

# SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 22 November 2013

## MINUTES

### Present: -

Councillor Mel Speding (in the Chair)	-	Sunderland City Council
Councillor Graeme Miller	-	Sunderland City Council
Councillor Pat Smith	-	Sunderland City Council
Councillor John Wiper	-	Sunderland City Council
Neil Revely	-	Executive Director of People Services
Dave Gallagher	-	Chief Officer, Sunderland CCG
Ken Bremner	-	Sunderland Partnership
Christine Keen	-	NHS England Area Team
Kevin Morris	-	Healthwatch Sunderland
Jane Hartley	-	Healthwatch Sunderland

### In Attendance:

Ann Fox	-	Director of Nursing, Quality and Safety
Nichola Fairless	-	North East Ambulance Service
Gillian Gibson	-	Consultant in Public Health
Councillor Louise Farthing	-	Sunderland City Council
Councillor Julia Jackson	-	Sunderland City Council
Liz Highmore	-	DIAG
Allison Patterson	-	Scrutiny and Area Arrangements, Sunderland City Council
Karon Purvis	-	Scrutiny and Area Arrangements, Sunderland City Council
Karen Brown	-	Scrutiny Officer, Sunderland City Council
Karen Graham	-	Office of the Chief Executive, Sunderland City Council
Gillian Kelly	-	Governance Services, Sunderland City Council

### HW32. Apologies

Apologies for absence were received from Councillors Watson and Kelly.

### HW33. Declarations of Interest

There were no declarations of interest.

## **HW34. Minutes**

The minutes of the meeting of the Health and Wellbeing Board held on 20 September 2013 were agreed as a correct record.

## **HW35. Feedback from Advisory Boards**

### **Adults Partnership Board**

Councillor Miller informed the Board that the Adults Partnership Board had met on 5 November 2013 and the main issues considered had been: -

- Health and Wellbeing Board Agenda
- Voluntary Organisations supporting Health and Wellbeing in Sunderland
- The Principal Community Pathways Project (PCP)
- Health and Wellbeing Strategy and JSNA Process Paper
- Tobacco Alliance

In relation to the item on the Tobacco Alliance, Councillor Wiper asked how smoking levels in Sunderland compared with the region. Gillian Gibson reported that Sunderland's smoking levels had compared poorly with the North East figures but good progress was being made and levels were getting closer to the national average.

Councillor Speding highlighted that a recent World Health Organisation conference, the prevalence of Shisha bars had been discussed and this was now being treated as a separate issue to tobacco smoking. Gillian stated that there had been some local guidance on this but any issues with Shisha smoking would be dealt with by the Tobacco Alliance.

Councillor Miller commented that the issue of e-cigarettes had been raised as part of this discussion but legislatively, this was a different matter.

### **NHS Provider Forum**

Councillor Speding informed the Board that the NHS Provider Forum had held its first meeting on 24 October 2013 and the main issues considered had been: -

- NHS Call to Action
- Health and Social Care Integration Fund
- Next forum meeting to discuss terms of reference and the group's role and remit

The Executive Director of People Services commented that the discussion had been timely and positive and there was a commitment from those present to make things work.

Councillor Smith informed Members that the last meeting of the Children's Trust had been cancelled and feedback would be provided at the next meeting of the Board.

The Board RESOLVED that the information be noted.

### **HW36. The Transfer of Funding from Health to Social Care in 2013/2014**

The Chief Officer of Sunderland Clinical Commissioning Group and the Executive Director of People Services submitted a joint report outlining how the adult social care funding for 2013/2014 transferred from NHS England to Sunderland City Council would be used and the arrangements which were being established to monitor the funding.

