

SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 20 March 2015

MINUTES

Present: -

Councillor Paul Watson (in the Chair)	-	Sunderland City Council
Councillor Graeme Miller	-	Sunderland City Council
Councillor Pat Smith	-	Sunderland City Council
Councillor Mel Speding	-	Sunderland City Council
Neil Revely	-	Executive Director of People Services
Dave Gallagher	-	Chief Officer, Sunderland CCG
Gillian Gibson	-	Consultant in Public Health
Ken Bremner	-	Sunderland Partnership
Kevin Morris	-	Healthwatch Sunderland

In Attendance:

Councillor Ronny Davison	-	Sunderland City Council
David Tate	-	Hetton Town Council
Liz Highmore	-	DIAG
Nicola Thackray	-	North East Ambulance Service
Sandra Mitchell	-	Head of Community and Family Wellbeing, Sunderland City Council
Graham King	-	Head of Integrated Commissioning, Sunderland City Council
Kath Bailey	-	Locum Consultant in Public Health, Sunderland City Council
Lorraine Hughes	-	Public Health Lead, Sunderland City Council
Karen Graham	-	Office of the Chief Executive, Sunderland City Council
Gillian Kelly	-	Governance Services, Sunderland City Council

HW50. Apologies

Apologies for absence were received from Councillors Kelly and Leadbitter and Christine Keen, Dr Pattison and Dr McBride.

HW51. Declarations of Interest

There were no declarations of interest.

HW52. Minutes

The minutes of the meeting of the Health and Wellbeing Board held on 23 January 2015 were agreed as a correct record subject to an amendment to show that Gillian Gibson was not Acting Director of Public Health until 1 April 2015.

HW53. Feedback from Advisory Boards

Adults Partnership Board

Councillor Miller informed the Board that the Adults Partnership Board had met on 3 March 2015 and the main issues considered had been: -

- Over2You Project
- Smoking Prevalence Update
- New Horizons Project
- Department of Health Autism Self-Assessment

In relation to smoking prevalence, Councillor Miller reported that the Board had felt that the message needed to be more challenging and had asked to have a report brought back which outlined how hardcore smokers would be targeted.

The Chair stated that, as Chair of the Association of North East Councils (ANEC), he was also the Smoking Cessation Champion, and commented that the Government needed to be brave enough to challenge overseas companies responsible for the import of tobacco products. Councillor Miller agreed that more needed to be done in respect of lobbying and highlighted that tremendous work had been done over the last ten years, but this was now plateauing.

Karen Graham advised Members that the Health and Wellbeing Strategy Working Group was looking at behaviour change pilots and one of these was for smoking and pregnancy. The Chair noted that smoking was sometimes associated with relieving stress and tension and felt that more needed to be done before expectant mothers began to experience high levels of stress. Gillian Gibson highlighted that new research had shown that smoking actually increased stress and that there was still a lot that maternity services could do to address smoking during pregnancy.

RESOLVED that the feedback from the Adults Partnership Board be noted.

NHS Provider Forum

Ken Bremner informed the Board that the Provider Forum had met on 3 March 2015 and the main issues discussed had been: -

- Manpower
- Vanguard bid
- Engagement Event provisionally scheduled for 20 April 2015 at the Stadium of Light

Dave Gallagher commented that it was great to have the GP Alliances involved in the forum and that this would be a good test for them moving forward. He noted that the

Vanguard Bid was predicated on integrated care work and a provider board was to oversee delivery which was to include acute providers. He also asked if there would be an opportunity to do more work around workforce issues with a wider group of people as part of the Engagement Event and Ken Bremner stated that the work on this would certainly be highlighted.

Neil Revely reaffirmed the need to have vertical integration in all areas and that a complete and sustainable whole system was the key aim. He asked if housing organisations would be included within the Engagement Event as a national memorandum had just been signed to engage housing providers in health solutions.

