SUNDERLAND HEALTH AND WELLBEING BOARD

AGENDA

Meeting to be held in the Civic Centre (Committee Room No. 1) on Friday 11 March 2016 at 12.30pm

NB: PLEASE NOTE THE LATER START TIME FOR THE MEETING

A buffet lunch will be available at the start of the meeting.

For further information and assistance, please contact:

Gillian Kelly, Principal Governance Services Officer Tel: 0191 561 1041
gillian.kelly@sunderland.gov.uk

8. **Health and Wellbeing Board Assurance Report** 31

Report of the Director of Public Health (attached).

9. **Health and Wellbeing Board Forward Plan and Board Timetable** 61

Report of the Head of Strategy and Policy (attached).

10. **Date and Time of the Next Meeting** -

The Board is asked to note the proposed schedule of meetings for 2016/2017: -

Friday 20 May 2016
Friday 22 July 2016
Friday 23 September 2016
Friday 25 November 2016
Friday 20 January 2017
Friday 24 March 2017

All meetings to start at 12noon.

ELAINE WAUGH
Head of Law and Governance

Civic Centre
Sunderland

3 March 2016

Item No. 3

SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 15 January 2016

MINUTES

Present: -

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

In Attendance:

Councillor Ronny Davison	-	Sunderland City Council
Sarah Reed	-	Assistant Chief Executive, Sunderland City Council
Michael Armstrong	-	Department of Work and Pensions
Victoria French	-	Assistant Head of Community Services, Sunderland City Council
Liz Highmore	-	DIAG
Gary Davison	-	Connect
Lorraine Nelson	-	Transactional Services, Sunderland City Council
Richard Elliott	-	Integrated Commissioning, Sunderland City Council
Stuart Cuthbertson	-	Office of the Chief Executive, Sunderland City Council
Karen Graham	-	Office of the Chief Executive, Sunderland City Council
Gillian Kelly	-	Governance Services, Sunderland City Council

HW49. Apologies

Apologies for absence were received from Councillors Leadbitter, Miller and Speding, Steve Walker and Dr Pattison.

HW50. Declarations of Interest

There were no declarations of interest.

HW51. Minutes

The minutes of the meeting of the Health and Wellbeing Board held on 20 November 2015 were agreed as a correct record.

HW52. Feedback from Advisory Boards

Adults Partnership Board

Karen Graham informed the Board that the Adults Partnership Board had met on 5 January 2016 and the main issues considered had been: -

- Over2You Project
- Memorandum of Understanding for Carers
- Future, Role, Purpose and Priorities of the Board

Karen advised that at the next meeting, the Board would look at a template for key priorities and a shortlist for developing these.

Kevin Morris enquired who was leading the Over2You project for Gentoo as Healthwatch would be happy to complement this work. Neil Revely commented that this issue had been raised at the Adults Partnership Board and Gentoo had been advised to engage with Healthwatch.

Neil Revely highlighted that the Carers Strategy Implementation Group had begun an audit based on the draft Memorandum of Understanding and the outcomes so far had been positive. The Adults Partnership Board had recommended that all of the Health and Wellbeing Board individual partners should sign up to the Memorandum of Understanding once it was finalised.

RESOLVED that the update be noted.

HW53. Update from the Health and Social Care Integration Board

Dave Gallagher advised that the Integration Board had met on two occasions since the last meeting of the Health and Wellbeing Board. The first meeting in December 2015 had taken the form of a development session to consider what the future might look like. A report had been commissioned from Mazars LLP to provide a high level review of Better Care Fund plans and there was some learning for the Board arising from the report, particularly around the measurability of impact. A further development session was planned to take place in February for the Integration Board to reflect on the Board's initial vision, aims and purpose, to take stock of its role and function and to agree the vision and key principles to drive forward the next phase of health and social care integration in Sunderland.

The Board had also met on 7 January 2016 and had been advised that the projected overspend in relation to the Better Care Fund would be £6.5m following the implementation of mitigating actions. The Board had also discussed the longer term view for the Better Care Fund, what success would look like and how the group could work together for a wider group of partners.

Neil Revely commented that Mazars knew both the Council and CCG very well so their report both made sense and was relevant. Mazars had felt that the Integration Board was too focused on finance and not on the broader integration outcomes and were more confident that the governance arrangements for funding were robust. The Integration Board would be in a good position to report back following the development session in February.

The Chair highlighted that there were many people who were depending on integration happening and there was an expanding need in the city which had to be met.

Dave Gallagher assured the Board that this was happening on the ground. It was felt that Sunderland was in a reasonably good place but partners wanted to be better and slicker. Neil Revely added that there was anecdotal information to show that this was happening but there had not been enough data gathered together to give whole system confidence.

The Board were informed that Sunderland had a low number of patients waiting for delayed discharges due to the work of the integrated teams.

Kevin Morris asked how patients were experiencing these changes and Dr Taylor noted that the quality of care had improved for the patients they were dealing with in the practice but this was very difficult to measure. There was a lot of hard work needed on the ground to get patients involved initially but this would come and outcomes would build slowly over a few years.

The Board were informed that Jon Rouse, Director General at the Department of Health, had recently visited the Integrated Hub and congratulated the service at the hub as being one of the most integrated and effective he had seen. It was satisfying to have an external, independent view of this initiative.

RESOLVED that the update be noted.

HW54. Welfare Reform

Sarah Reed introduced Michael Armstrong, Senior Partnership Manager from the Department for Work and Pensions (DWP) to deliver a presentation on the current position with regard to welfare reform and proposed future developments.

Michael informed the Board that the Welfare Reform and Work Bill was currently going through Parliament and this would build on the measures introduced in the Welfare Reform Act 2012 and aimed to make the benefits and tax credits system fairer and simpler. The reformed welfare and pensions systems would provide value

for money and place greater emphasis on personal responsibility, with employment to be an aspiration for all who were able to work.

The changes which had taken place so far were summarised as: -

- Universal Credit replacing six in work and out of work benefits
- Personal Independent Payment (PIP) had now replaced Disability Living Allowance (DLA)
- New state pension system from 6 April 2016
- Housing Benefit had changed, including the introduction of caps on Local Housing Allowance rates
- Government contribution to Discretionary Housing Payments
- A cap on the total amount of benefit that working-age claimants could receive
- Community Care Grants and Crisis Loans replaced by Local Welfare Provision
- Migrants' Access to Benefits/Habitual Residence Tests

The Welfare Reform and Work Bill 2015 was intended to make provision and report on: progress towards full employment and the apprenticeships target; the effect of support for troubled families; social mobility; the benefit cap; social security and tax credits; loans for mortgage interest; and social housing rents.

There had been a number of announcements as part of the Spending Review including confirmation that changes would not be implemented to the tax credits income threshold or taper and the continued roll-out of Universal Credit to a further 1.3million claimants by 2020-2021. Michael highlighted that Universal Credit had gone live in November 2015 and there were now almost 800 claimants, with 80-100 of these in Sunderland.