The amount to be transferred to the local authority for 2013/2014 would be £5,611,337 and Appendix 1 to the report indicated how this would be allocated for the provision of services. The priorities outlined were: -

- Increased demand on Disabled Facilities Grant
- Capacity within Home Care Service
- Capacity within Community Equipment Service
- Day Services for people with learning disabilities
- Extra Care Schemes
- Time to Think beds
- Handyperson Scheme
- Pressures on social care service for people within learning disability residential homes
- Care Homes for Older People
- Pressures on Support Service for people using Direct Payments

The report outlined the current position and illustrated that the Council had been working in partnership in relation to these areas for a number of years. It was also noted that the planned allocation had been considered by the CCG Executive Committee and that it would go through the governance procedures at NHS England before being formally signed off. It was a national condition of transfer that the proposals were agreed by the Health and Wellbeing Board.

It was proposed that the governance arrangements to monitor the funding transfer for 2013/2014 would be through the Joint Commissioning Programme Board. The Board currently meets on a monthly basis and would be accountable for the delivery of the overarching joint commissioning programme and provided strategic leadership and direction, overseeing progress across all of its component projects.

Ken Bremner asked where this £5.6m would sit within the bigger transfer of funds for 2014/2015 and Dave Gallagher advised that in some respects this was separate as it had always happened. However it could also be considered as the tip of the transformation fund iceberg and a starting point for the discussion around joint working.

With regard to the scrutiny of each of the schemes, the Joint Commissioning Board would be charged with monitoring the detail and the Health and Wellbeing Board would have a role in overseeing this. Neil Revely highlighted that scrutiny had been

carried out within the PCT and the local authority previously and the next step would be to develop a joint scrutiny process.

In response to a question about NHS England's role in the process, Christine Keen stated that their view was that those responsible for directing money were the best placed to say how it would be used. The priorities would have a direct line of sight to the local strategic objectives and the NHS England Local Team's role was to ensure that money was appropriately directed.

Kevin Morris enquired where patients' experience would feature and how this would be captured. Dave Gallagher advised that this had been a technical exercise so far but it would be built into work carried out on the floor.

Having considered the report, the Board RESOLVED that the use of health transfer funds as outlined in Appendix 1 to the report be approved.

### **HW37. Health and Social Care Integration (including the Introduction of an Integration Transformation Fund)**

The Chief Officer of Sunderland Clinical Commissioning Group and the Executive Director of People Services submitted a joint report setting out the vision for the integration of Health and Social Care in Sunderland and setting out how plans for the Integration Transformation Fund (ITF) would support this vision.

The report had been written in the context of the Health and Wellbeing Strategy and against the background of the Health Act and Care Bill. The June 2013 Spending Round had established the Integration Transformation Fund from 2015/2016 which was designed to further drive the Integration Agenda. The fund would be a catalyst to improve services and achieve value for money through organisations achieving a joint vision of how integrated care would improve outcomes for local people and achieve efficiencies.

The Council and the CCG had made public declarations on their wish to further integration and the vision was to ensure that local people had easy and appropriate access to health and social care solutions which were easy to use and avoided duplication. The full detail of the vision refers to how services would help to change behaviour and ensure that appropriate solutions and care were in place at the right time. This would be supported by: -

- Integrated working between health and social care to assess people's needs
- Integrated working to plan and manage care to ensure continuity
- Anticipatory case finding, supporting a prevention model
- A single engagement process for the people for the people of Sunderland to influence and inform service development
- Integrated IT systems allowing information to be shared amongst those who need it, including the individuals themselves
- Working differently to nurture community resilience

The system would undergo redesign to enable full integration and the outcomes which Sunderland wanted to achieve from integrated working included: -

- Supporting people to live at home
- Reducing the number of people admitted to long term residential/ nursing care
- Improving the diagnosis rate for dementia
- Increasing the number of people diagnosed with depression being referred for psychological therapies
- Reducing unplanned hospitalisation for chronic ambulatory care sensitive conditions
- Reducing emergency admissions within 30 days of discharge
- Improving patient experience by reducing waiting times in A&E
- Improving quality of life for vulnerable families and their communities
- Supporting carers in a co-ordinated manner
- Greater trust in, and satisfaction with, the public sector and service providers
- Generating the required efficiencies

This was a huge task but Sunderland was not going from a standing start. PCTs had begun this work and the CCG was continuing to work with the Council to develop a joint commissioning team. A number of major transformational programmes were underway in Sunderland, linked to the Health and Wellbeing Strategy and CCG Five Year Plan, but also involving a large number of stakeholders and partners. Dave Gallagher stated that the next challenge was considering the breadth and depth of what was involved and how this could be brought together as a whole.

