

SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 24 January 2014

MINUTES

Present: -

- | | | |
|---------------------------------------|---|---|
| Councillor Paul Watson (in the Chair) | - | Sunderland City Council |
| Councillor Graeme Miller | - | Sunderland City Council |
| Councillor John Wiper | - | Sunderland City Council |
| Neil Revely | - | Executive Director of People Services |
| Dave Gallagher | - | Chief Officer, Sunderland CCG |
| Dr Ian Pattison | - | Sunderland Clinical Commissioning Group |
| Ken Bremner | - | Sunderland Partnership |

In Attendance:

- | | | |
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| Councillor Christine Shattock | - | Sunderland City Council |
| Sarah Reed | - | Assistant Chief Executive, Sunderland City Council |
| Sonia Tognarelli | - | Head of Financial Resources, Sunderland City Council |
| Pauline Forster | - | People Services, Sunderland City Council |
| Gillian Gibson | - | Consultant in Public Health |
| Petrina Smith | - | North East Ambulance Service |
| Graham Burt | - | Carers' Centre |
| Andrew Swain | - | |
| Andrew Riley | - | |
| Karen Graham | - | Office of the Chief Executive, Sunderland City Council |
| Emma Hindmarsh | - | Governance Services, Sunderland City Council |

HW43. Apologies

Apologies for absence were received from Councillors Smith, Speding and Kelly and Nonnie Crawford, Gerry McBride, Christine Keen and Kevin Morris.

HW44. Declarations of Interest

There were no declarations of interest.

HW45. Minutes

The minutes of the meeting of the Health and Wellbeing Board held on 22 November 2013 were agreed as a correct record.

HW46. Feedback from Advisory Boards

Adults Partnership Board

Councillor Miller informed the Board that the Adults Partnership Board had met on 5 January 2014 and the main issues considered had been: -

- Coalfield Care Homes Pilot
- Telecare Annual Report
- Health and Social Care Integration Update
- Sunderland World Mental Health Day Update

With reference to the Telecare report, Neil Revely advised that Telehealth had also been discussed. Telehealth was being promoted nationally and Carol Harries reminded the Board of partnership working that had occurred in Sunderland to achieve real benefits for both the patient and the clinician. The individual patient had more control and understanding of their long term health condition and clinicians who are utilising Telehealth as part of a care pathway can ensure that they are proactively involved in the ongoing wellbeing of their patient, managing timely interventions and helping to improve their patient's quality of life. It was important that this was expanded into the Telecare process.

The Chair enquired whether there had been any impact following the introduction of financial contributions for all Telecare customers and was advised by Neil Revely that the charges had meant that kit that was no longer required could be removed from people's homes and utilised elsewhere. This would ensure that the right people were in receipt of equipment. Although there were now fewer systems in operation the number of people using the service had not changed.

The Executive Director of People Services also informed the Board that the Telecare service had hosted a visit from Sheffield City Council. A large number of authorities charged for the equipment but Sunderland did not do this, charging for the responder service instead. The Telecare service had massively reduced the number of hospital admissions and this was a success story which would continue to be monitored.

Children's Trust

The Children's Trust had met on 9 January 2014 and the main issues considered had been: -

- The Health and Wellbeing Strategy and Joint Strategic Needs Assessment (JSNA)
- Ofsted Inspection of Children in Need
- Implementing the Reforms for Special Educational Needs and Disability
- Sexual Health Review

- Strengthening Families Network

The Board RESOLVED that the information be noted.

HW47. Integration Updates

Integration – Governance Issues and Progress

The Board were informed of the proposal to establish a Health and Social Care Integration Programme Board and where this would sit in relation to the Council and CCG structures. The proposed membership of the Programme Board was the Executive Director of People Services, the Chief Officer of the CCG, the Assistant Chief Executive of Sunderland City Council, the Director of Public Health and the Director of Commissioning, Planning and Reform at the CCG.

Neil Revely advised that partners had wanted strong governance for the Board and would expect to receive clear performance reports on a regular basis. The Chair commented that this was about doing things more efficiently and effectively but would only work if stakeholders had the necessary input.

Sarah Reed highlighted that this was a whole systems approach and significant efficiencies were to be taken out of the system, so key financial people would be involved in the Board at an early stage. Ken Bremner noted that this should be enshrined within the terms of reference for the Programme Board.

The Chair proposed that 'Integration' should be a standing item on the agenda for all future meetings to ensure that the Health and Wellbeing Board remained informed of all progress and developments.

Better Care Fund - Progress

The Board received a presentation on 'Integration and the Better Care Fund'.

The Better Care Fund (formerly the Integration Transformation Fund) had been introduced as part of the drive to provide better local efficiencies across services and to create a more coordinated experience of care for patients and carers. The Fund would also support the integration of Health and Social Care services locally.

