

HEALTH AND SOCIAL CARE INTEGRATION BOARD

Thursday 23 July 2015

Present: -

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| Dr Ian Pattison (Chair) | - Chairman, Sunderland Clinical Commissioning Group |
| Councillor Mel Speding | - Cabinet Secretary, Sunderland City Council |
| Fiona Brown | - Chief Operating Officer, People Services, Sunderland City Council |
| Debbie Burnicle | - Director of Planning, Commissioning and Reform, Sunderland CCG |
| Dave Gallagher | - Chief Officer, Sunderland CCG |
| Gillian Gibson | - Acting Director of Public Health |
| Karen Graham | - Associate Policy Lead for Health, Sunderland City Council |
| Ian Holliday | - Head of Reform and Joint Commissioning, Sunderland CCG |
| Sarah Reed | - Assistant Chief Executive, Sunderland City Council |
| Neil Revely | - Executive Director, People Services, Sunderland City Council |
| Pat Taylor | - Audit Chair, Sunderland CCG |
| Sonia Tognarelli | - Director of Finance, Sunderland City Council |

In attendance:

- | | |
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| Tarryn Lake | - Sunderland CCG on behalf of David Chandler |
| Zena Wilkinson | - Governance Services, Sunderland City Council |

IB31. Apologies for Absence

Apologies for absence were received from David Chandler.

IB32. Declarations of Interest

There were no declarations of interest.

Dr Pattison advised that, as agreed at the previous meeting, a Register of Interest was in the process of being completed.

IB33. Notes of the last Meeting

The Notes of the meeting of the Board held on 25 June 2015 were accepted as a correct record subject to the following amendments:

Pat Taylor noted that at commencement of the previous meeting there was not a quorum and recommended the minutes reflected when individuals joined the meeting. Dr Pattison agreed with the recommendation.

ACTION: Minutes to reflect the attendance/quorum for future meetings.

Page 3, 5th paragraph: ... *Better Care Fund was doing what partners wanted....*
... *Council and the CCG want it to be*

Page 5, 1st paragraph: ... *scheme manager and there may need*

IB34. Matters Arising

IB19. Action Points from the Last Meeting

Dr Pattison noted that Karen Graham was not receiving notification of additional agenda items within the agreed timescales. Karen requested that Members note the agenda item deadlines for future meetings and the Chair asked Karen to continue to raise this as an issue if there was no improvement.

IB22. Q4 Better Care Fund Assurance Submission

Pat Taylor advised that she was uncertain if this section correctly reflected that the Chair needed to sign off the submission and the need to review submissions. Pat noted that the meeting schedule had not been changed therefore the reports would not be available to be signed off during the Board meetings.

Ian Holliday advised that he had just received the date of the next submission and that guidelines would be circulated and schedule of meetings amended where necessary. However, it was highlighted that at the present time the final submission date was being provided at very short notice and it may not be possible to present it to the Board in advance.

Pat Taylor stated that she was concerned that a schedule had not been implemented for reporting on funding. Dave Gallagher shared that he would report the concerns back but proposed that for the next submission, information was circulated electronically to members.

ACTION: Dave Gallagher to circulate the next Better Care Fund Assurance Submission electronically to Board Members.

The Chair agreed that it was important to have the schedule information so that meeting dates would tally where possible.

ACTION: Meeting dates to be rescheduled to marry up with the required submission dates for reports.

IB26. Briefing on the EU Health Programme Call for Projects

Board members agreed James Garland would be invited to attend the next meeting, to be held on 10 September 2015. Sonia Tognarelli advised that she had received a briefing from James for the next meeting.

ACTION: Action Point to be amended to reflect the revised date for James Garland to attend the Board meeting.

IB35. Action Points from the last Meeting

IB10: People Services Structure Chart to be revised to show the names of individuals in post.

Dr Pattison questioned if there was any further update. Pat Taylor stated that she believed the information previously circulated was not complete. Neil Revely advised that the Structure Chart had been revised again, with additions to Children Services.

