

**DRAFT Minutes from the Health and Well-Being Board – Financial Planning Group
 Wednesday 5th November 2014
 North London Business Park
 3.00pm – 5.00pm**

Present:

- (KK) Kate Kennally, Strategic Director for Communities, London Borough of Barnet (LBB)
- (DW) Dawn Wakeling, Adults and Communities Director, LBB
- (HMG) Hugh McGarel-Groves (Chair), Chief Finance Officer, Barnet CCG
- (MOD) Maria O’Dwyer, Director for Integrated Commissioning, Barnet CCG
- (NF) Nicola Francis, Family Services Director, LBB

In attendance:

- (KA) Karen Ahmed, Later Life Lead Commissioner, LBB
- (CM) Claire Mundle, Policy & Commissioning Advisor, LBB
- (RH) Ruth Hodson, Head of Finance, LBB
- (MK) Mathew Kendall, Assistant Director- Community and Wellbeing, LBB
- (HM) Dr Howard Mulkis, GP Partner, East Finchley GP Practice

Apologies:

- (PC) Peter Coles, Interim Chief Operating Officer, Barnet CCG
- (JH) John Hooton, Deputy Chief Operating Officer, LBB
- (AH) Andrew Harrington, Director of Transformation, Barnet Clinical Commissioning Group (CCG)

| | ITEM | ACTION |
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| 1. | <p>Business Proposal for the closure of a branch surgery in East Finchley</p> <p>Dr Mulkis explained that NHS England had asked the GP practice to gather views from the HWBB about closing one of its branches. The practice has 2 branches, and that the proposal is to close the smaller one at East Finchley. The main surgery in Muswell Hill has more facilities and staff whereas the East Finchley practice has much more limited service provision, leading to difficulties in maintaining the site. The building at East Finchley is also leased rather than owned. Dr Mulkis explained that the practice would be able to provide a better service for patients if all staff/ services were based at one sight.</p> <p>The group asked Dr Mulkis who would take responsibility for informing patients about their options if the closure goes ahead. The group pointed out that older people might not want to travel to the Muswell Hill branch. Dr Mulkis explained that NHS England had asked the practice to write to their patients to explain the plans. There had been 71 responses from patients. He explained that most patients had expressed sadness but understanding about the proposals. Dr Mulkis explained that if patients are housebound and want to remain at the practice, the practice will have to ensure that all patients can stay with the practice and can receive home visits. Dr Mulkis said he was not clear on capacity at other surgeries to take on local patients.</p> | |

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| | <p>The group asked if staffing would remain the same if the proposals went ahead. Dr Mulkis explained that one partner is going to retire next year. The practice is looking to have extra part time help if the proposals go forward.</p> <p>MO'D noted that the practice is part of the north GP practice network in Barnet, and that the business proposals looked to be going in the right direction in terms of ensuring effectiveness in service delivery. MOD agreed to set up a meeting with the practice to review the plans and identify how the CCG could support them. MO'D also agreed that the CCG should talk to NHSE about any fall out/ difficulties arising from the proposals.</p> <p>KK asked how GPs would mitigate any adverse impacts of the proposals on practice patients/ what benefits there are for patients of the change. Dr Mulkis explained that they will continue to offer home visits for patients in the whole practice area. He suggested there might be more requests for home visits if the East Finchley surgery closed, but he said that the practice didn't think would be a huge additional burden to support frail elderly residents coming from East Finchley if the practice there closes.</p> <p>Dr Mulkis also explained that NHS England will insist that the practice at Muswell Hill is open 8am-630pm on weekdays if the changes go ahead. The practice is not open for these hours at present. This will be a benefit for patients, and if the proposals went ahead Dr Mulkis said the practice could consider alternative extended opening hour models, which would off-set any negative impacts resulting from longer travel times for some patients.</p> <p>DW suggested that to ensure that patients were better informed about travel support options such as Dial a ride, some of the elderly patients could be linked into the Altogether Better project in East Finchley.</p> <p>MO'D agreed to type up a formal response for NHS England, reflecting the feedback from Financial Planning Group members, and also to alert HealthWatch and Cllr Alison Cornelius (in her role as Chair of Health Overview and Scrutiny) of this discussion, so they know this decision has been considered from a health and wellbeing perspective.</p> <p>HMG suggested the practice might want to produce a script for staff to help explain to patients what the proposals are. He suggested that the practice could share a draft of the script with the communications teams of the CCG/ Council to help tidy up the messaging.</p> <p>MOD agreed to feed back on progress at the next meeting.</p> <p>CM to send a link to the published minutes to the practice.</p> | <p>MOD</p> <p>MOD</p> <p>MOD</p> <p>CM</p> |
| <p>2.</p> | <p>Minutes of the last meeting</p> <p>The group noted the draft minutes and noted final changes to these in advance of publication for Health and Well-Being Board.</p> | |
| <p>3.</p> | <p>Action Log</p> <p>The group reviewed the action log and noted the following:</p> | |

