior to the 3 May.</p>	<p><b>KH/MA</b></p>
<p><b>6.</b></p>	<p><b>Integrated locality team</b></p> <p>AL joined the meeting and presented the paper. AL explained the ambition to expand the Integrated Locality Team from the West of the borough to become borough wide. AL stated that a specification has been drafted and costs are being discussed with CLCH ahead of mobilisation in quarter 2.</p> <p><b>AL to circulate Barnet's Public Health evaluation report of the Barnet Integrated Locality team pilot.</b></p>	<p><b>AL</b></p>

	<p>LJ asked that the KPIs and outcomes are clear and measurable so that we can monitor how the initiative is supporting our objectives.</p> <p>LG asked whether the risk tool will be in time to support the roll out of the Integrated Locality Team. MA explained that this has been worked on to ensure that the projects are joined up.</p> <p><b>LJ asked that the KPI and costing information be presented to the JCEG, as the next meeting is on the 20 June this may have to be circulated prior to the meeting.</b></p>	MA/AL
7.	<p><b>Care homes project</b></p> <p>MA explained the ambition to bring BCF project updates and reports to JCEG to ensure that JCEG has oversight of the programmes delivery. MA gave an overview of the work in care homes focussing on training and workforce development. The contractual framework is currently being developed for the project.</p> <p>LG thanked MA and MJ for the report and expressed interest in understanding more about the details of the project as the project develops.</p> <p>AH asked whether there are links with the STP. LG explained that the links had been made in terms of reducing non-elective admissions but not explicitly on a project level at this stage.</p> <p>AH stated that there is an opportunity to share this good practice at an NCL level.</p> <p>LJ asked for more information about the current number of people in Barnet who die in a place of their choice.</p> <p><b>MA stated that the CSU are working on obtaining data on the number of people who die in a place of their choice and this would be updated and circulated when the information is received.</b></p> <p>KH also stated that this would be picked up in the BCF review of commissioned services and the value being added but each project.</p>	MA
<b>Performance and finance review</b>		
8.	<p><b>BCF Finance report and risk register</b></p> <p>RH presented the BCF finance reports for month 10 and 11 2015/16. RH explained that the Finance Subgroup meet to discuss and review the finances for the BCF.</p> <p>LJ stated that the Group required more context and information behind the financial reports including a current position of the wider system (e.g. non-elective admissions, service pressures). <b>KH, working with Duncan Campbell (CCG), to present indicators and a wider system view at the next JCEG.</b></p> <p>RH explained that the Community Equipment budget is slightly overspent; this is being managed and reviewed by the service manager.</p>	KH

	<p>PP asked about the current financial position in terms of non-elective admissions.  <b>RH and PP to discuss at the next Finance Subgroup.</b></p>	<b>RH/PP</b>
<b>9.</b>	<p><b>JHWB Strategy Implementation Plan</b></p> <p>ZG presented the JHWB Strategy Implementation Plan update; this is the second update report that will be presented to the HWBB on the 12 May.</p> <p>LG stated that the report gave a helpful overview.</p> <p>LJ asked for more information about immunisations. AH explained that NHS England will be presenting a detailed paper at the next HWBB. AH stated that Barnet has not received satisfactory information from NHS England for almost three years, the presentation at the HWBB is an opportunity for the Board to ensure that NHS England are held appropriately accountable.</p> <p>AH asked for information about the TB programme that the CCG is involved in. <b>LJ to provide AH with information about the TB programme.</b></p>	<b>LJ</b>
<b>10.</b>	<p><b>Section 75 – Progress reports</b></p> <p>KH explained that significant progress has been made against the Section 75 audit with only a couple of actions outstanding to add the JCEG ToR to two agreements. This action will be completed alongside the overarching section 75 update. LBB are working with BEH MT to finalise the section 75.</p> <p>ZG is working with CCG governance colleagues to ensure that the CCG has electronic and hard signed copies of all the agreements.</p> <p>LG asked that the Community Equipment spend to reflect earlier discussions about the BCF spend. RH stated that Bill Redlin had been working with Sam Raffell (LBB) on the Community Equipment section 75.</p> <p>The Group noted the risks stated in the report including capacity/demand requirements for Speech and Language Therapy and recruitment for staff associated with the Looked After Children S75. The Children’s JCU are working on these issues.</p>	
<b>Business</b>		
<b>11.</b>	<p><b>Draft overarching section 75</b></p> <p>KH explained that she had now received the revised overarching section 75 agreement from legal. The current overarching agreement end date is August 2016, the new agreement will be open-ended (have no end date) with the schedules under the overarching agreement having end dates.</p> <p><b>KH to circulate the overarching agreement to JCEG.</b></p> <p>LJ asked that the termination clauses are clear and agreed between the CCG and</p>	<b>KH</b>