Sarah Reed delivered a presentation giving an overview of what the Council had been doing since the reforms to the welfare system were made in 2012. She advised that the total benefit claim had reduced by 7% in the city since the new system had been implemented.

Sarah outlined the current position with regard to housing benefit claims and the households being affected by the Benefit Cap. As the Government sought to make a further £12bn savings from the welfare budget by 2019/2020, the impact on Sunderland would be: -

- 2,750 new households could be affected by the Benefit Cap, these would mostly be households with children, single mothers would be the biggest group to lose.
- Over 10,000 Disability Living Allowance claimants would need to claim Personal Independence Payments instead, with 55% expected to lose out.
- Further roll out of Universal Credit bringing with it new challenges, potentially: -
  - increasing rent arrears
  - increased need for budgeting support
  - increased need for digital support to manage changing obligations.
- Individual agencies ability to continue to support residents reduced.

Sarah highlighted that it was important for the city to understand who would be affected by the changes and how. Using the Intelligence Hub the Council was

starting to build a picture of the potential numbers being impacted on by one or more of the forthcoming welfare reforms, what the potential broader impacts may be and the current and changing demands for services linked to welfare reform. It was felt that the city needed to develop a collaborative approach to mitigating the impacts on its residents.

It was highlighted that there was a lot of concern from disabled people about the online nature of the benefit application process and the impact this could have on the security and dignity of the person concerned. The Personal Independence Payment (PIP) process was traumatic one to go through for a disabled person and a number of employers would not consider employing a disabled person due to the costs associated with additional training and necessary adjustments.

At the present time an individual had to apply for Discretionary Housing Payments every six months and it was suggested that this would save Council and social housing resources if it only had to be done once a year.

Michael Armstrong stated that he recognised the points that were being made and noted that 93% of Universal Credit claims would be made online and this was a one off application which would take twenty minutes to complete. He was concerned about access for claimants who had to regularly update information but highlighted that there would be support within job centres for individuals to complete applications.

The Chair expressed concern that there was not enough access to the technology to enable people to make online applications and that there were already queues at community centres to use public access computers with this demand only increasing as further changes came on stream. Councillor Smith added that local councillors were dealing with people on a daily basis which were affected by welfare reform and felt that these changes were not realistic.

Dr Val Taylor queried if there was a breakdown of age groups for the number of single people claiming housing benefit and Lorraine Nelson advised that these figures were for the whole range of benefit claimants, including pensioners.

Dr Taylor commented that she sat on tribunals in relation to applications for PIP and DLA and stressed the need for individuals to have good representation at the hearings. Some claimants were not genuine, however many of them were, but the application forms were not filled in well enough to be useful and Dr Taylor was concerned about these having to be completed on a pc. It had been her understanding that all applicants for DLA or equivalent were going to have a face to face assessment but this was not currently happening. Welfare rights was a real issue and people needed to know the correct information to submit as part of their applications.

Liz Highmore commented that the individuals who were visually impaired or had speech difficulties could be overlooked as part of this process. Richard Elliott highlighted that the Council did work with Gentoo to offer support in relation to welfare rights tribunals but there were a large amount coming through and only a limited available resource.

Neil Revely noted that the Health and Wellbeing Board would be involved in the fallout from this policy and it was clear that this was not being designed fairly but the impact of national policy was out of the control of local partners. It was inevitable that only negative impacts would be seen as a result of the reforms.

The Chair stated that it was for the Council and partners to work together and to consider the outcomes which organisations wanted for the city. There was a clear relationship between the increasing suicide and self-harm figures and the reduction of benefits through welfare reform.

It was noted that good work was good for people's health but Gillian Gibson highlighted that the lack of respect shown to people in receipt of benefits was damaging to their mental health. She emphasised that individuals could and should treat others with respect and the Department for Work and Pensions needed to look at this within their own workforce.

Kevin Morris commented that the negative impact of the changes on families should be collated so that the cumulative effects could be clearly seen. It was then for partners to examine the data and consider what they could do to change the situation.

Michael Armstrong accepted that it was a difficult message to deliver and that many individuals and families were finding the situation difficult. He advised that the DWP was working with national and local employers, helping them to become more disability aware and that there was some funding to come forward for this. He stated that he would take back the issue of face to face meetings for PIPs.

With regard to online applications for claims, Michael stated that the system did not have full functionality at the current time but that the new version which was being launched shortly was very straightforward and secure. The DWP would be judged in future on getting people off benefits and into work and not just a reduction in numbers of claimants. There were strong partnership arrangements in the region and Sunderland and DWP were looking at how they could work better on a local basis to support people. Jobcentres were also working hard to ensure that people were treated well.

On a positive note, Dr Taylor stated that she had seen a lot of people who had been in receipt of Incapacity Benefit and now had been moved onto Employment Support Allowance and had begun to get the right treatment. The Chair was in agreement that it was a positive step to get people employed and that no one wanted to see National Insurance contributions being wasted, however he felt that the current reforms were draconian.

Having thanked Michael and Sarah for their presentations, the Health and Wellbeing Board: -

RESOLVED that the information be noted.

HW55. Action on Supporting Suicide Prevention

The Executive Director of People Services submitted a report highlighting a programme to implement a joined up communications programme for suicide prevention which had been developed following a scrutiny review into suicide and would be active from April 2016.

The Executive Director advised that the background to the scrutiny review had been evidence from Public Health and the impact of local issues and welfare reform which had led to Sunderland showing an increase in rates of suicide and self-harm over recent years. The rate of suicide in Sunderland was higher than the national average (10.6 per 100.000 compared with England 8.8 per 100,000) and the North East had the highest standardised death rates from suicide and injuries of undetermined intent in both males and females aged 15 and over.

As a result of the needs highlighted through the scrutiny review, it had been agreed to develop a joined up communications campaign for suicide prevention which would involve the Council, the CCG, City Hospitals and other relevant partners. The campaign would have a two pronged approach, focusing on men and young people, and would signpost to support, advice and guidance.

National providers had been approached to deliver the campaign and a Communications Agency with specific experience in working with Samaritans on suicide prevention had been appointed. A meeting was to be held with relevant partners and the Chair of the Safeguarding Boards during January to agree the campaign objectives and next steps. It was also proposed to deliver a presentation on the programme to the regional Health and Wellbeing Chairs group.

Gillian Gibson highlighted that publicity campaigns had the biggest impact if they were joined up with something else. The Suicide Prevention Group would be part of the campaign and it was important to link with this regional group. The Portfolio Holder was keen for partners to look across the city to assess what was being done as part of mental health work in schools, by Washington Mind and Samaritans, and to identify any gaps.

Kevin Morris stated that he had been stunned by the figures and was interested by the comparative statistics which showed that suicide and self-harm had increased since cuts to the welfare system had begun. He felt that it would be useful to have some chronology to look at the trend in more detail. The Chair commented that the issue was about more than mental health needs but the conditions which were being imposed on people.

