

SUNDERLAND HEALTH AND WELLBEING BOARD

24 July 2015

FEEDBACK FROM THE HEALTH AND SOCIAL CARE INTEGRATION BOARD

Report of the Health and Social Care Integration Board

The Health and Social Care Integration Board has now met three times under the new arrangements established by Health and Wellbeing Board to oversee the delivery of health and social care integration.

The minutes of the meeting held on 14 May 2015 are attached for information. The main item considered at the meeting had been a paper outlining the seven pooled budgets, the breakdown of contributions from the Clinical Commissioning Group and the local authority and the key risks for each.

The group also met on 25 June 2015 and the minutes of this meeting will be circulated on completion. Matters considered at the meeting included: -

- Financial reporting for the Better Care Fund at Month 2
- The Better Care Fund Assurance Submission
- Update from the Provider Board
- EU Health Programme Call for Projects

The next meeting of the group is scheduled to take place on 23 July and would be centred on a discussion about the broader system and future planning.

Recommendation

The Health and Wellbeing Board is asked to note the update from the Health and Social Care Integration Board.

HEALTH AND SOCIAL CARE INTEGRATION BOARD

Thursday 14 May 2015

Present: -

Dr Ian Pattison (Chair)	- Chairman, Sunderland Clinical Commissioning Group
Councillor Mel Speding	- Cabinet Secretary, Sunderland City Council
Debbie Burnicle	- Director of Planning, Commissioning and Reform, Sunderland CCG
Dave Chandler	- Head of Finance, 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
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	- Chief Finance Officer, Sunderland City Council

In attendance:

Karen Graham, Associate Policy Lead for Health, Sunderland City Council
Zena Wilkinson, Governance Services, Sunderland City Council

IB09. Apologies for Absence

Apologies for absence were received from Fiona Brown, Chief Operating Officer, People Services.

IB10. Notes of the last Meeting

The Notes of the Health and Social Care Integration Board, held on 9 April 2015, were accepted as a true record subject to the following amendments:

Present:

Sonia Tognarelli, Chief Finance Officer, Sunderland City Council

1. Apologies for Absence

Pat Taylor's apologies were submitted for the meeting.

6. Support and Administrative Arrangements

Paragraph 5 should read 2016/2017

Matters arising from the notes

3. Terms of Reference for the Better Care Fund Implementation Group

Action: Sonia Tognarelli to circulate a form of words to add to the roles and responsibilities within the Board terms of reference.

Sonia Tognarelli confirmed this action had been completed and the proposals accepted.

Action: Terms of reference for the Integration Board to be amended and brought back to the next meeting of the Board.

Karen Graham advised that the Terms of Reference were as agreed previously.

Action:

- **Karen Graham to circulate the Terms of Reference to all members of the Board.**

4. Reporting Arrangements from the Better Care Fund Implementation Group

Action: Reporting template from the Better Care Fund Implementation Group to be presented to the next meeting of the Integration Board.

The Board noted this was an agenda item for the meeting.

5. Director of Health and Social Care Post

Neil Revely advised that following receipt of the applications for the posts of Director of Health and Social Care, Head of Children's Services and Chief Social Worker, and discussions with David Gallagher, it was agreed that there was insufficient quality within the applications for the joint posts, but a Chief Social Worker had been appointed.

Neil Revely shared that an interim appointment had been made, Associate Director (Consultant in Social Work Practice), Tracy Newcomb. Neil provided a synopsis of Tracy's career and experience.

Neil Revely advised that Louise Hill, from the Youth Offending Services, City of Sunderland, had been appointed as an Acting Head of Children Services, with effect from 5th May 2015, for a six month period. Neil explained that this had been a timely appointment as the City of Sunderland had received notification from Ofsted that a four week inspection was due to commence.

Neil Revely advised that Deanna Lagun had been seconded to safeguarding for three days per week and would make up the Senior Leadership Group. David Gallagher explained Deanna would continue to hold the Head of Safeguarding responsibilities at the CCG.

Action: People Services Organisational Chart to be circulated to members of the Integration Board.