	<p>LBB.</p> <p>KH stated the Directors in LBB have the authority to agree the new agreement through a DPR.</p> <p><b>LG and LJ to work together to ensure that the process is followed for the CCG.</b></p>	<b>LG/LL</b>
<p><b>12. JCEG ToR</b></p>	<p>LJ explained that JCEG had agreed its TOR in December 2015 and agreed to review them each April.</p> <p>Slight amendments were made to the TOR –</p> <ul style="list-style-type: none"> <li>• At point 3, Progress for each agreement will be reported at least 6 monthly to JCEG – updated to <i>Progress for each agreement will be reported to JCEG at each meeting with a more in depth review received annually.</i></li> <li>• Added at point 14: <i>To oversee the work of the Health and Social Care Integration Board and related project boards.</i></li> <li>• Quoracy – change of wording from <i>members</i> to <i>representatives: For the Group to be quorate, two representatives from each organisation (CCG and LBB) need to be present.</i></li> </ul> <p>The Group agreed the updated TOR.</p>	
<p><b>13. Minutes of previous meeting – 22 February 2016 and action log</b></p>	<p>The minutes of the previous meeting were agreed as accurate.</p> <p>Outstanding action for LBB to circulate budget papers:  <a href="https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=162&amp;MId=8343&amp;Ver=4">https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=162&amp;MId=8343&amp;Ver=4</a></p>	
<p><b>14. Health and Wellbeing</b></p> <ul style="list-style-type: none"> <li>• <b>HSCI Board</b></li> <li>• <b>HWBB – Forward Plan</b></li> </ul>	<p>The Group noted the HWBB Forward Plan. LG stated that the Board will receive an update on the STP rather than a draft plan.</p> <p>MA stated that the plans for the HSCI Board are being reviewed. A provider network will be developed from a BCF and integration perspective.</p>	
<p><b>12. AOB</b></p>	<p>None.</p>	
<p><b>Next meeting –</b></p> <p>June 20 11.30 – 1, Boardroom NLBP</p>		



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## **Joint Commissioning Executive Group Terms of Reference**

The Joint Commissioning Executive Group (JCEG) will monitor existing joint arrangements between NHS Barnet Clinical Commissioning Group (CCG) and the London Borough of Barnet and make recommendations to the relevant decision making bodies or officers for future joint arrangements. The London Borough of Barnet and NHS Barnet CCG have agreed that the JCEG will have the terms of reference as set out below:

### **Purpose**

To oversee the delivery of Section 75 agreements between NHS Barnet CCG and London Borough of Barnet and refer matters for decision to the Health & Well-being Board and/or relevant NHS Barnet CCG and/or London Borough of Barnet officers.

To develop proposals for integrated health and social care systems and make recommendations to the Health & Wellbeing Board and/or NHS Barnet CCG and London Borough of Barnet as appropriate.

### **Declaration of Interests**

The Chairman 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 his or her 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.

### **Functions**

1. 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.

2. To oversee the delivery of the Better Care Fund including:
  - a) Overseeing the Integrated Care Model by holding the Joint Commissioning Unit and partners to account 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 and to bring them in line with overarching Section 75 agreements. Having oversight of the extension and renewal process for Section 75 agreements and referring matters for decision to the relevant Committee of NHS Barnet CCG and/or London Borough of Barnet which has the appropriate level of delegated authority to take decisions. Receiving performance reports on Better Care Fund, Section 75 agreements and other relevant services/projects. Refer to the contracts which sit underneath each Section 75 agreement and state that the group will receive performance and contract monitoring reports on these contracts. Progress for each agreement will be reported to JCEG at each meeting with a more in depth review received annually. Section 75 agreements are:-

For adults -

- a. Community Equipment;
- b. Prevention / Voluntary Sector;
- c. Learning Disability;
- d. Campus Re-provision; and
- e. Health and social care integration

The Group will monitor the Mental Health Section 75 agreement (between the Council and Barnet, Enfield and Haringey Mental Health Trust).

For children –

- a. Speech and Language Therapy;
- b. Looked After Children; and
- c. Occupational Therapy.

4. 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.
5. To approve the work programmes of the Joint Commissioning Units (adults and children).
6. To develop and review the work programme for the Health and Wellbeing Board and make recommendations for amendments or additions.
7. To review reports being considered by the Health and Wellbeing Board which have financial or resource implications.
8. To receive financial reports (Better Care Fund and Section 75 reports).
9. 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.
10. To ensure appropriate governance arrangements and management of additional budgets delegated to the Health and Wellbeing Board.
11. 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
12. To support the refresh of the Joint Strategic Needs Assessment and oversee the refresh and implementation of the Joint Health and Wellbeing Strategy.
13. 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.
14. To oversee the work of the Health and Social Care Integration Board and related project boards.
14. Each organisation should ensure that the risks relating to BCF and section 75 agreements are clearly reflected on each organisation's respective Risk Registers and that these risks are reviewed regularly at each meetings and escalated to the Health and Wellbeing Board and the FPQ Committee as required.

## Membership

Organisation	Post
London Borough of Barnet (LBB)	Commissioning Director for Adults and Health
	Commissioning Director for Children and Young People
	Director of Public Health
	Director of Resources
NHS Barnet Clinical Commissioning Group (CCG)	Director of Integrated Care
	Director of Quality
	Director of Clinical Commissioning
	Chief Finance Officer

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

## Administration and Secretariat Support

The Council and CCG will provide support to the Board which will include taking and circulating minutes, organising meetings (dates; rooms), circulating papers and supporting agenda setting and developing a work programme. The following roles will support the Board and referring matters for decision to the relevant Council or CCG committee:

- Associate Director of Governance & Corporate Affairs (CCG)
- Commissioning Lead Health and Wellbeing (LBB)

## 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 Commissioning Director for Adults and Health (LBB) and the Director of Integrated Care (CCG).

## Reporting and Referrals

The minutes of all the JCEG meetings (including an attendance record) shall be formally recorded and submitted to the Health & Wellbeing Board for noting and comment, and to NHS Barnet CCG's Finance, Performance and QIPP Committee for noting.

The JCEG will refer matters for decision to the Health & Wellbeing Board and/or relevant NHS Barnet CCG and/or London Borough of Barnet officers as appropriate.

## **Frequency and Notice of Meetings**

Meetings shall be held at the same frequency as, and at least two weeks before, the Health & Wellbeing Board, unless otherwise agreed.

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 15 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.

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