	Health and Wellbeing Board **12 November 2015**
Title	**Health and Social Care Integration Progress Report incorporating Better Care Fund Performance**
Report of	Commissioning Director Adults and Health Director of Integrated Commissioning
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1 –Health and Social Care Integration Board Minutes 9 September 2015
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Summary

As part of its responsibility for overseeing and monitoring the programme of work, the Health and Wellbeing Board (HWBB) are responsible for delivery of the Better Care Fund. The Health and Wellbeing Board also have a key strategic priority to integrate Health and Social Care. The Better Care Fund is a key mechanism by which the Health and Social Care Integration work is financially progressed.

The HWBB Finance Planning Group monitor the performance of the Better Care Fund and are responsible for reporting this performance through a nationally prescribed template to NHS England. The BCF metrics are also nationally set and they are proxy indicators of how well service integration in the system is working. Barnet's performance is reported quarterly and this report sets out the BCF Metrics for Quarter 1 and Quarter 2 of 2015/16.

The Finance Group have compiled the BCF Submission for Quarter 1 of 2015/16 as delegated by the Health and Wellbeing Board and this was submitted in August 2015. The submission for Quarter 2 is drafted and a summary of the content is provided in this report. The HWBB Finance Planning Group will oversee the submission to be made in November 2015.

The Health and Social Care Integration (HSCI) Board govern the implementation of the HSCI Business Case agreed by Health and Wellbeing Board in October 2014. A brief summary of key programme activities delivered in the last six months is given with a summary of planned activities for the programme.

Recommendations

1. **That the Health and Wellbeing Board notes and make comment as appropriate on the progress on current work to integrate health and social care.**
2. **That the Health and Wellbeing Board notes and make comments as appropriate on the performance for Quarter 1 2015/16 of the Better Care Fund.**
3. **That the Health and Wellbeing Board approves the proposed performance report of Quarter 2 2015/2016 Better Care Fund that will be reported to NHS England in the November submission.**
4. **That the Health and Wellbeing Board notes the minutes of the Health and Social Care Integration Board of 9 September 2015.**

1. WHY THIS REPORT IS NEEDED

1.1 Background

1.1.1 Barnet Health and Wellbeing Board agreed the Health and Social Care Integration (HSCI) Business Case in October 2014 and this business case formed the basis of the Barnet Better Care Fund (BCF) Submission made in January 2015 made on behalf of the Health and Wellbeing Board.

1.1.2 Health and Social Care integration remains a key priority within the draft Health and Wellbeing Strategy 2016 to 2020. The Health and Social Care Integration work has been in progress since 2012 and the business case set out how the work would be taken forward in the next three years. The Health and Wellbeing Board delegate the work to implement and develop integration to the Health and Social Care Integration Board.

1.1.3 The HSCI Board have in place a programme of work which delivers the Commissioning Intentions of LBB and CCG to achieve better health and wellbeing outcomes and improve user experience for the frail, older population in Barnet in a financially sustainable way.

1.1.4 The objectives of integration are:

a) Improving outcomes for frail elderly residents, patients, service users in Barnet and those living with long-term conditions (LTCs) and their carers

b) Manage the forecast gaps in funding available for the expenditure expected to meet the needs of people and demand for services, as the

population of frail elderly people and those with Long Term Conditions in Barnet, grows

c) Meeting ambitious but necessary external NHS Quality, Innovation, Productivity and Prevention and Better Care Fund or internal Local Authority Medium Term Financial Savings (MTFS) and Priority Spending Review (PSR) targets.

1.1.5 The Health and Wellbeing Board has the responsibility to report to NHS England on progress against the Better Care Fund metrics. The delivery of medium-term strategy to meet the HSCI Business Case and to manage performance against the BCF is delegated through the HSCI governance structure. This report sets out progress made in the implantation of the HSCI Business Case and the BCF including performance against the BCF metrics.

1.1.6 The Health and Wellbeing Board delegates the responsibility to the Health and Wellbeing Board Finance Group for the submission of the BCF performance report to NHS England. The HWBB Finance Planning Group have compiled the BCF Submission for May 2015 and August 2015, and have overseen the production of the Performance dashboard.