Dr Ian Pattison noted that the organisation chart had been submitted but, as this was now out of date, questioned if members would find it beneficial to have the structure mapped again.

Action:

- **Neil Revely to arrange for the People Services Structure Chart to be revised and for the chart to include the names of the individuals in post.**

6. Support and Administration Arrangements

Action:

- Members to contact Karen Graham and Dr Ian Pattison with any proposals for additional agenda items for the next meeting of the Integration Board.

Karen recommended that agenda items for the next meeting should be added as a standing agenda item for future agendas. Any members who wished to include an item of business should contact Karen directly. Members agreed the proposal.

7. Any Other Business

Efficiency Opportunities through Health and Social Care Integration

Action: Sarah Reed to make enquiries with the Programme Manager, advising of Sunderland's position and aiming to identify the potential benefits of the work to partners.

Sarah Reed advised that she had contacted the Programme Manager and it was agreed to be part of their learning network and share information, as deemed relevant.

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

Ian Holliday submitted the Health and Social Care Integration Board, Sunderland City Council/Sunderland CCG Better Care Fund Pooled Budget – Overview report.

The Integration Board were informed that the report provided an overview of the budget and the seven Pools and would be subject to review to reflect the 2016/2017 negotiations but this was intended to be complete by the end of May 2015.

Ian Holliday advised that further variations would include getting resources into the correct pools, therefore there may be some changes and gave mental health as an area where this could happen.

Ian Holliday explained that each of the seven Pools were described and proposed Pool Managers and other support officers were identified. A brief description of the current transformation programmes for each Pool was given and the current risks identified, for example in terms of the actual commissioning activity a significant proportion of the funding was tied up with current contracts. Debbie Burnicle explained that within the new Community Services Board the providers effectively oversaw the development of those services.

Pat Taylor questioned if there was a process to sign off proposals. Ian Holliday explained that this was to be undertaken the first time proposals were made.

Ian summarised the following:

Pool 1: Community Integrated Teams, including Recovery at Home

- CCG Contribution £29,808,818
- LA Contribution £ 5,315,418
- Total Contribution £35,124,236

Proposed Pool Manager(s): Sunderland CCG, Penny Davison and Angela Farrell; LA Commissioning Support, Ron Hamilton.

Sarah Reed noted that this was one of the most significant Pools and questioned the plans to break away from the current mould and try different strategies. Ian Holliday stated that he believed this forum was the key change area for new innovations.

Debbie Burnicle acknowledged that the reporting structure would always feel slightly behind as the project would continually be moving forward.

Ian explained that the key part for Pool 1 was to keep individuals out of hospital or enable quicker discharge.

Pat Taylor stated that she believed there may be a need to extend the risk section, as there may be a need to highlight the challenges against progress. Debbie Burnicle stated that she believed a lot of this information would come under the provider Boards. Pat Taylor explained that she did not feel the report evidenced innovative ways to work and wanted to ensure the Provider Board, which would take this forward, were able to gather the relevant information and were able to quantify this. Debbie Burnicle stated that she believed a significant proportion of this would come out within the evaluation.

Sonia Tognarelli agreed with Pat, stating she believed the document highlighted who and what but did not include the transformational plans and felt there may be a need to look at this with the Provider Board, to confirm what was being sought for this Pool.

Dr Ian Pattison explained that the risks and further information would be brought to this Board.

Debbie Burnicle stated that she was concerned that there were other reporting mechanisms and she wanted to avoid duplication, and concentrate on delivery. David Gallagher agreed with Debbie's comment and stated that he believed the paper provided was about what the Pools were and acknowledged that there was a significant amount of detail below this report. David shared that he believed the Board had sufficient information to ensure work was on-going.

Debbie Burnicle explained that there was a new Community Provider Board and they would give assurance to the Hospital Board, so she felt it was an understanding of what mechanisms were in place to take things forward. Debbie stated she believed the responsibility of the Vanguard would provide clarity.

Ian Holliday explained that he had Provider Board reports which described this in detail and proposed circulating a copy to all Members.