Ken advised that the original focus had been aimed at the voluntary sector but the provider definition could cover a wide range of organisations and this would be kept open and flexible.

The Chair wished to reinforce what had been said by other Board members and that health and wellbeing depended on every partner in the city. Sunderland would be unable to have a vibrant economy if there were not healthy people in the city. Partners needed to be able to see a future for themselves in the city and to be a full and inclusive part of all activity which was taking place.

RESOLVED that the feedback from the Provider Forum be noted.

HW54. Update from the Integration and Transformation Board

There had not been a meeting of the Integration and Transformation Board since the last meeting of the Health and Wellbeing Board, however Dave Gallagher highlighted that the success of the Vanguard Bid was a great achievement and was the opportunity to bring something back for the future.

A report was tabled providing the Board with an overview of the key points in the refreshed CCG operational plan for 2015/2016 and the updated Plan on a Page. As part of the refresh of the plan, the CCG had reviewed its priorities, and whilst continuing to work on transformational changes, had identified some further priorities such as: -

- Work with Public Health on a prevention and self-management approach;
- Develop a strategy with Sunderland Council to improve outcomes for children;
- Develop and implement a strategy for General Practice;
- Implement transforming lives for people with learning disabilities; and
- Implement the new model of care for people needing continuing health care.

A review of outcome ambitions had also been carried out and while these remained the same for the most part, it was proposed to increase the ambition of potential years of life lost to a 15% improvement by 2019, which was a further 8% improvement on the original ambition of 7%. The Plan on a Page now also drew in aspects of primary care as the CCG was taking on the delegated responsibility for co-commissioning for general practice in 2015/2016.

Neil Revely advised that with regard to primary care commissioning, the Government has set out a consultation on the ability to use the Section 75 Agreement to move that

budget into the pool. A response had been submitted to Government which also supported the inclusion of pharmaceutical services, optometry and dentistry. Depending on the outcome of the consultation, this would be for a future discussion at the Board.

The Board RESOLVED that the key points of the operational plan refresh and revised CCG Plan on a Page be noted.

HW55. Better Care Fund – Section 75 Agreement

The Chief Officer, Sunderland Clinical Commissioning Group and the Executive Director of People Services submitted a joint report seeking support for the Section 75 agreement in relation to the vision for integration in the City between health and social care through utilising the plans set out within the Better Care Fund.

Sunderland had been fairly ambitious with its Better Care Fund and pooling the Council's adult social care budget with the CCG's out of hospital spend had created an overall fund totalling £150m. This had signalled the intention of partners and in taking this forward, the manifestation of the work would be on the ground, with co-located teams being vertically integrated with hospital services.

Neil Revely informed Members that the Pooled Budget would be divided into a number of mini pools or schemes to be hosted and managed by one or other partner. These were: -

- Community Integrated Teams and Recovery @ Home
- Mental Health Services
- Learning Disabilities
- Packages of Care
- Carers Service
- Community Equipment Services
- Disabled Facilities Grant

The arrangements for the governance of the fund were also set out within the report and it was highlighted that the Integration Board had delegated authority from both partners to manage the Pooled Budget and provide a clear accountability structure. This was a one year initial agreement with the intention to develop a three year agreement from 2016/2017.

The Board were directed to paragraph 5.9 of the report which showed a high level breakdown of the whole scheme and it was noted that the contributions of the Council and the CCG had originally been a 50/50 split but this had changed due to money being transferred straight to the Better Care Fund rather than being passported to the local authority.

Dave Gallagher stated that at its last meeting, the Board had signed off the financing of the adult social care budget at the end of the financial year but this agreement was now putting things on the front foot for 2015/2016 and was positive for local people. The total value of the schemes had fluctuated slightly over the last few months but these were fixed and secure.

The Chair stated that this was clearly a jewel in the crown of the arrangements in Sunderland and this was evidenced by the success of the Vanguard Bid. The most important aspect was better outcomes for people in the city and these were being delivered and would continue to improve as things moved forward. He congratulated and thanked all those involved and reaffirmed the support of the Health and Wellbeing Board for the Better Care Fund work.

