| | |
|---|---|
| Meeting | Health and Well-Being Board |
| Date | 19th September 2013 |
| **Subject** | **Minutes of the Financial Planning Subgroup** |
| Report of | Director for People |
| Summary of item and decision being sought | This report is a standing item which presents the minutes of the Financial Planning Subgroup 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), the NHS Quality Improvement and Productivity Plan (QIPP), Barnet CCG's financial recovery plan, and the Council's Priorities and Spending Review. |

| | |
|---|---|
| Officer Contributors | Claire Mundle, Commissioning & Policy Advisor- Public Health/ Health & Well-Being |
| Reason for Report | To note the minutes of the previous two Financial Planning Group meetings |
| Partnership flexibility being exercised | The report encompasses partnership flexibilities such as those under Sections 75 and 256 of the NHS Act 2006. |
| Wards Affected | All |
| Enclosures | Appendix A: Minutes of the Financial Planning Group, 26th June and 8th August 2013 |
| Contact for further information | Kate Kennally, Director for People, kate.kennally@barnet.gov.uk, 020 8359 4808 |

## 1. RECOMMENDATION

1.1 That the Health and Well-Being Board notes the minutes of the Financial Planning Group of 26th June 2013 and 8th August 2013 set out in Appendix A.

## 2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

2.1 Cabinet, 14 February 2011– agreed partnership working for health in Barnet that proposed to delegate responsibility for the social care allocation through the NHS to the shadow Health and Well-Being Board via a section 256 agreement.

2.2 Cabinet Resources Committee, 2 March 2011 – approved criteria for the allocation of funds within the section 256 agreement and agreed high level spending areas to be overseen by the Health and Well-Being Board.

2.3 Health and Well-Being Board, 26th May 2011 – item 5 approved the establishment of the Financial Planning Group as a subgroup of the Health and Well-Being Board.

## 3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)

3.1 The Medium Term Financial Strategy (MTFS) and Priorities and Spending Review (PSR) of the Council and the NHS Quality, Innovation, Productivity and Prevention Plan (QIPP) and Financial Recovery Plan for Barnet CCG are aligned to both the achievement of the Sustainable Community Strategy objective of 'Healthy and Independent Living', and to the objectives of the Health and Well-Being Strategy. Underpinning the achievement of these strategies is the requirement to shift resources to the community with statutory services working alongside people to take greater responsibility for their own and their families' health.

## 4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

4.1 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. RISK MANAGEMENT

5.1 There is a risk that 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 group has identified this as a key priority risk to mitigate through work to align timescales and leadership of improvement plans which affect both health and social care through the Health and Well-Being Board.

## 6. LEGAL POWERS AND IMPLICATIONS

6.1 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. 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.

6.2 The Act now allows for local authorities to provide services which improve the health of the population.

6.3 There is likely to be new guidance on integrated budgets shortly, which the Council and the CCG will need to be responsive to in the development of their plans.

6.4 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.

## 7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

7.1 There is work underway to estimate the health and adult social care savings that integration across these services will bring, which will be completed in October 2013. These savings, once calculated, will be factored into the Quality, Innovation, Productivity and Prevention (QIPP) and CCG Recovery Plan in the NHS, and the Council savings requirements in the Medium-Term Financial Strategy and Priorities and Spending Review.

7.2 Projects and enablement schemes linked to Section 256 funding are reviewed by the Financial Planning subgroup to ensure that the projects have a clear programme of work and that approved business cases are adequately resourced to deliver the agreed outcomes.

## 8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

8.1 None specifically arising from the previous two Financial Planning Group meetings, though the Financial Planning 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.

## 9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 None specifically arising from the previous two meetings, though the Financial Planning Group will factor in engagement with providers to shape its decision-making in support of the Priorities and Spending Review, and Barnet CCG's financial recovery plan.

## 10. DETAILS

10.1 The Barnet Health and Well-Being Board on the 26th May 2011 agreed to establish a Financial Planning Group to co-ordinate financial planning and resource deployment across health and social care in Barnet. The financial planning group meets bi-monthly and is required to report back to the Health and Well-Being Board.

10.2 Minutes of the meeting of the Group held on 26th June 2013 and 8th August 2013 are attached at Appendix A.

10.3 The Health and Well-Being Board is asked specifically to note:

- The national announcement of a £3.8 billion Transformation Fund for health and Social Care Integration via pooled budget arrangements (see also '*Health and Social Care Integration- development of a target operating model for integrated care*' paper, also being presented at the 19th September 2013 Health and Well-Being Board meeting).

