

**DRAFT Minutes from the Health and Well-Being Board – Financial Planning Group  
Wednesday 14<sup>th</sup> January 2015  
North London Business Park  
11.00pm – 1.00pm**

**Present:**

- (KK) Kate Kennally, Strategic Director for Commissioning, London Borough of Barnet (LBB)
- (DW) Dawn Wakeling, Commissioning Director – Adults and Health, 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:**

- (RH) Ruth Hodson, Head of Finance, LBB
- (MK) Mathew Kendall, Assistant Director- Community and Wellbeing, LBB
- (JL) Jeffrey Lake, Consultant in Public Health, Barnet and Harrow Public Health Team
- (PT) Paul Thorogood, Head of Finance, CSG

**Apologies:**

- (RS) Regina Shakespeare, Interim Chief Operating Officer, Barnet CCG
- (JH) John Hooton, Deputy Chief Operating Officer, LBB
- (AN) Andy Nuckcheddee, Interim Head of Corporate Governance & Quality, Barnet Clinical Commissioning Group (CCG)
- (ZG) Zoë Garbett, Policy & Commissioning Advisor, LBB

	ITEM	ACTION
1.	<p><b>Welcome / Apologies</b></p> <p>DW introduced herself as Chair and welcomed those present.</p>	
2.	<p><b>Minutes of the last meeting</b></p> <p>MOD didn’t feel the Minutes accurately reflected the agreed points of the last meeting surrounding closure of a branch surgery in East Finchley. MOD has followed it up and the key issues are as follows.</p> <ul style="list-style-type: none"> <li>• Changes will be implemented by 31 March. These will include the redesigning of the appointment system.</li> <li>• Doctors will see patients in their own homes. They will offer a wider range of services e.g. electronic prescription service.</li> <li>• They have consulted the CGG. Other surgeries have agreed to pick up patients</li> <li>• They have agreed to increase surgery hours.</li> </ul> <p>MOD to incorporate points from email report receipt from Primary Care Team</p>	

**3. Children & Families (C&F) Act Progress Update**

MOD confirmed Judy Mace has now started as Head of Joint Children's Commissioning, she has picked up the Children's and Families Act with the team and has started meeting with paediatricians. Judy has already met with Penny Richardson.

KK asked whether there is a financial impact on the CCG and if so what is it? MOD confirmed things have progressed since the last meeting. It is not clear yet what the resource impact will be. Although we have had discussions with paediatricians regarding the requirements the impact on financial and people resources is not yet clear.

A discussion followed regarding the agreed implementation plan for a task and finishing group. Where were resources coming from as a whole? MOD explained the CCG had a Children's Planning Group Judy has been speaking to Penny Richardson. She is putting processes into place regarding policy and MOU.

**Section 75 (s.75)**

MOD explained that there had not been sufficient time given to how it would be managed.

MOD explained joint papers were back from the local authority and CCG to support actions. – **Target date April.**

KK emphasised the need to ensure underpinning structures are in place. She considered s.75 to be the enablers to this decision and stressed the importance of establishing a decision making process.

NF explained that it hadn't been a priority – it would pick up once we had the new service manager.

MOD – Update due for the next meeting in March.