Dr Taylor advised that the data for 2013 was now available and showed that the suicide rates were highest in the 45-59 age group and that there had been a spike following the recession in 2008. She noted that it could have a significant effect on GPs if they had a suicide within their practice and a lot could be done to recognise suicidal risk and suggested that a training session be held on this in the future.

Gillian Gibson highlighted that ‘Life Worth Living’ training which had been developed in Sunderland was available and could be targeted at practice staff as well as GPs.

NTW were linked into this training and there were various types of training which could be accessed.

Councillor Davison queried how realistic the figures were, given that on some occasions, evidence was not conclusive of suicide. Gillian Gibson advised that these were national figures but Public Health would look locally at those deaths considered to be suicide and those which were undetermined and that the actual figures could be higher.

Having fully considered the report, the Board: -

RESOLVED that the contents have the report be noted.

HW56. The Health of Sunderland

Gillian Gibson delivered a presentation to the Board summarising the key themes from the Director of Public Health's Annual Report 2015.

The report highlighted that the recent decline in population on the city had levelled out and was predicted to rise to 280,000 by 2030. There was a higher proportion of older people in the city in comparison with the England average and 38% of the population lived in areas which were among the most disadvantaged 20% in England.

The life expectancy for a male in Sunderland was 77.3 years compared with the England average of 79.5 years and 80.8 years compared with 83.2 years for a female. However healthy life expectancy for males was 58.9 years compared with an average of 63.3 years and 58.0 years compared with 63.9 years for females.

The report outlined the major long term conditions which were affecting people in Sunderland and the actions which were being taken to try and address these and also detailed the level of mental illness and comparative indicators for children and young people.

The key challenges arising from the report were: -

- Responding to the changes to the population structure including; fewer children and younger working age adults, more elderly population and increasing ethnic diversity.
- Tackling poverty through increasing employment and educational attainment.
- Addressing teenage pregnancy, smoking during pregnancy, breastfeeding and child obesity.
- Tackling the big four lifestyle risk factors – smoking, excessive alcohol use, poor diet and low levels of physical activity – including for people with multiple unhealthy behaviours.
- Preventing early deaths from cancer, cardiovascular disease and respiratory disease.
- Tackling poor mental health through prevention and building individual and community resilience.
- Managing the likely increase in the level of long term conditions, including increasing proportions of people with multiple long term conditions.

- Delivering better integrated care for individuals and reducing the over-reliance on hospital services, through promotion and support for self-care.
- Recognising and addressing the needs of people with poorer mental health and wellbeing.

The Chair commented that he felt that the statistics provided by the ONS were unreliable but unfortunately were used by the Government as the basis for distribution of resources. Gillian Gibson stated that the ONS used to look at GP registers and numbers of births and deaths to generate mid-year population estimates but accepted that the accuracy of these figures could be challenged.

It was highlighted that there had been very little change in relative deprivation in the city and the levels were twice the national average. The Chair highlighted the success of the 'Stop Smoking' services and Gillian Gibson said that there were positive things happening in Sunderland but noted that there was a need to monitor women's health and also diet issues.

Councillor Smith observed that health issues could be traced back to early years and intervention and felt that children were suffering a lot of stress in schools and there was not the level of support which there should be to help them.

Gillian Gibson noted that it was important to get the best out of the school nursing service and that the CCG was looking at improving emotional health in schools. There were a number of schools who were doing the right thing with regards to supporting children and if this could be shown to be impacting on achievement, then more schools would enhance this support.

The Government's proposal to make PHSE compulsory in all schools was highlighted and it was suggested that this could be a way to access improvements in health teaching.

Dave Gallagher expressed concern about the gap between Sunderland and England and also the internal gap between the healthiest and unhealthy years. There were huge inequalities across the city and it was necessary to target the right places.

Councillor Davison referred to the statistics for Accident and Emergency attendance for 0-4 year olds and accident statistics for 0-14 year olds. Gillian advised that these figures related to attendance for any issue and that traditionally, attendances for children at Accident and Emergency in Sunderland were high as there was a culture of going straight to hospital rather than seeking alternative services.

RESOLVED that the information contained in the presentation be noted.

HW57. Active Sunderland Board – Quarterly Update

Victoria French presented the update from the Active Sunderland Board and Board Members were reminded that at the last update report in November 2015 the Active Sunderland Board had agreed to develop its priorities for Year 1, identify target groups and identify how activity levels were to be measured.

The first priority had been determined as 'Improving community access to schools' and consultants had completed an audit of five secondary schools and would provide a toolkit of 'local best practice'. The Great Active Sunderland School Charter had been launched and all schools would be assisted in identifying and overcoming barriers and in the development of community access plans. Victoria advised that there had been some great success in a short space of time and schools were being helped to ensure that the programme was balanced and right.

In response to a question from Kevin Morris, Victoria stated that the take up from schools had been good and there had been no difference between community schools and academies.

The Board had agreed to focus on two further priorities of increasing participation levels in cycling for women aged 18-34 and to increase participation levels in older people. It had also been agreed that that the following measures of activity from Sport England's 'Active Lives' would be used: -

- The active population i.e. 30 minutes of sport and physical activity once per week (1 x 30 minutes, 14+)
- The inactive population i.e. less than 30 minutes of activity per week (using Public Health's wider definition, 14+)

These measures would include activities which were not classified as a 'sport' and performance data for children under 14 would be obtained on a local level.

Victoria informed the Health and Wellbeing Board of the Government's 'New Strategy for an Active Nation' which focused on outcomes which demonstrated 'social good' and had a good crossover with the themes of the Active Sunderland Board. Key headlines for the strategy included increasing participation for those who do little or no activity, Sport England now being responsible for over 5's participation, making sport stronger and more resilient and supporting Olympic and Paralympic achievement.

The Health and Wellbeing Board would receive further updates from the Active Sunderland Board on a regular basis.

RESOLVED that the update be noted.

HW58. Health and Wellbeing Forward Plan and Board Timetable

The Head of Strategy and Performance submitted a report presenting the Board forward plan for 2015/2016.

Karen Graham advised that it was proposed to reinstate a series of closed Board sessions during 2016/2017 to ensure that the Board had time to have a full debate and discussion over key topics and areas for development. It was intended that the first session would be on system leadership and following discussion at today's meeting, suicide prevention would be a topic for a forthcoming session.

The Board RESOLVED that: -

(i) consideration be given to topics for in depth closed partnership sessions for 2016/2017; and

(ii) the forward plan be noted and requests for any additional topics be passed to Karen Graham.

HW59. Date and Time of Next Meeting

The next meeting of the Board will be held on Friday 11 March 2016 at 12noon.

(Signed) P WATSON
Chair

Item No. 4a

SUNDERLAND HEALTH AND WELLBEING BOARD **11 March 2016**

FEEDBACK FROM THE ADULTS PARTNERSHIP BOARD

Report of the Chair of the Adults Partnership Board

The Adults Partnership Board met on Tuesday 1st March, 2016.