Neil Revely advised that he believed linked to this was the mapping out process, as this was not part of this partnership. Karen Graham explained that reporting mechanisms need to be clear and end up with the integration board to provide assurance to the HWBB. Debbie Burnicle acknowledged the comment but stated that she felt process was just moving from planning and design to implementation.

Dr Pattison acknowledged that the information was available but questioned the process for this information to be fed into this Board.

Pat Taylor stated that she believed it would be beneficial to have a diagram of the reporting mechanisms, for example the Health and Social Care Integration Board would be central, with the seven Pools all linking into this and their individual reporting mechanisms would be linked to the individual Pools to be satisfied that these were being shared. Dr Pattison shared that he wanted risks to be fed in but he was concerned there would be too many reports and the Board would lose focus. Sonia Tognarelli recommended, where pertinent, exception reports could be requested and, as Ian Holliday had proposed, members received a copy of the detailed report. Neil Revely stated that if exception reports were accepted there was a concern as the Board may not know what the norm was. Neil stated that there was a need to ensure the Board did not fall into the trap of separate silos, the proposal was for a single fund and the 5 Year view indicated that this was the majority feature.

Debbie Burnicle acknowledged the dilemma raised about reporting but stated that she believed the remit of this group was not about driving forward transformation but assurance, the risks of taking these forward would be the responsibility of the Provider Boards.

Karen Graham noted that the Board was responsible to the Health and Wellbeing Board for assurance and there was a need to ensure the loop for information was correct.

Ian Holliday shared that a workshop was scheduled to be held with Pool Managers and he believed this would be a suitable forum to discuss mapping governance and how this would link.

Dr Pattison noted that the document submitted referenced “field work” and requested clarification. Ian Holliday explained within Social Care field work referred to the work undertaken by Social Workers.

Dr Pattison also noted that Appendix 1 – BCF Pooled Budget Financial Schedule, referred to the overheads for the Local Authority. Dave Chandler explained that he believed these would be removed from the schedule and shared that David May would be refining the schedule detail. Dave explained he believed the overheads related to management staff costs.

Pat Taylor questioned if this would reduce the overall size of the fund. Dave Gallagher stated yes, to ensure consistency.

Actions:

- **Ian Holliday to circulate a copy of the Provider Board report, containing the depth and breadth of detail to all members.**
- **Ian Holliday to request the Provider Board to submit a “high level” action report of what was and was not on track. This would ensure the funding was not taken into account.**
- **Ian Holliday, with Pool Managers, to undertake work on mapping governance and how this would be linked.**
- **Dave Chandler to ensure clarity within the finance schedule and the removal of overheads.**

Pool 2: Mental Health Community Services

- | | |
|----------------------|-------------|
| - CCG Contribution | £26,628,704 |
| - LA Contribution | £ 2,333,691 |
| - Total Contribution | £28,962,395 |

Proposed Pool Manager(s): Sunderland CCG, Michelle Turnbull; LA Commissioning Support, Ben Seale.

Ian Holliday advised that following circulation of the report he had been contacted by Gillian Gibson who had questioned whether Ben Seale was appropriately identified, as he was the Public Health Lead.

Ian Holliday explained the commissioned services included all out of hospital NHS adult mental health services, provided by Northumberland Tyne and Wear NHS Foundation Trust, Local Authority Mental Health Social Work Teams, Sunderland Care and Support, who provided day opportunities and supported living, and a range of voluntary services.

Ian Holliday highlighted that this Pool would also include aftercare packages provided under Section 117 of the Mental Health Act 1983. Dave Chandler advised that clarification was currently being sought in relation to Section 117 legalities and statutory obligations.

Ian Holliday stated that the pooling of resources between the CCG and the Local Authority would strengthen the Joint Commissioning function and enable the full integration of services and providers.

Ian Holliday advised that a key risk in terms of budget was Section 117 Aftercare. Recent changes in legislative guidance placed the financial responsibility on CCGs and their LA partners in respect of persons from outside Sunderland relocating to the Sunderland area. This may have a significant detrimental financial impact when specialist services, such as the Autism Unit, were based within the Sunderland area. Dave Chandler advised that work was being undertaken within the local regions to try to implement something to share these risks.