**MOD/J  
M**

<p><b>4.</b></p>	<p><b>Co-Commissioning</b></p> <p>MOD explained that the paper shows where we are. She pointed out the importance of a considered approach to how the five CCGs would manage primary care contracts and how we could implement joint commissioning arrangements.</p> <p>MOD pointed out that a key issue would be managing conflict of interest. Terms of reference are being set up and a joint letter is going out to GPs today re planned changes i.e. co-commissioning and changes to the constitution.</p> <p>Co commissioning will be in shadow form from April – October 2015. It will reflect Level 1 engagement and full joint co-commissioning will come into being from October 2015.</p> <p>MOD confirmed that work had stated regarding engagement with patients, LMC and as of today with the HWBB.</p> <p>PT asked whether the changes affected other professionals or primarily GPs. MOD confirmed it was only GPs in the first instance it doesn't include other professionals i.e. dentists etc. as yet.</p> <p>A discussion around Engagement and Public Health followed.</p> <p>JL explained that they were beginning to recognise that capacity with the five CCGS needed to be coordinated. They were developing a conversation at borough level. He has spoken to Matt Powls re primary care. MOD added that David Riddle is working with Alison Blair Chief Officer Islington and this was a conversation that needed to take place.</p> <p>A conversation around the recent NHSE letter followed and the involvement of the HWBB. MOD explained the issue was around planning in advance which is limited and as this is an iterative process. MOD agreed she would have a follow up conversation with Alison Blair who is leading process for NCL. KK explained the HWBB report needed to address issues raised in the letter. It should include HWBB's decisions/roles it set out the HWBB's strategy to reflect the co-commissioning plans. DW said Zoe would help this process when she returned. MOD explained that the decision would be made by NHSE. KK suggested that Primary Care priorities needed to be linked with the HWBB. MOD asked JL if he had a view how we might take this forward inclusive of a view in regard to HWBB and Public Health involvement in co-commissioning. <b>JL and MOD to have a follow up discussion.</b></p>	<p><b>MOD</b></p> <p><b>MOD/JL</b></p>
<p><b>5.</b></p>	<p><b>CCG Recovery Plan</b></p> <p>HMG explained that he was not in a position to share the contents of the plan. It had only been sent out to NHSE last week and BCCG would be meeting with them on Friday. Robert Larkman has been reviewing the CCG from a governance point of view and Jonathan Wise has completed a report and BCCG has decided to fully reflect his report in the recovery plan. It was anticipated that BCCG would breakeven in the next 5 years.</p> <p>DW asked what the breakeven figure was.</p>	

	<p>HMG explained that BCCG had an accumulative deficit and the recovery plan had to evidence the repayment of the deficit. BCCG has had an extra allocation which is the main reason it was on target to break even in 5 years.</p> <p>KK asked whether BCCG were in “special measures” HMG confirmed they were not. There were difficulties surrounding Barnet Chase Farm which was why Barnet was put under [special] conditions.</p> <p>KK explained that a recovery plan was different from a delivery plan. How do we work together to shape a delivery plan? It was a case of transactional savings verses transformational savings. We need to prepare business cases to identify planning work. We should start the next financial year with a single view.</p> <p>MOD explained BCCG had been in recovery for some time and were in the transformational stage but there was still work to do.</p> <p>KK asked for clarification as to how the group was being used to achieve alignment of the plans and what processes are going to be in place before the Board. MOD confirmed that Matthew Powls was leading on planning and suggested a meeting could be arranged with KK re delivery plan and how we are taking this forward. <b>KK and Matthew Powl to meet.</b></p>	KK
6.	<p><b>Mental Health Commissioning Action Plan/TDA</b></p> <p>DW confirmed the group were supposed to come back with a plan but there is as yet no timetable for review.</p> <p>MOD explained MHT was committed to working with stakeholders.</p> <p>KK asked whether there would be an increase in mental health investment in Barnet. HMG explained that engagement groups were to be set up. NHSE have said BCCG must reduce their deficit so there may not be the capacity to invest in mental health. DW added that the general impression was that none of the CCGs would be in a position to increase mental health investment.</p> <p>MOD added that the key was to work towards managing more people in the community become it becomes acute. Aim to move it to community rather than Trust.</p>	
7.	<p><b>Health &amp; Social Care Integration Board Proposals</b></p> <p>There hasn't been a Board meeting since May. The Board intends to formally reform and meet quarterly. DW and MOD to considered if this is regular enough as a lot of the work was being fed though steering groups.. MOD explained that cases regarding VBC were to be tested. Work is ongoing re VBC and pilot integrated team plus developing evaluation.</p>	DW/ MOD
8.	<p><b>Feedback on closure of East Finchley GP Surgery</b></p> <p>Refer to Item 2</p>	

9.	<p><b>Organisational Risk Registers</b></p> <p>A discussion followed regarding the risk share and the BCF in relation to the £23m figure. The discussion that followed centred around the level of risk and the broader pooled budget.</p> <p>HMG agreed for the purpose of ongoing pooled budget it is a figure we are working with now and we are following the guideline which dictate we must pool for the BCF and have a risk share, although nature of this can be agreed locally. KK understood that there could be a pooled budget with each party bearing its own risk – as per existing s75s.</p>	
10.	<p><b>Timetable on BCF Implementation/Risk Sharing</b></p> <p>A brief discussion followed about paper being presented to HWBB outlining the key conditions around risk share which require further discussion and timetable.</p>	ALL
11.	AOB	

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