5. Autism JSNA Update

The Sunderland Autism Partnership Board was established in April 2015 and is chaired by the Head of Integrated Commissioning. A consultation event was held in August 2015 to gather stakeholders' views on the information that would need to be included in the JSNA. It was agreed the JSNA subgroup would continue to meet on a regular basis to review and develop the information submitted. KG confirmed the draft JSNA did not need to be submitted to the Health & Wellbeing Board for signing off and this could be published as a new profile.

Action: to agree the Autism JSNA

6. Autism in Mind

Carole Rutherford, the chair of Autism in Mind provided an update on the recent report 'Living with Autism in Sunderland'. The report notes the work undertaken locally, which includes input from autistic adults, and includes an assessment of the health, care and wellbeing needs of people living in Sunderland. CR noted the work undertaken locally with help from the three year CCG funded project, and the awareness training carried out by local GP practices.

Action: to note the work being carried out and receive update reports on progress

7. Welfare Reform Update

Joan Reed provided a verbal update on Welfare Reform. It was reported since November 2015 a number of changes have been implemented. JR highlighted there has been a1000 Universal Credit claims, the transfer of a number of people from the disability living allowance programme, and a new benefit cap. JR highlighted the need to organise the use of collective resources and target activity. CR noted the need to find the correct pathway to the right support. TD reported 150 people had approached Headlight since January for help and advice. GM highlighted the enormous pressure on all organisations and the need to monitor rising figures and the impact on City Hospitals.

Action Points:

- **JR agreed to provide regular updates to the Board;**
- **JR to circulate further information to the Board**

- **JR to meet with CR**

8. Priority Setting

Following the last meeting KG presented a table showing the possible priorities for 2016. KG noted the need to decide the priorities, highlight any cross cutting issues (isolation and loneliness, welfare reform etc) note the Health & Wellbeing priorities, identify gaps in the terms of provision and produce an action plan. From the list of eight proposals the Board agreed the following projects as priorities:

- Welfare Reform,
- All Age Friendly Cities,
- Fuel Poverty and excess winter deaths,
- Loneliness, Social Isolation
- The Sunderland response to the Housing & Health MOU

Action Point:

- **Leads for each priority to determine actions, milestones and measures for 2016 for next meeting**
- **KG to carry out a policy review to confirm the breadth of policies relevant to the partnership**

9. Smokefree NTW

KG noted this report is for information only and highlighted from the 9th March smoking will not be permitted on any grounds owned or managed by the Trust, this includes all outdoor areas.

Action Point: NTW to come to a meeting after 6 months to provide feedback and the impact on staff and patients.

10. Isolation & Loneliness Discussion Item

TD provided an overview on the research that has recently been carried out with regard to Isolation and Loneliness. Currently there are 2.9m people aged 65+, with no-one to go to, 39% feeling lonely, and 1 in 5 feeling forgotten. The report covers all age groups and highlights smoking, obesity, living alone and companionship. The group discussed the importance of daily lunch clubs, Community Integrated Teams Living Well Links and the Advocacy Service.

11. Date and Time of Next Meeting

The next meeting will be held on Tuesday 10th May, 2016 at 2.30pm

Item No. 4b

SUNDERLAND HEALTH AND WELLBEING BOARD 11 March 2016

FEEDBACK FROM THE NHS PROVIDER FORUM

Report of the Chair of the NHS Provider Forum

The Provider Forum met on 18th February 2016.

Items on the agenda were:

Manpower Issues

The issue of apprenticeships was discussed including the potential of passporting training between organisations (horizontal progression) and progression from care to nursing and social work (vertical progression)
For social care there could be a hybrid role between social care and health care.
For social work- recruitment for Childrens services is hard and retention of staff is harder.

Shortage of approved mental health practitioners – so could explore with NTW about releasing staff to do training.

NTW – tightening entry to nursing to degree level has put off a lot of people. They have apprenticeship training opportunities across health but also IT, estates, data etc.

Action – by the next meeting all providers to have responses to key questions:

- **Which jobs do you have current issues recruiting for?**
- **Where will there be problems in 5-10 years**
- **What actions are you taking?**
- **What would you like to change but have no organisational control over?**

The Health of Sunderland

Kath Bailey form public health presented on the key health issues for Sunderland. Key is the multiplier effect of lifestyle indicators – smoking, alcohol, physical inactivity and poor diet and have taken an integrated wellness model to move to a person focussed system.

Not enough is being included about mental health which is generally underreported and using indicators like prescribing of antidepressants and self harm.
Also need more data about children and young people including healthy weight, teenage pregnancy, smoking in pregnancy, breastfeeding rates and children in poverty.

The Role for providers in Ill Health Prevention

COPD and respiratory illness are the key issues for the recovery at home service and it has key pharmacy and resource implications.
Smoking is a big issue but so is housing, lifestyles, industrial heritage.
NTW are going smokefree on 9th March – so will report progress to future meetings.

Action: All providers to give their views of their role/potential role in ill health prevention

Broader Provider Engagement Event

The Next broader engagement event has been scheduled for Friday 15th April 1-3 at the Stadium of Light. It will focus on the themes of the Better Care Fund, the Care Act and The Vanguard for Integrated Community Services through a format of carousel workshop sessions. Invitations have been sent through all commissioners, but please can this be circulated to anyone that might be interested.

Action: To request the HWBB circulate the date to any interested parties

Items for Future Agendas

- **Devolution and the Health Commission**
- **Providers Role in Delivering HWBB Priorities**

Next meeting – April tbc

Item No. 5

SUNDERLAND HEALTH AND WELLBEING BOARD 11 March 2016

UPDATE FROM THE HEALTH AND SOCIAL CARE INTEGRATION BOARD

Health and Social Care Integration Board Development Session

4th February 2016

The session was facilitated by Vicki Taylor and focussed on reviewing the Vision for Integration

The Board was reminded of the original vision:

> "The vision is to ensure that local people have easy and appropriate access to health and social care solutions which are easy to use and avoid duplication. By doing this we will work with citizens, patients, and carers, as well as those who can support those solutions, including health and social care providers to change behaviours to ensure appropriate care, in the right place at the right time.
>
> The new system will consist of truly integrated multi-agency working so that local health and social care systems work as a whole to respond to the needs of local people. It will support people to be in control and central to the planning of their care so they receive a service that is right for them.
>
> Integrated services will bring together social care and primary/community health resources into co-located, community focussed, multi-disciplinary teams, linking seamlessly into hospital based and other more specialised services (vertical integration)."

Integration Board – should focus on integration and provide assurance on the difference it makes to people and services. The 'old' vision is really a spec from commissioners to providers

1. What does the system look like in 10-20 years based on the WHO definition of health?

Integration is the articulation of the future state – how we sell how we behave and what it will look like in a compelling way

Need to develop a future state description for 2020 at a more granular level so that staff/patients/public can connect with it – something which is more meaningful and real than a high-level vision statement which people might find difficult to translate into something practical and actionable

Action: redraft a 2020 vision for integration for engagement.