Pat Taylor acknowledged that Sunderland CCG or the Local Authority would not have a role within the decision making process if someone from the Durham area required resources which were available within Sunderland. Ian Holliday shared that he believed the CCG should be involved in the process, to sign off a final placement agreement during the planning process.

Debbie Burnicle requested clarification of the process prior to the recent changes and was informed that 50/50 splits were agreed.

Sarah Reed questioned if anything could be included with the Vanguard for pathways but was informed this was not the correct cohort.

Dr Pattison acknowledged that this was a key risk which needed to be addressed within this forum but proposed this was taken forward as a separate agenda item at the next meeting. Pat Taylor agreed there was a need to ascertain what the review concluded and then bring this item back for full discussion.

Action:

- **Section 117 Aftercare, Mental Health Act 1983, to be placed on the agenda for discussion, dependent upon the outcome of the proposed review.**

Pool 3: Carers Services

- | | | |
|---|--------------------|------------|
| - | CCG Contribution | £2,000,000 |
| - | LA Contribution | £ 399,096 |
| - | Total Contribution | £2,399,096 |

Proposed Pool Manager(s): Sunderland CCG, Rachel Lumsdon; LA Commissioning Support, Pauline Forster

Ian Holliday advised that this was a well specified budget, which had been in place for a number of years and there was a Carers Implementation Group in Sunderland, which was chaired by Graham King.

The risks identified reflected the Care Act, which had strengthened the statutory rights of carers to have their assessed needs met.

Debbie Burnicle questioned if this would have social work resource impact, rather than a financial impact and was informed it was believed any resources would be included within Pool 1. Ian Holliday stated that he believed the plan was for the Carers Centre to undertake assessments of carer needs.

Debbie Burnicle acknowledged that there was a significant number of resources available to support carers. Dave Chandler explained that changes needed to be implemented in relation to the carer's statutory rights.

Dr Pattison acknowledged that if carers could no longer take up this role there was a potential for significant costs to be incurred. Sarah Reed stated that this was one of the areas within which health and social care data needed to be shared. Dr Pattison acknowledged that the profile for carers five years ago was very small, there were no formal support vehicles, and stated he believed there was a need to raise awareness and ensure clinicians and front line practitioners realise the detrimental effects if carers were unable to continue in their role.

Pool 4: Learning Disability Services

- CCG Contribution £ 7,805,327
- LA Contribution £25,918,854
- Total Contribution £33,724,181

Proposed Pool Manager(s): Sunderland LA, Ann Dingwall Lumsdon; CCG Commissioning Support, Alan Cormack

Ian Holliday advised that this was a significant Pool for a small population. The CCG focused on the health needs and the Local Authority contribution was significantly higher as they met the cost for in patient and community resources.

Ian Holliday explained this Pool covered all services for people with learning disabilities, including hospital in patient services, which was one area where contracts were spot purchased for hospital placements, which enabled funding to follow the individual patient.

Ian Holliday advised that significant costs were incurred for learning disabilities patients within a hospital setting, equating in some instances to £11,000 per week. This cost was for learning disabilities patients in long stay resources, for example Rose Lodge.

Ian Holliday shared that there was a cohort of long stay learning disability patients, the majority of which tended to be forensic placements. In response to a query from Dr Pattison, it was confirmed that the forensic placements were for those individuals who had been involved with the criminal justice system.

Ian Holliday explained that the forensic placements were usually placed under Section 37 of the Mental Health Act 1983. The Section 37 would remain in place until it was deemed appropriate by the Home Office, at which time the individual

would become eligible for after care services under Section 117 of the Mental Health Act 1983.

Ian Holliday advised that there were whole community provisions to support this cohort in their own tenancies. Pat Taylor shared that she believed there were efficiencies to be made in terms of the packages of care, in relation to the model of support provided.

Ian Holliday advised that an area of potential risk was the high cost placements. Debbie Burnicle advised that an external company had been commissioned to review the costs of placements and resources.

