

DATED 1st April 2013

NHS ENGLAND (1)
(ESSEX AREA TEAM)

and (2)

ESSEX COUNTY COUNCIL

**Agreement relating to
Transfer of Social Care Monies from
NHS England as outlined in the NHS
Operating Framework**

THIS AGREEMENT is made **1st April 2013**

BETWEEN:

- (1) Essex Area Team on behalf of **NHS ENGLAND** of Swift House, Hedgerows Business Park, Colchester Road, Springfield, Chelmsford, Essex CM2 5PF; and
 - (2) **ESSEX COUNTY COUNCIL** of PO Box 11, County Hall, Chelmsford, Essex CM1 1YS (“**Organisation**”);
- (together the “**Parties**”).

WHEREAS:

- (A) Essex Area Team on behalf of NHS England is empowered by Section 256 of the 2006 Act to make payments to the Organisation in certain circumstances towards expenditure incurred or to be incurred by such Organisation.
- (B) Essex Area Team on behalf of NHS England has agreed to make payments to the Organisation to contribute towards or pay the costs of the Scheme.
- (C) By resolution of the North Essex Cluster Board dated **26th March 2013** and South Essex Cluster Board dated **28th March 2013** the transfer of funding for the Scheme was recommended pursuant to Section 256 of the 2006 Act.
- (D) Essex Area Team on behalf of NHS England is satisfied that this Grant is in accordance with the Act and complies with the Directions.

NOW IT IS HEREBY AGREED as follows:

1 Definitions and Interpretation

- 1.1 In this Agreement the following expressions shall unless the context otherwise requires have the meanings herein:

“**2006 Act**” means the National Health Service Act 2006;

“**Annual Voucher**” means the statement of compliance with conditions of Grant and expenditure certification as set out in the Schedule 2;

“Directions” means the Directions by the Secretary of State for Health as to the conditions governing payments by health authorities and other bodies under the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000;

“Financial Year” means 1 April of one year to 31 March of the following year;

“Grant” means the amount of money set out in Schedule 1 payable by NHS England to the Organisation in respect of the Scheme on the understanding that the Organisation will meet the costs of the Scheme to the extent that it is not funded by the grant money;

“Nominated Officers” means Andrew Pike (Essex Area Director) and Dave Hill (for the Organisation) or such replacements as may be notified by a Party to the other Party in writing from time to time;

“Scheme” means the scheme as more specifically described in Schedule 4.

- 1.2 The headings in the Agreement are for ease of reference only and shall not affect the construction hereof.
- 1.3 A reference to any Act of Parliament, Order, Regulation, Statutory Instrument, Directions or the like shall be deemed to include a reference to any amendment or re-enactment of the same.

2 Conditions relating to the Grant

- 2.1 The Grant shall be paid by NHS England as described in Schedule 1 and if the Grant is to be paid in instalments, in such instalments as described in Schedule 3.
- 2.2 The Organisation shall submit a completed and certified Annual Voucher to the Director of Finance, Essex Area by no later than the 31st December following the end of each Financial Year.
- 2.3 The Organisation shall use the Grant:-
 - 2.3.1 in respect of the Scheme;
 - 2.3.2 in such a way as to secure the most efficient and effective use of the amount paid;

2.3.3 in accordance with all relevant legislation and the Directions; and

2.3.4 in accordance with any policies, performance objectives, eligibility criteria and standards set out at Schedule 4.

2.4 The Organisation shall be responsible for the operational management of the Scheme.

2.5 The Organisation shall provide the Essex Area Team with the information detailed in Schedule 5 and access to such other information as NHS England may reasonably request.

2.6 The Essex Area Team and the Organisation shall meet at such intervals as the Parties agree, having regard to the nature of the Scheme, to review the Scheme.

2.7 Any variation to this Agreement or the Scheme must be agreed in writing by an authorised officer of each Party.

2.8 Any complaints in relation to the Scheme shall be notified immediately to the Nominated Officers who shall agree an appropriate course of action to ensure that all such complaints are dealt with appropriately.