Members agreed the action was outstanding and the timescale for completion would be changed to the next meeting date.

IB11: Provider Board to be requested to submit a "high level" action report of what is and what is not on track.

Debbie Burnicle advised that she was concerned about this action and queried whether this action had been misinterpreted from the previous meeting. She explained that the Provider Board was about Vanguard and she believed the high level update on progress was part of Finance/Progress Report. Debbie stated that this was a large area and the Out of Hospital Board was there to assure and this was only part of what this Board was responsible for.

Ian Holliday stated that he felt the action came from the combined business cases and how updates would be reported but agreed this was wider in terms of the BCF.

Debbie Burnicle advised that this was a useful document/overview about what had been undertaken for that part. Sonia Tognarelli agreed with Debbie's comments and felt that the Finance Report did not cover all the information, but felt these were development issues.

Debbie Burnicle highlighted that there would be quarterly BCF report indicators, together with the monthly Finance Reports with progress which would provide high level reporting from each Lead. The quarterly report would also provide an opportunity to respond.

The Chair questioned if Members were satisfied that these were areas which should be discussed within the meeting, to provide assurance that there were no gaps.

Debbie Burnicle explained that she had not been in attendance at the last meeting and she felt it would be useful to have the slides circulated in relation to governance.

Sonia Tognarelli shared that she believed it was important to understand how the pots were being managed and key changes.

Dr Pattison questioned how this would be taken forward and who would be tasked to undertake this piece of work. Pat Taylor recommended reflecting on this during the review of the Finance Report, as this would provide clear information on what the Board wanted to see being reported, such as were plans on track and were actions being followed up..

The Chair agreed that this was an important area and stated that he believed this should remain on the action plan to ensure alignment of the report and agreement. He advised that he believed this needed to be a joint responsibility, across the organisations.

It was agreed this Action Point would remain but updated to include Graham King within responsibilities and a changed timescale for the next meeting.

IB19: - Timescales to be included within the Action List

Board members noted this action was completed.

- *Record declarations of Interest for Board members to be established and agenda to be structured so that it was clear which reports are for decision and which for information.*

Board Members noted the request for declarations of interest was nearing completion.

Future agendas to clearly indicate which reports were for decisions and which for information, together with presenting representative details.

- IB20: - The next Board meeting to be a development session looking at the broader system and future planning.*
- *A paper to be developed for the broad system discussion to take place at the next Board meeting*
 -

Board members confirmed this action would be completed at today's meeting.

IB21: - The Integration Board to be assured that the right people have been identified as scheme managers

Board members resolved that the scheme managers had been identified and agreed this action was complete.

- *Long term costs of the Care Act to be considered as part of the broader system discussion scheduled for the next meeting.*

Fiona Brown advised that she believed this action was based on whether this was a recurring issue or a one off.

Debbie Burnicle stated that she believed it had been agreed Care Act responsibilities would be shared across the pools but as a “one off” for this year the CCG had contributed £800,000.

Pat Taylor stated that she believed the action was about specific discussions in relation to the Care Act and the financial implications. Tarryn Lake advised that no further scoping exercise had been undertaken following the last meeting.

Dr Pattison advised that he believed this issue could be discussed during the development sessions.

IB23. Detail of the value proposition being submitted for funding to support the delivery of the Vanguard programme to be circulated to Board members for information.

Neil Revely advised that he had no knowledge of this action and had not been in attendance at the last meeting.

Ian Holliday agreed to take forward this action with a completion date for the next meeting.

IB26. Invite James Garland to the next meeting of the Board to highlight opportunities for EU funding.

Karen Graham highlighted that the deadline for submission was September 2015 and the next Board meeting was scheduled for September 2015. She questioned whether, if the submission was developed outside of the meeting, the invitation needed to be progressed.