It was proposed that the Health and Wellbeing Board should oversee the delivery of the vision and to enable this, the role and membership of the existing Joint Commissioning Programme Board should be reviewed and re-badged as the Health and Wellbeing Integration Programme Board. This Board would be supported by a Joint Commissioning Unit and the NHS Provider Forum.

Neil Revely informed the Board that the Integration Transformation Fund was one mechanism for achieving the necessary integration and would create a £3.8bn pool at national level from already committed resources which would then be re-shaped to target programmes delivering better outcomes. The national fund was likely to equate to £24m for Sunderland from core NHS funding and other monies composed of Carers breaks, CCG Reablement funding, Capital funding (e.g. Disabled Facilities Grant), and existing and additional transfers from health to social care.

Further guidance would be issued in December, along with greater detail about the performance aspect of the Integration Transformation Fund, but it was understood that performance measures were likely to include emergency admissions, effectiveness of reablement and patient and service user experience. £1bn of the funding was to be linked with performance and the remaining £2.8bn would be shared using a formulaic approach.

Members' attention was drawn to Appendix 1 which outlined the first stages of the mechanism which needed to be put in place leading up to the submission date for the joint plan of 15 February 2014. Between that date and September 2014,

performance measures would have to be worked up with the fund being applicable from April 2015. Initially half of the money would be paid and if certain targets were met, the remainder would be received in September 2015.

The Integration Transformation Fund was seen as part of the whole system and Sunderland's agenda would be larger than one which would be funded through the Transformation Fund.

Councillor Speding commented that it would be useful to get a fundamental understanding of what was meant by 'integration' so that everyone involved was clear about what this would look like. Jane Hartley added that if the Health and Wellbeing Board was overseeing delivery, then there needed to be measures in place which would align back to the vision.

With regard to reducing unplanned and emergency admissions and readmissions, Councillor Wiper queried how this could be achieved. Dave Gallagher responded that as a starting point, people would not go to hospital unless they really needed to, and then would be treated properly and thoroughly so that they did not get into a cycle of admission and discharge. It was also a matter of keeping long term conditions under control so that patients did not have to keep being re-admitted. The whole system approach could straddle acute, primary and health and social care and sometimes when things went wrong, it was because the system had not worked as well as it could have done.

Councillor Smith asked about treatment in community settings and it was explained that this did not necessarily mean health centres but treatment being delivered at home where it was appropriate and safe to do so. Councillor Smith raised a further question about how it would be known if community settings were working and Dave Gallagher stated that resource needed to be freed up to ensure that this was the case. It was to be ensured that people worked together and that services were provided together where possible. The challenge was in that services could not just stop, an alternative had to be provided first, and it was important to choose the right measures to show what success would look like.

Services which were provided were also regulated and there would be a feedback loop on this. The Care Quality Commission (CQC) as a regulatory body may change how it operated at a local level to reflect the new way of working.

Christine Keen commented that there was an expectation that performance measures would be stretching and there needed to be a sense of the process around how these were set. Neil Revely advised that some of the measures would already be set for Sunderland but there was a task to do in setting further performance measures before September 2014. The performance measures would be developed to be broader than the Integration Transformation Fund and include the core funds within a pooled budget. Christine noted that this would be an opportunity to move away from focusing on targets and concentrate on outcomes.

Gillian Gibson welcomed the vision which had been set out for transformation and commented that changing behaviours would be linked to system design and the establishment of clear pathways. This was then linked to the principles of the Health

and Wellbeing Strategy and it was important to make these elements explicit so that they did not get lost in the process.