3 Authority

3.1 Both Parties warrant that all required approvals and any necessary delegated authority which a Party may be responsible for ensuring, shall be put in place and complied with regarding the execution and performance of this Agreement.

4 Dispute Resolution

4.1 Both Parties agree that it would be in their best interests for any disagreement to be resolved locally as soon as reasonably possible, firstly by the Parties' Nominated Officers or, failing agreement, by the Parties' Chief Executive Officers (or equivalent) or their nominated deputies.

4.2 Failing agreement by Chief Executives (or equivalent) or nominated deputies then the dispute will be referred within five (5) operational days to the Arbitration Service. The outcome of such arbitration will be binding on both Parties.

5 Cancellation and reimbursement

- 5.1 The Organisation shall inform the Essex Area Team in writing should the Scheme come to an end or the Organisation ceases to carry out those functions in connection with which the Grant is made.
- 5.2 Should the Scheme come to an end or the Organisation ceases to carry out those functions in connection with which the Grant is made prior to completion of transfer of the Grant, then the Essex Area Team shall be under no obligation to pay the Grant or make further instalments of the Grant.
- 5.3 In the event the Essex Area Team ceases to pay the Grant or the Organisation is obliged to reimburse the Grant in accordance with this Clause 5, the Essex Area Team and the Organisation shall work together to ensure there is minimal disruption to individuals benefiting from the Scheme.

6 Contracts (Rights of Third Parties) Act 1999

- 6.1 The Contracts (Rights of Third Parties) Act 1999 shall not apply to this Agreement and nothing in this Agreement shall confer or purport to confer or operate to give any third party any benefit or any right to enforce any term of this Agreement except as expressly provided in this Agreement.

7 Communication

- 7.1 Any notice to be given by either Party to the other under this Agreement shall be in writing sent to the Nominated Officer of the relevant Party at the address as set out in this Agreement.

8 Governing Law

- 8.1 This Agreement shall be governed by and construed in accordance with English Law.

Schedule 1
Memorandum of Agreement
Section 256 transfer

Reference number: ***[Insert details]***

Title of Scheme **Transfer of Social Care Monies from NHS England as outlined in the NHS Operating Framework.**

(the reference number and title of the scheme should give a unique identification of the Scheme)

1. How will the section 256 transfer secure more health gain than an equivalent expenditure of money in the NHS?

1.1 NHS England will transfer £859m nationally from its global allocation to local authorities. The funding is to be used to support “Adult Social Care services which also has a health benefit”, as detailed by the Department of Health letter dated 19th December 2012, gateway number 18568 (Appendix 1)

1.2 Towards this aim, the agreement for the transfer is made between the Local Area Team and the organisation. The organisation will use the monies to ensure the sustainability of services which have mutual benefit to health and social care. In line with responsibilities under the Health and Social Care Act, the Essex Area Team is required to ensure that the organisation and clinical commissioning groups have regard to the Joint Strategic Needs Assessment for their local population, and existing commissioning plans for both health and social care, in how the funding is used.

1.3 The organisation and the Essex Area Team will work together during the financial year 2013/14, in conjunction with partners, **including the Clinical Commissioning Groups and in line with the guidance.** The Health and Wellbeing Board will be the forum for discussions to take place and to jointly agree and implement a programme of work which will include:

- Review the health and social care system to improve care pathways with a view to reducing needs for health and social care interventions, through QIPP
- Put in place appropriate hospital discharge pathways
- Deliver the QIPP programme and the organisation’s service plan and budget requirements
- Coordinate with the work streams agreed under the Section 256 agreed between Clinical Commissioning Groups and the organisation for the use of the Reablement monies allocated separately to CCGs by the Department of Health.

2. Description of scheme and relationship to HImP (In the case of revenue transfers, please specify the Scheme for which money is being transferred).

2.1 Funding for social care via the NHS is to mutually benefit social and healthcare services.

2.2 This scheme provides for the transfer of the social care funds to support the sustainability of services for both health and social care and jointly support the agreed priorities for system QIPP priorities.