Sonia Tognarelli requested clarification of who would be dealing with funding, as the bid was over €2million. Ian Holliday advised that this had not been raised within the Integration Board but it was noted that there could be opportunities within this. The Chair asked if relevant individuals could check if the funding bid was available and Tarryn Lake agreed to take this forward. It was acknowledged that there may be a need to be reactive on this occasion but in future the Board could be proactive.

Pat Taylor felt a general discussion about the European Funding was not something CCG was used to and there was a need to be clear that any bid proposals were cost effective. She stated that it would be helpful if someone was invited to attend a Board meeting to talk about these.

David Gallagher advised that there may be some actions which needed to be taken forward without being presented to the Board for discussion.

ACTION: Confirmation to be sought about whether there was funding available through the EU Health Programme.

IB36. Better Care Fund Financial Report for the Period to 30 June 2015

Tarryn Lake presented Better Care Fund Financial Report for the period to 30 June 2015 (Month 3) to the Board.

Sonia Tognarelli advised that she felt an issue which had been omitted from the Financial Efficiency Requirements and Current Efficiency Plans table was an unidentified section for Adult and Social Care. Within 2017/2018 additional savings would be required and this would be ongoing. Sonia acknowledged that this was dependent on the outcome of the spending review but stated that she felt it was important to consider the level of challenge that would be faced.

Tarryn Lake outlined that the report detailed the total efficiency requirements of BCF budgets and the non-elective activity efficiency requirements and advised that penalties would be implemented if these were not achieved.

In terms of savings the detail did not include the living wage proposals by Government and this could have a significant impact, which was being scoped by the Local Authority Finance Team.

Sunderland Care and Support Limited also had efficiencies to find and these had been aligned to the high level target for the Local Authority.

Tarryn Lake advised that finance workshops had been undertaken by the BCF Implementation Group. It was acknowledged that Health and Social Care contractual arrangements differed and needed to be reformed, which would be time consuming. She recommended that these facts were noted in terms of achieving services.

Tarryn Lake explained that a further area which was being considered was the duplication of services, understanding what Sunderland Care and Support was providing and where historical efficiencies had been made, as well as what was happening within Health. Currently a baseline review of contracts was being undertaken to ensure value for money. She advised that some discussion had been held about external support and whether there was a need for assistance in relation to the high level areas.

Fiona Brown noted that the total value of BCF efficiencies was £9.4 million and questioned whether this was all from the Local Authority side. Tarryn advised that it was but highlighted that within Health next year there would be pay inflators, therefore they had not applied a target on this.

Fiona Brown stated that it would be helpful to understand the level of efficiencies from Health and Social Care. Tarryn Lake advised that the detail provided was the combined savings for BCF. Fiona Brown explained that she would find it beneficial to know the efficiencies across providers. Tarryn Lake shared that in terms of efficiencies, Health requirement was £4.3 million, within health providers. Debbie Burnicle questioned if this was over and above emergencies etc. Tarryn Lake stated yes.

Sonia Tognarelli questioned the outstanding Local Authority efficiencies of £2.1 million for 2015/16 and £3.0 million recurrently. Tarryn Lake advised that these were included within the report but some discussion was still outstanding about this, which was why they were listed as recurrent efficiencies.

Sonia Tognarelli advised that feedback from the meeting had not provided much assurance about where the efficiencies would come from, as there were no obvious areas being considered. Tarryn Lake agreed but advised that there was justification as schemes had been identified, for example Mental Health Services, that were no longer in place. There was a need to understand about what these budgets were now funding and Scheme Managers were finding it frustrating, trying to ascertain what funding was being used for. He cited mental health as an example, as it was believed significant savings could be made but they were trying to ascertain where the money was currently sitting and being used for as it was believed that they received funding day care services. Ian Holliday stated that there was a need to ensure full transparency of budgets.

Tarryn Lake acknowledged that there was a need to gather momentum on this and Ian Holliday advised that savings had been highlighted but it had then been found that efficiencies had already been made within the areas. He acknowledged that there was a risk of whether this money would come out of the report for this year.