RESOLVED that: -

- (i) the contents of the report be noted;
- (ii) the Section 75 agreement be supported; and
- (iii) regular updates be received through the Health and Social Care Integration Board on the progress being made against the Better Care Fund.

HW56. Health and Wellbeing Board Priority Setting

The Board received a report providing an update on the process of establishing short, medium and long term priorities for the progression of the Health and Wellbeing Strategy.

Board members had previously received a full assurance report but had felt that there needed to be a focus on the key issues for improving health in the city and the public health team were requested to lead a piece of work to establish a number of priority outcomes which should be the focus of improvement activities.

A framework had been developed for assessing priorities and this was the basis for discussions at a closed Board session in February 2014 which narrowed down the long list of potential priorities to seven key themes: -

- Alcohol
- Smoking
- Physical Inactivity
- Falls prevention
- Best Start and Resilience
- Economy and Standard of Living
- Sunderland as a healthy place.

Key overall measures for the strategy and measures related to the priorities were attached at appendix 1 to the report. It was proposed that a lead officer be allocated for each theme and that a joint workshop be held to bring together key partners to determine the most appropriate mechanisms for delivery.

Ken Bremner commented that the Board had requested a structure and this was a useful piece of work. He queried if the Board now needed to look at whether the structures being put in place would deliver the identified priorities and would translate the strategy into deliverable outcomes.

Gillian Gibson highlighted that some of the priorities were more outcome focused than others and it would be a lifetime before the impact of 'Best Start' would be felt. It was necessary to look at existing pieces of work as it was not desirable to replace what was already there.

The seven priorities were the big issues that were key to get right for the future and partners needed to be focused on these and travelling in the same direction. Neil Revely noted that there may be an opportunity to take a final and further look at these to consider how Sunderland's money should be spent across the city. With an ever ageing population, the National Health Service was positioned at episodic points of care and bringing quality of life to people with long term conditions was not an area which could be ignored.

Gillian commented that a large element missing from this was 'wellbeing' and improving not only the length but quality of life was central to this. Emotional, physical and mental wellbeing would impact on all of these priorities and it was suggested that 'wellbeing' could be added as an eighth priority.

The Chair noted that it had to be decided whether the priority was handling health issues within certain financial limits or managing conditions and Dave Gallagher added that it was about articulating where the aim was improving 'health' and where it was improving 'health care'.

Karen Graham reminded Board members that paragraph 6 of the report showed the process by which the priorities were identified and commented that 'improvement actions' might be a better way of describing the seven priorities.

Having considered the report, the Board RESOLVED that: -

- (i) the seven priority themes as set out in the report, with the addition of 'Wellbeing' as an eighth theme be agreed;
- (ii) the establishment of the necessary groups to take forward the priority themes be agreed; and
- (iii) further reports be received on progress on a no less than annual basis.

HW57. Sunderland Draft Family Outcomes Plan

The Head of Community and Family Wellbeing submitted a report outlining how Sunderland had developed the Strengthening Families Delivery Model over the last three years to provide relevant, timely and coordinated support to families, some of whom met the criteria for the national Troubled Families Programme.

The current Troubled Families Programme was due to end on 31 March 2015 and the next phase would follow a five year period subject to funding beyond 2015/2016. All local authorities were required to produce a Family Outcomes Plan and this was intended to be a measure of significant and sustained progress in Sunderland and would be signed off locally. The expanded national priorities outlined by DCLG were consistent with the outcomes which the city was trying to achieve and whilst the Plan

should be aspirational, it had to be considered where added value would be achieved in terms of the priorities of the Plan.

