

HEALTH AND SOCIAL CARE INTEGRATION BOARD

Thursday 25 June 2015

Present: -

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
Dave Chandler	- Acting Chief Finance, Officer Sunderland CCG
Dave Gallagher	- Chief Officer, Sunderland CCG
Gillian Gibson	- Acting Director of Public Health
Ian Holliday	- Head of Reform and Joint Commissioning, Sunderland CCG
Pat Taylor	- Audit Chair, Sunderland CCG
Sonia Tognarelli	- Chief Finance Officer, Sunderland City Council

In attendance:

Graham King	- Head of Integrated Commissioning, Sunderland City Council
Gillian Kelly	- Governance Services, Sunderland City Council

IB16. Apologies for Absence

Apologies for absence were received from Neil Revely, Sarah Reed, Debbie Burnicle and Karen Graham.

IB17. Declarations of Interest

IB21. Financial Report for the Period to 31 May 2015 (Month 2)

Dave Chandler declared an interest in this item with regard to Virement 4 as his wife was Head of Costing, Income and Contracts at South Tyneside Foundation Trust.

IB27. Carers Improvement Scheme 2015-2016

Dr Pattison declared an interest as he was referred to in the policy document.

IB18. Notes of the last Meeting

The Notes of the meeting of the Board held on 17 May 2015 were accepted as a correct record subject to the amendment of Dave Chandler's job title to 'Acting Chief

Finance Officer', the removal of the word 'we' from the final sentence on page 4 and the deletion of the second sentence under the second action on page 6.

Matters Arising

IB11. Sunderland City Council and Sunderland CCG Better Care Fund Pooled Budget

Gillian Gibson referred to her query as to whether Ben Seale was the appropriate person to have been identified as Local Authority Commissioning Support for Pool 2: Mental Health Community Services.

Graham King advised that efforts were being made to find a way to describe people as equal partners and to clarify if it was possible to have a joint lead for the pools.

IB19. Action Points from the Last Meeting

The Board considered the Action List arising from the meeting held on 14 May 2015 and identified the following actions as being complete: -

- Revised terms of reference for the Integration Board circulated to members;
- Reporting template from the Better Care Fund Implementation Group established;
- Minutes of the Integration Board placed on the Health and Wellbeing Board agenda;
- The Chair and Karen Graham to be notified of additional agenda items for Integration Board meetings;
- Sarah Reed to follow up on the LGA health and social care integration project; and
- Provider Board report to be circulated to all members.

The Chair requested that timelines be added to the action list so Board members were able to monitor the progress against identified actions.

ACTION: Timescales to be added to the Action List

With regard to the request for the Provider Board to submit a 'high level' action report to the Integration Board, the Provider Board had discussed this and proposed that their report to the Out of Hospital Board be presented to the Integration Board. It was noted that this would be a standing item on the agenda for assurance purposes and would provide the context alongside the financial reporting from the Better Care Fund Implementation Group.

Ian Holliday queried if he should act as the link between the Provider Board and the Integration Board or if the report author should attend the meetings. It was felt that it would be fine for Ian to be the link if he was comfortable in fulfilling this role and there was always the option of another member of the group attending to provide further information if necessary. Dave Chandler highlighted that the process for

quarterly reporting had been agreed for the Provider Board and due to timings, the Chair would agree reports and advise the Board retrospectively.

The Chair highlighted that conflicts of interest needed to be a standing agenda item in the future and that this needed to be recorded as part of the decision making process.

ACTION: Record of Declaration of Interests for Board Members to be established.

IB20. Design of Discussion on Broader System and Future Planning

It was proposed that one of the Integration Board meetings be set aside for a development session and a strategic discussion on the broader system and future planning. The Board felt that it would be useful to talk about the current challenges and how these should be addressed and to consider the overall Better Care Fund elements and whether the work needed to be wider.

ACTION: The next Board meeting to be set aside for a discussion on the broader system and future planning.

