

	Health and Wellbeing Board 21 January 2016
Title	Minutes of the Joint Commissioning Executive Group
Report of	Commissioning Director – Adults and Health Director of Clinical Commissioning
Wards	All
Date added to Forward Plan	November 2014
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1- Terms of Reference Appendix 2 - Minutes of the Financial Planning Group – 21 October 2015 Appendix 3 – Minutes of the Financial Planning Group – 15 December 2015
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Summary

This report is a standing item which presents the minutes of the Joint Commissioning Executive Group (formerly known as the Financial Planning 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.

Recommendations

1. That the Health and Wellbeing Board notes and comments on the minutes of the Financial Planning Sub-Group meeting of 21 October 2015 and 15 December 2015.

1. That the Health and Wellbeing Board notes the revised Terms of Reference (Appendix 1) for the Joint Commissioning Executive Group.

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 sub-group to co-ordinate financial planning and resource deployment across health and social care in Barnet. The financial planning sub-group 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. The Health and Wellbeing Board Financial Planning Sub-Group has in its terms of reference the approval of plans for S256/BCF funds on behalf of the HWBB.
- 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 In March the Financial Planning sub-group reviewed the operating context for the CCG and LBB given the changes that both organisations have experienced over the past nine months and therefore the relevance of the Financial Planning Sub-group. It was agreed that the group should:
 - Focus on areas of strategic joint work between the CCG and LBB which includes the section 75 agreements, the operation of the Joint Commissioning Unit and the Better Care Fund (BCF)
 - Change its name to the Joint Commissioning Executive Group in line with the national guidance of the BCF
 - Review the Terms of Reference to reflect this new strategic emphasis and update the membership given personnel changes in both organisations
 - Shape the Health and Wellbeing Board work programme with the Health and Well-Being Board Chairman and Vice Chairman
 - Support the development of the Health and Wellbeing Strategy
- 1.5 Given the above, in December 2015 the Group agreed the revised Terms of Reference for the Joint Commissioning Executive Group. The revised Terms of Reference can be found at Appendix 1.
- 1.6 Minutes of the meeting of the Financial Planning sub-group held on the 21 October 2015 are presented in appendix 2 and minutes from the sub-group held on the 15 December 2015 are presented in appendix 3.
- 1.7 In October the Group:

- Continued work to review our current Section 75 agreements
- Reviewed non-elective hospital admissions performance and agreed action to target areas to reduce admissions
- Considered the cost pressures across the health and social care system and recognised that the NHS and local government experience cost pressures due to an increase use of non-urgent care and delays in treatment
- Reviewed and developed the implementation plan for the Joint Health and Wellbeing Strategy

1.8 In December the Group –

- Agreed the updated Terms of Reference for the group (Appendix 1)
- Agreed to the protection of adult social care element of the Better Care Fund (BCF) for 2016/17
- Further shaped the Joint Health and Wellbeing Strategy (2015 – 2020) Implementation Plan
- Discussed primary care
- Discussed the development of an overarching Section 75 agreement for adults and childrens between LBB and BCCG
- Reviewed BCF performance (quarter 2)
- Confirmed and programmed plans to sign the BCF Schedule and Deed of Variation for 2015/16 before 24 December 2015, as agreed at the BCCG Governing Body on 23 November 2015

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 in appendix 1.

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.