The draft Family Outcomes Plan had been developed following discussions with the Strengthening Families Board and Working Group and an event held on 27 January 2015 where key workers, operational managers and strategic partners were asked what were the key themes which would make a difference. Outcomes Plans from other local authorities had also been considered as part of the process and there had been consultation with representatives from early help, social care, the Youth Offending Service and the Performance and Intelligence Team to discuss use of assessment to inform the Plan and the availability of data to measure success.

The majority of the outcomes of the plan had been determined locally but the outcomes related to children who were not engaged in education were determined nationally. It was highlighted that the areas related to each outcome were quite broad and Sandra Mitchell referred to the example of crime and anti-social behaviour where an additional identification criteria had been added so that referrals could be made for adults and children whose behaviour was of concern but they did not fulfil the initial criteria.

Feedback from the event in January 2015 had shown that partners and key workers felt that there was no mechanism to report and recognise change in attitudes and willingness to make progress amongst individuals and families. This was felt across the six criteria and when the Strengthening Families Board had approved the draft version of the plan, it had been clear that this would be subject to further consultation and review. Where possible a key worker assessment had been included in response to the issues raised by partners.

The Board were informed that the Family Outcomes Plan had to be in place by 1 April 2015 and work was continuing towards that target.

Gillian Gibson commented that the Intelligence Hub would assist in the measurement of significant and sustained progress and would follow this on to strong outcomes in the longer term. Sandra noted that in terms of payment by results, progress could be demonstrated but as a city, partners might like to consider if they were happy with this.

Ken Bremner stated that he was most interested in the areas which would come under the remit of the Health and Wellbeing Board and suggested that the Board needed to be drawing these out and measuring them as part of the priorities structure. It was noted that there was some synergy between the measures in the plan and the Board's priorities.

Having considered the draft Family Outcomes Plan, it was: -

RESOLVED that the Plan be received and approved.

HW58. The Local Government Alcohol Declaration

The Board received a report providing an overview of the development and purpose of the Local Government Alcohol Declaration.

The declaration was a result of work across the North East and had been initiated at a meeting of the North East Directors of Public Health Group following a BALANCE conference in November 2013.

Partners were aware of the importance of the issue across the city and Gillian Gibson advised that statistics showed that 600 girls and 700 boys in Year 10 in the city consumed alcohol and there were 50 alcohol related hospital admissions each year for under 18 year olds. In addition, it had been identified that 4,000 people over 65 consumed over the recommended level of alcohol.

The harm caused by alcohol was extensive and the personal, social and economic cost had been estimated to be up to £55bn for England, with a total cost for the North East estimated at £1.1bn a year. The goal of the Declaration was not only to demonstrate local authority leadership on tackling alcohol harm but also to make a collective statement about the importance of this issue nationally.

The draft Declaration on Alcohol was set out as an Appendix to the report and the Health and Wellbeing Board was recommended to sign up to the Declaration on behalf of the Council and it was proposed that other partners might also like to do so.

The Chair noted that the Declaration was being presented to the Association of North East Councils and would display the organisation's logo if all partners agreed.

Councillor Miller commented that until the Government gave local authorities some powers then the document was toothless and the Chair acknowledged that point, adding that existing powers were probably not being used enough to shut down premises and revoke licenses.

Dave Gallagher stated that it would be great for the Council and individual partners to sign up to the Declaration as he believed that it was a powerful message which needed to be as widely supported as possible.

RESOLVED that the Health and Wellbeing Board agree to sign up to the Local Government Declaration on Alcohol.

HW59. Department of Health Autism Self-Assessment

The Board received a report informing them of the process followed in completing the Department of Health Autism Self-Assessment and to share the key messages from the exercise.

Graham King, Head of Integrated Commissioning, Sunderland City Council, informed the Board that an annual self-assessment was carried out by local authorities to enable them to report their progress on fulfilling the recommendations of the National Autism Strategy to the Department of Health. Sunderland's multi agency Local Autism Working Group had discussed and agreed the ratings for the self-assessment in February and the document had been signed off by the Adults Partnership Board prior to submission to the Department of Health on 9 March 2015.

