

**DRAFT Minutes from the Health and Well-Being Board – Financial Planning Group
Wednesday 18th March 2015
North London Business Park
10.30am – 12.30pm**

Present:

- (KK) Kate Kennally, Strategic Director for Commissioning, London Borough of Barnet (LBB)
- (DW) Dawn Wakeling, Commissioning Director – Adults and Health, LBB
- (AD) Alisa Darr, Assistant Director of Finance, Barnet CCG
- (HMG) Hugh McGarel-Groves (Chair), Chief Finance Officer, Barnet CCG
- (MOD) Maria O’Dwyer, Director for Integrated Commissioning, Barnet CCG
- (ZG) Zoë Garbett, Policy & Commissioning Advisor, LBB (minutes)
- (JL) Jeffrey Lake, Consultant in Public Health, Barnet and Harrow Public Health Team

Apologies:

- (MK) Mathew Kendall, Assistant Director- Community and Wellbeing, LBB

	ITEM	ACTION
1.	<p>Welcome / Apologies</p> <p>KK introduced herself as Chair and welcomed those present.</p> <p>Alisa Darr (AD), who previously worked for LBB, was welcomed to the meeting and introduced her role as Assistant Director of Finance (Deputy 151 Officer).</p>	
2.	<p>Minutes of the last meeting</p> <p>The minutes of the last meeting, 14 January 2015, were agreed as final and signed off by the group. The minutes were signed off by the HWBB on 29 January 2015.</p> <p>Update on actions from 14 January 2015:</p> <ul style="list-style-type: none"> • Children’s and Families Act update – work before December had taken place to become compliant with the Act. Item 7 on today’s agenda provides an update. • Co-commissioning of primary care – Item 8 on today’s agenda provides an update. • CCG Delivery plan – <ul style="list-style-type: none"> ○ There was an action for KK to meet with Matt Powls (Interim Director of Performance and Planning, CCG); ZG has been taking this forward. ZG explained that she has met with Matt Powls (MP) to discuss the alignment of the CCG and LBB plans and strategies. ○ At the HWBB on 12 March it was agreed for the DASS, DSC and DPH to meet with MP to review the plan on behalf of the HWBB. The HWBB will be sent the draft document 5 days before the meeting (by MP) to allow for comments to be fed in via the HWBB representatives. This meeting had been provisionally scheduled for 9th April. HMG informed the group that the submission date has moved to 7th April with time for refreshing until 14th May. KK 	MP

	<p>stated that the review meeting needed to be held before the submission date (7th April) and asked ZG to liaise with MP to organise this.</p> <ul style="list-style-type: none"> ○ HMG to engage with AD around finances. HMG stated that the CCG were trying not to change their financial position. ○ KK asked about the recovery plan mentioning QUIPP being extended to children’s and mental health services and asked for LBB to be involved. ○ The CCG Strategic plan is going to the HWBB in June 2015. <ul style="list-style-type: none"> ● HSCI Board – it was noted that there has been a meeting of this Board and the minutes had been considered by the HWBB on 12 March. 	<p>ZG/MP</p> <p>HMG</p>
<p>3</p>	<p>Action log</p> <p>The action log was reviewed and updated.</p>	
	<p>Strategic Health Partnerships</p> <p>KK wanted to take time to discuss the current context as there have been a number of changes for both the CCG and LBB over the past nine months. Discussions between the two organisations are taking place (at Strategic Summits) to review working relationships to ensure that we are working effectively together in this new landscape.</p> <p>Strategic Summits are attended by KK, DW, Andrew Travers (Chief Executive, LBB), Regina Shakespeare (Interim Director of Commissioning and Chief Operating Officer, CCG) and Debbie Frost (Chair, CCG). There have been three summits to date looking at capability, capacity and priorities.</p> <p>The key implications from Strategic Summit discussions are –</p> <ul style="list-style-type: none"> ● The HWBB Finance Group should be renamed as Joint Commissioning Executive Group and become responsible for all s75 agreements and continue to oversee the Better Care Fund. ● LBB have appointed a Director of Children’s Services, Chris Munday, who will start with LBB on 11 May 2015, therefore KK will no longer be a member of the HWBB or the HWBB Finance Group. KK will be involved in the Strategic Summits and other strategic meetings overseeing synergies. <p>With the CCG working closer with neighbouring CCGs and LBB working closer with neighbouring Local Authorities, the Group discussed the increasing work taking place at a five borough level. KK posed a number of issues and questions the Group need to be mindful of –</p> <ul style="list-style-type: none"> ● Should individual borough Health and Social Care Integration (HSCI) programmes work more closely together? ● What transformation work should to be at a five borough level? ● What are the preconditions needed for local commissioning to support a strategic overview at a five borough level? <p>This needs to be considered in 2015/16, by the end of quarter 3, linked with</p>	

