HEALTH AND WELLBEING BOARD
8 June 2015 at 6.00 pm

MEMBERS: Councillor Ruth Dombey (Chair), David Williams (Vice-Chair), Councillor Colin Stears (Vice-Chair) and Dr Brendan Hudson (Vice-Chair) and Councillors Wendy Mathys, Jane Pascoe and Jonathan Bates, Susanna Bennett, Niall Bolger, Chris Elliot, Lang and Rachael MacLeod

1. APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES

Apologies for absence were received from Jane Clegg, Tolis Vouyioukas, Peter Flavell and David Jobbins.

2. DECLARATIONS OF INTEREST

There were no declarations.

3. MINUTES OF THE PREVIOUS MEETING

The Minutes of the meeting held on 9 March 2015 were approved as a correct record and signed by the Chair.

4. BETTER CARE FUND - UPDATE

The Board considered an update report on the Better Care Fund (BCF) and implementation. Following receipt of full approval for the Sutton BCF plan by NHS England in January 2015, as reported to the Health and Wellbeing Board in March, a Section 75 Agreement has been put in place between the London Borough of Sutton and Sutton Clinical Commissioning Group and the focus has been on the implementation plan for 2015/16. It was reported that NHS England now required quarterly reports and this did not necessarily fit with the Board’s meeting dates and therefore delegated authority for sign off was being sought.

Councillor Pascoe raised an issue of the disjointed budgets and provision of care on and following discharge. For example the NHS had one budget and provided equipment on discharge and once assessed the Council had another budget for other equipment which was confusing.

It was agreed that barriers to streamlining process needed to be removed and Dr Elliott reported that some work had already been undertaken and that the One Sutton Commissioning collaborative could look into it and provide a report to the Board.

Resolved:

1) That future NHS England quarterly Better Care Fund returns, which require sign off by the Health and Wellbeing Board, are sent to Board members, with ten days notice, for comment outside of full Health and Wellbeing Board meetings as the quarterly submission cycle does not align with Health and Wellbeing Board meetings. Sign off would then be delegated to the Strategic Director, People, in consultation with the Chair and the Vice Chair, Dr Brendan Hudson.
2) To note that in order to achieve the first quarter submission date of 29 May 2015 the Chair of the Health and Wellbeing Board and the Chief Executive of the Council have agreed to delegate sign off to the Strategic Director, People, in accordance with Council governance processes; the CCG’s governance processes will require sign-off by the CCG Chair who is Vice Chair of the Health and Wellbeing Board.

3) To note that the Section 75 Agreement for the Better Care Fund between the London Borough of Sutton and the Sutton Clinical Commissioning Group was completed in March 2015.

4) To note that work has commenced on the implementation work to deliver the Better Care Fund Plan.

5) To request that the One Sutton Commissioning collaborative present a report to the HWBB in 6-12 months regarding streamlining the process/budgets for the equipment provision on and after discharge and the potential for a shop front.

5. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

The Board noted an update report that informed the Health and Wellbeing Board about the publication of the Joint Strategic Needs Assessment. The publication of the Joint Strategic Needs Assessment empowers the Health and Wellbeing Board to consider local approaches to fast food, alcohol, tobacco and other public health related issues.

Resolved:

That the Board take a collaborative approach to prevention that will reduce inequalities, underpin health improvement and reduce the burden of disease was agreed.

6. CURRENT STATUS OF THE TRANSFER OF COMMISSIONING RESPONSIBILITIES OF 0-5 YEARS CHILDREN'S SERVICES FROM NHS ENGLAND TO LONDON BOROUGH OF SUTTON

A report that summarised the current status regarding the transfer of responsibility and finances on 1 October 2015 under the Health and Social Care Act (2012) for Health Visiting and Family Nurse Partnership (FNP) from NHS England (NHSE) to the London Borough of Sutton (LBS) was considered by the Health and Wellbeing Board (HWBB).

In response to a Member query about where health visitors would be based when children’s centres were being closed it was stated that health visitors were once based at GP practices but now they were geographically linked. This was of some concern to GPs as it was a breaking of the ties and not knowing who to go to.

