

	<p align="center">Health and Well-Being Board</p> <p align="center">18th September 2014</p>
Title	Minutes of the Financial Planning Sub-Group
Report of	Strategic Director for Communities
Wards	All
Date added to Forward Plan	June 2014
Status	Public
Enclosures	Appendix 1- Minutes of the Financial Planning Group – 7 th August 2014 Appendix 2- Draft Minutes of the Financial Planning Group – 4 th September 2014
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Summary

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.

Recommendations

- 1. That the Health and Well-Being Board notes the minutes of the Financial Planning Sub-Groups of 7th August and 4th September 2014**

1. WHY THIS REPORT IS NEEDED

- 1.1 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.

- 1.2 Minutes of the meeting of the sub-group held on the 7th August and 4th September 2014 are included at Appendix 1 and 2, for the Board's information.
- 1.3 In 2014/15, Barnet will receive £5,428,324 to deliver both the main social care services which also have a health benefit, 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.
- 1.4 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.
- 1.5 The work of the Sub-Group over the past 2 meetings has focused on development of the second iteration of the Better Care Fund submission to NHS England, and completion of the full business case for integrated care for frail elderly/ those with long-term conditions. Both of these pieces of work need to be completed in September 2014.
- 1.6 The Board is asked to note that the agenda for the October 2014 meeting will focus on other areas of integrated commissioning in more detail- namely commissioning to support implementation of the Children and Families Act; and commissioning mental health services.

2. REASONS FOR RECOMMENDATIONS

- 2.1 The Health and Well-Being Board established the Health and Well-Being Financial Planning Sub-Group to support it to deliver on its Terms of Reference; namely that the Health and Well-Being 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 Health and Well-Being Financial Planning Sub-Group, the Health and Well-Being 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 Following the Boards endorsement of the minutes of the Financial Planning Sub-Group, the group will progress work to finalise the full business case for integrated care for frail elderly/ those with long-term conditions.

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, is a key ambition of Barnet's Health and Well-Being 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 Health and Wellbeing Financial Planning Subgroup acts as the senior joint commissioning group for integrated health and social care in Barnet. it has the following functions that relate to the management of local resources:

- a) To oversee the development and implementation of plans for an improved and integrated health and social care system for children, adults with disabilities, frail elderly, those with long term conditions, and people experiencing mental health problems.*
- b) To govern the implementation and delivery of the Better Care Fund including the implementation of the 5 tier model for frail elderly, holding the Joint Commissioning Unit and partners to account for its delivery.*
- c) To approve the work programme of the Joint Commissioning Unit.*
- d) To agree any business cases arising from the Joint Commissioning Unit including in relation to the integrated care model*
- e) To recommend to the Health and Well-Being Board, Council Committees and the CCG Board how budgets should be spent to further integration between health and social care.*
- f) To ensure appropriate governance and management of additional budgets delegated to the Health and Well-Being Board.*

5.2.2 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.

5.3 Legal and Constitutional References

5.3.1 The Health and Well-Being 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.

5.3.2 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.

5.3.3 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, 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.

5.3.4 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.

5.3.5 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.

5.4 Risk Management

5.4.1 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.

5.5 Equalities and Diversity

5.5.1 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.*

5.5.2 The protected characteristics are:

- a) *age;*
- b) *disability;*
- c) *gender reassignment;*
- d) *pregnancy and maternity;*
- e) *race;*
- f) *religion or belief;*
- g) *sex;*
- h) *sexual orientation.*

5.5.3 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.

5.6 Consultation and Engagement

5.6.1 The Financial Planning sub-group will 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.

5.6.2 The Financial Planning sub-group will also seek assurance from group members that there is adequate and timely consultation and engagement planned with providers as the integrated care model is implemented.

6. BACKGROUND PAPERS

6.1 None.