The Better Care Fund was aligned to the NHS Strategic and Operational Planning process and Local Government planning, with the draft plan submitted by 14 February 2014 and the final version being delivered by 4 April 2014.

The Health and Wellbeing Board had received a report at the November meeting setting out the ambition for the Better Care Fund in Sunderland. The vision would be built around bringing together social care and primary/community health resources into co-located, community focused, multi-disciplinary teams, linking seamlessly into hospital based services. The Sunderland priority outcomes were: -

- Supporting people to live at home
- Reduced number of people admitted to long term care

- Improved services for people with dementia
- Improved services for people with depression
- Reduced admissions to hospital
- Reduced re-admissions to hospital
- Reduced waiting times for A&E
- Improved quality of life for vulnerable families

The minimum size of the Better Care Fund for 2015/2016 was £24.7m. This had to include a number of elements such as CCG Carers Breaks funding and the local authority Disabled Facilities Capital Grant. It was also proposed to include: -

- The CCG component of existing pooled budgets
- Additional current CCG carers spend
- CCG Re-admissions spending
- Current CCG monies transferred to local authorities in respect of mental health and dementia
- Identified CCG growth monies

There was an option to make the fund the total health spend on community services and local authority spend on adult social care which could be to the value of £150-200m. This could be further expanded to include elements of Public Health budgets and children's budgets and work continued to consider options for the scale of expansion required to deliver the vision.

The next steps were outlined and would include assurance that funded initiatives would have the required impact on performance indicators and linking these indicators to financial efficiencies. Agreement was also to be reached on the 'local' performance indicators. There would continue to be robust engagement with all stakeholders and providers and there would need to be agreement on the scale of expansions and the process for sign off and submission.

The Executive Director of People Services reminded the Board that there was £3.4billion allocated nationally to the Better Care Fund with the first two years already defined as part of the five year strategic plans submitted by CCGs.

Regarding the payment by performance element of the fund which would be begin in 2015/2016, it was confirmed that this would be based on data from 2014/2015. Neil Revely advised that some metrics would run from September to September and others from April to April and that these would be national measures. Ken Bremner commented that that it was necessary to let the fund deliver before satisfaction could be measured.

Gillian Gibson asked if the plan was about the better management of people, moving towards better prevention or if the two strands would be running concurrently. Neil advised that this would not be a linear process and there would be a strong focus on better managed patient pathways. In terms of what would come first, better management or better pathways, it was necessary to ask the right questions initially. Better Telehealth services were just one way of making better use of existing intelligence and both preventive and predictive tools would be utilised.

In respect of Public Health generally, this would be an opportunity to determine what Sunderland wanted to do under this heading and there needed to be confidence about cause and effect.

Councillor Miller stated that £24.7m was not providing a strategic fund to work with and to allow plans to be radical or effective. The Chair highlighted that this was the only way to have a coherent strategy and that there was a need to continue to look at new interventions.

The draft Better Care Fund plan would be circulated to all Board Members following the meeting.

RESOLVED that the Integration updates be noted.

HW48. Public Health England Autism Self Assessment

The Board received a report informing them of the process followed in completing the Public Health England Autism self-assessment.

Pauline Forster, Commissioning Specialist in People Services, Sunderland City Council presented the report. Pauline advised that the Department of Health had published 'Fulfilling and reward lives: a strategy for adults with autism in England' in March 2010 which set out a number of key actions and recommendations for local authorities and their partners. In Sunderland, a multi agency Local Autism Working Group (LAWG) meets on a bi-monthly basis to support the implementation of the strategy recommendations.

The National Autism Strategy was currently under review and would be revised by March 2014. As part of this, local authority areas had been asked to complete a self assessment exercise to monitor progress made against the strategy. The self assessment had to be submitted to Public Health England by 30 September 2013 and presented to the Health and Wellbeing Board for discussion by the end of January 2014.

The LAWG had formally agreed the ratings and evidence used in the self assessment at a workshop held on 12 September 2013 and a number of clear priorities emerged from this work, including: -

- Collection of data on the number of people with a diagnosis of autism and information sharing between health and social care organisations;
- Engagement of people with autism and their carers in the work of the LAWG;
- Autism training for health and social care staff;
- Improving the support available after diagnosis; and
- Helping adults with autism into work.

The ratings which had been given by the LAWG as part of the self assessment were required to be validated by people with autism and an exercise was carried out on 7 November which was attended by carers for people with autism,. This exercise

highlighted the need to improve engagement and consultation with people with autism and their carers and this had been identified as a priority for the LAWG in 2014. Additional priorities which had emerged as a result of the self assessment would be taken forward as part of a revised action plan.

It had also been agreed that LAWG members would be identified to join the sub-groups of the Learning Disability Partnership Board to take forward actions in relation to the Autism Strategy and the LAWG would continue to monitor progress against the action plan. It was suggested that the Health and Wellbeing Board could also receive a progress update on the action plan every six months.