- The plans made on the 8th August 2013 to develop a high level target operating model for health and social care integration, which will consider how resources should be jointly spent in line with the requirements of the Transformation Fund, the Council's Medium Term Financial Strategy and Priorities and Spending Review, the CCG's Financial Recovery Plan and Quality, Innovation, Productivity and Prevention plans, and changes to the local health landscape through the Barnet, Enfield and Haringey clinical strategy. These proposals will be presented to the Financial Planning Group on the 17th October 2013.

- The development and approval of two overarching section 75 agreements for adults and children's services to underpin the arrangement for joint working between the NHS and local authority, which was commended by the Financial Planning Group.

## 11 BACKGROUND PAPERS

11.1 None attached to this report

Legal – LC
CFO – JH

**Appendix A: Minutes of the Financial Planning Group, 26th June and 8th August 2013**

**Minutes from the Health and Well-Being Board – Financial Planning Group**
**Wednesday 26th June 2013**
**Hendon Town Hall**
**15.30 -17:30**

**Present:**
(KK) Kate Kennally (Chair), Director for People, London Borough of Barnet (LBB)
(DW) Dawn Wakeling, Adults and Communities Director, LBB
(JH) John Hooton, Assistant Director of Strategic Finance, LBB
(JM) John Morton, Chief Officer, Barnet Clinical Commissioning Group (CCG)
(MO'D) Maria O'Dwyer, Director of Integrated Commissioning, Barnet CCG
(CC) Caroline Chant, Joint Commissioner- Older People & Sensory Impairment, LBB
(MT) Marshall Taylor, Interim Head of Prevention & Wellbeing, LBB
(CM) Claire Mundle, Policy & Commissioning Advisor, LBB

**Apologies:**
(MK) Mathew Kendall, Assistant Director, Adults & Communities, LBB
(SH) Stephen Hobbs, Interim Chief Finance Officer, Barnet CCG

| | ITEM | ACTION |
|---|---|---|
| 1. | **Priorities and Spending Review**<br><br>JH introduced the paper that sets out the forthcoming Priorities and Spending Review (PSR) of Council's medium to long-term spending plans. The paper was presented to the Barnet Partnership Board on 23 May. A report will be going to Cabinet on the 18th July to agree to run the PSR as proposed in the paper.<br><br>The PSR will ensure that the Council can meet the challenges presented by the further reduction to LA budgets announced in the 26 June Spending Review, and the continued period of austerity until 2019. The PSR will involve 3 work streams: finding efficiencies, implementing growth interventions, and service transformation and prioritisation.<br><br>A London Borough of Barnet "network" is currently being established to support the PSR- identifying those people at an operational level who are gathering data on | |

| | | |
|---|---|---|
| | Council spend/ future challenges/ the spending gap. The CCG has also completed a review of NHS properties. | |
| | KK asked JH to give a steer on what actions in the PSR work plan that the HWB Finance Group could usefully oversee/ approve in the 3 meetings it has left in 2013. JH agreed to provide an answer to the Group on this following the meeting. The Group agreed that JH should use this meeting to look at the health and social care elements of the PSR | **JH to advise SH and others on how to use the HWB Finance Group can support PSR.** |
| | JH explained that there is still quite a bit of time to explore options for the PSR before having to implement anything. Efficiency savings are however committed around integration, so LBB & the CCG need to make sure they has robust plans in place in QIPP and the medium to long-term financial plans to achieve this. | **JH to produce a project plan for the Group to support/ focus their work** |
| | DW reminded JH that the PSR needs to factor in the changes to social care funding and the new responsibilities for Adults services, which is not in current forecasting. | **JH to account for these changes** |
| | KK also confirmed with the group that whilst the PH grant is ring fenced for the next 2 years, PH will be subject to the same PSR process as other areas. The focus for PH will have to be on early intervention and demand management (through other council services such as leisure and housing). | |
| | JM commented on the value of thinking about "Total Place" as part of the PSR. There is a need for the PSR to think about the total additional costs associated with additional population growth (in part projected through the regeneration schemes). | **JH to share most recent census analysis with JM** |
| | KK suggested that Cath Shaw and Andrew Howe could usefully share information about the indices being used to calculate demographic growth with the HWB Finance Group, to understand the demographic data that is driving bigger investment in some areas of spend. | **KK to liaise with Andrew and Cath** |
| | The Group showed strong support for the PSR but recognised that making it real will not be easy. | **JH to make sure MK and MO'D can comment on the PSR project plan in terms of what their teams can contribute** |