Ken Bremner expressed concern that the money for the Integration Transformation Fund was not new and was already funding services elsewhere. Care would need to be taken with the choices made as they would, in effect, be trade offs between investment and disinvestment and would have an impact on local services. This had been discussed at the NHS Provider Forum and it was highlighted that the consequences of 'trade offs' had to be made clear.

To provide further reassurance, Neil Revely advised that one of the conditions of the judgement of the Integration Plan was if providers had been involved in its development. The complexity of the task was recognised by all involved but there was also an exciting opportunity presented by the vision for integration in Sunderland.

Following detailed consideration of the report, the Health and Wellbeing Board RESOLVED that: -

- (i) the vision for integration be agreed;
- (ii) an Integration Programme Board be established;
- (iii) an overall Integration Plan be established and that the Board reviews and coordinates the various current activity as outlined in section 4 of the report;
- (iv) the Joint Commissioning Unit be established;
- (v) the Joint Commissioning Unit develops the Integration Transformation Fund Plan as outlined in Appendix 1; and
- (vi) a further report be received in January setting out progress and presenting a further draft Integration Transformation Fund plan.

#### **HW38. Winter Preparedness and Assurance Update 2013/2014**

The Chief Officer of Sunderland CCG submitted a report providing an update on the work carried out by the Sunderland Unscheduled Care Board on the review of provider winter plans in respect of preparing the whole system for winter 2013/2014.

Ann Fox, Director of Nursing, Quality and Safety was in attendance to present the report and advised that the Unscheduled Care Board brought together key strands of existing work and was the perfect vehicle to undertake winter assurance and to consider how surge and demand in the system should be managed. All key stakeholders from providers were represented on the Board as well as NHS England.

Area Teams were asked to facilitate an assurance process of Urgent/Unscheduled Care Boards in respect of winter preparedness and once completed, the Regional Team was responsible for communicating a regional overview aimed at providing assurance to the National Support Team.

The national and regional timetables for Winter Assurance were detailed within the report and it was highlighted that the following providers had shared winter plans and completed the self assessment checklist: -

- City Hospitals Sunderland NHS Foundation Trust
- South Tyneside NHS Foundation Trust
- Northumberland, Tyne and Wear NHS Foundation Trust
- Sunderland City Council
- North East Ambulance Service NHS Foundation Trust
- Primecare
- Gateshead Health NHS Foundation Trust (in relation to the Intermediate Care Assessment and Rehabilitation Unit at Houghton Primary Care Centre)

Peer reviews were undertaken of the winter plans and self assessment checklists of each organisation. Where specific gaps were identified, provider actions were agreed to mitigate them. All the issues identified had been addressed and this was outlined within the checklist for system wide assurance set out in section 4 of the report. A number of indicators were being reported daily including A&E closures and diversions, trolley waits, ambulance delays and bed availability and occupancy.

During the winter preparedness and peer review process, providers were asked to supply details of any services which could be funded from the Winter Pressures Fund and could make an impact during winter 2013/2014. Bids for the fund totalling £2.4m had been approved by the CCG Executive in October.

The full detail of all the projects was included within the report and the Board were informed that 75% of the initiatives would be up and running by 1 December 2013. The Unscheduled Care Board felt that initiatives were already working well and that lessons learned from this year would go forward to inform next year's process.

Neil Revely commended all who had been involved in review and assurance process. He stated that this was a testament to the partnership working which existed in Sunderland, that full assurance could be provided on the preparedness of the urgent care system to manage winter surge and demand. Ann advised that collaboration had made a real difference and that the Unscheduled Care Board would pick up the work again early next year for winter 2014/2015.

The Board RESOLVED that the contents of the report be noted.

### **HW39. NHS England Call to Action**

The Chief Officer of Sunderland CCG submitted for information, a copy of presentation slides which summarised the journey so far for Sunderland CCG.

