

MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 1.00 pm on 8 January 2015 at Committee Room C, County Hall, Penrhyn Road, Kingston upon Thames, KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 12 March 2015.

Elected Members:

- * Mr Michael Gosling (Co-Chairman)
- * Dr Andy Brooks (Co-Chairman)
- Councillor John Kingsbury
- * Dr David Eyre-Brook
- * Dr Claire Fuller
- * Dr Andy Whitfield
- Dr Liz Lawn
- * Dr Patrick Kerr
- Mrs Mary Angell
- * Councillor James Friend
- * Mr Mel Few
- Peter Gordon
- Chief Constable Lynne Owens
- * Helen Atkinson
- * Nick Wilson
- John Jory
- * Dave Sargeant

Ex officio Members:

Co-opted Members:

Substitute Members:

- Councillor John Kingsbury
- Dr Liz Lawn
- Mrs Mary Angell
- Peter Gordon
- Chief Constable Lynne Owens
- John Jory

In attendance

91/14 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Mary Angell, Peter Gordon, John Jory, John Kingsbury, Liz Lawn and Lynne Owens.

Jo-anne Alner, Tom Kealey, and Michael Rich attended as substitutes for Liz Lawn, John Jory and Peter Gordon respectively.

92/14 MINUTES OF PREVIOUS MEETING: TO FOLLOW [Item 2]

The Minutes were tabled at the meeting and agreed as an accurate record, subject to the notification of any queries once members of the Board had read them in detail.

93/14 DECLARATIONS OF INTEREST [Item 3]

There were no declarations of interest.

94/14 QUESTIONS AND PETITIONS [Item 4]

There were no questions or petitions.

a MEMBERS' QUESTIONS [Item 4a]

There were no member questions.

95/14 PUBLIC QUESTIONS [Item 4b]

There were no public questions.

96/14 PETITIONS [Item 4c]

There were no petitions.

97/14 FORWARD WORK PROGRAMME [Item 5]

The Forward Work Programme was agreed.

98/14 THE SURREY BETTER CARE FUND [Item 6]**Witnesses:**

Pennie Ford, Director of Operations & Delivery, NHS England

Key points raised during the discussion:

- 1 Dave Sargeant, Strategic Director for Adult Social Care, introduced the report on behalf of the partners involved. It was noted that the current Plan had been updated following feedback from the national team in Autumn 2015 when approval had been received subject to

the provision of more information and evidence. The amendments were as follows:

- Making clearer how our plan meets the ‘national conditions’ such as the implementing 7 day services to support discharge, data sharing and the commitment to protect social care;
 - Providing more evidence around our engagement with providers and how the plan aligns to other strategies and plans such as the CCGs 2 year operational plans;
 - Agreeing a governance framework to support the implementation of the plan and strengthening information around risks and risk sharing;
 - Refining the local schemes which are found in ‘annex 1’ of the plan – strengthening the information provided and being clearer and more consistent about the delivery chain, evidence base and key success factors for each scheme;
 - Reviewing our targets against the key metrics and providing additional information and clear rationale for our chosen targets; and
 - Providing more detail in the ‘part 2’ section of the plan which sets out the expenditure plan and financial benefits.
- 2 The Better Care Fund (BCF) advisors, Mimi Konigsberg and David Bolger, were thanked for the support they had provided in providing positive informal feedback and ensuring that the amendments made addressed the above issues.
- 3 Since the publication of the papers for this meeting there had been continued refinement of the Plan to ensure that it was ready for submission. This had included some additional information about the parts of the Plan which related to work with Windsor, Ascot and Maidenhead Clinical Commissioning Group and updating the provider commentary for two of the trusts (Ashford St Peters and Surrey & South East Hampshire) which appear in Annex 2 of the Plan.
- 4 Representatives of the Clinical Commissioning Groups (CCGs) welcomed the focus provided by the Better Care Fund (BCF) whilst acknowledging that the creation of the pooled budgets has added, in the short term at least, to their financial challenges and that they faced difficult decisions about service provision in the coming years.
- 5 The BCF was seen as positive in helping CCGs to move from a high-cost to a low-cost environment, and some steps had been taken to put changes in place from April 2015 so that the full-year benefit

could be realised. However, the CCGs would continue to face severe financial difficulties in 2015/2016, and there needed to be greater focus on complete system overhaul. It was also commented that an important part of the BCF plan was the transfer of significant sums (totalling £25m) from the pooled budgets to the County Council for the protection of Adult Social Care (with a health benefit) and that in order to ease the pressure on CCGs, the plans needed to lead to real transformation of services.