Ian Holliday acknowledged this was an area of work very closely monitored by all parties. A lot of innovative work had been taken forward and Sunderland were acknowledged as a leader in this field.

Pat Taylor noted that there was a significant increase in this cohort's longevity due to the support provided and this in turn raised issues with increasing financial requirements.

Debbie Burnicle agreed the risks would also need to take into consideration the needs of the families and stated that she felt it was helpful for the Board to be aware of these.

Ian Holliday advised that there was a very strong Learning Disabilities Board within Sunderland, with a designation representative for governance. Ian noted that if members of the cohort moved into the community under Section 117 of the Mental Health Act 1983, they would come under the remit of mental health.

In terms of the costs for the care packages, Ian Holliday advised that he was uncertain where this was reported. Dr Pattison noted the comment and agreed there was a need to ensure these were reviewed to ensure their appropriateness. Sonia Tognarelli stated that she believed these cases would be reviewed through a monthly group, as well as under the normal case review processes.

Debbie Burnicle advised that within the aims and milestones for 2018 was an understanding that teams working with people would become part of the five locality integrated teams. Ian Holliday stated that a concern for this cohort would be whether they could be shared within the five integrated teams.

Dave Chandler acknowledged that the role of this group was to understand the situations and consider how these could be improved.

Pool 5: Community Packages (including CHC)

- CCG Contribution	£24,856,053
- LA Contribution	£23,746,979
- Total Contribution	£48,603,032

Proposed Pool Manager(s): Sunderland LA, Ann Dingwall Lumsdon; CCG Commissioning Support, Lee Cooper/Judith Brown.

Ian Holliday advised this was an area with the potential to do things differently in terms of how resources came together to provide packages of support. Ian explained that there were significant efficiencies which needed to be made, especially in relation to CHC. This was an area which Health and Social Care providers had disagreed upon historically and Ian stated that he believed bringing the funding into one pot would remove this.

Dave Chandler enquired about personal health care budgets. Ian Holliday advised that there were currently four individuals who had taken forward personal health care budgets and these were around CHC. Ian agreed with Dave that there were potentials for personal budgets and, in line with the efficiencies these may make, stated that he believed this was something which should definitely be promoted.

Pat Taylor shared that she would like further information on the subject of personal budgets. Ian Holliday explained that packages of care were funded, following assessment by the Local Authority and individuals had an option to commission their own care, with personal budgets. The drive now was for this to be mirrored within Health Care, as personal health budgets.

Dr Pattison acknowledged that the Integration Board would be bringing health and social care together and invited open questions to enable a clear understanding of the context. Debbie Burnicle agreed that members may find a development session on personal and personal health budgets beneficial.

Pool 6: Equipment Services

-	CCG Contribution	£1,652,015
-	LA Contribution	£ 862,252
-	Total Contribution	£2,514,267

Proposed Pool Manager(s): Sunderland LA, Joanne Thynne; CCG Commissioning Support, Angela Farrell.

Ian Holliday advised that this area was a joint funded partnership between Health and Social Care which was successful in terms of the operational process in place, which supported a single equipment service managed by Care and Support.

Sonia Tognarelli noted that this was an area which could require more resources and Pat Taylor commented that this may be an area for expansion with the current changes.

Dr Pattison questioned where the remit for providing medical equipment, for example nebulisers, would sit. Debbie Burnicle advised that the Urgent Care Team would be based within the Care and Support Team and she believed this would enable issues to be shared about the provision of all equipment.

Pool 7: Disabled Facility Grant

- CCG Contribution £-
- LA Contribution £2,999,999
- Total Contribution £2,999,999

Proposed Pool Manager(s): Sunderland LA, Joanne Thynne; CCG Commissioning Support, not applicable.

Members of the meeting were informed that there was a requirement for the Better Care Fund to include the Disabled Facilities Grant (DFG). The grant was utilised for disabled people to make adaptations to their home to enable them to remain at home.

Councillor Speding stated that when looking at the description of the adaptations, applications were financially assessed. Dave Chandler advised that it was noted that when Section 117 statutory obligations were being investigated there was a need to implement a model about “means testing”, for both Health and Social Care and stated that there was a need to ensure both organisations adhered to their legal responsibilities.

