
Meeting	Health and Well-Being Board
Date	23 rd January 2014
Subject	Minutes of the Financial Planning Sub-group
Report of	Strategic Director for Communities
Summary of item and decision being sought	This report is a standing item which presents the minutes of the Financial Planning Sub-group 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) and Priorities and Spending Review (PSR), and Barnet CCG's Quality Improvement and Productivity Plan (QIPP) and financial recovery plan.

Officer Contributors	Claire Mundle, Commissioning & Policy Advisor- Public Health/ Health & Well-Being
Reason for Report	To note the minutes of the previous Financial Planning sub-group meeting on the 13 th December 2013.
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
Status (public or exempt)	Public
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Appendices	Minutes of the Financial Planning Group, 13 th December 2013.

1. RECOMMENDATION

- 1.1 That the Health and Well-Being Board notes the minutes of the Financial Planning Group of 13th December 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 sub-group 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 sub-group has identified this as a key priority risk to mitigate, and the group works to align timescales and leadership of relevant work plans which affect both health and social care.

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 Under the Health and Social Care Act 2012, a new s2B is inserted into the National Health Service Act 2006 introducing a duty that each Local Authority must take such steps as it considers appropriate for improving the health of the people in its area. The 2012 Act also amends the Local Government and Public Involvement in Health Act 2007 and requires local authorities in conjunction with their partner CCG to prepare a strategy for meeting the needs of their local population. This strategy must consider the extent to which local needs can be more effectively met by partnering arrangements between CCGs and local authorities, and at 195 there is a new duty-- Duty to encourage integrated working:

s195 (1) A Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.

s195 (2) A Health and Wellbeing Board must, in particular, provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.

6.3 As yet, there is no express provision in statute or regulations which sets out new integrated health budgets arrangements, and so the s75 power remains.

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 Ernst and Young were commissioned by the Financial Planning sub-group to estimate the health and adult social care savings that integration across these services will bring. This work will be completed during January 2014, to inform both the Better Care Fund application, and the locally set saving plans and investment priorities (i.e. the MTFs and PSR for the local authority, and QIPP and the financial recovery plan for the CCG).
- 7.2 Projects and enablement schemes linked to Section 256 funding are reviewed by the Financial Planning sub-group 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 In August 2013, the Financial Planning sub-group commissioned Ernst and Young to develop the integrated care model for frail elderly/ people with long term conditions. Ernst and Young developed a Stakeholder Engagement Plan to make sure that they consulted with relevant stakeholders to develop the model for integrated care. They have conducted a number of workshops over the past three months to engage with users and stakeholders and actively used this feedback to inform the detail of the model they produced.
- 8.2 The Financial Planning sub-group will also 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 Ernst and Young have engaged with providers to shape the integrated care model through a series of workshops to inform the detail of their work. The most recent version of their model was presented to the Health and Social Care Integration Board on the 8th January 2014, for their comments and approval.
- 9.2 The Financial Planning sub-group will also 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 sub-group to co-ordinate financial planning and resource deployment across health and social care in Barnet. The financial planning sub-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 sub-group held on the 13th December are included in Appendix A.

- 10.3 The Health and Well-Being Board is asked to note the progress that has been made to develop an Outline Business Case for health and social care integration. The work has focused on the services that are needed to support frail elderly residents, and those with long-term conditions.
- 10.4 Ernst and Young were commissioned to lead this piece of work on behalf of the local authority and CCG. Since developing a high-level model in Phase 1 of their commission, they have worked with local partners to fulfil the following brief (Phase 2):
- Mapping current service expenditure across health and social care
 - Assessing the interventions/ service changes that will support the delivery of a successful model (this will include identifying examples of good practice from elsewhere that can be included in the model)
 - An options appraisal of the delivery vehicles that will support the model with recommendations on the preferred option
- 10.5 The Financial Planning sub-group delegated responsibility for this work to a Health and Social Care Integration Steering Group, led by the Adults and Communities Director, and the Chief Officer of Barnet CCG. The Group met formally for the last time with Ernst and Young on the 8th January 2014, to review the latest draft of the Outline Business Case and agree future actions required to complete this work. The intention is for this Outline Business Case to be completed during January 2014, at which point the commission with Ernst and Young will come to an end.
- 10.6 The Outline Business Case will inform both the Better Care Fund application (that will be submitted to NHS England on the 14th February 2014), and Barnet's locally set saving plans and investment priorities (i.e. the MTFs and PSR for the local authority, and QIPP and the financial recovery plan for the CCG). The Financial Planning sub-group will use the Outline Business Case to make its future investment decisions, and will as such be a key strategic driver for spend across health and social care over the coming years.
- 10.7 The Health and Well-Being Financial Planning Group met on the 13th January 2014 to review the draft Better Care Fund submission that will be presented to the Health and Well-Being Board on the 23rd January 2014. The Financial Planning Group considered what the size and scope of the Better Care Fund should be; the definition of protecting social care services; the relationship between the Public Health commissioning intentions and the Better Care Fund; and local performance measures. The recommendations from these discussions will be presented to the Health and Well-Being Board on the 23rd January.
- 10.8 The Health and Well-Being Financial Planning Group also noted that an updated schedule to the Section 75 agreement for frail elderly has been developed for sign-off by Barnet CCG and the London Borough of Barnet by the end of January 2014.

11 BACKGROUND PAPERS

11.1 None.

Legal – LC

CFO – JH