2. How can we deliver the vision?

Need to look at how we drive and deliver change

Scope what is included – how do we resource this new way of working?

Action – assess the scope then reflect back to the integration board how we then progress.

Action - Review governance – do we need new arrangements? (KG)

These actions to be fed back at a development session in April

NHS
Sunderland
Clinical Commissioning Group

Planning Guidance 2016/17 – 2020/21

David Gallagher
Chief Officer

Planning requirements

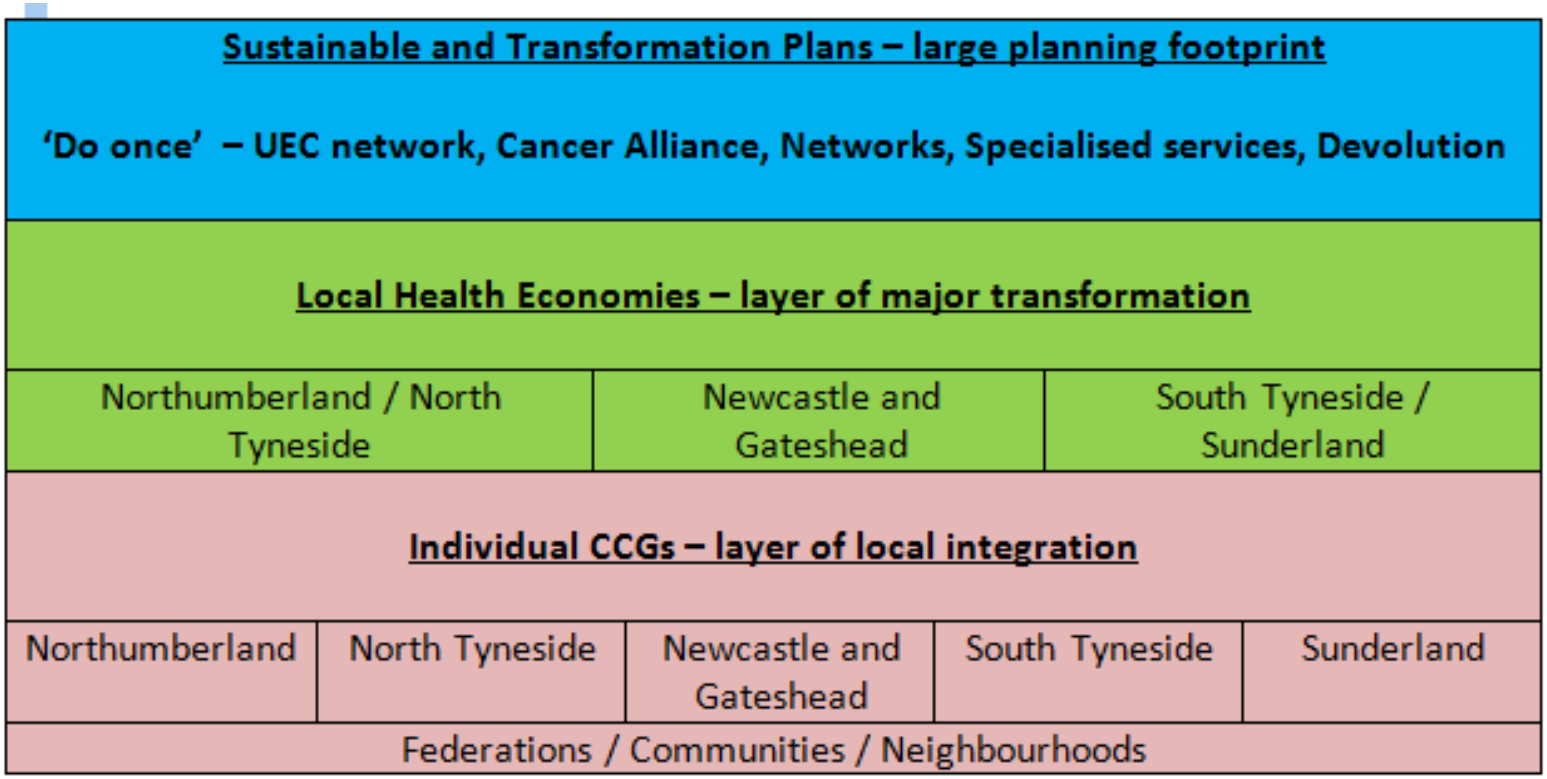
NHS Sunderland Clinical Commissioning Group

- **2** separate but interconnected plans:
- ✓ A strategic '**Sustainability and Transformation**' plan (October 2016 to March 2021by June 2016
- ✓ An organisational **Operational Plan** by 11 April 16
- Aims – (i) to implement the 5YFV; (ii) restore and maintain financial balance; (iii)deliver core access and quality standards
- Central money attached (£8.4 billion by 2021)
- STP is process for transformation funding for 17/18 onwards. 16/17 funding run through a separate process.

Sustainability and Transformation Plan

NHS
Sunderland
Clinical Commissioning Group

- Longer term – 5 years
- *Larger planning footprint* – 3 CNE: West, North & East Cumbria; **North** (Northumberland, Tyne & Wear); South (Durham, Darlington and Teesside, Hambleton, Richmondshire and Whitby)
- Layers of plans above and below STP; STP is **umbrella**
- Submitted expression of interest to be 'fast track'
- Alignment between Operational Plan and STP and progress on transformation



Content of STP

NHS Sunderland Clinical Commissioning Group

- Actions to address the triple aim of 5YFV – **three gaps**: (i) health and wellbeing; (ii) care and quality; and (iii) finance and efficiency (annex of Planning Guidance)
- 9 ‘must dos’ of national guidance beyond 16/17
- All STPs expected to describe:
  - Prevention plan: diabetes and obesity and locally identified priorities
  - Increase investment in out of hospital sector & delivery of primary care at scale
  - 7 day services, incl. integration of NHS 111, MIU, UC and GP OOH; improved access to primary care at weekends and evenings
  - Accelerated delivery of Vanguard
  - How the changes will return local system to financial balance
  - Action in respect of national clinical priorities and improving health outcomes: e.g Cancer, MH, LD and maternity
  - Action on quality improvement particularly where services are rates as inadequate

Developing the STP

NHS Sunderland Clinical Commissioning Group

- System Resilience and Transformation Board to lead the development of STP
- Early discussion:
  - Roles and responsibilities
  - System vision
  - Joint planning
  - Good communications with public, patients
- Agreement to develop a **clear** and **credible plan**, greater focus on **prevention**, build on transformation to date and **focus** on **future model for safe sustainable acute care**
- Work together on delivering system financial balance
- Submitted EOI – fast tracking the STP; volunteering for 2 new care models.

