

Minutes from the Health and Well-Being Board – Financial Planning Group
Wednesday 21 October 2015
North London Business Park, Boardroom
11am – 1pm

Present:

- (AD) Anisa Darr, Deputy Finance Director, LBB
 (CM) Chris Munday, Commissioning Director Children and Young People, LBB
 (DW) Dawn Wakeling, Commissioning Director – Adults and Health, LBB
 (HMG) Hugh McGarel-Groves, Chief Finance Officer, Barnet CCG
 (KH) Kirstie Haines, Adults Wellbeing Strategic Lead, LBB
 (MB) Melanie Brooks, Programme Director Health and Social Care Integration, Barnet CCG/LBB
 (MOD) Maria O'Dwyer, Director for Integrated Commissioning, Barnet CCG (Chair)
- (ZG) Zoë Garbett, Commissioning Lead Health and Wellbeing, LBB (minutes)

Apologies:

- (AH) Andrew Howe, Director of Public Health, Barnet and Harrow Public Health Team

	ITEM	ACTION
1.	Welcome / Apologies As Chair MOD welcomed the attendees to the meeting. Apologies were received from Andrew Howe.	
2.	Minutes of the last meeting The Group noted that the new ToR are still under development and therefore not agreed. LBB governance and working with BCCG governance to finalise the ToR. To be circulated with track changes - <ul style="list-style-type: none"> • ToR (ZG) • BCF (MB) <ul style="list-style-type: none"> ○ S75 ○ Deed of Variation ○ MOU To ensure that changes from LBB and BCCG have been incorporated. Corrections were made to the minutes: <ul style="list-style-type: none"> • Transfer of Public Health Commissioning Responsibilities for 0- 19 Healthy Child Programme – decision agreed and minutes to be updated to reflect the recommendation in the paper • CAMHS transformation plan – to include the date this went to SCB (13 October) The minutes will be taken to a future HWBB.	ZG MB

	<p>HMG and AD to bring a clear timetable to show when reports are cleared and by who.</p>																																											
5.	<p>BCF:</p> <p>5.1 Performance report – NEL</p> <p>The Group noted that the Adult Social Care Delivery Unit quarter 2 performance data was not received yet.</p> <p>The Group heard that hospital admissions had increased and had not achieved the BCF target reduction but that August was similar to last year.</p> <p>DW stated that the report was interesting as the areas of high admissions are not those targeted through our BCF (which targets over 65s with LTCs): 50 - 59 chest pain / heart failure non MI, then 0 – 4s and only then falls in 85+.</p> <p>The Group noted that the BCF metric covers all ages whilst our plans focus on people over 65. The Group also noted that our plans cover the boroughs population not the GP register, unlike the metric.</p> <p>MOD stated that that the cardiology pathway needed to be reviewed and this work was underway (plans going to FPQ 22 October).</p> <p>Admissions for 0 – 4 year olds are being looked at by Children’s service leads.</p> <p>The Group agreed that best practice needs to be implemented in regards to falls including NICE guidance and examples from other boroughs.</p> <p>Achieving the reduction in NEL targets has also been a challenge for neighbouring boroughs. However Barnet is performing well in terms, see the graph below:</p> <div><p>Monthly Hospital Data Non- Election Admissions G & A March 2015 to July 2015 NCL</p><table border="1"><thead><tr><th>Month</th><th>Barnet CCG</th><th>Camden CCG</th><th>Enfield CCG</th><th>Islington CCG</th><th>Haringey CCG</th></tr></thead><tbody><tr><td>March 2014-2015</td><td>2950</td><td>1650</td><td>2350</td><td>2150</td><td>2350</td></tr><tr><td>April 2015-2016</td><td>2750</td><td>1650</td><td>2300</td><td>1900</td><td>2250</td></tr><tr><td>May 2015-2016</td><td>2950</td><td>1550</td><td>2450</td><td>1900</td><td>2150</td></tr><tr><td>June 2015-2016</td><td>3050</td><td>1600</td><td>2500</td><td>2000</td><td>2350</td></tr><tr><td>July 2015-2016</td><td>3000</td><td>1550</td><td>2550</td><td>1950</td><td>2250</td></tr><tr><td>August 2015-2016</td><td>2750</td><td>1600</td><td>2350</td><td>1900</td><td>2150</td></tr></tbody></table></div>	Month	Barnet CCG	Camden CCG	Enfield CCG	Islington CCG	Haringey CCG	March 2014-2015	2950	1650	2350	2150	2350	April 2015-2016	2750	1650	2300	1900	2250	May 2015-2016	2950	1550	2450	1900	2150	June 2015-2016	3050	1600	2500	2000	2350	July 2015-2016	3000	1550	2550	1950	2250	August 2015-2016	2750	1600	2350	1900	2150	<p>MOD/K H</p>
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5.2 Finance report