	<p>financial planning, a position needs to be taken on what Barnet would like to work across a bigger footprint.</p> <p>HMG asked what the attitude and response from other boroughs has been with regards to joint working. DW explained that there had been a range of views.</p> <p>KK explained that there is an aim to hold a wider health and social care summit to look at strategic health partnerships to inform commissioning and budget planning.</p> <p>The Transformation Fund is overseen by the Collaboration Board (Co-Commissioning feeds into the Collaboration Board).</p> <p>MOD asked where delivery will sit. KK stated that this will not be part of this Group which will focus on commissioning and strategy. MOD highlighted the positive relationships and connections the CCG have developed with LBB delivery teams which need to be preserved; Health and Social Care Integration (HSCI) Board and project groups have a key role.</p> <p>MOD is taking the MOUs to Audit Committee on 14 April. Need to come to the next meeting of this Group to ensure they are enacted.</p> <p>JL will also look at the five borough footprint and how Public Health can support this including looking at the role of the Public Health Workplan group.</p> <p>By the next meeting (13 May 2015) -</p> <ul style="list-style-type: none"> • KK to circulate the Strategic Summit paper with the Group. • The Group to consider the Strategic Summit paper – agreeing that it is accurate before the next meeting and that it is used to inform work programmes. • KK and DW to write up and circulate the five borough discussion. • Strategic Summit discussions to be shaped into an approach taken forward by the Joint Commissioning Executive Group. • ZG to circulate ToR. • ToR of this Group to be reviewed by DW, MOD and Val White to ensure detail about BCF and s75 is correct. Revised ToR to be presented at the next meeting of this Group. 	<p>MOD /ALL</p> <p>JL</p> <p>KK</p> <p>ALL</p> <p>KK/DW</p> <p>ALL</p> <p>ZG</p> <p>DW/MO D/VW</p>
<p>4.</p>	<p>BCF Pooled Budget</p> <p>DW explained that both organisations have the formalities in place to take this forward. A paper is being taken to the Council's Policy and Resources Committee on 24 March and to the CCG Audit Committee on 14 April for sign off.</p> <p>DW explained that the outstanding issues are –</p>	

	<ul style="list-style-type: none"> • Risk around not achieving full performance related pay • Potential to change 3.5% reduction in non-elective admissions target – pay for performance element changes which is positive but risks need to be explored <p>HMG explained the CCG concern about the financial risk and pressure in the system if the 3.5% reduction in non-elective admissions is not achieved.</p> <p>KK stated that LBB have a clear position that Care Act and s256 funds cannot be used for contingency. Each organisation needs to accept the risks of achieving the targets – for the CCG this is not reducing emergency admissions and for LBB this is not reducing stays in residential care.</p> <p>HMG stressed that there are different costs associated with different parts of the system and set out the view that each organisation could bear their own risks.</p> <p>MOD explained that meetings are taking place weekly to look at risks and identify contingencies. The 3.5% will be modelled by next week. MOD stressed that the risk of the community contract needs to be covered.</p> <p>KK clarified that this is an alignment of funds and not risk sharing; each organisation needs to own its own risks.</p> <p>As it is not the end of the financial year yet LBB position is not finalised and therefore the impact on 256 monies is not known.</p> <p>KK and MOD agreed that we need to focus on partnership working not money.</p> <p>Principles of dealing with underperformance and reduced payments need to be resolved and agreed before the paper is presented on 24 March. DW, MOD, HMG and AD to meet as a priority.</p> <p>HMG raised a concern about Dominic Battiston being reassigned and therefore leaving the HSCI Project with very short notice which poses a lot of risk given Karen Spooner is also leaving.</p> <p>DW has already raised dissatisfaction with this with the Partnership Director of Capita and the LBB staff who oversee the Capita contract as this was not discussed with anyone from the Council/CCG. DW to obtain clear, written position of rationale and action taken from Capita and report back to the Group.</p>	<p>DW/ MOD/ HMG/ AD</p> <p>DW</p>
5.	<p>Final Adults and Safeguarding Commissioning Plan</p> <p>DW presented this item which is going to Adult and Safeguarding Committee on the 19 March; the item is coming to this Group for information as the Group has seen previous versions of the report. The report explains that a consultation was carried out around the Council’s five year commissioning plan. This report includes the final Adult and Safeguarding Commissioning Plan with updated Performance Indicators (PIs) and consultation feedback.</p>	