Ian Holliday reported that one issue raised was that there was a divide between health and social care needs and as the proposals were to move into integrated working there may be a need for care workers to provide personal care elements.

Ian Holliday advised that the risk highlighted within the report was the demand for adaptations through the DFG process was high and eligible needs must be met within six months of an approved application. This could place pressure on the budget. Ian stated that there was a need to ensure this issue was picked up and questioned if the risk should be fed into the Partnership Board. Debbie Burnicle stated that she believed the Board were aware of this risk.

Councillor Speding acknowledged that the risk was that eligible need “must” be met and shared concern that although occupational therapists may undertake an assessment, the funding was not always available to meet the need. Councillor Speding stated that he believed in relation to fair access to services a decision was needed about which process would be followed.

Dr Pattison acknowledged that there was a need for risk assurance that these issues were being picked up within the Better Care Fund Board.

Members were informed the final part of the report included the initial templates for the Better Care Funds but these had now changed. Dave Chandler advised that NHS England had acknowledged that some of the information requested in the original template could be received from other services, with the exception of the detail on page 35, which was a narrative report. Dave advised that there would be an expectation that this group would report on behalf of the Health and Wellbeing Board. Karen Graham confirmed this action had been delegated to the Integration Board.

Dr Pattison received confirmation that the report would be submitted on a quarterly basis. Dave Chandler advised that the Health and Social Care Integration Board would sign off the quarterly reports and receive regular information on the budgets from the Care Implementation Team, on a monthly basis.

Dr Pattison noted that this detail could be included within the forward programme, as the detail was known.

Sonia Tognarelli stated that as the report was quarterly there may be a need to request an earlier report, by exception. Dave Chandler agreed this would be beneficial. Dr Pattison summarised that formal quarterly reports were required but during the formation process, reports may be requested more regularly.

Pat Taylor questioned, within the BCF Pooled Budget Financial Schedule, the inclusion of *Payments to clients to pay for services, Income back to use for these services*. Dave Chandler advised that this area needed a technical adjustment.

Dave Chandler advised that 0.8% was not BCF but they had been informed nationally this could not be put in until it was achieved. It was agreed that there would be a negative budget until the 0.8% was achieved.

Karen Graham recommended the second to last paragraph in the report was amended to confirm that the Health and Social Care Integration Board were delegated the responsibility to sign off the quarterly reports.

Debbie Burnicle noted that the report included the proposals to appoint a Pool Manager and Commissioning Support to each of the seven schemes. Debbie noted that Ian Holliday and Graham King would have overall responsibility for the Pools and proposed amending the title from Pool Manager to Scheme Manager.

Action:

- **Ian Holliday to amend the Health and Social Care Integration Board; Sunderland LA/Sunderland CCG Better Fund Pooled Budget Overview to:**
 - o **Reflect the agreed delegation for the quarterly reports.**
 - o **Reflect the change from Pool Manager to Scheme Manager**
 - o **Reflect the delegation of decision making from the HWBB to the Integration Board**

Members:

- Received and discussed the Sunderland City Council and Sunderland CCG Better Care Fund Pooled Budget Report.
- Approved the use of a standard reporting template.
- Approved the use of the proposed financial reporting schedule.
- Approved the proposals for appointment of the Scheme Managers and Commissioning Support, with the exception of Pool 2, Commissioning Support., Ben Seale

IB12. Terms of Reference for the Integration Board

Members noted this item had been discussed in full.

IB13. Design of Discussion on Broader System and Future Planning

Dave Gallagher advised that there was a need to consider the work plan/strategy and proposed this item of business was deferred until the next meeting.

Action:

- **Design of Discussion on Broader System and Future Planning deferred until the next meeting.**

IB14. Any Other Business

No further items of business were discussed.

IB15. Date & Time of Next Meeting

The next meeting would be held on Thursday 25 June 2015 at 3.00pm

Debbie Burnicle submitted her apologies for this meeting.

(Signed)

Dr Ian Pattison
Chair

