



**Minutes from the Health and Well-Being Board – Financial Planning Group
Monday 19th May 2014
NLBP
2pm - 4pm**

Present:

- (KK) Kate Kennally (Chair), Strategic Director for Communities, London Borough of Barnet (LBB)
- (JM) John Morton, Chief Officer, Barnet Clinical Commissioning Group (CCG)
- (MOD) Maria O'Dwyer, Director for Integrated Commissioning, Barnet CCG
- (MK) Mathew Kendall, Assistant Director, Adults & Communities, LBB
- (JH) John Hooton, Assistant Director of Strategic Finance, LBB

In attendance:

- (KA) Karen Ahmed, Later Life Lead Commissioner, LBB
- (CM) Claire Mundle, Policy & Commissioning Advisor, LBB
- (TT) Tim Taylor, Finance, Barnet CCG

Apologies:

- (DW) Dawn Wakeling, Adults and Communities Director, LBB
- (HMG) Hugh McGarel-Groves, Chief Finance Officer, Barnet CCG
- (RH) Roger Hammond, Deputy Chief Finance Officer, Barnet CCG

	ITEM	ACTION
2.	<p><u>Minutes of the previous meeting</u></p> <p>i) <u>Accuracy of minutes</u></p> <p>The group approved the minutes of the previous meeting as an accurate record.</p> <p>ii) <u>Update on actions</u></p> <p>JH will share a more detailed picture of the savings profiles (MTFS and PSR) for the group, applying inflationary and demographic change principles, assumptions on pay and non-pay costs, and a clear indication of the scale of actual service budget reductions.</p> <p>JM to share CCG's detailed saving plans in advance of the June Health and Well-Being Board</p> <p>MK and MOD to continue developing principles about where liabilities are if pooled budgets are overspent or underspend, in consultation with the JCU, and circulate to the group in advance of the next meeting. MOD reminded the group that these principles are in place in existing S75 agreements so the current</p>	<p></p> <p>JH</p> <p>JM</p> <p>MOD/MK</p>

	<p>task is about be analysing if there is anything missing.</p> <p>MOD updated the group that the S75 schedule for rapid response has been updated but needs to be shared with the Council and signed off by DW. MOD explained that the single point of access schedule is also ready and that these will be shared with DW in next 2 weeks</p>	<p>MOD</p>
<p>3.</p>	<p><u>CCG 5 Year Strategic Plan</u></p> <p>JM explained that the CCGs finance and performance and QIPP committees have reviewed the plans so far. The refreshed 2 year operational plan was submitted to NHS England on 4th April and the CCG are working to produce the strategic 5 year plan by 20th June</p> <p>TT talked the group through the paper, which shows an improvement to the year-end outturn. The CCG are now projecting a c£14.5m deficit in 2014/15.</p> <p>The financial projections made show that the CCG will break even in 2017/18 (year 4 of the plan), but this position doesn't take account of NHS England business rules- which if do apply will create on-going significant challenges for the CCG.</p> <p>JM explained that discussions are still taking place with NHS England about how business rules will apply. The CCG are working within the NCL partnership to achieve compliance with business rules ie they are discussing risk sharing with neighbouring CCGs to support overall health economy to get back into balance. JM explained that the CCG had NCL risk sharing arrangements in place last year and that these were reasonably successful- establishing risk sharing arrangements were also a pre-requisite to progressing plans for acquisition of Barnet and Chase Farm hospital by the Royal Free NHS Foundation Trust.</p> <p>JM explained that the financial position presented in the paper for 2018/19 doesn't account for the CCG having to pay off its carry-forward deficit- the historic deficit will still be c£30m by 18/19. The CCG is working hard politically to get the decision reviewed to write-off their carry forward historical deficit. JM said that this would be step 1, and that step 2 would request that the in-year deficit be eradicated too. JM told the group that the CCG has a c£9m historic deficit that has to be paid off now.</p> <p>TT explained that the main drivers that have reduced the current deficit have been the QIPP programme- the CCG achieved c£14m of its £17m QIPP target in 2013/14- but that achievement of the c£29m deficit reduction in 13/14 had also come from a reasonable amount of windfall savings (accruals and budgets that weren't required), and a one off c£5m benefit from a transfer of specialist commissioning responsibilities.</p> <p>The group discussed the work that was needed to complete the Strategic plan. MOD highlighted the need to do more work on how take forward</p>	

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	<p>implementation of the BCF.</p> <p>JM told the group that most CCGs aren't doing a borough-based plan but Barnet is doing one, though it will be mainly operational, identifying QIPP schemes and how they will be delivered. JM explained that NHS England is interested in strategic commissioning group plans rather than borough based planning. KK and JM agreed to touch base about how to land the SCG plan and the Barnet Strategic Plan next week (by 9th June). KK suggested the SCG plan should go to the Health and Well-Being Board too.</p> <p>KK agreed to explore how other boroughs are approaching the NCL planning process</p>	<p>JM/KK KK</p>
<p>4.</p>	<p><u>PSR outcomes for Adults and Communities</u></p> <p>KK presented the group with information about the Priorities and Spending Review (PSR). She explained that Adults and Communities would be getting more statutory responsibilities so future savings plans had to factor in the need to meet these responsibilities.</p> <p>KK explained that the PSR has been an officer led process so far; the ideas generated about how to meet the funding gap will be presented to members at Policy & Resources Committee on 10th June</p> <p>KK explained that very small savings targets had been linked to social care from integration, and that savings in adult's social care will be released from changing ways of working across both the integrated care model but also in other areas of social care.</p> <p>JH explained that at this stage there are difficulties in modelling the impact of the Care Act on Council budgets, and that local areas need more clarity about the level of central government funding input to accurately project what impact the Act will have. J</p>	
<p>5.</p>	<p><u>Update on CCG/LBB call to action and relationship to the work of HWBB Finance Group</u></p> <p>KK introduced the Health and Social Care Integration timetable as a draft for comment. She explained that the document maps out the related decisions and activity that is going on around health and social care integration and how the link across various groups and Boards. She explained it should be a helpful resource for the Joint Commissioning Unit for understanding the remit of the key governance groups. KK suggested that this document could form the basis for the work programme of the Financial Planning Group.</p> <p>KK asked the group to provide comments to her on the draft by email.</p> <p>MOD and MK agreed to review on Wednesday (21st May) and feedback to KK</p>	<p>All MOD/ MK</p>
<p>6.</p>	<p><u>Outcomes and next steps from Health and Social Care Integration Board</u></p>	