Fiona Brown queried if there were some parameters which would need to be considered and priorities which needed to be addressed sooner rather than later. Gillian Gibson added that this would be about understanding principles, what the criteria would be and how far that partners wanted to take this. Pat Taylor noted that the broader system view had already been taken into account in bringing more money in to the fund and it would be helpful to test which additional areas might fall under the Better Care Fund remit.

The Board needed to be able to stand back and assess whether the £152m in the Better Care Fund was doing partners wanted and it was also important to ensure that there were no unintended consequences of the fund. The Chair suggested that the Board should look at what the Better Care Fund was meant to be, what did the Council and the CCG wanted it to be and how this could be achieved.

Dave Gallagher proposed that he and Neil Revely look at the agenda and structure for the session and draw up a paper for the Board setting out the current position and options for the future.

ACTION: Dave Gallagher and Neil Revely develop a paper for the broader system discussion.

IB21. Financial Report for the Period to 31 May 2015

The Board received the report of the Better Care Fund Implementation Group which presented the summary financial position for the Better Care Fund at month 2 and requested approval of budget virements.

Dave Chandler advised that budget was effectively reporting as plan at the current time as any information on variances would not have come through the system as yet and the financial position assumed that the non-elective reduction of 0.8% was achieved. The forecast assumed that the fund would break even with the exception of unidentified local authority efficiencies of £2.1m.

The Board were advised that there were budget virements to approve which were beyond the scope of the Implementation Group. Budgets had been set in line with the commitments which were being made but some budgets had only been funded once the contract value was known. Changes had been made to ensure that funding was recorded in the current budget line and it was highlighted that the local authority overheads had been removed from the Better Care Fund in its entirety. All virements had effectively been approved by the Implementation Group and recommended to the Integration Board.

The virements were as follows: -

- Virement 1 – Removal of Sunderland City Council Overheads as per agreement at CCG Governing Body
- Virement 2 – Correction of application of Health and Social Care funding to individual schemes. Carried out in line with plan agreed at Health and Wellbeing Board
- Virement 3 – Update of contract figures with Northumberland, Tyne and Wear NHS Foundation Trust in line with signed off contract
- Virement 4 – Update of contract figures with South Tyneside NHS Foundation Trust in line with signed off contract
- Virement 5 – Amendment of budget for £5 per head allocation in line with agreed business case for Out of Hospital Services for 2015/2016
- Virement 6 – Add in LD packages budget held with NTW
- Virement 7 – Update of contract figures with Sunderland Counselling Contract in line with signed off contract
- Virement 8 – Correction of DFG budget to remove double count of health and social care funding

Pat Taylor referred to the Mental Health Services pool and that there appeared to be an overspend in this area, leading to an outturn of £194m. Dave Chandler stated that there had been an error in the calculation on the sheet and assured the Board that the fund was not overspent by £35m.

Ian Holiday advised that the Packages pool had been the area most at risk of over and under performance and Graham King noted that it had been agreed to forecast based on commitments in order to give a truer picture. There had been long discussions about the packages pool as this was most heavily influenced by what other pools were doing and how they were performing.

The Integration Board then received a presentation on the Better Care Fund Governance Arrangements and Financial Monitoring. The presentation highlighted that the Scheme of Delegation for the fund was in line with that of the schemes of respective organisations but the limits were set as: -

- Scheme Managers up to a maximum of £104,000
- Better Care Fund Implementation Group up to a maximum of £200,000
- Integration Board up to a maximum of £1million
- Anything greater than £1million to be approved by both the CCG Governing Body and Local Authority Cabinet

The presentation also outlined the responsibilities of Scheme Managers and Graham King advised that, within the local authority, packages of care would be approved by the Head of Adult Social Care, rather than the scheme manager and there any need to be further discussions on this. Pat Taylor commented that it was important that nothing was delayed due to issues around who could approve packages and that, if there were no wider implications, existing processes should be used.