2.3 The funding will aid the commissioning of a range of services to support the outcomes as detailed in 4 below.

3. Financial details (and timescales):

The amount to be transferred in the financial year 2013/14 is £21,186,856.

1. For the initial £15,540,000 which has been allocated to Base Budget to support Adult Social Care Services, payment will be made in 3 parts as follows:

The first 40% will be paid on 1 April 2013 or on the seventh working day after the Agreement has received final signoff, whichever is the later. The second payment of 40% will be paid on 1st October 2013. The third payment for the remaining 20% will be paid following an outcomes review on 1st March 2014.

2. For the additional £5,646,856 not allocated to Base Budget, which is to be used over an 18 month period from April 2013 to support integrated working and joint demand management schemes, payment will be made in 3 parts as follows:

The first 30% will be paid on 1 April 2013 or on the seventh working day after the Agreement has received final signoff, whichever is the later. The second payment of 30% will be paid on 1st October 2013. The third payment for the remaining 40% will be paid no later than 1st March 2014. This arrangement reflects the profile of spend for this part of the sustainability funding.

A new Section 256 for 2014/15 will be completed once confirmation of any funding is received by NHS England.

4. Please state the evidence you will use to indicate that the purposes described at questions 1 & 2 have been secured.

The Organisation will keep proper records in relation to the scheme and will allow NHS England's representatives to inspect all such records and will supply copies on request. The Parties will have regular meetings for the purpose of discussing the spend, and how it is delivering health and social care benefits in the economy.

Measures of success

The following measures reflect the continuation of the £15,540,000 investment into supporting Social Care base budgets and reflect the jointly commissioned nature of adult social care services. The measures set out below and the metrics set out in schedule 5 are a way to demonstrate improved outcomes for this investment.

(1) Hospitals

Sustained activity in acute finable delayed transfer of care for social care against 2012 activity levels, with the aim of this being zero. This will be assuming the same proportion of Section 2's revoked during the same time period.

Sustained reduction and then stabilisation of non acute community hospital delays for social care against 2012 activity levels, with the aim of this being zero, subject to provision of benchmarking data.

There may be situations where we mutually agree that delays were unavoidable.

The evidence we will seek to obtain:

INPUT	OUTPUT	OUTCOME
<p>Monitoring of the acute and community hospital.</p> <ul style="list-style-type: none"> - Social care demand will be measured using Section 2 and Section 5 process 	<p>Number of delays in social care across both Acute and Community Hospitals.</p> <p>Increased number of Social Care assessments and reviews.</p>	<p>Sustained reduction and stabilisation of social care delayed transfers of care.</p> <p>Discharge in a timely fashion.</p> <p>Sustained reduction and stabilisation of readmissions from social care facilitated discharges. (Monthly data)</p>

(2) Statutory requirements

Meeting our statutory requirements for the increased number of service users arising as a result of demographic pressure, all within the reduced available financial resources.

During the year a transformational programme of work will be jointly developed with partners to ensure that the additional £5,646,856 is appropriately invested in schemes to improve health and social care outcomes in the coming years. It is therefore not possible to precisely define in this agreement what the measures of success would be for this aspect of the investment. **Plans for this investment** shall be initially agreed by the Health and Wellbeing Board. Progress against outcomes shall be reported to the Health and Wellbeing Board during the period of development and implementation.

For measures of success see Schedule 5.

(3) Variations

Detailed uses of the monies, and any changes to uses should these arise, shall be discussed and agreed at the Business Management Group, which is a sub-committee of the Health and Wellbeing Board. **The current terms of reference for the Business Management Group are attached as Appendix 2 to this Agreement.**

Schedule 2

Annual Voucher

PART 1 STATEMENT OF GRANT EXPENDITURE FOR THE YEAR [_____]

(if the conditions of the payment have been varied, please explain what the changes are and why they have been made)

Scheme Ref No. and Title of Expenditure Scheme	Revenue Expenditure £	Capital Expenditure £	Total £
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PART 2 STATEMENT OF COMPLIANCE WITH CONDITIONS OF TRANSFER

I certify that the above expenditure has been incurred in accordance with the conditions, including any cost variations, for each scheme agreed by the Essex Area Team in accordance with the Directions made by the Secretary of State under Section 256 of the NHS Act 2006.

