
Meeting	Health and Well-Being Board
Date	12 th June 2014
Subject	Minutes of the Financial Planning Sub-group
Report of	Strategic Director for Communities
Summary of item and decision being sought	This report is a standing item which presents the minutes of 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.

Officer Contributors	Claire Mundle, Commissioning & Policy Advisor- Public Health/ Health & Well-Being
Reason for Report	To note the minutes of the previous Financial Planning sub-group meeting on the 19 th May 2014.
Partnership flexibility being exercised	The report encompasses partnership flexibilities such as those under Sections 75 and 256 of the NHS Act 2006.
Wards Affected	All
Status (public or exempt)	Public
Contact for further information	Kate Kennally, Strategic Director for Communities, kate.kennally@barnet.gov.uk , 020 8359 4808
Appendices	Minutes of the Financial Planning Group, 19 th May 2014. Draft terms of Reference for the Health and Well-Being Financial Planning Sub-Group Local Authority Social Services Letter 2014

1. RECOMMENDATIONS

- 1.1 That the Health and Well-Being Board notes the minutes of the Financial Planning Sub-Group of 19th May 2014.**
- 1.2 That the Health and Well-Being Board approves the proposed approach to allocating Section 256 money in 2014/15.**
- 1.3 That the Health and Well-Being Board approves the terms of reference for the Health and Well-Being Financial Planning Sub-Group.**
- 1.4 That the Health and Well-Being Board notes the local plans to review the future of mental health services in Barnet, and approves the suggestion made at the Financial Planning Sub-Group that a position paper on mental health services is presented to the Health and Well-Being Board in September 2014 to help inform future options.**

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 Cabinet, 14 February 2011– agreed partnership working for health in Barnet that proposed to delegate responsibility for the social care allocation through the NHS to the shadow Health and Well-Being Board via a section 256 agreement.
- 2.2 Cabinet Resources Committee, 2 March 2011 – approved criteria for the allocation of funds within the section 256 agreement and agreed high level spending areas to be overseen by the Health and Well-Being Board.
- 2.3 Health and Well-Being Board, 26th May 2011 – item 5 approved the establishment of the Financial Planning Group as a sub-group of the Health and Well-Being Board.
- 2.4 Health and Well-Being Board, 20th March 2014 – the Board signed off the final draft of the Better Care Fund (BCF) plan, endorsed the outline business case for integrated care, and agreed that delivery of the BCF is overseen by the Health and Well-Being Financial Planning Group (representing a continuation of the group's current role in relation to Section 256 monies).

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)

- 3.1 Integrating care to achieve better outcomes for vulnerable population groups, including older people, is a key ambition of Barnet's Health and Well-Being Strategy.
- 3.2 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.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 The MTFs has been subject to an equality impact assessment considered by Cabinet, as will the specific plans within the Priorities and Spending Review as these are developed. The QIPP plan has been subject to an equality impact assessment considered by NHS North Central London Board.

The public sector equality duty set out in s149 of the Equality Act 2010 (see below) must be must be considered in all decision making.

5. RISK MANAGEMENT

- 5.1 There is a risk that 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.

6. LEGAL POWERS AND IMPLICATIONS

- 6.1 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.
- 6.2 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, and at 195 of the Health and Social Care Act there is a new duty-- 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.

- 6.3 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.
- 6.4 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.
- 6.5 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.

The protected characteristics are:

age;
disability;
gender reassignment;
pregnancy and maternity;
race;
religion or belief;
sex;
sexual orientation

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

- 7.1 Ernst and Young were commissioned by the Financial Planning sub-group to estimate the health and adult social care savings that integration across these services will bring. This work was completed in March 2014, to inform both the final Better Care Fund application and Outline Business Case for integrated care, and the locally set saving plans and investment priorities (i.e. the MTFs and PSR for the local authority, and QIPP and the financial recovery plan for the CCG). Both the final Better Care Fund submission, and the outline business case for integrated care, was approved by the Health and Well-Being Board at its meeting on the 20th March 2014.

- 7.2 Projects and enablement schemes linked to Section 256 funding are reviewed by the Financial Planning sub-group to ensure that the projects have a clear programme of work and that approved business cases are adequately resourced to deliver the agreed outcomes.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

- 8.1 Ernst and Young conducted a number of workshops with users and stakeholders in the last quarter of 2013 to inform the detail of the integrated care model they produced.
- 8.2 The Financial Planning sub-group will also factor in engagement with users and stakeholders to shape its decision-making in support of the Priorities and Spending Review, and Barnet CCG's financial recovery plan.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

- 9.1 The Outline Business Case and the final version of the Better Care Fund application have been discussed with the Health and Social Care Programme Board, which brings together commissioners and providers involved in integrating health and social care services in Barnet. Members of the Financial Planning sub-group hosted a workshop with stakeholders from this Board in May 2014 to inform implementation plans for the integrated care model.
- 9.2 The Financial Planning sub-group will also factor in engagement with providers to shape its decision-making in support of the Priorities and Spending Review, and Barnet CCG's financial recovery plan.

10. DETAILS

- 10.1 The Barnet Health and Well-Being 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 Well-Being Board.
- 10.2 Minutes of the meeting of the sub-group held on the 19th May 2014 are included at Appendix 1.
- 10.3 Proposed Terms of Reference for the Sub-Group have also been attached in draft form at Appendix 2, for the Board's approval.
- 10.4 The Health and Well-Being Board is asked to note the letter attached as Appendix 2, relating to the allocations that have been transferred to Barnet in 2014/15 to deliver both the main social care services which also has a health benefit; and to prepare for the Better Care Fund. Barnet will receive £5,428,324 for the main NHS transfer, and £1,206,000 for Better Care Fund preparations. The Health and Well-Being Board Financial Planning Sub-Group

will use its delegated powers to approve spend against these budgets during 2014/15, which will support delivery of the vision for integrated care that has been developed for Barnet.

- 10.5 These budgets will be used to support the delivery of existing initiatives and the development and delivery of new initiatives. The Sub-Group will be tasked with ensuring that the budgets are allocated to support delivery of each of the five Tiers of the integrated care model for frail elderly and those with long-term conditions.
- 10.6 The Board should finally note the local plans being established to review the future of mental health services in Barnet. The Board is asked to approve the suggestion made at the Financial Planning Sub-Group that a position paper on mental health services is presented to the Health and Well-Being Board in September 2014 to help inform future options.

11 BACKGROUND PAPERS

- 11.1 None.

Legal – LC
CFO – HC