- 6 Surrey County Council welcomed the additional funds recognising the pressures on the social care budget arising from demographics and the scope this gave to sustain existing preventative social care services. However, concern was expressed about the speed at which the implementation of change would free the necessary funds for the county to ensure protection of these services..
- 7 It was noted that the overall governance arrangements varied between CCG areas to reflect differences between needs in each of the geographical areas, and discussions were being held between the CCGs and the County Council to ensure that the right relationships were in place to oversee spending on adult social care and mental health. Local Joint Commissioning Groups in each CCG area would be the key forum for making local spending decisions in relation to the Better Care Fund. Monitoring of the decisions of these groups would therefore enable overall spending in relation to the Better Care Fund to be tracked.
- 8 The importance of keeping control of the financial aspects of the Better Care Fund was stressed, and the Board recommended that the Better Care Board be asked to set clear targets for the production of financial information by partners.
- 9 The complexity of the Better Care Fund document was partly a reflection of the large number of local authorities, CCGs and other partners responsible for health services in Surrey, and testament was paid to the effective partnership working which had allowed the BCF programme to be developed to this level. The importance of communication and engagement with the public to explain the implications for health services arising from the BCF prior to April 2015 was stressed, and it was agreed that an easy-access summary version of the document should be produced.

Whole Systems Partnership Funding for 2014/15

- 10 It was noted that this funding was a transfer of funds from the Department of Health, via NHS England, to local authorities to support adult social care which also has a health benefit. The Board supported the allocation of total funding of £18.3m between the Clinical Commissioning Groups and the County Council for 2014/15, as set out in the report.

Better Care Fund Metrics

11 It was noted that a Metrics Group reported to the Better Care Board quarterly on six metrics, four of which were set nationally and two of which were chosen locally. These were as follows:

National

- Permanent admissions of older people (65 and over) to residential and nursing care homes, per 100,000 population.
- Proportion of older people (65 and over) still at home 91 days after discharge from hospital into reablement/rehabilitation services.
- Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+).
- Friends and family test (inpatient)

Local

- Total non-elective admissions to hospital (general and acute) per 100,000 population (all ages)
- Estimated diagnosis rate for people with dementia

12 It was noted that the second of the national metrics had been chosen as this had historically been an area for improvement in Surrey, and it was important to know how many people were successfully being supported in the local community following discharge. Comment was made that the value of the local metric about non-elective admissions could be questioned because the figures could reduce due to a lack of availability of beds for patients, rather than as a result of successful management.

Resolved:

- (a) That the updated Surrey Better Care Fund plan be approved for re-submission on 9 January 2015
- (b) That the draw down and distribution of the whole systems partnership funding for 2014/15 be approved.
- (c) That an update on the key Better Care Fund metrics be considered by the Board on a quarterly basis.
- (d) That the Better Care Board be asked to set clear targets for the production of financial information by partners.

Action by: Dave Sargeant

Actions/Next Steps:

- The Board to receive an update report at its meeting in March 2015.

99/14 PUBLIC ENGAGEMENT SESSION [Item 7]

Key points made during the discussion:

- Support was expressed for the Better Care Fund process and the positive discussion of the item by the Board, and the importance of Borough and District Councils working together to ensure arrangements were joined up at the local level was stressed.

A leaflet aimed at councillors to explain changes as a result of the Better Care Fund arrangements had been produced, and this could be helpful to draw on when producing an easy-access document for Surrey residents. It was felt that the public would be particularly interested in the principles behind the BCF and the local implications.

Meeting ended at: 2.10 pm

Chairman