Signed Date

[Insert Title of Officer]

Certificate of Auditor

The Statement of Responsibilities of grant-paying bodies, authorities and appointed auditors in relation to grant claims and returns, issued by the Audit Commission, sets out the respective responsibilities of these parties, and the limitations of our responsibilities as appointed auditors. I/we have:

- examined the entries in this form (which replaces or amends the original submitted to me/us by the authority dated _____)* and the related accounts and records of the authority in accordance with Certification Instruction A1 prepared by the Audit Commission for its appointed auditors; and
- carried out the tests specified in Certification Instruction HLG03 prepared by the Audit Commission for its appointed auditors, and I/we have obtained such evidence and explanations as I/we consider necessary.

(Except for the matters raised in the attached qualification letter dated _____)* I/we have concluded that the entries are

- fairly stated; and
- in accordance with the relevant terms and conditions.

Signature_____Name (block capitals)_____

Date_____

Schedule 3

Grant Monies

In consideration of Essex County Council commencing delivery of services with effect from 1st April 2013, the Essex Area Team will pay Essex County Council a revenue grant of £21,186,856 incorporating £15,540,000 dependent on completion of the outcomes in Schedule 4 and £5,646,856 for funding of Demand Management Schemes and to fund an Integration and whole system transformation, providing the resources to facilitate the wider system transformation of Health and Social Care.

The revenue grant will be paid to Essex County Council in accordance with the terms of this agreement by the Essex Local Area Team or its successors in title.

In this Agreement:

- 1) Payment of £15,540,000 will be made in 3 parts. The first 40% will be paid on 1st April 2013 or on the seventh day after the Agreement has received final signoff, whichever is the later. The second payment of 40% will be paid on 1st October 2013. The third payment for the remaining 20% will be paid following an outcomes review on 1st March 2014.
- 2) Payment of £5,646,856 will be made in 3 parts. The first 30% will be paid on 1st April 2013 or on the seventh day after the Agreement has received final signoff, whichever is the later. The second payment of 30% will be paid on 1st October 2013. The third payment for the remaining 40% will be paid no later than 1st March 2014. The agreement in relation to the £5,646,856 is made between the Essex Area Team and the organisation, and the organisation will use the monies to ensure the funding of Demand Management Schemes and to fund an Integration and whole system transformation of Health and Social Care over an 18 month period from 1st April 2013.

Schedule 4

Scheme

Funding for social care via the NHS is to mutually benefit social and healthcare services.

This scheme provides for the transfer of the social care funds to support the sustainability of services for both health and social care and jointly support the agreed priorities for system QIPP priorities, whilst meeting increased population demand.

The funding will aid the commissioning of a range of services to support the outcomes as detailed below.

1. An amount of £15,540,000 which has been allocated to Base Budget to support Adult Social Care Services.
2. An amount of £5,646,856 will be used to fund Demand Management Schemes and to fund an Integration and whole system transformation of Health and Social Care over an 18 month period from 1st April 2013. A schedule of intention for how resources will be spent is shown below:

Sustainability S256 Additional Funding; Proposed Allocation 2013/14		
Funding area/Scheme	Resources	Total Value
Sustainability Schemes:		
S256 funded Demand Management schemes:		
Joint Demand Management schemes	Schemes to be developed with Health for 5 priority areas (Stroke, Urgent Care including MDTs, Dementia, Integrated Falls, Continence)	
Further specific Demand Management schemes (some Test & Learn, some evidence based) to be agreed	Schemes to include: Home from Hospital, Memory Services, Assistive Technology, End of Life, Community Reablement	£3,320,000
Additional schemes:		
Garrison Reablement	Funding posts and support packages at Colchester National Reception Centre for injured soldiers	£150,000
Mental Health Enablement Service	Support package to prevent demand for longer term Mental health interventions	£200,000
South Essex Mental Health	Project Management resource	£95,500
West Essex / North Essex System Frail Elderly	Project Management resource	£95,500
Whole Essex Community Budgets: Strengthening Communities	Support for community resilience schemes	£250,000
Family Solutions	Adult MH workers for Family Solutions multi-disciplinary teams working with families with multiple disadvantage	£250,000
Scheme Total Sustainability		£4,361,000
System Transformation & Programme Management:		
Integrated Posts	NHS England Integration Director (Joint Appointment)	£121,000
Integration Programme Resources	Project Management & Financial Analyst resource	£281,000
R & D Support and additional programme resources	Development of models and evaluation, planning for pilots in 2014/15, additional programme resources including communications and specialist R&D skills	£884,000
Integration & Transformation Programme Total		£1,286,000
S256 Total Sustainability		£5,647,000

There may be variation in value or priority relating to the use of the additional funding for schemes and other integration activity during the 18 month implementation period. If this arises,

the variation(s) will be agreed between the parties via the mechanism detailed in Schedule 1, Section 4 (3) of this agreement and reported to the Health and Wellbeing Board.

The content of the schedule of Demand Management Schemes will have been finalised and all agreed schemes will be in implementation by October 2013.

The Organisation and the Essex Area Team will work together during the financial year 2013/14, in conjunction with partners including the Clinical Commissioning Groups, to jointly agree and implement a programme of work which will:

- Review the health and social care system to improve care pathways with a view to reducing needs for health and social care interventions through QIPP,
- Put in place appropriate hospital discharge pathways,
- Deliver the QIPP programme and the organisation's service plan and budget requirements,
- Coordinate with the work streams agreed under the Section 256 between NHS England for Sustainability monies and the organisation for the use of the Reablement monies allocated to CCG's by the Department of Health.

Success for the investment of £15,540,000 into base budgets for Social Care will be measured via:

(1) Hospitals

Sustained activity in acute finable delayed transfer of care for social care against 2012 activity levels, with the aim of this being zero. This will be assuming the same proportion of Section 2's revoked during the same time period.

A sustained reduction and stabilisation of activity in non acute community hospital delays for social care against 2012 activity levels, with the aim of this being zero, subject to provision of benchmarking data.

There may be situations where we mutually agree that delays were unavoidable.

The evidence we will seek to obtain:

INPUT	OUTPUT	OUTCOME
Monitoring of the acute and community hospital. - Social care demand will be measured using Section 2 and Section 5 process	Number of delays in social care across both Acute and Community Hospitals. Increased number of Social Care assessments and reviews.	Sustained reduction and stabilisation of the number of social care delayed transfers of care. Discharge in a timely fashion. Sustained reduction and stabilisation of readmissions from social care facilitated discharges. (Monthly data)

(2) Statutory requirements

Meeting our statutory requirements for the increased number of service users arising as a result of demographic pressure, all within the reduced available financial resources.

Schedule 5

Management Information

The Organisation will keep proper records in relation to the Scheme and will allow the Essex Area Team representatives to inspect all such records and will supply copies on request and other such information as the Essex Area Team may reasonably request.

The Parties will have regular meetings for the purpose of discussing the spend and how it is delivering Health and Social Care benefits in the economy.

Each of the five Essex County Council localities will have a plan showing the level of activity being undertaken to continue to deliver existing levels of service and performance whilst meeting increased population demand. These locality plans are activity in addition to services provided on a county wide basis. These will be shared by local arrangement with each economy.

Social Care Monies Monitoring Arrangements to Measure Impact 2013/14.