The Group agreed that implications of performance on the financial position needs to be clear to the HWBB and partners. MOD to feedback from FPQ.

Currently CCG are showing data at a commissioner level and LBB at a provider level (the latter is more detailed). Also need to be clear what is a LBB budget and what is BCF. CCG to include non-BCF budgets as well to give a broader picture.
Agreed that the level of financial information is to be the same for LBB and BCCG.

The Group noted the financial risks and pressures to social care of the national living wage and care law on time taken to travel from home.

The Group requested a risk and mitigation schedule.

5.3 BCF allocation 16/17

Following previous discussions at the Finance Group, AD presented a further report, giving an overview of the current position for adult social care noting population, demand and system pressures. AD acknowledged cost pressures across the health and social care system. The paper showed the cost pressures to social care from growth in health referrals:

Referrals	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	% increase since 2009/10
Primary Health	1,635	1,460	1,800	1,585	1,660	1,702	4%
Secondary Health	2,565	2,650	2,780	2,985	3,425	3,814	49%
Other	5,575	5,535	5,170	4,090	4,055	4,548	-18%
Total	9,775	9,645	9,750	8,660	9,140	10,064	3%

The paper set out the financial challenges for adult social care.

MOD stated that the discussion is broader than the BCF. Whilst MOD noted the financial pressures to social care, she noted that there needs to be a broader discussion between the CCG and LBB to resolve this.

HMG described the review (NCL level) that will provide a financial framework by December (NHS England deadline). This will then need to be discussed and worked through.

AD stated that the report set out options for 2016/17, on the 16 December a report will be going to LBB's Policy and Resources committee to give an overview of the budget to 2020 with a focus on 2016/17 and how the budget pressure in Adults will be bridged.

HMG stated that this would need to be looked at to explore the options to resolve

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	<p>issues together.</p> <p>HMG described that the CCG are in transition to a point where they may be able to put in new money to the BCF at a future date, however it was too soon in their planning cycle to confirm.</p> <p>It was agreed that a resolution needed to be found and the council would struggle to continue to fund its contribution to integrated care without more funding from the BCF.</p> <p>MOD agreed to set up a specific discussion including finance leads from LBB/CCG, GS, DW and KK.</p> <p>The discussions are to include childrens services as well as adults.</p> <p>DW left the meeting.</p>	MOD
6.	<p>Review of joint priorities</p> <p>The Group reviewed the joint priorities which were agreed in March 2015. The group noted that there are a number of areas which should be reflected in this document such as childrens safeguarding. The document also needs to include timelines.</p> <p>ZG to update and review with Debbie Frost and Councillor Hart.</p>	ZG
7.	<p>Joint Health and Wellbeing Strategy delivery plan</p> <p>The JHWP Strategy is out to public consultation until 25 October. The final strategy will be presented to the HWBB on 12 November 2015.</p> <p>The Group reviewed the JHWP Strategy delivery plan (first draft) and made amendments.</p> <p>ZG to develop delivery plan with all JHWP Strategy actions and other critical activity.</p>	ZG
8.	<p>HWBB work programme</p> <p>The Group are to send comments to ZG.</p>	
9.	<p>Finance Group Work Programme</p> <p>ZG to update in light of discussions at this meeting and the joint priorities.</p>	
10.	<p>AOB</p> <p>None</p>	

Next meeting – Tuesday 15th December 1pm – 3pm (F13, Building 2, NLBP)

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