Better Care Fund Performance Report (quarter 1 and quarter 2)

1.2 **Dashboard (quarter 1 and quarter 2)**

1.2.1 The dashboard provides a status summary of the performance against each of the BCF metrics. The following section sets out further detail against each of those metrics. Shading denotes a RED level of performance.

	2014/2015			2015/2016		
	Quarter 4 Plan	Quarter 4 Performance	Quarter 1 Plan	Quarter 1 Performance	Quarter 2 Plan	Quarter 2 Performance

	2014/2015			2015/2016		
Non-Elective Admissions	7227 ↓	7372 ↑	7442 ↓	7590 ↑	7262 ↓	7584 ↑
Admissions to Residential and Nursing Care	438 ↓	382 ↓	100 ↓	98.6 ↓	200 ↓	155 ↓
Delayed Transfers of Care	492 ↓	525 ↑	647 ↓	646 ↓	647 ↓	620 ↓
Self-directed Support	**99%** ↑	99% ↑	**99%** ↑	99% ↑	99% ↑	99% ↑
Effectiveness of Enablement	85 ↑	77. 06 ↓	**Measured Annually**	N/A		N/A
Service User Satisfaction	**90%** ↑	**88%** →	**Measured Annually**	N/A		N/A
Income and Expenditure		**Pooled Budget not in place**	**£6,105,750**	**£6,151,170**	£5,768,750	Available 10th November

1.3 **Non-Elective Admissions**

1.3.1 Non-Elective Admissions are the key indicator on which Barnet's success with the BCF is assessed. The admissions that are counted include all admissions for all HWBB area residents. This is a different population group than those set out in the CCG Operating Plan which is Barnet General Practice Registered patients.

1.3.2 There is an increase in Non-Elective Admissions when the CCG operating Plan has set out a planned reduction in Admissions to deliver the Better Care Fund targets.

Table 1 - Non Elective Admissions based on HWBB population performance January 2015 to December 2015

	Quarter 4	Quarter 1	Quarter 2	Quarter 3
Baseline (previous year)	7371	7590	7407	7367
Plan	7,227	7,442	7,262	7,488
Actual Performance	**7,372**	**7,836**	**7,584**	
Difference (%)	**+0.001%**	**+ 3.5%**	**+2%**	

1.3.3 The Health and Social Care Integration work targets the older age group aged over 65. There is an increase in admissions within the over 85 age group, but the biggest driver of demand is admissions in the 50-59 age group which to date has been out of scope of the HSCI programme.

1.3.4 Pressure and demand is being seen across the system and across London. Barnet remains a good performer for Admissions in the North London Cluster.

1.3.5 The CCG have undertaken a detailed analysis on admissions from April to August 2015 which was considered by the CCG in October. This work has shown that there are three key areas for deeper analysis work which will require in-depth clinical review:

- Admissions in the 50-59 age group with particular emphasis on chest pain.
- Admissions in the over 85 age group linked to falls and fractures from falls
- The 0-4 age group for viral infections which will inform the paediatric urgent care work currently being scoped.

1.3.6 The HSCI Steering Group will undertake urgent work to review the falls pathway, effectiveness of current provision and identify urgent action to improve performance in this area. The CCG will undertake work to look at the cardiac pathway and paediatric admissions.

1.4 **Pay for Performance**

1.4.1 Within Barnet, the partners submitted a Better Care Fund (BCF) plan that showed that in the first year, the investment in community services through the BCF would achieve a planned reduction of 1.95% of Non-Elective Admissions, equivalent to 586 admissions.

1.4.2 The CGG, through NHS national tariff arrangements, pays for each admission and therefore admissions over the amount set out in the local plan have a cash value. The expected reduction in admissions was costed at £1.2m.

1.4.3 The Pay for Performance element of the Better Care Fund is the cash value of the reduction in Acute Hospital Activity of Non-Elective Admissions (NEL Admissions). The Better Care Fund guidance sets out that CCGs can, in the event of the reduction not being achieved, withhold the performance element from the BCF pool to fund the additional costs payable to hospitals. The

submission to NHSE requires us to describe the management of NEL cost pressure in these terms. In reality, the CCG with partners needs to agree how to manage this pressure as funds within the Better Care Fund are committed as services.