Dave Gallagher stated that he was concerned the Board was being provided data with risks highlighted and questioned if the Board would, at some time, agree that they would not be able to take this forward and have alternative plans.

Debbie Burnicle questioned the alternative plans, for example the risk of overspend or Local Authority efficiencies. Tarryn Lake advised that this would be considered under BCF Section 75. Sonia Tognarelli advised that the Local Authority would look at the savings required and where these could come from.

Ian Holliday stated that he felt the conversation being held reflected what had been discussed within the BCF Implementation Group; where providers made efficiencies, exactly whose efficiencies were these. He stated that he believed there was a need to flesh this out. David Gallagher questioned if this would entail more time to work through the issues. Ian Holliday stated yes.

Ian Holliday advised that there were pools where there was an expectation that real efficiencies could be made but there were also some pools where this would not be possible due to the current contractual arrangements in place for this year.

Sonia Tognarelli stated that she felt there was a need to understand this detail in full, to ensure, where needed, that notices were implemented. Ian Holliday advised that this was not a straight forward exercise.

Dr Pattison acknowledged the need for transparency and stated that if the process was not transparent the required efficiencies would not be implemented. He questioned if Board members were assured that this work was being done. Ian Holliday stated that the work was taking place.

Dr Pattison confirmed the Board were happy that the work was being taken forward and there were no blockages.

Sonia Tognarelli stated that at the last Board meeting it had been reported that there would be a proposal in place to deal with the required £2.1 million efficiencies but at this stage the local authority had been unable to address this. She stated that for the next Board meeting she believed there was a need to identify any blockages and how these could be dealt with.

Neil Revely stated that he felt the process was transparent and it was more about understanding the issues and the Chair agreed.

Tarryn Lake summarised that at this time BCF were still reporting that they would break even for a vast majority of pools but it was still quite early in the financial year. Further information had been provided about areas of risk. The issues in relation to the £2.1 million and non-elective penalties were not achieved but were expected to be achieved.

Tarryn Lake requested Board members approval for the following budgetary virements:

Virement 2 – Health and Social Care Funding Correction

The proposed budget transfer was due to the requirement to correct the split of the Health and Social Care Funding received by NHS England of £7.186m in 2015/16 across schemes.

Virement 5 - Out of Hospital Reforms 2015/16 Funding Correction

- £0.72m of non-recurrent support for mobilisation of the reforms had been made available by the CCG from delaying pre committed investments.
- £0.256m for services which, following the business case approval, had been identified as being within the scope of the Out of Hospital Services.

Virement 8 – Disabled Facilities Grant Funding Correction

The proposed budget transfer was to correct an accounting error which had led to the double count of £0.3million of funding in the Disabled Facilities Grant scheme.

Tarryn Lake advised that the BCF Implementation Group had assessed the financial risk and the report detailed the top three issues. She advised that these issues were being closely monitored and action plans had been reviewed.

Fiona Brown questioned the financial risk if the emergency admission rate was not reduced. Tarryn Lake acknowledged that this was a risk, as penalties would be implemented, but advised that this was not considered to be within the top three risks.

Tarryn Lake advised that in relation to the 'Time to Think' bed proposals, funding had been considered in terms of value for money and effectiveness, with a proposal for these to be left open.

Tarryn Lake explained that the preferred options had been identified but the Implementation Group had indicated a 2 year closure plan, with an option to transfer some resources to CHC beds, but there were some patient issues within this.

Board members were advised that the Vanguard funding had been confirmed for the 2015/16 pressure (£735,996) but 2016/17 was yet to be confirmed. Tarryn advised that it was proposed to bring this to the next meeting.

Tarryn Lake put forward the following recommendations:

- Note the financial efficiency requirements for the BCF and the current efficiency plans which were being proposed;
- Note the summary financial performance to 30 June 2015;
- Approve the proposed budget virements;
- Note the budget virements that have been approved by the CCG Executive Committee and were due to be approved by the Local Authorities Cabinet; and
- Approve the financial proposals associated with the TTT bed closure plan.