Item No. 7

SUNDERLAND HEALTH AND WELLBEING BOARD **11 March 2016**

SUNDERLAND CLINICAL COMMISSIONING GROUP'S OPERATIONAL PLAN

Report of the Chief Officer, Sunderland Clinical Commissioning Group

1.0 Purpose of the Report

The purpose of this report is to apprise the Health and Wellbeing Board of the first draft of Sunderland Clinical Commissioning Group's (SCCG) Operational Plan.

2.0 Background

2.1 NHS Planning guidance, *Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21*, published in December 2015 signalled the requirement to develop **two** separate but interconnected **plans**:

- a five year, place based '**Sustainability and Transformation Plan'** (STP) which covers the planning footprint of Northumberland, Tyne and Wear (NTW) and has to be co-designed and co-produced by a range of stakeholders; and

- a one year organisational **Operational Plan,** which is **year one** of the five year STP.

2.2 The STP is an umbrella plan holding underneath it a number of delivery plans on different geographic footprints, including individual organisational Operational Plans. It must focus on three challenges - closing the health and wellbeing gap; closing the care and quality gap; and closing the finance and efficiency gap.

2.3 The STP has central money attached. The Spending Review provided additional dedicated funding to drive sustainable transformation in patient experience and health outcomes over the longer term; a Sustainability and Transformation Fund (STF) of £8.4 billion by 2021.

2.4 The focus of this report is SCCG's Operational Plan submitted to NHS England on 08 February in draft which included a narrative plan as well as finance and activity templates.

2.5 Appended is SCCG's Plan on a Page (POAP) which is a high level overview of its plan and ambitions to deliver transformational changes over the next three years.

3.0 Operational Plan - Overview

3.1 The CCG undertook a comprehensive review of its transformation programmes for 2015/16 taking progress to date over the two years of the existing five year plan into account.

3.2 The development of the *first* draft of the Operational Plan has also been informed by the requirements of the national planning guidance, NHS England's Five Year Forward View and national ambitions for transformation in a number of clinical priorities including mental health, dementia, learning disabilities, cancer, maternity and diabetes.

3.3 The plan needs to demonstrate delivery of the **nine national 'must-dos'** for every local system, including amongst others: maintaining and improving quality and safety for patients through delivery of NHS Constitutional Standards; how we will address the sustainability and quality of general practice including workload and workforce issues; and describe the impact of our planned transformation on activity and finance.

3.4 The CCG will continue with some of the priorities identified in 2015/16 in order to conclude the transformation. For example, **Out of Hospital** in 2016/17 (year 3 of this transformation) is about mainstreaming the delivery of the model of care following design and implementation in 2015/16.

3.5 Much reform and investment has already happened in **mental health** services but it is recognised that the focus in 2016/17 needs to be on **children and young children** through the implementation of the transformation plan.

3.6 Focus needs to be retained on **learning disabilities** as well to ensure people do not stay in hospital when they do not need to. A strategy for general practice in Sunderland has been developed and in 2016/17 building capacity in the workforce is a priority to ensure sustainability.

3.7 Additional priorities for 2016/17 onwards include:

- **Ensuring a safe and sustainable model of acute care** – City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust, together with SCCG and South Tyneside CCG, are considering how they can work together across a wider footprint for some services. The initial service areas under consideration are stroke and 24 hour emergency surgical services. The drivers behind this alliance include workforce pressures, financial challenges and clinical agreement on the need for change to ensure high quality, safe and sustainable services.

- **Ensuring safe and sustainable services to improve outcomes in maternity and early years** – although a transformation plan for children and young people's mental health for 2016/17 onwards has been developed, it is recognised that the development of a joint strategy and commissioning approach for children's services has not progressed in 2015/16 as planned. During 2016/17 the CCG will continue to work with Sunderland City Council and partners to develop a joint strategy and commissioning plan to support improved outcomes for children and young people including those with special educational needs and disability.

  Benchmarking against peer CCGs in England, maternity and early years are identified as areas where health outcomes can be improved, for example the percentage of low birth weight babies in Sunderland, smoking at time of delivery with higher spend on A&E in early years. Further work is needed to scope this mindful too of the recently published national maternity review.

- **Develop and implement an urgent care strategy for the residents of Sunderland –** we have undertaken significant reform across the city during the last two years completing the implementation of our previous urgent care strategy. We are now reviewing the effectiveness of our current urgent care system across the city in light of recent national guidance, the establishment of the North East Urgent and Emergency Vanguard and use of services by the population of Sunderland.

- **Develop and implement a local strategy to transform care and improve outcomes for people in Sunderland at risk of or affected by cancer from prevention to end of life –** we know that cancer is the condition that leads to more early deaths in Sunderland compared to England. We acknowledge that to significantly improve health outcomes we need a different approach to transform and improve care for patients at risk or affected by cancer. A local plan is needed to deliver the recommendations of the national cancer strategy and adopt a population based approach.

- **Develop and implement a local strategy to improve outcomes for people at risk of or living with cardiovascular disease from prevention to end of life –** from benchmarking SCCG against peer CCGs in England, cardiovascular disease is an area where health outcomes can be significantly improved; 32% of early deaths in Sunderland are due to cardiovascular diseases. This is at the early stages of being scoped.

- **Implement a whole system approach to prevention to increase healthy life expectancy and make every contact count –** Whilst prevention continues to be built into CCG transformation programmes, there is broad consensus that the development of a sustained '**whole systems approach**' across Sunderland, with co-ordinated policies and actions across all 'opportunities' within health and social care settings, is required in order to tackle the prevention and self-care agenda effectively.

It is envisaged that this work stream would fall within the work of the STP to be delivered by all partners.

3.8 This first draft of the CCG's transformation programme for 2016/17 to 2018/19 will undergo further refinement in the coming weeks prior to final submission on 11 April acknowledging that some of the priorities are in the early stages of being scoped and require further work.

4.0 Next Steps

- To continue to refine and develop the Plan in preparation for the final submission on 11 April taking on board feedback and recommendations from NHS England (NHSE), Health Education North East (HENE) and NHS Improvement (NHSI) following the first submission on 08 February and on-going contract negotiations with providers.

- To re-submit the plan on 02 March and again on 11 April.

- To engage with our member practices through our localities.

5.0 Recommendations

The Health and Wellbeing Board is asked to note the contents of the report and the appended draft POAP.