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| | <p>Mental health commissioning: Not progressed yet- but MOD/DW aiming to present a paper at January HWBB. Charlotte Benjamin and MOD will develop an action plan, in partnership with DW. This will be brought to the financial planning group in January 2015.</p> <p>Better Care Fund (BCF): CCG to confirm if they can contribute to funding the capacity needed to take this work forward in 2014/15</p> <p>Adults and Safeguarding Committee Commissioning Plan: HMG to circulate commissioning intentions letter to each major provider</p> <p>Redefine the purpose of the Health and Social Care Integration Board: DW confirmed that proposals were being developed and would be brought back the next Financial Planning Group meeting</p> <p>HWBB Provider engagement: the group heard that a letter from Cllr Hart had been sent to the Secretary of State for Health.</p> | <p>DW/ MOD</p> <p>HMG</p> <p>HMG</p> <p>DW</p> |
| <p>4.</p> | <p>SEND reforms</p> <p>MOD circulated the paper that went to the CCG Governing Body on 23rd October.</p> <p>MOD fed back that she had not met with Penny Richardson since the last meeting but that Linda Edwards who will be leading this work at the CCG has met with Penny and they are working to produce an action plan by the end of November</p> <p>MOD confirmed that the MOU and joint operational structure/ plan would be ready for the January 2015 meeting</p> <p>KK pointed out to the group that there was a detailed paper going to the November HWBB on how Barnet has met the Commitments of the Disabled Children's Charter. MOD agreed to feed in comments from the CCG to this paper.</p> | <p>MOD</p> |
| <p>7.</p> | <p>Outcome of the BCF plan assurance process</p> <p>DW explained that Barnet's plan had been approved subject to conditions.</p> <p>Barnet has been appointed a Better Care Fund advisor, who is very supportive of the current plan and will help the team to include more detail about how to achieve 3.5% savings.</p> <p>DW explained that the advisor wants to ensure wide HWBB Member engagement in the process of revising the current plan. DW and MOD to brief Cllr Hart and Debbie Frost about these intentions</p> <p>The revised plans have to be resubmitted in draft by mid-December (14th), in advance of completion by 9th January 2015.</p> <p>KK suggested that delays to / incomplete delivery of the BCF needed to be put on the financial risk registers for both organisations.</p> <p>She also asked DW and MOD to quantify the time being spent by officers on this process.</p> | <p>DW/ MOD</p> <p>RH/ HMG</p> <p>DW/ MOD</p> |

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| | HMG asked to see the LBB adult and children services risk registers. The group agreed to review risk registers at the next meeting. | CM to add to agenda |
| D W | <p>5 tier integrated model</p> <p>DW explained to the group that the current status of Barnet's BCF means that organisations cannot enter into s75 agreements until approved. On this basis, she explained that the team have written a integrated care 'principles document that can be agreed in advance of the plan being approved by NHSE.</p> <p>DW stressed the importance of ensuring that finance colleagues work with Capita colleagues on the technical details of the document.</p> <p>DW explained that guidance on Section 75s and pooled budgets was issued in October, which has been helpful. The team have reviewed the existing overarching s75 and it is pretty much compliant with good practice, but both organisations need to seek legal opinion that the s75 is in fact still fit for purpose.</p> <p>DW explained the staged approach to pooled budgets, and proposed periodic reviews of the size of the pool at this meeting to agree when increases to the pool can be made, and ensure that both the core and influenced budgets in the BCF remain accurate.</p> <p>KK suggested the legal advice was necessary regarding how to treat the existing S75 schedules.</p> <p>KK stressed that this group is the managing body for the pooled budget, and that it needs to create a suitable monitoring regime over the spend, budget and outcomes of the BCF.</p> <p>DW explained the group may need to update the ToR for this group, and will also need to develop a formal process about how to measure benefits.</p> <p>Regarding lead organisational responsibility for the pooled budget, HMG said the CCG will need to check their governance rules about who can lead on budgets on their behalf, and will also need to work out how to manage their block contract spend too.</p> <p>DW called for detailed meetings with finance teams to test out these principles.</p> <p>DW also explained that there is still further work to do on what the BCF is actually funding, and there is a need to improve on placeholder positions in the business case where these exist.</p> <p>KK advised that the draft S75 schedule needs to be ready when Barnet gains full BCF approval (by end January 2015), and that the group needs to be confident that there is money in place to start BCF delivery in April 2015.</p> <p>KK said the finance teams need to look at the administrative burden of managing the BCF, which will require new finance and performance reports. KK suggested</p> | <p>DW/ MOD</p> <p>DW</p> <p>HMG</p> <p>RH/ HMG</p> <p>RH/ HMG</p> |

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| | <p>this would require dedicated capacity to make this work.</p> <p>KK asked that part of pooled budget meetings with finance colleagues should seek to assure that all of the money is in place to deliver the BCF proposals.</p> <p>DW & MOD agreed to bring back a timetable of activity to the next meeting.</p> | DW/ MOD |
| 8. | <p>2014/14 Section 256 submission</p> <p>MK introduced the draft completed S256 template. He explained the content of this template has been agreed at this group at previous meetings, and that only the template is different.</p> <p>He explained that the categories in the template are prescribed. He invited comments/ queries from the group and advised group members could email him with these.</p> <p>The group agreed they were happy for the template to be submitted to NHSE but agreed it needed to be signed by DW and HMG.</p> | All DW/ HMG |
| 10. | <p><u>AOB</u></p> <p>The group agreed that the other items of business on the agenda had been sufficiently covered in other meetings.</p> | |
| 11. | <p><u>Date of the next meeting</u></p> <p>Thursday 14 January 2015 11.00 am to 1.00 pm – Chapman Room, NLBP</p> | |