Pat Taylor advised that in relation to the recommendation to approve the proposed budget virements the Board still only had the numbers coming into the budget. She stated that the paper explained the background but there was no financial assurance that these were on track. Pat Taylor acknowledged that the recommended virements had been explained in detail by Tarryn Lake and commended her for the information provided.

Pat Taylor expressed concern that the Cabinet would not be signing off the report until October 2015 and that the figures presented in the BCF Assurance Submission would therefore be incorrect. Sonia Tognarelli explained that as these were only technical adjustments this would not have an adverse impact. .

The Chair recommended the Assurance Submission be submitted with a caveat to say that this was subject to Cabinet approval. He stated that he believed this would provide clear governance whilst recognising the technicality of the process, allowing transparency.

Sarah Reed withdrew from the meeting.

Dave Gallagher advised that this issue was more about ensuring the sequence was correct. Dr Pattison advised that he believed auditors would check any actions, especially in relation to virements, and there was a need to ensure these followed the scheme of delegation.

Pat Taylor questioned whether the Integration Board had a role to recommend the virements to CCG and Tarryn Lake confirmed that this was being broached. Pat Taylor explained that there was a need to be aware of making recommendations above the Board's level of delegation.

ACTION: The BCF Assurance Submission be submitted with the caveat that the final figures would be subject to Cabinet approval

The Board RESOLVED that: -

- (i) the financial efficiency requirements for the BCF and the current efficiency plans which were being proposed be noted;
- (ii) the summary financial performance to 30 June 2015 be noted;
- (iii) the proposed budget virements were approved;
- (iv) it be noted that the budget virements that had been approved by the CCG Executive Committee and were due to be approved by the Local Authority Cabinet; and
- (v) the financial proposals associated with the TTT bed closure plan be approved.

IB37. The Broader System and Future Planning

David Gallagher presented the Board System and Future Planning presentation to Board members

Following the presentation Board members were invited to respond to the following questions:

Question 1: In light of the priorities does the vision still stand? Are these still the “right things”?

The following issues were raised: -

- Following the election, it did not feel that things had changed as yet. However reduction in welfare benefits, may impinge on this and may increase the demand on services.
- A lot of time was spent integrating within health and then within social care and this was one of the challenges to be worked with.
- Strengthening within the community would address some of the issues and there was uncertainty whether this was being done.
- Evident that the concentration was on budgets rather than changes – was the Board was making the most of opportunities available to them at present and were they moving forward.
- Maybe moved very quickly to meet pressures rather than considering what was best for the community – should there be two workstreams – transformation and then savings.
- Transformation and required savings made the process very difficult. Agree that transformational changes were being considered to make savings and there may be a need to look at transformation first.
- Board should be unapologetic about the decision to make efficiencies but see it as an opportunity to fix systems. Following these economically challenging times growth would take place and should think about what would be possible from working together. Finance drives care and outcomes for patients but further opportunities would come from the joint working.