With regard to the cuts in funding for public health it was reported that £200m funding had been made available for the country but it was uncertain what the impact would be for Sutton. Once the Chief Executive was aware of the impact on Sutton he would apprise members of the Board.
Resolved:

1) To note that the financial offer was not sufficient to cover costs and would be supported by the Public Health Grant if required. The financial position would be reviewed regularly in-year.

2) To request that a further monitoring report on the progress of the negotiation with NHSE be prepared for HWBB in autumn 2015, in respect of the baseline funding, to ensure that sufficient funding be secured or costs are brought in line with funding. This report would be produced quarterly thereafter until a satisfactory situation to have sufficient funding to cover the cost was secured.

3) To note that the Council cannot refuse to receive the transfer of functions, as this is a statutory transfer under the Health and Social Care Act 2012. LBS must make the necessary provisions to be able to discharge the new functions and can only make reasonable best effort to ensure adequate funding is provided in order to deliver the ensuing services.

4) That health visitor service location and provision be reviewed at a future meeting and to put this on the forward plan.

7. SUTTON CCG QUALITY PREMIUM 2015/16

The HWBB considered a report that set out the measures for 2015/16 and the levels of improvement the Clinical Commission Group (CCG) is to achieve in order to qualify for the Quality Premium funding. The Quality Premium guidance for 2015/16, published on 27th April 2015 (see full guidance at http://www.england.nhs.uk/ccg-ois/qual-prem/) is comprised of six elements:

- Reducing potential years of lives lost
- Urgent and emergency care
- Mental health
- Improving antibiotic prescribing
- Local measure 1
- Local measure 2

CCGs have some choice in the composition of the metrics for urgent and emergency care, mental health and the two local measures. Descriptions of the choice available are contained in this report, along with the recommendations of NHS Sutton CCG Executive Committee. CCGs are required to agree the metrics chosen with their Health and Wellbeing Board.

It was reported that any Quality Premium funding would be paid as additional funding at the end of the year and the Executive Committee would consider how to invest that funding the following year. It was also reported that there was profession capacity to deliver the improvements.

Resolved:

1) That the metrics recommended by NHS Sutton CCG Executive Committee for inclusion in the 2015/16 Quality Premium with a target of 5% as the level of
progress required in order to trigger the reward for local measure achievement in c) and d) below, were agreed:

a) Urgent and emergency care -
Increase in non-elective patients being discharged at weekends or bank holidays,

b) Mental health -
Reduction in the number of breaches of the 4 hour A&E target for those with mental health-related needs, together with a defined improvement in the coding of patients attending A&E,

c) Local measure 1
Improving functional ability in people with long-term conditions:
People with COPD & Medical Research Council Dyspnoea scale ≤3 referred to pulmonary rehabilitation programme
Increase referrals by 5% in 2015/16 compared to 2014/15

d) Local measure 2
Improving functional ability in people with long-term conditions:
People with diabetes diagnosed less than one year referred to structured education
Increase referrals by 5% in 2015/16 compared to 2014/15

8. SUTTON CCG INVESTMENT PLAN 2015/2016 AND PLAN ON A PAGE

Sutton Clinical Commissioning Group were required to produce an annual response to NHS England’s 2015/16 operating framework. The HWBB considered a report from the Sutton Clinical Commissioning Group (CCG) sets out the final submissions for the Operating Plan 2015/16 including the associated ‘Plan on a page’, financial overview and narrative supporting the submission to date.

The Chair stated that she was pleased to see the inclusion of more Admiral Nurses and requested details of the outcomes of the pilot project.

A correction to the published report was given. The last sentence of the first paragraph under section 9 - Reducing health inequalities, should read ‘The remainder, smoking cessation, is the responsibility of the Local Authority.

Resolved:

1) To note the report.

2) To request that outcomes of the Admiral Nurse project be shared.

The meeting ended at 7.20 pm

Chair: ..................................................
Date: ..................................................