The Board were informed that the content of the presentation had been used to inform various groups of stakeholders including the public and NHS Provider Forum. Attention was drawn to the key questions which were being used as the basis for discussion, which were: -



1. Do these still feel like the right long term objectives?
2. Consider the initial priorities for 2014/2015 in the light of where we have come and where we want to be in 2016/2017. Do you agree? Are any significant priorities missing?
3. What is the best way to engage with you?

Having noted the detail of the presentations being delivered by Sunderland CCG, the Board RESOLVED that the information be noted.

#### **HW40. Area Health Pilots – Men’s Cancer**

The Head of Scrutiny and Area Arrangements submitted a report providing the Health and Wellbeing Board with a progress update on Health Pilots developed through Sunderland City Council’s Area Committees.

Allison Patterson and Karon Purvis were in attendance to present the report and Allison advised that the Healthy City Investment Fund had existed for a number of years and had in the past been used to make small grants to the voluntary and community sector to support activities likely to have a positive impact on health outcomes. During 2012/2013 an allocation of £31,413 was made available to each of the five Area Committees and projects were developed in order to: -

- (a) address the main lifestyle causes of cancer in men, i.e. tobacco, alcohol and obesity; and to
- (b) promote awareness of the early signs and symptoms of cancer.

All five area projects were approved and were delivering activity from January 2013. The report outlined the work done in each area and how a large number of men who would not normally have been reached had been contacted through the projects. Some smaller community groups had enlarged their capacity and a lot had been done with a small amount of money. Lessons had also been learned through the projects and they had proved to be an effective way of delivering messages.

Ken Bremner commented that the pilots were great in terms of coverage but queried the extent to which effective results could be demonstrated. Allison Patterson advised that at this point evidence of uptake could be provided but assistance would be required to correlate this. Ken suggested that this could be quantified through Public Health data.

Jane Hartley noted that a lot of the work was only funded for the short term and to evidence a sustained behaviour change then the projects would need to be revisited to obtain a quantitative measurement. Allison stated that the projects had enhanced the activity already being delivered and it was about organisations continuing to link with the men they had contacted and to ensure that there were legacies to the project.

With regard to Public Health information, Gillian Gibson advised that there were not the complex information systems to look at this at present but plans for the

Intelligence Hub could help. The real success of the work had been the engagement with people and the steps taken towards how visualising how change could happen.

Councillor Speding highlighted that some interventions had instantaneous results but others took a while to come to fruition and not everyone was prepared to wait to observe and measure this impact. Councillor Miller expressed pleasure and surprise at the initial results but noted that the validity of the activity must be able to be confirmed or denied through appropriate measurement.

The Board RESOLVED that: -

- (i) the report as an interim update on how projects were performing to date be accepted; and
- (ii) a future report to include an evaluation of activities and lessons learnt during the development and implementation of the projects be accepted once the projects were complete.

#### **HW41. Health and Wellbeing Board Development Session 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 and providing an update on the closed Board sessions.

To tie in with the timetable agreed for the development of the plan for the Integration Transformation Fund, the next scheduled development session on Friday 20 December 2013 would be an update on the plan and discussion about the proposals contained within it.

The Board had taken part in a closed Board session on the Health and Social Care Integration Fund and Members were informed that there would be more closed Board sessions during the year to further discuss the topic and debate the plan in advance of it coming to the full Health and Wellbeing Board.

The Forward Plan for the Board for 2013/2014 was also presented and Members were asked to consider any additional items they would like to see on the agenda for a future meeting.

The Board RESOLVED that: -

- (i) details of the next development session be noted;
- (ii) the intention to hold further closed Board sessions on Health and Social Care Integration be noted; and
- (iii) the Forward Plan be noted.

**HW42.      Date and Time of Next Meeting**

The next meeting would take place on Friday 24 January 2014 at 12.00noon.

(Signed)      M SPEDING  
                  Chair

