

Minutes from the Health and Wellbeing Board – Financial Planning Group

23rd April 2012

Meeting Room, Sycamore Room - Ground, Building 4, NLBP
10.30 -12:00

Present: Kate Kennally, Director of Adult Social Care and Health, LBB
Anisa Darr, Finance Manager for Kerry Anne-Smith, Head of Finance, Children and Adults, LBB
Ceri Jacob, Associate Director – Joint Commissioning, LBB, NCL
Ahmet Koray, Finance Lead, NCL Barnet
Dawn Wakeling, Deputy Director, Adult Social Care and Health

Apologies: John Hooton, Assistant Director, Strategic Finance, LBB
Alison Blair, Borough Director, NCL Barnet
Robert McCulloch-Graham, Director of Children’s Services, LBB

In Attendance: Rohan Wardena, Public Health Programme Manager

ITEM	ACTION	BY WHEN
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Minutes from last meeting

The minutes of the 8th of March 2012 were agreed as forming an accurate record.

1. Matters Arising from minutes of last meeting.
It was noted that

- CJ to confirm that section 256 agreement for 2011/12 has physically been signed by both the Council and Barnet PCT. CJ

Update on Outturn Positions for financial year 2011/12

Barnet CCG / NHS Barnet

Ahmet Koray reported that NHS Barnet have achieved the financial plan for 2011/12 with a predicted outturn of a £15.8million deficit against an agreed planned deficit outturn of £17.2m. This outturn has been achieved through delivery of £25m of the £30m QIPP savings which have included reductions in

2. referrals to secondary care reversing previous trends and achievement of stretching medicines management savings of £3m.

For 2012/13, at the start of the year, Ahmet Koray reported that there is an underlying deficit of £40m with QIPP plans of £38.6m of which £11.7m is still not fully defined. Additional savings plans to close this £11.7m will be considered following the outcome of the finalised contract negotiations for 2012/13.

Ahmet Koray identified that the closure of £11.7m gap will need to include discussions with the HWBB finance group especially in respect of quantifying any cashable savings arising from business cases into telecare / telehealth and dementia/stroke pathway work.

With respect to children's health issues, the CCG will be seeking to ensure that a £150k service risk in relation to children's home peg feeding service is found during 2012/13 in order to fund a new service. If this £150k is not found, it will add to the £11.7m gap.

Ahmet Koray reported that the contract negotiations and savings plans will be finalised by the end of May 2012 so that there is a clear plan for the delivery of a balanced budget for 2012/13

Barnet Council – Adult and Children's Services

Anisa Darr reported that whilst the final outturn has not been confirmed, both Children and Adult Services are reporting a balanced outturn at year end. Anisa Darr reported that as the section 256 monies have not been fully spent the directorate will be required to make a case for a dedicated reserve to be created at year end in order for these monies to continue to be delegated to the Health and Well-Being Board for spend.

For 2012/13, Adult Social Care and Health has agreed savings totalling £4.7m which form part of a three year MTFs savings plan of £14.3m. Dawn Wakeling reported that robust plans have been developed for 2012/13 which include savings resulting from health and social care integration covering:-

- Integrated continuing health care commissioning
- Workforce savings from integration
- Productivity savings arising from service redesign.

DW further reported that key risk areas for 2012/13 continue to relate to dementia; autism which will need to be mitigated through close working with the NHS.

Robert McCulloch-Graham reported that the Children's service were continuing to manage pressures within the children's social care budget, however the biggest opportunity for addressing long term children's costs needs to stem from greater levels of joined up commissioning and working with the NHS. RMcG identified that there is a need to work through with the Children's Trust and Barnet CCG to develop an integrated approach to commissioning children's services. RMcG reported that work is being undertaken to develop a new commissioning structure for children's services involving Vivienne Stimpson with the aim to develop shared

funding arrangements to support Family Nurse Partnership and CAMHs. RMcG identified that there is a need to more formally recognise the family nurse partnership through a partnership agreement which will be brought back to the HWB Financial Planning Group for agreement.

RMcG reported that an ex DCS has been appointed to look at SEN / and health services for children with complex needs with a view to establishing a pooled budget which the Children's Trust will oversee.