Glossary of Terms

CCG	Clinical Commissioning Group
HENE	Health Education North East
NHSE	NHS England
NHSI	NHS Improvement
POAP	Plan on a Page
STF	Sustainability and Transformation Plan
STP	Sustainability and Transformation Fund

Version 3.0 DRAFT

Plan on a Page 2016/17-2018/19 (Year 1)

NHS Sunderland Clinical Commissioning Group

Better Health for Sunderland

Transforming out of hospital care (through Integration and 7 day working)			Transforming in hospital care, specifically urgent & emergency care (7 day working)		Enabling Self Care and Sustainability		
Reduce Emergency Admissions by 12% by 2019	Improve patient experience of out of hospital care by 8% by 2019	Improve patient experience of hospital care by 7.2% by 2019	Improve health related quality of life for people with LTC by 8.9% by 2019	Reduce years of life lost by **15%** by 2019	Outcome ambition to be set	Outcome ambition to be set	Outcome ambition to be set

Transformational Changes 2016-2017

IN HOSPITAL	Ensure a safe and sustainable model for acute services by delivering a single operating model across Sunderland Royal and South Tyneside District Hospitals
OUT OF HOSPITAL	Conclude and mainstream the out of hospital model of care incorporating end of life and whole system reform of ambulatory emergency care.
GENERAL PRACTICE	Sustain and transform general practice by increasing capacity and building the workforce
MENTAL HEALTH	Implement the local transformation plan for children and young people's mental health
LEARNING DISABILITIES	Continue to implement the transforming lives programme for people with learning disabilities and / or autism
CHILDRENS & MATERNITY	Ensure safe and sustainable services to improve outcomes in maternity and ensure the best start in life
URGENT CARE	Develop and implement an urgent care strategy for the residents of Sunderland
CANCER	Develop and implement a local strategy to transform care and improve outcomes for people affected by cancer from prevention to end of life, focusing on the pathways of the four common cancers: lung, bowel, breast and prostate
CARDIOVASCULAR DISEASE	Develop and implement a local strategy to improve outcomes for people with or at risk of cardiovascular disease from prevention to end of life
PREVENTION	Working across the city, implement a whole system approach to self-care to increase healthy life expectancy and make every contact count
SUSTAINABILITY	Maximise the use of resources to improve outcomes for the people of Sunderland

Enabled by
Joint Commissioning & Better Care Fund
Co-commissioning Primary Care
IT infrastructure
Telehealth
Contract Management (CQUIN)
CCG Localities
Medicines Optimisation
Research & Development
Organisational Development
Reform Methodology

Governed by
CCG Governing Body
System Wide System Resilience & Transformation Board
Health & Wellbeing Board

Measured by
Achievement of outcome ambitions
Delivery of productivity plan 2016/17 to 2018/19 of £32m
Delivery of prescribing savings £1m

Values and Principles
One system for health and social Care
7 day services
Person-centred
Prevention focused
Development of team based working across Sunderland
Mental and Physical health of equal importance
Evidence based approach
Effective, safe care and positive patient experience

Item No. 8

SUNDERLAND HEALTH AND WELLBEING BOARD 11 March 2016

HEALTH AND WELLBEING PERFORMANCE AND ASSURANCE

Report of the Director of Public Health

1. Purpose of the Report

This report is to update the Health and Wellbeing Board (HWBB) on progress against the eight priorities that were set by the Board in January 2015. This includes a timeline for their progression in 2016 and case study evidence of progression against the Health and Wellbeing Strategy, including behaviour change pilots and the integration agenda.

2. Background

As set out in the Health and Social Care Act, the HWBB has the responsibility to develop and monitor a Health and Wellbeing Strategy (HWBS). In Sunderland the HWBS was approved by the Board in March 2013. The strategy focusses on the city's health and social care system and how the system operates, as opposed to what it should be doing. Progress is being achieved through the adoption of an assets based approach and the embedding of design principles into ways of working, namely:

- Strengthening community assets
- Prevention
- Early intervention
- Equity
- Promoting independence and self-care
- Joint Working
- Address the factors that have a wider impact on health – education, housing, employment, environment, and address these proportionately across the social gradient
- Lifecourse

In January 2015, the HWBB identified eight priorities for action that would be developed into action plans for improvement to outcomes. These are:

- Smoking
- Alcohol
- Best Start in Life
- Physical Inactivity
- Falls Prevention
- Sunderland as a Healthy Place
- Economy and Standard of Living
- Wellbeing.

Unlike previous assurance reports, this report will not cover performance against the three relevant outcomes frameworks in great detail. The Board has already been apprised of the 'health of the city' in the Annual Director of Public Health report that was received by the Board in January, and also receives assurance from the Integration Board on the progress against better care fund and integration targets around health and social care. Future reports will highlight a basket of indicators for each of the priorities and progress against them.

Instead, this report is split into two key sections. The first section focuses on the progress that has been made against the principles established in the HWBS. The second section focuses on updates against the eight priorities including key metrics and a timeline for milestones throughout 2016.

3. HWBS Principles

There is an appreciation that the ethos of the strategy (its Design Principles and introducing a new way of doing things) is already impacting on the day to day work of many partner organisations across the city. This clearly highlights the confidence that partners have in the approach to service provision that the strategy advocates. The report does not cover 'business as usual' element of delivery, but intends to capture those actions that are new and/or innovative and are specifically targeted at the way that things are done. The two major examples to be highlighted are the behaviour change pilot included as Appendix 1 and integration of health and social care through the better care fund and the vanguard project and the integrated wellness service included as Appendix 2.

4. HWBB Priorities

Since their establishment in January 2015, each of the eight HWBB Priorities has been progressed through different mechanisms. This report intends to bring a single progress update to the HWBB to establish a baseline of key metrics and an action plan for each of the eight priorities for the forthcoming year to allow monitoring to be more systematic. The report on each priority is included as Appendix 3.

5. Future Steps

A future report will come to the HWBB to highlight indicators that will be used to measure improvement for all eight priorities and also to highlight progress against the milestones highlighted in appendix 3.

To enable progression of the priorities the HWBB are also recommended to request the lead for each priority to produce a refreshed JSNA profile so that commissioning around the priorities is clearly based on a sound evidence base.

The Provider forum have agreed to undertake a review of the priorities and establish how they are contributing to each. A report through the standing items on the agenda will be presented on this to the HWBB.

6. Recommendations

The Health and Wellbeing Board is recommended to:

- Receive the Appendices to this report and provide any comments;
- Agree to receive 6 monthly updates on progress against milestones and on establishing a basket of indicators; and
- Request an updated JSNA profile for each priority

Appendix 1

Behavioural Insights Project – progress to date

1. The Health and Wellbeing Board hosted a behavioural insights workshop in October 2014 where members of the Board and the strategic leads for the Health and Wellbeing Strategy heard from Warren Hatter, a specialist in behavioural insights who devised 'With the Grain', a tool which enables commissioners to use insights from behavioural sciences.

2. Following the October event the Council has commissioned Warren (a former Design Council associate who has worked with the Cabinet Offices' Behavioural Insights Team), to provide specialist consultancy support in relation to the development and testing of a behavioural insights approach to key priorities in the city.

3. In May 2015, three pilot projects began in the following areas:
- Increasing take up of early education for disadvantaged two-year olds
- Physical Inactivity
- Reducing smoking in pregnancy.

4. The following paragraphs describe the progress made so far in each of the three pilots and focuses on the approach taken to developing the pilots, the individual behavioural issues being addressed and how these have been tackled, what has been achieved so far and any lessons learnt to date.