| | | |
|---|---|---|
| **2.** | **<u>Section 256 (S256) and Health & Social Care Integration Funding</u>**<br><br>DW talked through the historic picture of S256 spend, and the proposals for spend in 2013/14:<br><br><u>Line 1</u>: c. £1.29 million being carried forward from 12/13 (non-recurrent spend)<br>Line 2: £989,000 winter pressures money (which was received late) (non-recurrent spend)<br><u>Lines 3d & 3e</u>: c. £800,000 current bids<br><br>Total quantum to be determined by the Group= c. £3 million<br><br>JM asked that the CCG is more involved in the plans to develop Quality in Care Homes teams. He also mentioned that he couldn't recollect seeing a number of the business cases for which money has already been allocated.<br><br>The Group agreed that in future papers that come to the Group about the allocation of spend should already have been discussed with the CCG. LBB as budget holder should continue to produce these papers for the Group.<br><br>JM talked through the CCG's 13/14 budgets to support integration and explained that the winter pressures funding was "virtually guaranteed" for them, amounting to c. £1 million. He explained that the marginal rate emergency tariff and emergency readmissions budgets are recurrent budgets but are variable, and fluctuate based on policy. The final figures have not been finalised.<br><br>To give an indication about what has already been committed against these lines, JM explained that the CCG have been talking to providers about PACE & TREAT programmes under the marginal rate emergency tariff budget<br><br>He also explained that some of the emergency readmissions budget has been committed across both acute providers. The Group recognised that health and social care integration will impact on emergency readmissions and that money needs to be invested for deployment through the Health and Social Care Integration Board.<br><br>MT then talked to his paper on 'Health and Social Care | **DW will send round letter about section 256 for 2013/14 to HWB Finance Group**<br><br>**DW to pick up discussion on quality in care home teams with MT, MO'D and JM**<br><br>**DW to share existing business cases with the CCG**<br><br>**SH to give the Group an indicative figure of the CCG budget lines: winter pressures/ margin rate emergency tariff/ emergency readmissions.**<br><br>**MT to revise his** |

| | | |
|---|---|---|
| | Integration Funding' which provides a narrative on the projected spend to support health and social care integration. He explained that business cases are being written to cover the unallocated spend in 2013/14 and the Group will be asked to approve each one (3 presented at the July meeting and 6 proposed to come to the August meeting).<br><br>KK questioned this approach, and suggested that the HWB Finance Group needed to understand the size of the total resource that will be invested in Health and Social Care Integration before being able to decide what the money should be spent on. Before the CCG is able to confirm the total money that can be invested in integration, the HWB Finance Group will not be able to make decisions on spend. KK also suggested that the interviews being carried out by the health and social care integration board should help inform prioritisation.<br><br>It was agreed that either the HWB Finance Group, or the Health and Social Care Integration Board, should prioritise what the money is spent on when the total quantum is known. | **paper based on the indicative figures provided by SH.**<br><br>**JH to develop a standard template for reporting S256 money.** |
| **3.** | **<u>Section 75 (S75) agreements</u>**<br><br>DW presented the paper on Section 75 agreements. This paper will still need to go to solicitors ahead of the Cabinet meeting in mid-July.<br><br>DW explained that the proposal was for there to be an overarching document that could cover adults and children's services with schedules sitting behind it.<br><br>The Group did not agree the template in its current format, but are in support of developing a standard approach.<br><br>The Group suggested that where there is a statutory reason for use of a S75 (i.e. the pilot integration projects/ speech and languages services for children), there should be one. Where there isn't such a reason, another approach could be used.<br><br>The Group suggested that there could be a standard front part to the S75 document, but with schedules drawn up individually to sit behind it, accounting for variable flexibilities, leadership and governance arrangements. The Group agreed that this approach should be tested for the existing integration pilots and | **DW to talk to MK and make sure he and MO'D have the same facts about how to take this work forward**<br><br>**DW to revise the date the paper** |