- Vision was still correct but has BCF had lost direction? If the Board wants to incorporate children and public health services, it could decide to follow a different model.
- Initial concerns around person centred care had come from practice care. It was evident how people were receiving services, but these seemed fragmented.
- The scale of transformation was enormous and Sunderland were held in high regard for what we were doing ie enablers.
- Within mental health and learning disabilities there were already principles about pooled budgets.
- Need to remember that this was still at an early stage but this was a timely reminder that this was not done to look at better care funds but to think as a single organisation – to integrate funding and some of providers to enable integrated services. This was a journey and there was a need to drive this as far as possible.
- This was difficult to do because of financial constraints. Historically “plasters” had been used rather than reviewing services. At some point, Health and Social Care should receive additional funding and by this time it was hoped that there would be single services rather than overlapping.
- Acid test would be people’s perception of the services provided. If providers or users considered this a single Sunderland approach then the process would have been successful. Their perception would be that Sunderland was organisationally boundary less.
- Integration clearly had an impact on economic improvement. This type of forum provided the opportunity to discuss this.
- There was a need to go back to what people think integration means – person centre co-ordinated care.
- People think that services are completely integrated and seamless but it was not until they actually got into the systems that they realised services were not. People want continuity and it was hoped the impact from this exercise would enable this. A lack of integration because individuals did not know which services where to sign post people to.
- As the process developed there was a need to decide how far we it was going to go. The initial decisions in the vision set up for Care and Support was that eventually there would be no direct contact with customers – following the implementation of personal health budgets Health may be the same.
- Discussions were currently being held about whether SCC should have home care contact. If partners did not get ahead of the game then people may be requesting budgets but be stuck in contracts with providers.
- Interested to ascertain how these single/one payments would fit within the personalised approach.
- Need to concentrate on what we needed here and now and then consider the very specific elements.
- Vision is patient led. Clients were customers and providers were coming to realise this.
- If providers were doing what people wanted, then they would go to them.
- Discussed at Vanguard meeting - how you would hold central funds and how these would fit into the NHS contract.
- It felt good to meet particular issues but she did not feel that it met priorities or dealt with current issues for example the aging population. There was need to be

moving down the triangle quite rapidly, focusing on who were putting most pressure on the systems now. The aging population was also becoming unhealthier and needed to be addressed.

- This process had commenced, considering the top 2-5% needs.
- The work had begun at a time when the PCT and LA had visions of integrated working; the vision was that if initially they tackled the top 3% then work could move down. Now need 3% just to survive and there was a need to move down the pyramid.
- Integration at the bottom of the pyramid may have nothing to do with the integration of Health and Social Care and may be about implementing intelligence into the communities.
- Some locality practices could see opportunities and wanted to do something about these ie working closely in schools with the school nurse to explain when individuals should or should not go to A&E. There was a desire to change but it was about how this was implemented.

OUTCOME: Board Members agreed the vision still stood.

Pat Taylor withdrew from the meeting.

Question 2: What else (internal and external factors) will impact on future work?

The following issues were raised: -

- There was potential for devolution, for example the Manchester model. However it was highlighted that the Manchester model was not necessarily what people thought it was.
- Consideration of about possible impacts and to be aware of how this could change things.
- Manchester model was an example because if this was not implemented their organisations did not believe they would meet their economic requirements. Economy from one area could be moved to different parts of the system to improve the health of the population.

Tarryn Lake withdrew from the meeting.

- An impact was workforce, either internal or external, there were massive skills shortfalls which should not be ignored. If there was insufficient workforce you could not take things forward.
- With one workforce there is the opportunity to have a more generic workforce – this was a big leap from the current position but the benefits were evident.
- The 5 year plan talked about technology and how this can be used. Health and Social Care had been a little slow taking forward the technological possibilities.

Question 3: So what should be next?

- boundaries?
- principles?
- timescales?

David Gallagher explained that this was in relation to now or 2/3 years; where does other services fit in with this vision, for example children services, housing.

Question 4: As a board, how do we get to “we”?

- May be appropriate to do some “team building” as a group.
- If aligned at a strategic level, this would trickle down but if organising “team building” session, consideration of attendance should include others that were involved in the work.
- This was something to be worked on, inevitably this change would take time but needed to be driven forward.

**Next Steps: Board development?
Workshops?**

- Board development would be team development; workshops – developmental work to explore some of the issues raised.
- Back to original intention of bigger transformation with a need to recognise the significant financial challenges in 2015/2016, which need to be dealt with to enable arrangements to be implemented for 2016/2017.
- There was a need to be more organised and possibly identify some Board meetings as being purely development sessions.

IB38. Items for the Next Agenda and Forward Plan

Dr Pattison requested individuals to provide agenda items for the next meeting directly to Karen Graham, in line with the agreed schedule.

IB39. Any Other Business

No further items of business were raised.

IB40. Date and Time of Next Meeting

The next meeting of the Board would take place on Thursday 10 September 2015 at 3.00pm.

(Signed) Dr Ian Pattison
Chair