Graham noted that it had originally been planned to identify members of the commissioning team as scheme managers and the suggestion had been made to have joint scheme managers. The Chair stated that the Board needed to be assured that the correct people had been named as scheme managers.

ACTION: The Board to be assured that the right people have been identified as scheme managers.

Dave Chandler highlighted that there were a number of cost reduction schemes within the fund, aiming to reduce spend in certain areas. The efficiency target would remain with the host partner until a cost reduction scheme was identified. Dave Gallagher stated that these targets needed to be fundamental within the financial report, forcing partners to have that discussion.

The Chair commented that sometimes it was part of the organisational culture to spend everything in the budget as it was believed that an underspend would lead to a cut the next financial year. Ian Holliday advised that this was part of a discussion with fund managers so that they understood that nothing was ring-fenced.

Where underspends were identified, Pat Taylor stated that she expected to see virements to reduce cost savings and to the uncommitted pool. Dave Chandler advised that the first call on any underspend would be any potential Better Care Fund overspends and fund managers were aware of that.

There was a £12million target for local authority efficiencies in 2015/2016 and plans for £9million of these were set out in the presentation. Graham King said that he could provide more detail on these if required but was reasonably confident that they were on track, although the gap was still £2.1m. He added that in-year monitoring had suggested that the additional costs of the Care Act would be £1.1million, so pressure may be felt later in the year. Longitudinally, in the next five to ten years, the costs could be in the region of £5 to £8million due to a combination in the change of eligibility and demography.

ACTION: Consider the long term costs of the Care Act as part of the broader system discussion at the next meeting.

Turning to the virements which were listed in the report, Board Members were not clear which of these they were required to approve and that the difference between the total sums and the amounts of money being moved around seemed to suggest that the approval would fall outside of the Board's remit.

It was felt that the report needed to fully set out exactly what the Board was being asked to do and that without a clear explanation, the Board was not in a position to make any decisions and requested that the month 2 virements be brought back to the next meeting.

The Board RESOLVED that: -

- (i) the Summary Financial Performance to 31 May 2015 be noted; and
- (ii) consideration of the Budget Virements for month 2 be deferred to the next Board meeting.

IB22. Q4 Better Care Fund Assurance Submission

The Board received a report presenting the Q4 Better Care Fund Assurance Report which was submitted to NHS England in May 2015.

Ian Holliday advised that the report was presented for information as timescales had meant that it had not been possible to bring this to the Integration Board prior to submission. Future reports would be considered and signed off by the Board before being presented to NHS England.

Ian stated that the template for the submission for June had not yet been received so the dates for submission were not known. Pat Taylor commented that the arrangements for signing off the submission by the Board could be agreed but were unlikely to work in practice. She suggested that it would be useful to obtain some detail about the quarterly reporting process and Dave Gallagher undertook to raise this at the NHS Area Team meeting on 8 July.

The Board RESOLVED that: -

- (i) the Q4 submission be received for information; and
- (ii) sign-off arrangements for future submissions be agreed.

IB23. Provider Board – High Level Update

Ian Holliday reported that the Provider Board had met the previous week for the second time and had chiefly discussed their terms of reference and compact arrangements. The key focus of the Provider Board was the delivery of the Vanguard programme in relation to integrated teams, recovery at home and primary care development and enhancement.

A lot of time was being taken up with the relationship with the central Vanguard programme as funds had been promised to support the programme. The Vanguard team had carried out a site visit, which had gone well, and there was now a process to follow with regard to accessing support funds. The Board had initially drawn up a wish list for £12m of support but the available pot of money was dwindling.

There was a defined process of how the funds would be allocated, some was to enable national work, some for a cohort of specialist programmes and then a tranche for support. A value proposition had to be submitted by 30 June 2015 and this had to set out how the money would help the delivery of the Vanguard and how current investment plans would progress.