1.4.4 The BCF budget identified £800k of contingency to manage this and that BCF expenditure would be reduced to manage this pressure. The worst case scenario is that BCF spend will be restricted to off-set this cost. The best case scenario is that urgent work will reduce admissions to reduce acute care expenditure and that further CCG work will identify alternate sources of funding for the acute care activity.

1.5 **Delayed Transfers of Care**

1.5.1 This metric is measured annually for the Better Care Fund and is both the target and performance is based on quarter 4 of each year.

1.5.2 The BCF measures a reduction in delayed transfers of care expressed as the number of delayed days in total from hospital and the data is expressed per 100,000 population.

Date	**2013/2014**	**2014/2015**	**2016/2017**	**Q1 15/16**	**Q2 15/16**
Target		492.30	379.30	647.3	647
Performance	635.30	525		646.7	620

1.5.3 Actual numbers of delayed discharge are available on a monthly basis and trends in delays are monitored through the Systems Resilience Group and recommendations for management action are taken forward through that forum.

1.5.4 The performance for Quarter 1 and Quarter 2 of 2015/16 is on target.

1.6 **Admissions to nursing and Residential Care**

1.6.1 This is a social care metric and is defined and measured using the national methodology to calculated permanent admissions to nursing and residential care. The target is to reduce admissions annually and lower numbers that target are better.

Date	**2013/14**	**2014/15**	**2015/16**	**Q1 15/16**	**Q2 15/16**
Target		438	399	100	200
Performance	475	382		98.6	155

1.6.2 Performance in Quarter 1 and Quarter 2 of 2015/2016 were good with admissions just below target showing a reduction ahead of the plan.

1.7 **Effectiveness of Enablement**

1.7.1 This metric is measured annually and combines health and social care data. It

is conducted on an annual snap shot basis.

1.7.2 Here higher than target is a good performance and for 2014/2015 performance was poor:

	Baseline 13/14	Target 14/15	Performance 14/15	Target 15/16
Proportion of older people still at home 91 days after discharge	71.9	85	77.06	81.5

1.8 **Service User Satisfaction**

1.8.1 This is a social care metric and is measured annually in the Adult Social Care survey and calculated using national guidance and scoring.

	Baseline 13/14	Target 14/15	Performance 14/15	Target 15/16
Patient / service user experience	0.883	0.9	0.882	0.9

1.8.2 Performance for 2014/15 was slightly below target and at a satisfaction level of last year. Therefore the satisfaction has been sustained, not improved.

1.9 **Self-Directed Support**

1.9.1 This is a social care metric expressed as a percentage setting out how many service users of the total number of service user direct their support.

1.9.2 The BCF target is 1 as the metric is expressed as a whole number. Locally our target is 99%.

1.9.3 Performance against this target is good.

Date	2013/14	2014/15	2015/16	Q1 15/16	Q2 15/16
Target	99%	99%	1	99%	99%
Performance	98.4%	99.3%		99.2%	99.8%

1.10 **National Conditions Position Statement**

1.10.1 The Better Care Fund has six national conditions which each Health and Wellbeing Board must meet as part of the requirements of the Better Care Fund Guidance. For each Quarterly Submission to NHS England a position statement is made setting out Barnet's compliance and/or progress in meeting each condition.

1.10.2 It is expected that Barnet will meet the requirements through 2016. The BILT Pilot has tested and developed the joint assessment pilot. When the Integrated Care Management Service is implemented fully across Barnet, this

will be in place for all residents. Implementation is expected from April 2016.

1.10.3 The Shared Care Record project was paused in the spring as further work was needed within partner organisations to both develop systems capability to utilise integrated digital records and to develop the appropriate information governance arrangements. The Shared Care Record Agreement has been signed off which provides the governance framework. The next stage is for the NHS number to be agreed as the primary identifier for all Health and Social Care records. Once this is in place, work can focus on system functionality.