| | | |
|---|---|---|
| | speech and language services for children. | **goes to CRC.** |
| **4.** | **<u>Business Cases</u>**<br><br>JM noted that the CCG QIPP Board has already approved the first two business cases.<br><br>*Stroke Reviews*<br>CC updated the Board on progress made with developing the stroke review programme. She explained that the team are currently working out what measures are in place already to assess who is in need of a stroke review. She explained that the team want to establish a link with risk stratification in primary care.<br><br>*Dementia Hub Project*<br>The Group noted that Cabinet Resources Committee have agreed the business case for dementia cafes.<br><br>*Information for All*<br>MT talked through the main elements of the proposals. He explained that this business case is a legacy of the Information and Advice Project from last year.<br><br>KK noted the lack of reference to Healthwatch in the business case. She questioned if this business case should be given to Healthwatch as part of their contract.<br><br>KK praised the element on digital inclusion.<br><br>The business case was not approved in its current form. | **CC to agree final measures with MK and MO'D.**<br><br>**MT to have a discussion with Healthwatch, BCIL and CAB about a coherent commissioning strategy around information giving.**<br><br>**MT to consider the role of Capita in the plans.** |
| **5.** | **<u>Date of the next meeting</u>**<br><br>8th August, 11am-1pm, Board Room, NLBP | |

**Minutes from the Health and Well-Being Board – Financial Planning Group**
**Thursday 8th August 2013**
**NLBP**
**11.00 -13.00**

**Present:**
(KK) Kate Kennally (Chair), Director for People, London Borough of Barnet (LBB)
(JH) John Hooton, Assistant Director of Strategic Finance, LBB
(JM) John Morton, Chief Officer, Barnet Clinical Commissioning Group (CCG)
(SH) Stephen Hobbs, Interim Chief Finance Officer, Barnet CCG
(KJ) Karen Jackson, Adult Social Care Assistant Director, LBB
(KA) Karen Ahmed, Later Life Lead Commissioner, LBB
(MT) Marshall Taylor, Interim Head of Prevention & Wellbeing, LBB
(EB) Emily Bowler, Customer Care Service Manager, LBB
(TF) Thomas Fennerty, Projects & Propositions, Agilisys
(ET) Elaine Tuck, Strategy & Projects Officer, Children's Services, LBB
(CM) Claire Mundle, Policy & Commissioning Advisor, LBB

**Apologies:**
(MK) Mathew Kendall, Assistant Director, Adults & Communities, LBB
(DW) Dawn Wakeling, Adults and Communities Director, LBB

| AGENDA ITEM | ITEM | ACTION |
|---|---|---|
| **2.** | **<u>Update on actions</u>**<br><br><u>Outstanding items to take forward:</u><br><br>'*JH to send most recent census analysis with JM'*<br><br>*'DW to pick up discussion on quality in care home teams with MT, M'OD and JM'*<br><br>*'CC to agree final measures in stroke review'*: MT | **Policy team to send to Maria O'Dwyer**<br><br>**JH to also share growth projections up to 2020 with JM when ready**<br><br>**DW to take this discussion forward**<br><br>**MT to circulate** |

| | | |
|---|---|---|
| | confirmed an early draft from PWC will be ready in the next 6 weeks, including updated costs and benefits model.<br><br>*'MT to have a discussion with Healthwatch, BCIL and CAB about a coherent commissioning strategy around information giving'* | **report to group (after receiving endorsement from Maria O'Dwyer and Mathew Kendall)**<br><br>**MT to revise business case in line with discussions with Healthwatch, BCIL and CAB** |
| **3.** | **<u>Priorities and Spending Review process</u>**<br><br>JH talked through his presentation on the Priorities and Spending Review (PSR). He outlined timeline for completion and the governance arrangements overseeing the review.<br><br>He explained that there will be a presentation on the PSR at the 4th September Partnership Breakfast.<br><br>The group discussed the parallel financial challenge in the NHS. JM outlined the £65-70m savings needed by Barnet CCG over the next 5 years to reach financial balance.<br><br>He also explained the CCG will lose £12-13m per annum from 15/16 from its budget to support integrated care (this local sum plays into the £20 billion spending gap to 2020 identified by NHS England).<br><br>KK recognised the need to reflect the NHS saving challenge alongside the LA PSR process to reflect the total public services funding challenge over the course of the decade.<br><br>JM told the group that NHS Property Services more willing to see what opportunities exist for collective savings.<br><br>The group talked about the benefits of the CCG joining up with the LA to procure residential care services- KK is confident that the CCG will get savings from the joint approach, but acknowledged that the arrangement as likely to be cash releasing for the CCG rather than the LA. | |