Sustainability Allocation Metrics

Ref	Measure	Adult Social Care Responsibility	Monitoring Mechanism TBA	Comments on reportability	Availability
Maintaining or enhancing quality of life for people with support needs					
ASCOF 1C	Proportion of people using social care who receive self-directed support, and those receiving direct payments	Primary	First meeting end April 2013, and quarterly thereafter		Annual
ASCOF 1E	Proportion of adults with a learning disability in paid employment	Primary	First meeting end April 2013, and quarterly thereafter		Annual
ASCOF 1F	Proportion of adults in contact with secondary mental health services in paid employment	Primary	First meeting end April 2013, and quarterly thereafter		Annual
ASCOF 1H	Proportion of adults in contact with secondary mental health services living independently, with or without support	Primary	First meeting end April 2013, and quarterly thereafter		Annual
Delaying and reducing the need for care and support					

ASCOF 2A	Permanent admissions to residential/ nursing care	Primary	First meeting end April 2013, and quarterly thereafter	To cover ages 18+	Annual
ASCOF 2B (1) (NHSOF 3.6)	The proportion of older people (65 and over) who were still at home 91days after discharge from hospital into rehabilitation services	Primary	First meeting end April 2013, and quarterly thereafter		Annual
ASCOF 2C	Delayed transfers of care from hospital, and those which are attributable to adult social care	Primary for social care attributable DToCs	First meeting end April 2013, and quarterly thereafter		Annual
Local plan measure	New people 65+ in receipt of assistive technology	Primary	First meeting end April 2013, and quarterly thereafter		Monthly
Keeping people safe					
Local plan measure	Protection of vulnerable adults. SOVA cases progressing to investigation	Primary	First meeting end April 2013, and quarterly thereafter		Monthly
AVA data return	Proportion of vulnerable adults referrals which are repeat referrals	Primary	First meeting end April 2013, and quarterly thereafter		Annual
NHSOF 3B	Emergency readmissions within 28 days of discharge from hospital	Contributory	First meeting end April 2013, and quarterly thereafter	This will rely on Health data	

IN WITNESS whereof the parties have signed this Agreement

Signed by.....

on behalf of **NHS ENGLAND**

Title: **Essex Area Director**

Name **Andrew Pike**

Signed by.....

on behalf of **ESSEX COUNTY COUNCIL**

Title: **Executive Director, Adult Social Care.**

Name **Dave Hill**

Appendix 1

19 December 2012 ,

Paul Baumann
Chief Financial Officer
NHS Commissioning Board

Gateway reference: 18568

Dear Paul,

Funding transfer from the NHS to social care in 2013/14 – what to expect

1. In the 2011/12 Operating Framework for the NHS in England, the Department set out that PCTs would receive allocations totalling £648 million in 2011/12 and £622 million in 2012/13 to support adult social care. This funding was in addition to the funding for reablement services that was incorporated within recurrent PCT allocations of £150 million in 2011/12 rising to £300 million from 2012/13.
2. From 2013/14, the funding transfer to local authorities will be carried out by the NHS Commissioning Board. This letter provides provisional information on the transfer, how it should be made, and the allocations due to each local authority. This is to help the Board and local authorities prepare for the coming year.
3. In the New Year, the Department will make directions to the Board, under Section 256 (5A)(5B) of the 2006 NHS Act, confirming the details in this letter.

Amount to be transferred

4. For the 2013/14 financial year, the Board will transfer £859 million from its global allocation to local authorities. The amounts to be paid to individual local authorities are set out at Annex A. As per the current PCT-level allocations, the Department has used the adult social care relative needs formulae to determine local authority level amounts.

Legal basis for the transfer

5. The payments are to be made via an agreement under Section 256 of the 2006 NHS Act. The Board will enter into an agreement with each local authority. However, before each agreement is made, certain conditions must be satisfied. These conditions are set out below.

Use of the funding

6. The funding must be used to support adult social care services in each local authority, which also has a health benefit. However, beyond this broad condition, the Department wants to provide flexibility for local areas to determine how this investment in social care services is best used.
7. The Board must therefore make it a condition of the transfer that the local authority agrees with its local health partners how the funding is best used within social care, and the outcomes expected from this investment. Health and wellbeing boards will be the natural place for discussions between the Board, clinical commissioning groups and local authorities on how the funding should be spent, as part of their wider discussions on the use of their total health and care resources.