Table 2 – National Condition Position Statement

National Condition and Definition	Reported Position	Narrative
1.Plans are Jointly Agreed The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences	Yes	
2) Social Care Services are protected. Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14	Yes	
3) Seven day working to support hospital discharge Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it.	Yes	
4) Better data sharing between health and social care, based on the NHS number The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS	**No – in progress**	The CCG IT strategy sets out the intent to share information across primary

National Condition and Definition	Reported Position	Narrative
number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care. Local areas should: • confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to; • confirm that they are pursuing open APIs (i.e. systems that speak to each other); and • ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.		and community services. The Capability to share data is being developed through Emiss Community and A pilot is testing this is underway. The upgrade to Mosaic for the Social Care record gives the capability to use the NHS number. Information governance arrangements are in place
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.	**No – in progress**	The BILT pilot has a joint approach to assessment and care planning. This is currently being rolled out to the West Locality and will be rolled out across the borough through 2016.
6) Agreement on the consequential impact of changes in the acute sector Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.	Yes	

1.11 Income and Expenditure

1.11.1 The Health and Wellbeing Board have agreed the Better Care Fund Budget and planned expenditure on services and projects. This income and expenditure statement excludes public health investment in Tier 1 and 2 services as these are out of scope of the BCF Pool.

1.11.2 Services and projects set out in the BCF plan have operated through the quarter and therefore Expenditure is to the plan and summarised below.

Pressure has arisen from the demand for Adult Social Care and for Equipment services. This demand is not fully represented below and further work is taking place to set this out fully. The Acute Care spend as a result of NEL Admissions is not reflected here as the contingency fund has off-set this.

Table 3 – Better Care Fund Income and Expenditure

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Total Yearly Plan
Income	**Plan**	£5,853,000	£5,853,000	£5,853,000	£5,853,000	£23,412,000
	Actual	£5,853,000	Available November	-	-	
Expenditure	**Plan**	£6,105,750	£5,768,750	£5,768,750	£5,768,750	£23,412,000
	Actual	£6,151,170	Available November	-	-	

1.12 **Governance and Section 75 Agreement**

1.12.1 Better Care Fund guidance requires Health and Wellbeing Boards to pool funds via a Section 75 Agreement. This is a national condition against which Barnet is required to report progress.

1.12.2 The Better Care Fund in Barnet is currently an aligned arrangement with both partners identifying spend and jointly reporting on Income and Expenditure. The Health and Wellbeing Board received an update report on the Pooled Budget progress at its meeting on 4 June 2015.

1.12.3 The overarching Section 75 Agreement between the CCG and LBB requires a deed of variation to allow the pooled fund to become executed. The schedule is drafted and the final governance procedures are being undertaken to allow the execution of the deed of variation.

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1.13 **Self- Management and Prevention (Tier 1 and 2)**

1.13.1 Through the last six-month period, considerable effort has been invested in building capacity in the community to support residents to manage their own care.

1.13.2 This has included the investment in the Groundworks led initiative to develop health and social care volunteers linking with work to support healthy and active lifestyles.

1.13.3 Twenty-eight Pharmacies have signed-up to develop a Barnet Health Living Pharmacy offer supporting the development of the “no-wrong Door” approach. The first step has been to train counter-staff as Health Champions to provide targeted health information, support and signposting for pharmacy customers.

1.13.4 Through co-production, Public Health have led and developed the

specification for Health Champions operating from General Practice who will focus on Mental Health. This model will be developed and broadened.

1.13.5 The small-scale Self-Management programme was developed with external funding. The next stage is to focus this on Diabetes Self-Management where there is a robust national evidence base on outcomes for people.

1.13.6 The Aging Well Programme delivered to four town centre localities. The strategy to roll-out the successful elements of the programme will be implemented through the rest of 2015 and into 2016.

1.13.7 The next planned project is to deliver Making Every Contact Count (MECC) training to those who work within services in Barnet who have contact with people who are frail elderly or with Long-Term Conditions. The aim of this training is to enable professionals to have an understanding of a range of issues such as carers, healthy lifestyle, available services and to provide brief interventions with the aim of enabling a resident to know how and where to access support if needed.