	<p>There are a number of projects detailed in the plans where the CCG and LBB are working on together such as the 0 – 25 disability service, mental health and the BCF.</p> <p>The Commissioning Plan links to the Strategic Health Partnership paper mentioned earlier. Heads of joint commissioning should use this plan as a core reference guide in discussions with the CCG.</p> <p>MOD asked for the children’s commissioning plan to be circulated to the Group.</p>	<p>ZG</p>
<p>6.</p>	<p>Mental Health Commissioning</p> <p>MOD presented the mental health commissioning update which includes a briefing note that went to the HWBB on the 12 March 2015.</p> <p>MOD explained that IAPT is now functioning better, the waiting list inherited from BEH was 500 individuals which in now only 100. The service offer has changed to include more than just 1-1 sessions such as group sessions, online support and employment support (Richmond Fellowship). MOD went on to explain that targets set locally and nationally have not been met so there has been a lot of scrutiny from NHS England.</p> <p>MOD breakfast meetings will be starting next month to continue the good engagement work.</p> <p>MOD asked when the mental health work that Capita is carrying out will be available to review. DW stated that this will be towards the end of April. MOD to be invited to be a member of the project group to ensure joined up working.</p> <p>DW explained that Rachel Williamson (Policy Unit, LBB) is working on a critical path overview for the project. DW to circulate the critical path. DW and MOD to look at Governance and timescales around separate products</p> <p>The Group reviewed the briefing and discussed other related projects such as the employment (workshop on the 25 March, Public Health investment and Public Service Challenge Fund WLA) and IAPT. JL to circulate Public Health MH briefing.</p> <p>DW asked what Steering Group is referred to in the paper. MOD explained that this is a group who oversaw the review last year; Dr Charlotte Benjamin (CB) is reviewing membership.</p> <p>MOD highlighted that we need to be mindful of Enfield and Haringey partners who have taken interest in the work in the borough and align to better manage a wider footprint and shared providers.</p> <p>KK stated that a single expression of HSC MH vision in Barnet is need. KK stated that this is on the agenda for the HWBB in June and needs to be used to express all projects, links between projects, agreed mechanisms, links with other boroughs and come together to present our modern mental health service in Barnet. DW, MOD, JL and CB to discuss and work on the paper. CAMHS is outside of the</p>	<p>DW</p> <p>DW</p> <p>DW/MOD</p> <p>JL</p> <p>DW/MOD/JL/CB</p>

	<p>remit of this paper.</p> <p>DW and MOD to discuss the possibility of a commissioner only discussion with Liz Wise (CO of Enfield CCG).</p> <p>JL to explore how the Directors of Public Health can contribute to discussions with neighbouring boroughs. The Haringey DPH is the London lead for MH.</p>	<p>DW/MOD</p> <p>JL</p>
7.	<p>Children and Families (C&F)</p> <p>MOD explained that an update went to Clinical Cabinet last week to -</p> <ul style="list-style-type: none"> • Update on the progress made on SEND • Introduce to Clinical Cabinet the 0 -25 <p>MOD said that the papers were well received, costs are being finalised and taken to Finance, Performance and QIPP Committee in April.</p> <p>MOD stated that the out of hours service for CAMHS issue is a priority. An action plan is being worked on looking at paediatric resource and what is needed.</p> <p>KK expressed that she is positive about the pace setting of Barnet's CCG for personal health budgets and thanked MOD for leading this.</p> <p>MOD explained that the CCG are happy to sign the joint commissioning agreement. KK to come back by end of week with confirmation of LBB signing.</p>	<p>KK</p>
8.	<p>CCG Co- commissioning update</p> <p>MOD stated that the CCG's co-commissioning of primary care submission went to the Department of Health (DH) at the end of January. MOD explained that feedback from DH included the CCG being in development rather than shadow form with joint commissioning responsibilities from October 2015. MOD has support from the Local Medical Council (LMC). MOD went on to explain that the CCG has provisional approval from its Governing Body and is consulting with its GP membership; a letter is going out this week and GPs will have two weeks to vote. MOD stated that a committee is being established. Alison Blair (COO Islington) is leading co-commissioning developments across the boroughs.</p> <p>KK highlighted the importance of establishing the right links with the HWBB.</p>	
11.	<p>AOB</p> <p>The Group agreed that an update on the national and local challenges and changes with regards to CAMHS should come to the next meeting. ZG to invite Judy Mace (Head of Joint Children's Commissioning) to the next meeting.</p>	<p>ZG</p>