Graham highlighted the main points which had come out of the exercise including the need to improve data sharing between agencies and the possibility of including a specific profile within the Joint Strategic Needs Assessment for autism. The Working Group had rated engagement with people with autism as 'red' and an engagement network would be developed to address this issue.

The self-assessment had also found that training could be better co-ordinated and that the waiting time for diagnosis was currently 24 weeks, double the National Institute for Health and Care Excellence (NICE) guideline of 12 weeks. However, there had been additional resource deployed in this area and it was expected that the waiting times would reduce to the guideline level by April 2015. In addition, it was highlighted that the needs of people with autism were not reflected within the Housing Strategy and that there needed to be awareness raising for employers about employing people with learning disabilities and autism.

The Working Group had agreed that it would be replaced by the Sunderland Autism Partnership Board which would report to the Adults Partnership Board three times a year. The Autism Partnership Board would be chaired by the Head of Integrated Commissioning, Councillor Miller had agreed to provide elected member representation and the Board would also include four people with autism, two carers and key representatives from health, social care, education, employment and the criminal justice system.

The Autism Engagement Network would sit alongside the Autism Partnership Board and would be a virtual network of individuals and organisations with a particular interest in autism. A consultation event had taken place on 4 March 2015 and Councillor Miller commented that this had been very well supported and attendees had been pleased to see the local authority taking the condition seriously. He added that he felt that the move towards the Autism Partnership Board was a good one and fully supported the work being developed as a result of the self-assessment.

Liz Highmore queried if, given the width of the autism spectrum, there could be training offered in the same vein as dementia friends. Graham King stated that this was a good idea which he would take back to the Board.

In relation to the responses from the event on 4 March, Kevin Morris asked how these would be publicised. Graham advised that this would be through various networks including Healthwatch, provider forums and user groups and he noted that it had been heartening to see how cohesive the autistic community was.

The Chair made reference to the waiting times for a diagnosis and asked what the current position was. Graham stated that he would check the up to date figures but he did not believe that the waiting times were down to 12 weeks as yet.

RESOLVED that: -

- (i) that the report be received and noted; and
- (ii) further progress reports be received as the Sunderland Autism Partnership Board becomes established.

HW60. Pharmaceutical Needs Assessment

The Health and Wellbeing Board had considered the draft Pharmaceutical Needs Assessment at its meeting in January 2015 and Kath Bailey, Locum Consultant in Public Health presented a report seeking final approval and sign off for the report, in line with the Board's statutory responsibility to agree and publish an updated pharmaceutical needs assessment (PNA) by 1 April 2015.

The 60 day consultation period had now ended and there had been changes made to the document to reflect more recently published data, to correct any identified errors and to reference updates to policy and regulations. Ongoing discussions with the Health and Wellbeing Board and the CCG Governing Body about the future vision for pharmaceutical provision and debate which had been had about the provision in the Coalfields area was also referenced within the report.

The consultation draft had been well received and the feedback was generally positive and work was being undertaken with Healthwatch to produce a plain English version of the document. Members were directed to the responses to the consultation set out in section 11 of the document and conclusions detailed in section 12. After considering all elements of the Pharmaceutical Needs Assessment, the document stated that the recommendations of the Health and Wellbeing Board were:

- Commissioners take cross border issues into account and consult with relevant stakeholders when they were removing, commissioning or decommissioning services, to avoid or mitigate against creating inequality of provision for the local population.
- Commissioners should consider the opportunities afforded by community enhanced pharmacy enhanced services which focus on the safe and effective use of medicines and support for self-care, within the context of the current financial constraints for the health economy.
- Patterns of provision may need to be reviewed as the NHS moves towards "7 days a week" working.
- With regard to locally commissioned services, the public health team would work with the CCG to ensure that services were commissioned to meet local health needs and that any changes would serve to improve equity, access and choice.