1.13.8 The Dementia Manifesto will be agreed in November 2015 and the supporting action plan will be delivered through the programme where appropriate.

1.14 **Care and Support (Tier 3, 4 and 5)**

1.14.1 The Care Home strategy group, which includes Care Home Managers as well as Health and Social Care professionals, held a co-production workshop to review progress to date and priority work to take forward. The group have a clear vision of building an integrated team around care homes with robust care planning and specialist advice when needed to support people to receive care in the care home and to avoid unnecessary admissions to hospital. This work will be taken forward as a priority action.

1.14.2 The Barnet Integrated Locality Team (BILT) has continued to develop models of integration based around a person and their locality. The pilot has been evaluated and key decision-makers took part in a workshop to set out the commissioning model and delivery plan for the full implementation of the service as set out in the Health and Social Care Business. BILT is widening the number of GP practices who can refer to the team from August 2016 and the BILT team will now support the whole of the West locality.

1.14.3 The Multi-Disciplinary Team (MDT) which has been in place for two-years and works to put in place case management and anticipatory care plans for Barnet's most frail elderly residents has continued to operate. The Team had undergone some change and work has taken place to restate the objectives of MDT and to ensure the team is embedded in local processes and systems.

1.14.4 The CCG has reviewed at Clinical Summit the use of Risk Stratification in primary care to ensure it is being utilised effectively and that the services described above are targeting the right cohorts of patients.

1.14.5 The Rapid Response service which is delivered by CLCH is now well embedded. This service seeks to provide treatment and care in the

community to avoid the need for Acute care in Hospital.

1.15 **Health and Social Care Integration Board**

1.15.1 The HSCI Board is therefore plays a significant role in driving forward health and social care integration. It oversees and provides strategic direction for the development of integrated health and social care services, proportionate to the level of investment that is required and the complexity of the work programme delivered.

1.15.2 The Barnet HWBB on 13th November 2014 agreed to receive the minutes of the HSCI Board as a standard item on the agenda to ensure that adequate attention is given at Board level to the work that providers are doing to support delivery of Barnet's integrated care proposals.

1.15.3 The last meeting of the HSCI Board was held on 9 September 2015, the minutes can be found at appendix 1. The meeting considered the performance of NEL Admissions and the progress of the Integration work in reducing the admissions. The Board agreed that where good national evidence existed for approaches or services, that we should consider commissioning these as opposed to pilot or evaluating locally. With this in mind, the Board now require officers to consider scale and pace with new developments and service changes.

2. REASONS FOR RECOMMENDATIONS

2.1 The Health and Wellbeing Board has the responsibility to report to NHS England on progress against the Better Care Fund metrics. The delivery of medium-term strategy to meet the HSCI Business Case and to manage performance against the BCF is delegated through the HSCI governance structure. This report sets out progress made in the implementation of the HSCI Business Case and the BCF including performance against the BCF metrics.

2.2 The HWBB Finance Planning Group submitted to NHS England the Quarter 1 template in August 2015 and have prepared the BCF Submission for November 2015. A brief narrative is given here on performance and the appendices provide a summary of the submission made to NHS England with Financial and Performance information available at the time of writing the report.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable

4. POST DECISION IMPLEMENTATION

4.1 The HWBB Finance Group will oversee the submission to NHS England for the BCF Quarter 2 by the 26th November 2015.

4.2 The CCG will undertake work on the two priority areas that arose from the analysis of Non-Elective Admissions and take remedial action where this is identified.

4.3 The HSCI Steering Group will undertake an urgent review of the falls pathway

and falls strategy to reduce preventable falls and therefore reduce admissions to falls in older adults.

4.4 The HWBB Finance Group will continue work to develop actions to manage the expenditure relating to NEL Admissions.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 Integration of Health and Social Care remains a key priority in the Barnet Health and Wellbeing Strategy 2016 to 2020 and will continue to deliver LBB Commissioning Intentions and BCCG 5 year Strategic Plans.

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

5.2.1 From April 2015, the Department of Health (DH) required councils and Clinical Commissioning Groups (CCGs) to pool their budgets allocated for the delivery of the schemes of work in the Better Care Fund (BCF) Plan. This would enable the Council, the CCG and the Health and Wellbeing Board (HWBB) to determine investment and realise the target benefits and outcomes identified.