Dave Chandler stated that the Vanguard Programme Board had said that £120m was available in 2015/2016 for Vanguards and would consider the value proposition at their meeting on 7 July 2015. Ian advised that the case would still be made for £12million of funding and suggested that the value proposition could be provided to the Integration Board for their information.

ACTION: Detail of the value proposition for funding to support the delivery of the Vanguard programme be circulated for information.

IB24. Section 117 Aftercare

Ian Holliday advised that the potential change in the guidance and policy for Section 117 aftercare had been highlighted at the last Board meeting. The financial responsibility had changed so that the health aspect of funding for individuals who were placed in the city from outside the area would be met by Sunderland health services. The Chair queried if this covered mental health patients and Ian stated that this would be the case.

Pat Taylor asked if, for example, an individual was receiving a care package in Middlesbrough and then was moved to a Sunderland provider, when would the decision making process involve Sunderland. Ian stated that the receiving authority should be involved right at the beginning of the process and that they should also have the right to challenge whether the move was appropriate.

The Chair commented that this was a system risk and could mean that areas were less likely to invest in 'gold standard' services. It was confirmed that the risk had been highlighted to the central team and that the transportability element under the Care Act did not apply for Section 117.

Dave Chandler highlighted that this was guidance at the moment and the law would have to change for the arrangements to be altered. The clinical risk was an important consideration, as was who was responsible for the care package. The issue was being picked up through the CCG Forum and once a paper was produced, it would be brought to the Integration Board. Arrangements needed to be looked at regionally to achieve a pragmatic way forward whilst considering patient safety and financial implications.

IB25. LGA Care and Health Improvement Programme

The Board received details of the LGA's Care and Health Improvement Programme 2015/2016 for information.

IB26. Briefing on the EU Health Programme Call for Projects

The Board received a report providing a briefing on the notification for the open call for applications for funding through the EU Health Programme. The key topics for the programme were: -

- Objective 1 – Promoting health, preventing diseases and fostering supportive environments for healthy lifestyles taking into account the 'health in all policies' principle
- Objective 2 – Protecting Union citizens from serious cross-border health threats
- Objective 3 – Contributing to innovative, efficient and sustainable health systems
- Objective 4 – Facilitating access to better and safer healthcare for Union citizens.

Pat Taylor queried if any of the existing projects would fit into this programme and Dave Chandler advised that bids to this programme had to be across three countries in the EU and be replicable. He believed that Sunderland could do this and it was a great opportunity currently being considered by the local authority, CCG and the universities.

It was noted that there were officers who were expert in making applications for European funding and it was suggested that someone be invited to the next Board meeting to assist the discussion.

ACTION: James Garland be invited to the next meeting of the Board to discuss opportunities for European funding.

IB27. Carers Improvement Scheme 2015-2016

The Board received the Carers Improvement Scheme 2015-2016 document for information. Ian Holliday advised that this had been to the Executive for approval in terms of spend against the Carers pool.

Pat Taylor made an observation that it was very surprising to note that out of 32,500 registered carers, only 650 had made it onto any GP registers. The Chair highlighted that as a GP he referred people to the Carers Centre but they did not always attend. Anyone who was classed as a carer was recorded on the system and when they did contact the centre they found it extremely helpful.

Gillian Gibson commented that the community connectors should be linking carers in to this and the Chair said that there was a care co-ordinator type role as part of the scheme and felt that the developments were positive moving forward.

IB28. Items for the Next Agenda and Forward Plan

This item had been discussed in full earlier in the meeting.

IB29. Any Other Business

There was no other business.

IB30. Dates and Times of Future Meetings

The following schedule of meetings was noted: -

Thursday 23 July 2015
Thursday 10 September 2015
Thursday 15 October 2015
Thursday 12 November 2015
Thursday 10 December 2015
Thursday 7 January 2016
Thursday 4 February 2016
Thursday 3 March 2016
Thursday 7 April 2016

All meetings to be held at Sunderland Civic Centre, beginning at 3.00pm.

(Signed) Dr Ian Pattison
Chair

