

# Workshop One – Feedback

The governance/financial arrangements of a Pooled Budget (NHS and LA) – can they be complimentary?

12.40 – 12.50



# Notes from the discussion of Workshop One (1/2)

The governance/financial arrangements of a Pooled Budget (NHS and LA) – can they be complimentary?

- **Guidance on what can/cannot be done in regards to pooled budgets within individual organisations has to be considered.**
- Timings are important - CCGs and LAs have different **timeframes** with which to deliver.
- **Reporting:** how do pooled budgets effect how/when reporting is done?
- Shuffling money around seems complex, and dependent on contractual agreements.
- Contingency services are important to consider in respect to an individual organisation's responsibilities
- Integrated services need to be better recognised in order to establish a pooled budget
- Internal auditing can be effected if LAs and CCGs fully integrate their budgeting
- Other statutory duties may disproportionately effect a specific services if pooled budgets are used
- How will carrying forward funds work, especially in relation to the balance of contribution between the CCG and LA?
- One group believed that these arrangements are difficult to make complimentary
- **A lot of it is to do with trust - trust in different places, e.g. finance**
- Lack of trust/confidence can 'undo' a pooled budget
- We have pooled budgets, but what we may not be doing is pooled governance
- **The key to a complimentary system: putting existing spending into more rational places?**
- Can you 'comply' with BCF guidance and not quite have a pooled budget?
  - 'Everyone continues doing their own thing and we pull it together'
- Look at the entirety of social care and of health and pull it together
- To 'pool' you have to identify two parts that create it. Health  $\neq$  social care
- Some areas are more LA, others are more health focused
- A pooled budget area, or one for six areas?
- Number of areas identified... how pooled budgets are under a contract of joint commission
- When areas overlap, it is difficult to define where to put it.

# Notes from the discussion of Workshop One (2/2)

The governance/financial arrangements of a Pooled Budget (NHS and LA) – can they be complimentary?

- Would it help to identify and define different models when considering pooled budgets?
  - If so, where does this leave the culture?
- Priorities on spending are different in social care and in health, so the **conversation needs to be around: why - what is the rational; what is the impact; and what is the benefit, instead of 'how much' is helpful to understand each other**
- **Leadership and culture are key to a well-functioning and complimentary pooled budget**
- **Health and Wellbeing Boards have some role to play in determining the viability of a pooled budget**
- Health and Wellbeing Boards can have the right representation (a balance of health and social care), but not delegate responsibilities; this isn't helpful
  - Leadership without authority can help
- How useful are Health and Wellbeing Boards? They do provide leadership and decision making
- BCF focus is meant to be around the integration between health and social care and not just on the pot of money (or on DTOC)
- If we focus on the wrong end, we are missing opportunities for prevention
- Total place: where does it all fit?
- Areas with devolution are having difficulties in agreeing priorities... are they missing the big picture?
- **What's more efficient and effective: re-designing the way money is pooled, or designing from scratch?**
- Anxiety about relationships of power at national level were discussed, and the impact of that at local level
  - Can joined governance arrangements from the very top help?
- Would it be helpful to define roles and responsibilities?
- **Commissioning for outcomes: how do CCGs fit with that?**
- Once the money is pooled, don't focus on who is paying for what? Just get on with it and go for outcomes
- When a budget does not fit within BCF (i.e. some equipment), this can get in the way
- Health and social care account for things differently, such as overheads, full costs, and assumptions
- Accountability and statutory responsibilities are different between CCGs and LAs