5.2.2 The HWBB Finance Group will act as the pooled fund executive, through the officers and group members with the requisite delegated authority, and will be responsible for monitoring progress in delivering the target benefits and outcomes in the BCF Plan and Business Case, including oversight of work and spend.

5.2.3 The Policy and Resources Committee, on 24th March 2015, gave authority for the Council to enter into a pooled budget with NHS Barnet CCG. They also delegated authority to the Commissioning Director for Adults and Health to finalise the operational arrangements for the Better Care Fund 2015-2016 pooled budget with NHS Barnet Clinical Commissioning Group, and to execute a new schedule to the section 75 agreement for Integrated Care and a Deed of Variation to initiate the pooled fund arrangement. The Deed of variation is agreed in principle by the CCG.

5.2.4 The cost of the increase of Non-Elective Admissions places considerable risk to CCG budgets and the BCF Pooled Fund. The potential exposure to the BCF pool is £1.2m.

5.2.5 The BCF 2015/16 Budget is outlined below:

	Source	Type	£000
1	LBB	Adult Social Care Capital Grant	806
2	LBB/NHS	Section 256 Funding	6,634
3	BCCG	Carers Breaks	806
4	BCCG	Enablement	1,860

5	LBB	Disabled Facilities Grant (DFG)	1,066
6	BCCG	NHS Funding *(Note - Includes £846K for Care Act Implementation)*	12,240

5.3 **Social Value**

5.3.1 There are currently no proposed procurements and therefore no Social Value considerations relevant to the decision.

5.4 **Legal and Constitutional References**

5.4.1 Section 75 Agreements for Integrated Care between BCCG and LBB, Section 75 of the NHS Act 2006 (pooled budgets arrangements).

5.4.2 Under the Council's Constitution (Responsibility for Functions Annex A) the Health and Well-Being Board has the following responsibility within its Terms of Reference:

(*3); '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.'*

(9); Specific responsibility for:

- *Overseeing public health*
- *Developing further health and social care integration*

5.5 **Risk Management**

5.5.1 The key risk is that performance is not at the expected level and the report has set out the steps that will be taken to address this.

5.6 **Equalities and Diversity**

5.6.1 Section 149 of the Equality Act 2010 sets out the public sector equality duty which obliges the Council to have due regard to the need to:

a) eliminate unlawful discrimination, harassment, victimisation;
b) advance equality of opportunity between those covered by the Equality Act and those not covered, e.g. between disabled and non- disabled people; and
c) foster good relations between these groups.

5.6.2 By section 149(2) of the Equality Act 2010, the duty also applies to 'a person, who is not a public authority but who exercises public functions and therefore must, in the exercise of those functions, have due regard to the general equality duty'. This means that the council will need to have regard to their general equality duty.

5.6.3 Considerations of equality are reflected in the programme plan and in day to

day business with particular attention to older adults and those with disabilities.

5.7 **Consultation and Engagement**

5.7.1 Consultation and Engagement takes place through the HSCI Board and HSCI Steering Group, and the structures that work below the Board with residents and stakeholders to enable services to develop in a responsive way with coproduction as a core principle. Feedback from Service users is regularly reflected in performance reports.

5.8 **Insight**

5.9 Not relevant to this decision

6. BACKGROUND PAPERS

6.1 Final Barnet BCF Plan approved as part of the Part 1 BCF Plan submission approved by NHSE on 6th February 2015, Health and Well-Being Board 29 January 2015, item 6: https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7784&Ver=4

6.2 NHS England operationalisation guidance of Better Care Fund Plans: http://www.england.nhs.uk/wp-content/uploads/2015/03/bcf-operationalisation-guidance-1516.pdf

6.3 Health and Wellbeing Board approved the BCF budget and proposal for the BCF pooled Fund on the 4th June 2015: http://barnet.moderngov.co.uk/documents/s23554/Barnet%20HWBB%20-%20HSCI%20Board%20Minutes%20Cover%20Sheet%20June%202015%20v0.3.pdf