8. In line with their responsibilities under the Health and Social Care Act, the Board must make it a condition of the transfer that local authorities and clinical commissioning groups have regard to the Joint Strategic Needs Assessment for their local population, and existing commissioning plans for both health and social care, in how the funding is used.
9. The Board must also make it a condition of the transfer that local authorities demonstrate how the funding transfer will make a positive difference to social care services, and outcomes for service users, compared to service plans in the absence of the funding transfer.
10. The Board may use the funding transfer to support existing services or transformation programmes, where such services or programmes are of benefit to the wider health and care system, provide good outcomes for service users, and would be reduced due to budget pressures in local authorities without this investment. The Board may also use the funding transfer to support new services or transformation programmes, again where joint benefit with the health system and positive outcomes for service users have been identified.
11. The *Caring for our future* White Paper also set out that the transfer of funding can be used to cover the small revenue costs to local authorities of the White Paper commitments in 2013/14 (excluding the Guaranteed Income Payments disregard, which is being funded through a grant from the Department of Health). The Board should have regard to this when reaching agreements with local authorities.

Reporting

12. As part of its agreement with local authorities, the Board must ensure that it has access to timely information on how the funding is being used locally, in order to assure itself that the conditions for each funding transfer are being met.

Further considerations

13. The Board must not place any other conditions on the funding transfers without the written agreement of the Department.
14. The directions will be updated in November 2013, for the 2014/15 financial year.

Next Steps

15. We will issue the Directions in the New Year, confirming the above details.
16. I am copying this letter to your Chief Executive, Sir David Nicholson, to Bill McCarthy and to Helen Masding.

Yours sincerely,
Shaun Shaun Gallagher
Director General

Social Care, Local Government and Care Partnerships

The HWB Business Management Group

Functions:

Creative initiation role

1. Initiate and develop the Joint Strategic Needs Assessment (JSNA) with Public Health and partners.
2. Initiate and coordinate development with partners of the Joint Health and Wellbeing Strategy (JHWBS) based on the JSNA.
3. Coordinate and schedule board business within an agreed integrated business cycle across Greater Essex, including CCG Integrated Plans and Community Budget business cases.
4. Design and run the business of the board (including quality assurance of Board papers).

Strategic assurance role

5. Organise and facilitate strategic assurance reviews with local partnerships.
6. Analyse commissioning plans to ensure alignment with Joint strategy.
7. Align work plans with key related bodies (e.g. including Health Overview and Scrutiny Committee and Healthwatch).
8. Have an overview of the whole system and make internal and external connections (e.g. Essex Public Service Board, Safer Essex Board, local HWB arrangements, Children's Trust, Quality Surveillance Group), signposting enquiries and referring issues to other accountable partners.
9. Develop criteria for the Board to determine whether commissioners have fulfilled their duty to have regard to the JSNA and JHWS within their published commissioning plans and to report accordingly to the NHS Commissioning Board and the County Council on the outcome of their review.
10. Identifying system risks and identifying/managing risks to Board functioning.

Relational, inspirational, connective and coordinative role.

11. Work with system partners regarding system trends and issues, e.g. standards of care in care homes or safeguarding issues, and refer onwards.
12. Coordinate and share existing good practice partnership working in Essex.
13. Engagement of the local HWB arrangements, stakeholders and public in commissioning including service planning, design, evaluation and performance management.
14. Communications planning and coordinating delivery of key messages and responding to requests.

Membership:

The membership for the Business Management Group would include: Accountable Officers from the 5 Essex CCGs, Essex County Council's Directors of Adult Social Care (DASS), Children's Services (DCS) and Public Health (DPH), NHS CB Local Area Team, Healthwatch officer and HWB secretariat officer.

This would link to the membership of the Integrated Commissioning system design group which would also include the Southend and Thurrock CCGs and Southend and Thurrock DCS, DASS and DPH. The Essex HWB Business Management Group would meet monthly, one month virtually, the other physical. The physical meetings could be timed to align with the Design group given to similar membership. Ideally the Business Management Group will meet 2-3 weeks before each Health & Wellbeing Board meeting.