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	<p><u>Workshop</u></p> <p>The group reviewed the draft write-up and slides from the event, produced by Capita.</p> <p>MOD and MK agreed to take the leadership proposals for each Tier away to work on at their meeting on 21/5.</p> <p>KK requested the governance arrangement be made clearer ie How does governance of the model relate to the steering group involving JM & KK?</p> <p>The group agreed that the governance arrangements should make clear that the BCF relates to frailty and LTCs, but that there are other integrated programme around LD; MH; and Children’s that come under the JCU’s remit.</p> <p>The group also agreed that the HSCI Board is the BCF Board and there shouldn’t be a separate Board created to oversee delivery of the BCF.</p> <p>KK requested that finance officers from the Council and CCG needed to be involved in the working groups, to ensure the groups are clear on the financial assumptions that are underpinning this work. MK and MOD agreed to review the current meeting structure and ensure that finance colleagues are properly engaged.</p> <p>JM suggested the group needed to work out whether there should be a Joint PMO or separate CCG/ Council PMOs. The group agreed to feedback views on this.</p>	<p>MOD/MK</p> <p>MOD/MK</p> <p>ALL</p>
<p>7.</p>	<p><u>Better Care Fund metrics submission to NHS England</u></p> <p>The group noted gratitude to those who have developed the BCF plans.</p> <p>MK asked the group to note the new metrics, and pointed out the particular challenge about recording people 91 days after hospital. He explained that he is working with CLCH about how they are recording this data.</p> <p>MK and MOD agreed to confirm owners for each of the metrics in the BCF plan.</p> <p>MK and MOD agreed to produce a report for the next meeting about the level of assurance required against each metric.</p>	<p>MK/MOD</p> <p>MK/MOD</p>
<p>8.</p>	<p><u>Section 256 Transfer for 2014/15</u></p> <p>KK explained that Barnet has received the LASSL, setting out arrangements for S256 transfer in 2014/15. MK agreed to forward this to JM.</p> <p>MK talked through the plans for S256 spend in 2014/15. He explained that individual S256 schemes were sent in as part of the BCF submissions, but that the numbers sent in to NHS England were indicative. The document circulated by MK is more up to date and pulls together what is already funded and agreed</p>	<p>MK</p>

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	<p>in terms of S256 spend in 14/15.</p> <p>MK explained the group needed to agree which schemes need further business cases and what should be taken to the Health and Well-Being Board to agree. He suggested the CCG and Council needed a short discussion outside of meeting to clarify these issues.</p> <p>MK confirmed he would be writing the paper to present S256 spend to the Health and Well-Being Board. MK agreed to share the paper with KK and JM before this.</p>	<p>MK/ DW/JM/ MOD</p> <p>MK</p>
<p>9.</p>	<p><u>Mental Health Commissioning</u></p> <p>JM explained that the CCG plans to market test over the next 18 months to understand what future commissioning options there are for mental health services. By September 2014 more detailed background work will be completed, which considers implications on other CCGs/ providers/ local authority of any recommissioning decision. This work will be presented to the CCG Board in September.</p> <p>KK explained this is a whole-systems decision and that the Council and CCG needed to make sure they have an aligned approach to this work, and that they devise a model that will work for both organisations.</p> <p>KK recognised that the Council needs to make the CCG aware of the Council's model for social care input into mental health to inform CCG plans. KK suggested the group needed to take a position paper on mental health services to Health and Well-Being Board in September 2014 to help inform procurement options.</p> <p>MOD explained that the CCG has a working group up and running with Dr Charlotte Benjamin as chair. This group agreed that Karen Jackson should attend from the Council. She explained that the work of this group will be divided into 2 phases- phase 1 will look at needs, models for delivery and costing of an affordable model.</p> <p>KK questioned if the group should we be looking at residential budgets as part of this discussion. KK suggested that Karen Jackson set out the Council's timescales for its work as an agenda item in this working group.</p>	<p>MK to share plans</p> <p>MOD to invite KJ</p> <p>MOD to inform KJ</p>
<p>10.</p>	<p><u>CCG Estate Move</u></p> <p>JH explained that the CCG Estates Group will consider the move on 29th May</p> <p>JH asked the group to flag issues/ concerns with the plans to him as soon as possible.</p>	<p>ALL</p>
<p>11.</p>	<p><u>Forward work plan</u></p> <p>The group agreed to propose items for the forward work plan to Claire Mundle.</p>	<p>ALL</p>

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12.	<u>AOB</u> It was noted that the Section 256 transfer for 2013/14 has still not been received by LBB. MOD & MK agreed to follow this up as a matter of priority.	MOD/ MK
5.	<u>Date of the next meeting</u> Wednesday 2nd July 2014, 10am-12pm, Board Room, NLBP	

DRAFT