| | | |
|---|---|---|
| | The group also discussed the potential for savings in combining back office functions. Two-thirds of CCG's current running costs come from back office functions. KK explained that the Capita contract in the Council had been written in such a way to allow for other public services to buy back office functions from them.<br><br>JM talked through the current scope for pooled budgets between the LA and CCG around care for frail elderly (which reflects c.70% NHS spend) and looked-after children. He thought that efforts to advance integration, through the Joint Commissioning Team, could also lead to savings for both the LA and CCG.<br><br>The group agreed that they will run through the initial ideas for savings in the PSR at the October meeting. This will require finance meetings in advance, to understand both the Medium Term Financial Savings plans of the LA and the recovery plan of the CCG.<br><br>The October meeting should cover:<br>- Delivery savings stream (relationship with Capita)<br>- Transformation savings stream (with size of the integrated care opportunity for the LA & CCG)<br><br>JH to ask Rav Singh (PSR project manager) to set out in detail what is happening when and where for the PSR | **JH & SM to set up meetings to share plans/ discuss data exchange**<br><br>**DW, JM & KK to give initial thought to this**<br><br>**JH to request this information from Rav Singh** |
| **4.** | **<u>Section 75 agreements</u>**<br><br>ET & TF talked through the Section 75 (S75) agreements for adults and children. They explained the only difference in content was in the aims and objectives section.<br><br>Summary of approval process for S75 agreements to date:<br><br>- Approach has been approved by Cabinet Resources Committee | |

| | | |
|---|---|---|
| | - Document has been circulated for feedback and approval with officers across LBB and the CCG (including Finance, Insurance, HR, Information Governance, etc.)<br>- Document has been approved by the CCG Audit Committee and the Cabinet Members for Children's Services, Adults and Performance & Resources for approval<br>- New schedules will be approved by John Morton and Relevant Officers in Adults and Children's delivery units<br><br>In terms of Adults schedules there are two that have been developed and are being approved by the relevant service leads. There are a number of existing s75 agreements in Adults – these may be reviewed and incorporated as schedules within the overarching s75 agreement as appropriate in future.<br><br>The group discussed the need to define the relationship between the Joint Commissioning Unit (JCU) and Section 75 agreements (in case the JCU dissolves). The group agreed that the Section 75 agreement needs to be amended to reflect the clear dependency with the JCU:<br>- The MoU notice period should match the S75 notice period.<br>- Section 9.2.2 of the S75 agreement (on management costs) needs to make reference to the MoU for the JCU.<br>- The JCU MoU should reference all the existing adults S75 schedules as well as the new ones.<br><br>KK pointed out that there are typos in the documents and these should be corrected | **ET & TF to make changes to the S75agreements.** |

| | | |
|---|---|---|
| | KK requested that the section on the partnership flexibilities that are being invoked through the agreement be made clearer and be put up front in the schedules in future agreements.<br><br>The group agreed that section 9.26 in the document, detailing the timings for changes to the money available, should be explicit i.e. by February of each calendar year there should be an agreement about the inflation value that can be applied for the following year. Reductions should be agreed by September.<br><br>This agreement should be added to the Children's schedule for speech and language therapy.<br><br>The group praised the work that had gone into developing the Section 75 agreements. | |
| **5.** | **<u>Telecare Business Case</u>**<br><br>MT talked through the business case. It aims to update and change internal processes at LBB to scale up telecare, and to develop a timetable with the CCG for creating a bigger telecare offer.<br><br>JM said he was happy to support the business case in principal but suggested LBB should look at resources within the Joint Commissioning Unit to deliver this before going externally to recruit to post. KA agreed that this should be resourced from within the Joint Commissioning Unit (JCU).<br><br>KA said the business case did not quantify the amount of work that needs to be done, or the level of difficulty to deliver a telecare offer at present.<br><br>The group asked for clarity about what the work will be trying to achieve- what increase in telecare support will there be? How will this work support hospital discharge? The group wanted more confidence about the outcomes that will be delivered through the business case, and expects these to be developed.<br><br>The group approved the business case, in principle, and agreed that the investment was needed to sort out the current problem with delivery. | |