Dr Pattison asked about the referral pathways for adults and flagged up that there had been difficulties with this in the past. Pauline advised that the NTW diagnostic pathway was used for adults and that a recent report had identified a 12 week gap between referral and diagnosis.

It was queried if there was any estimate of the number of undiagnosed adults in Sunderland and Pauline advised that GPs recorded these patients differently due to the spectrum of disorders and it was difficult to get a formal diagnosis. Gillian Gibson that data from GPs suggested that the diagnosis process for young people was good but not so for adults. She asked about the facilities which were available within the city for people with autism and Pauline stated that she would bring that information back to Members.

Gillian went on to say that information about autism should be included within equality and diversity training and highlighted that work was ongoing with employers to develop a workplace health alliance.

It was commented that vulnerable groups may not necessarily look for opportunities to access supportive workplaces and Neil Revely said that this may be a perception but was not always the reality. Education and Services for People with Autism (ESPA) had been positive about some workplace experiences for service users. Neil added that it would have been useful for Members to have had sight of the self assessment document as this illustrated some very good feedback on existing practice.

Upon consideration of the report, the Board:-

RESOLVED that the report be received and noted.

HW49. Strengthening Families Framework

The Children's Trust submitted a report to the Board which provided an overview of Sunderland's Strengthening Families Framework which had been formally adopted as a strategic framework for the Sunderland Children's Trust on 9 January 2014.

Jane Hibberd outlined some of the background to the Strengthening Families Framework which had been produced to lay the foundations for a consistent and integrated approach to working with families across Sunderland. This framework was

to recognised and build on existing good practice and to establish clear, coordinated and integrated support pathways across all levels of need and was also a challenge to commissioners and service providers to consider how local provision might be configured to make better use of all resources.

The Strengthening Families Framework sets out a vision for the city, an inclusive definition of family, the strengths which the framework seeks to develop in families and the strategic outcomes it wishes to achieve. In order to achieve the desired outcomes, the Framework sets out the following strategic priorities: -

- Priority 1: Empowering families to do more for themselves
- Priority 2: Encouraging the community to do more for families
- Priority 3: investing in prevention and early action
- Priority 4: Providing integrated whole family services

The Strengthening Families Framework would also be presented to the Strengthening Families Board and the Safeguarding Children Board for information. Outcome measures and action planning would be discussed at a future meeting of the Children's Trust.

Jane commented that one of the questions raised at the Children's Trust had been whether students living in one property could be considered as a family and it was felt that it was very much up to the individuals involved but the framework was intended to cover a wide range of 'family' groups. Gillian Gibson added that partners needed to be sensitive to the way people lived their lives, including those who were not in families.

RESOLVED that the approval of the Children's Trust for the Strengthening Families Framework be endorsed.

HW50. Local Government Association Health and Wellbeing Peer Challenge

The Assistant Chief Executive submitted a report advising the Board of the progress which had been made in relation to the Local Government Association Health and Wellbeing Peer Challenge.

The Peer Challenge was intended to support councils, their health and wellbeing boards and health partners in implementing their new statutory responsibilities in relation to health, by way of a systematic challenge through sector peers in order to improve local practice.

The Peer Challenge would involve a team of peers spending time in the city, reflecting back and challenging the practice of the council in order to help it to reflect on and improve the way it works. The process would involve a wide range of people working with the Council in both statutory and partnership roles and focus on the elements of establishment of effective Health and Wellbeing Boards, the operation of the public health function to councils and the establishment of an effective local Healthwatch organisation.

The Peer Challenge would take place in Sunderland between 11 and 14 February 2014 and work was ongoing to produce a position statement and timetable of observations, site visits and discussions. The support of the Board and their respective organisations would be essential to the success of the Peer Challenge.

Councillor Miller commented that this Peer Challenge was well timed and the Chair agreed that this would be something to learn from.

RESOLVED that the report be noted and the Board continue to provide support to the Peer Challenge.

HW51. Health and Wellbeing Board Development Session – 14 February 2014 and Forward Plan

The Head of Strategy and Performance submitted a report informing the Board of the detail and scope of the next development session, providing an update on the closed Board sessions and updating the Board on the forward plan.

Following on from discussions earlier in the meeting, it was noted that 'Integration' would be a standing agenda item for future meetings.

The development session on 14 February 2014 would run through the final submission for the Better Care Fund and would require the Board to review and sign off the application.

Ken Bremner highlighted that it was important that the final submission be circulated to all Board members after it was considered at the development session. He also suggested that a meeting of the NHS Provider Forum needed to be convened and Karen Graham undertook to arrange this.

The Board RESOLVED that: -

- (i) details of the next development session be noted; and
- (ii) the Forward Plan be noted.

HW52. Date and Time of Next Meeting

The next meeting would take place on Friday 21 March 2014 at 12.00noon.

(Signed) P WATSON
Chair