Having considered the report, it was:-

RESOLVED that the Board give final approval and sign off to the Pharmaceutical Needs Assessment for Sunderland April 2015 – March 2018.

HW61. Care Act: Implementation Update

The Executive Director of People Services submitted a report providing the Board with an update on the implementation of the Care Act requirements, regional and national activity and the draft Department of Health proposals for April 2016.

The first part of the Care Act was to be implemented in April 2015 and would be the biggest change in legislation for adult social care since 1948. A Programme

Implementation Board was overseeing work to implement the actions required to meet the 2015 requirements and everything was on track to be delivered by 1 April 2015.

The Council had undertaken an engagement and consultation exercise between 9 February and 2 March 2015 which provided customers with background information about the changes and a Care Act summary which provided more detail about its wide ranging requirements. There had not been a large number of responses but the opportunity to engage had been welcomed. A common question had been when the care regulator Care Cap would begin but this would not come into force until April 2016.

Another issue which had been flagged up was eligibility under the equality impact assessment. A random sample of customers had found that all would still meet the criteria and no great impact was envisaged.

As part of the regional and national response to the Care Act, a combined Programme Management Office had been established to support councils with implementation. A regional Training and Implementation Support Fund had been established to offer support and undertake joint developments and a suite of eLearning courses had also been developed and were being rolled out to council staff.

The Department of Health had launched a consultation exercise, ending on 30 March, in relation to the funding reforms and appeal and challenge mechanisms being implemented in 2016. The Council would be submitting a response to this and would contribute to regional and national responses via organisations such as ANEC and the Association of Directors of Adult Social Services. Neil Revely commented that the real financial issues would become apparent in 2016.

Kevin Morris asked if they had been any indication of why the consultation response was poor and Neil said that there did not appear to be any particular reason for this but the level of response was not out of keeping with other similar processes. He highlighted that he had delivered a presentation at the Carer's Centre, for example, and carried out consultation throughout the process so it was possible that customers already felt engaged. Neil also emphasised that this was why he had sought to have consultation events and had set up a Freephone number for frequently asked questions. He agreed that there was a need to better join up meaningful consultation and as a partnership, work continued to see how this could be done better.

Councillor Miller commented that usually you would not hear from people unless there was a problem and that was why the focus had been on consultation events. Kevin Morris advised that he had been discussing how to use the voluntary and community sector more effectively with Neil Revely and Dave Gallagher. Neil said that he would follow things up with Age UK as they had been provided with a lot of information and he needed to find out how many customers had been engaged with.

Councillor Miller felt that the way ahead was to engage people while they were using the services and made reference to the Over2You scheme operated by Gentoo and using tenant volunteers.

Liz Highmore stated that she had attended the Care Act presentation at Age UK and it had been very well attended, but she felt that some people had missed out on the consultation due to uncertainty about when it would begin.

Upon consideration of the report, it was: -

RESOLVED that: -

- (i) the contents of the report be noted; and
- (ii) a further update be received when the final regulations for 2016 be published.

HW62. Closed Board Sessions and Forward Plan

The Head of Strategy and Performance submitted a report informing the Board of forthcoming development sessions and the forward plan.

Karen Graham advised that the next development session would be held on Friday 6 February 2015 and would look at setting priorities for action in line with the previous report on the agenda. This session would then set the agenda and format of advisory group meetings for the forthcoming year and provide a focus for the next annual assurance report.

Details of the timetable for the Board and its advisory groups and deadlines for submission of reports were also provided for information.

The Board RESOLVED that: -

- (i) consideration be given to topics for in depth closed/partner sessions for 2015;
- (ii) the forward plan be noted and requests for any additional topics passed to Karen Graham; and
- (iii) the timetable be noted.

HW63. Date and Time of Next Meeting

The next meeting of the Board will be held on Friday 29 May 2015 at 12noon

(Signed) P WATSON
Chair