| | | |
|---|---|---|
| | The group asked MT to have a conversation with the JCU about their capacity to support this work in the long-term. | **MT to have a discussion with the JCU about internal capacity to support delivery of the work.** |
| **6.** | **<u>OBC Involvement, Engagement and Co-production</u>**<br><br>MT talked through the proposals in the business case.<br><br>The group raised concern that the OBC did not make clear calculations about return on investment that could be expected.<br><br>The group also felt that this work could be duplicating the work of Healthwatch, and questioned whether this work could be seen as a priority must-do for investment given the significant financial challenges facing LBB and the CCG.<br><br>The business case was not supported. KK asked the team to make the consequences of this clear both internally, and to Healthwatch in terms of the impact this decision will have on payments for reward and recognition.<br><br>KK suggested that a distinction needed to be made between payment to Partnership Board members who dedicate on-going time to the Board, and those residents who turn up to one-off engagement events. | **MT & EB to feedback the outcome of this discussion to their team and to Healthwatch** |
| **8.** | **<u>Progressing the integrated budget discussion for 2014/15 and 2015/16</u>**<br><br>JM presented the paper on health and social care integration following the national announcement in June that a £3.8bn pool of investment to support integrated care will be created.<br><br>He explained that c. £12.4m from the CCG baseline budget will move into the integrated care budget (equating to 2/3$^{rds}$ CCG community services budget).<br><br>With this transfer in mind, the CCG recovery | |

| | | |
|---|---|---|
| | programme will be unachievable in the original timeframe of 5 years.<br><br>KK noted that the LA will also be about 3-4% worse off than expected.<br><br>JM sought reassurance that the new Section 256 money would be used in part to fund genuine integrated care services rather than supporting only bottom-line local authority pressures. KK reassured that over half of the additional CCG budget being pooled is managed through PbR to support the hospital/ community interface, so would be tied into genuine integrated care endeavours rather than social care activities.<br><br>The group discussed the need to make a list of requirements for what the integrated care money should be spent on, accounting for:<br><br>- The CCG recovery plan<br>- The Local Authority Medium Term Financial Strategy<br>- The Care Bill<br>- National Guidance on Section 256 spend<br>- Vulnerable People's plan<br>- Activity shifts from acute care to care closer to home<br>- Metrics that will support delivery<br>- Long Term Conditions Management<br>- Rapid Response service and extended hours<br>- Supporting access/delivery of services<br><br>The decisions made over spend need to account for current and potential uses of:<br><br>- Independent living fund<br>- Funding to support carers | **KA to lead initial project team to develop these proposals by 17th October meeting.** |

| | | |
|---|---|---|
| | - Disabled facilities grant<br>- Social care capital programme<br><br>The group agreed that the Joint Commissioning Unit would not have sufficient capacity to take this work forward on their own. The group agreed to appoint an "architect" to lead the process locally of developing proposals for use of the monies. An initial meeting is to be convened involving joint commissioning unit leads with Karen Ahmed, Later Life Lead Commissioner. The group agreed that c. £100k of the Section 256 money could be used to support the development of the commissioning plan for the pooled budget. Proposals and approach to be shared with John Morton, Dawn Wakeling and Kate Kennally by early September with progress to be monitored through the health and social care operational group.<br><br>The group set the task for the 17th October 2013 meeting: that a paper outlining how the monies should be used, and what needs to be developed. This paper will then be finessed and signed off in February by the Health and Well-Being Board. | |
| **7.** | **<u>OBC Barnet Integrated Care</u>**<br><br>JM talked through the business case. He explained that the CCG have a good model of rapid response but it needs extending to cover 7 days/ week and link to reablement services. There is also a good model of COPD, but a weak model of other long-term conditions management. Intermediate care provision is also weak.<br><br>In addition, it was identified that a key priority for the system is to ensure that there is sufficient community based support across health and social care to support the implementation of the BEH clinical strategy in December 2013. The HWBB finance group agreed in principle that up to c£500k should be made available to support the extension of social care capacity and integration of intermediate care and enablement in advance of the December go live date for the transfer of services from Chase Farm to Barnet Hospital | **JM to work up these proposals to feed into integrated care programme design** |

| | | |
|---|---|---|
| | JM also talked through the winter challenge and need for additional beds- JM is making a bid to London for support to purchase these. The CCG need absolute confidence and to provide assurance that the right system will be in place by October to support people through the winter period.<br><br>The group agreed that the OBC for Integrated Care needs to be considered through the working group to finalise the proposals on integration to the next HWBB finance group as set out under item 6. The system needs to progress the capacity needed to support in-year challenges for the system, and be clear about what should be in the integrated care offer. This would be taken forward within the £500k outlined above. | |
| **9.** | **<u>CCG review of 256 spend as a record</u>**<br><br>KK asked JH to work with Michael Miller to develop a reporting template for Section 256 spend which will then form a standing item at each HWBB finance group. SH to liaise with JH outside the meeting re the CCG analysis of historical position for the record | **JH to design template with Michael Miller** |
| **15.** | **<u>Date of the next meeting</u>**<br><br>17th October, 10am-12pm, Board Room, NLBP | |