

	Health and Well-Being Board 13th November 2014
Title	Minutes of the Financial Planning Sub-Group
Report of	Strategic Director for Communities
Wards	All
Date added to Forward Plan	September 2014
Status	Public
Enclosures	Appendix 1- Minutes of the Financial Planning Group – 8 th October 2014
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<h2>Summary</h2>
<p>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.</p>

<h2>Recommendations</h2>
<ol style="list-style-type: none"> 1. That the Health and Well-Being Board notes the minutes of the Financial Planning Sub-Groups of 8th October 2014 2. That the Health and Well-Being Board requests a verbal update on progress to develop the approach to risk pooling that will underpin delivery of the Better Care Fund from April 2015 3. That the Health and Well-Being Board agrees to receive the minutes of the Health and Social Care Integration Board as a standard item on the agenda, to ensure that adequate attention is given at Board level to the work that providers are doing to support delivery of Barnet’s integrated care proposals.

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 8th October 2014 are included at Appendix 1, 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 Board is asked to note that the agenda for the October 2014 meeting focused on a number of areas of integrated commissioning in more detail- namely commissioning to support implementation of the Children and Families Act; and commissioning mental health services. A number of decisions were taken at the meeting that the Board should be aware of:
 - The group commissioned a Task and Finish group to accelerate progress with implementing the Children and Families Act. This group will receive assurance of compliance with the legislation from the CCG, and will also work through process issues relating to joint working to develop Education, Health and Care plans, by December 2014. The group will also consider commissioning and purchasing priorities, and set these out to the financial planning group in January 2015.
 - Regarding the commissioning of mental health services, the group commissioned a report for the November 2014 Health and Well-Being Board to set out both the Council and CCG's policy positions on the future of mental health services in Barnet, explaining (i) what the approach to development of the implementation plan to take forward these positions is; (ii) what the timescales for implementation are; (iii) and what outstanding issues are to resolve.
 - Regarding implementation of the Better Care Fund (BCF) proposals, the group commissioned a formal piece of work to develop the approach to pooling that will underpin the BCF from April 2015. This work will be presented back to the Financial Planning Group on 6th November 2014.

Verbal feedback of progress should be requested at the Health and Well-Being Board meeting.

- The group also discussed the letter that had been sent from the Secretary of State for Health to local NHS providers and Chairs of Health and Well-Being Boards, requesting that Boards consider the membership of major providers on their Boards/ opportunities for on-going engagement with providers. The group agreed that Councillor Hart would respond with a letter to the Secretary of State for Health explaining that whilst major providers would not be invited to become Board members, providers are engaged in the work of the Health and Well-Being Board through the Health and Social Care Integration Board. Further, the group proposed that minutes from this Board should be presented to future Health and Well-Being Board meetings in a similar manner to the minutes of the Financial Planning Group, to ensure visibility and transparency of the work of providers to support the Board deliver on Barnet's integrated care programme. The Health and Well-Being Board are asked to approve this decision.

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 Provided the Health and Well-Being Board is satisfied by the progress being made by the Financial Planning Sub-Group to take forward its programme of work, the sub-group will progress its work as scheduled in the areas of the Better Care Fund, mental health re-commissioning and implementation of the SEND reforms.

4.2 The Health and Well-Being Board is able to propose future agenda items of forthcoming sub-group meetings that it would like to see prioritised if it is not satisfied with the work that the Sub-Group is taking forward on its behalf.

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, those with mental health issues, and children and young people with special needs and disabilities, 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 Sub-Group 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.