The following actions were identified

- Detailed report setting out outturn position for NHS Barnet and Adult Social Care and Health to be available for next HWBB Financial Planning Group and will form the substantive agenda item from which to develop the forward work plan of the group. This will need to set out the position regarding carry forward of section 256 monies.
- Ceri Jacob / Ahmet Koray / Anisa Darr to prepare a report setting out the savings; investments (section 256; enablement); and performance metrics linked to all aspects of the frail elderly work with approval through financial planning group with clear proposal regarding monitoring
- Continuing Care business case to be produced to take account of developments in the CSS; savings targets within NHS Barnet and Council at next HWB Financial Planning Group

Update on Fracture Liaison Service Implementation

Ceri Jacob reported that since the business case had been agreed by the HWBB Financial Planning group contract negotiations have commenced and are in the process of being concluded to establish FLS service through RFH and BCF. The group noted that the development at RFH will be partnership with Camden and this will influence the timescales. However it is anticipated that the FLS service will be operational by July 2012.

3. CJ

Section 256 Monies and Expenditure Plan for 2012/13

4. Ceri Jacob spoke to report setting out the details of the investments proposed utilising the NHS monies for social care and identifies where each proposal is in the process of development and implementation of each priority investment area.

The RAGG rating against each of the schemes was noted and it was requested that further work is done on each of the scheme identified to ensure that benefits realisation measures are set and

tracked following on from the work to review each business case, its milestones, timescales and governance. Activity has been aligned to four overarching areas of focus that complement the overarching health and well being strategy, integrated commissioning plan and adult social care business plan deliverables.

The group noted that the Older Peoples Assembly has expressed a clear interest in being involved in work that may lead to more integration between health and social care services. Sharing proposals for 2012/13 with the Assembly will facilitate this involvement and allow the Council to take account of concerns or issues that are important to older people in Barnet and it was agreed that this should be taken forward. This will be considered through the development and sign off of the integrated commissioning plan and health and social care integration SOC.

The group noted the report and the update on the NHS enablement funds and noted that, whilst final approval of NHS enablement funds will need to remain with Barnet QIPP in this year, the HWBB Finance Group review how the funding is utilised through the year alongside the NHS funding for social care.

Public Health baseline allocation and representations

Rohan Wardena briefed the group on work that has been undertaken to verify the baseline allocation for Barnet Public Health services and to seek the agreement of the group to the proposed adjustments identified by Public Health colleagues for submission to DH by NCL and for representations by the Cabinet Member. This work has identified that there is a potential shortfall of £724,000 in the budget to deliver the LA statutory PH responsibilities.

5. The following actions were identified to allow for a Council response to Caroline Taylor from NCL and Robert Creighton and DH

- Ceri Jacob to clarify what the level of drug and alcohol contract management and procurement resource is necessary to manage the 6 contracts (BEH, Turning Point, Equinox, Westminster Drug Project, HAGA – The PH team believe the shortfall is approximately 1 WTE effort.
- Ahmet Koray to confirm if there is an alternative basis to calculate the contract management and procurement shortfall – e.g. x% of the contract value less management costs as an alternative to the analysis presented by public health of a WTE shortfall of 4 staff estimated at costing

CJ

25th of April 2012

AK

25th of April 2012

£400k:

- Rohan Wardena will circulate final proposed submission to HWBB Financial Planning Group **RW**

25th of April 2012

Group agreed that an update on this would come forward to the next Health and Well-Being Financial Planning Group.

Equipment S75 Agreement – Sign off arrangements

6. Noted that this still has not been signed off although CJ reported that all legal issues have now been resolved. KK advised that progress now has to be made and that this needs to be going forward to the next NCL Board for agreement to allow signing. If a signed partnership agreement is not in place by end of June 2012, KK advised that the Council would cease to act as the lead commissioner for community equipment services. **CJ** **By end of June 2012**

Any Other Business

7. Noted that there is now a need for a CCG Board member to be represented on the HWBB Financial Planning Group. Agreed that Ceri Jacob would discuss this with the Chairman of the Barnet CCG and Alison Blair with a view that a representative would be confirmed at the next HWBB. **CJ** **31st of May 2012**

The next financial planning group of the HWBB is on 13th June 2012, NLBP and will focus on development of shared HWBB financial planning group work plan for the year ahead based on the analysis of the issues, risks and projects across health and social care identified above.