5. Increasing take up of early education for disadvantaged two-year olds

This pilot is sponsored by Sunderland City Council. The purpose of this national policy is, ultimately, to reduce the attainment gap by giving children from disadvantaged backgrounds a head start so that they do not fall behind their peers throughout their school career.

Families are eligible to take up the offer if they have a two year old and are in receipt of:

- Income Support
- Income-based Employment and Support Allowance
- Income-based Jobseeker's Allowance
- Guarantee element of State Pension Credit
- Support under part VI of the Immigration and Asylum Act 1999
- Child Tax Credit (including Working Tax Credit) and have an income below £16,190
- Disability Living Allowance for children.

Children are also eligible if they:
- Have a current statement of Special educational needs or an Education Health Care Plan
- Are in the care of the local authority
- Are adopted.

In January 2015, Census data showed that 59% of eligible two year olds in Sunderland were taking up the offer. This was in line with national average (58%) but significantly below the regional average (65%). Local data also showed that the west area of the city had consistently low take up compared to the rest of Sunderland. To that end, it was agreed that the behaviour change pilot would be based in the west of Sunderland.

The figures above are calculated based on the lists of families, which are sent to local authorities, identified by DfE/DWP as being eligible. In Sunderland this is typically in the region of 1,500 families at any one time.

The pilot commenced in April 2015 with an information gathering workshop which included Early Intervention Family Workers (EIFWs), Health Visitors, Customer Services representatives, Performance Officers and Communications Officers. Bringing together staff in this way had immediate benefits in simply forging relationships that did not previously exist, particularly between health visitors and EIFWs. It also brought about the strategic buy in from health visitors into the project.

In terms of outcomes, the workshop identified two distinct paths for improvement: one relating to system improvements, the other relating to behaviour change.

System improvements
The current process is that once the DWP lists are received, Children's Centres send letters to all parents informing them that their two year old may be eligible for a nursery place. It was agreed to replace this with a family-friendly voucher which showed children enjoying play activities. Whilst part of the systems improvements, the language and information on the voucher would also be designed to encourage behaviour change.

In addition, all applications that are received are processed through an Eligibility Checking Service (ECS) and details entered on a spreadsheet, which is a very lengthy process. The other drawback to the spreadsheet is that it is stand alone and therefore difficult to interrogate in conjunction with any other data the council uses. There is also a risk that the spreadsheet becomes corrupted and the data lost.

From March 2016, that process is changing and all details relating to children accessing a 2-year old place will be held on Capita, the management information system for education data. This will make it much easier to get real time data as to what the take up in the city is at any given time.

In addition, learning from the regional meetings regarding "Achieving 2-year olds (A2YO)" has revealed that other authorities are using a 'Golden Ticket'. This ticket entitles children to a nursery place without the need to use the time taking ECS. This approach had boosted numbers in one authority from 56% to 85% and in another from 65% to 85%. DfE has verbally approved this approach and Sunderland is adopting it from March 2016, using the voucher described above, as opposed to a 'Golden Ticket'.

Behaviour Change

It was established very early in this pilot that the experiences of health visitors and EIFWs – those staff who work on the frontline – were very different. Health Visitors reported positive feedback from parents and felt that the majority of them were interested to hear about the offer and receptive to their children going in to nursery. This group was surprised at the low take-up figures. EIFWs on the other hand felt like cold-callers/sales-people. Despite sending letters to eligible parents informing them that they would visit to discuss their options, they were often faced with no-one being home, parents not knowing anything about the offer, or being uninterested in sending their children to nursery at such a young age.

Over the course of several sessions, frontline workers based in the West area of the city have explored ways that they could improve their approach and a number of materials were agreed:

- Vouchers to be sent to parents (as described above)
- Appointment cards for EIFWs to send, which were similar to the vouchers
- Visual Tool – this shows pictures and contact details of settings so that workers can help parents understand the location of settings and visualise the types of activities their children would get involved in
- Scripts – containing behavioural change language so workers can be better prepared to help reluctant parents see the benefits of early education places for their children.

All of these materials are in place and will be used from 1 March, after the DWP lists are received.

The types of behavioural techniques adopted include:

Norm Effects: social proof - informing prospective parents that over 1000 families are already taking this up
Norm Effects: Priming – providing pictures of children enjoying play and making friends
Reward Effects: Loss aversion - Don't miss out on your child's place
Reward Effects: Reward – pointing out the benefits to parents in terms of free time for themselves to pursue other interests
Ease Effects: Default - starting from the assumption that parents **will be** applying for a nursery place, rather than giving as an option
Ease Effects: Cognitive Load – providing contact details of nurseries, or event offering to make the call to the nursery for parents if preferable
Obligation Effects: Salience (emotional engagement) - providing positive details to parents about the benefits of an early education place for their child.

A short survey has also been designed for frontline workers to use, particularly where parents are reluctant to take up the offer, so that we can gather a better understanding of the reasons why.

Next steps

Over the course of the first two to three weeks in March, the revised approaches will be put in to practice. Towards the end of March 2016, Warren Hatter will visit Sunderland again and work with EIFWs to review their findings on how the behavioural techniques have been received by parents and whether they have had a positive impact. Any amendments to scripts and documents will be made.

Take up figures for the Spring Term will be available after the next census in May 2016.

6. Physical Inactivity (Being More Active)

This piece of work is focussed on encouraging people in the city to be more active, aligned to the priorities of the Active Sunderland Board. It was felt that the best way to baseline activity and measure impact would be through a pilot. The specific scope of the pilot is to increase levels of physical activity in children and young people in and around two schools in North Washington, thereby contributing to reductions in childhood obesity.

Using data from Public Health to identify current rates of childhood obesity at a local level and intelligence around existing community initiatives, it was agreed to focus efforts on Marlborough and Usworth Colliery Primary Schools. As well as having relatively high childhood obesity levels, these schools are also in an area served by the Washington Way, a recent initiative to improve walking routes and cycle paths. The pilot will particularly focus on increasing the number of children who walk to school.

The focus on being more active in Washington has been discussed at the Washington People Board to ensure local councillors had an opportunity early on to understand and be involved in this work. Officers have made initial contact with the schools that are keen to work together with us on this.

The next phases include recces to develop the sampling frame and separate visits to undertake the baselining activity. From this an action plan will be produced together with a report detailing steps involved in order to inform communications going forward. This first phase aims to complete by the end of March 2016.

7. Reducing smoking in pregnancy

This pilot is being sponsored by City Hospitals Sunderland and the Council and is focussed on increasing the number of mothers that quit smoking while they are pregnant.

Smoking in pregnancy poses significant health risks to both the mother and baby. For the mother, smoking in pregnancy carries with it all the health risks associated with smoking but with some additional pregnancy related health risks. The risk of miscarriage, stillbirth, premature birth, low birth weight, fetal growth restriction and neo natal death is increased in babies born to mothers who smoke, and they are twice as likely to die from Sudden Unexplained Death in

infancy (cot death). Children born to mothers who smoke are more likely to have behavioural problems, including attention and hyperactivity problems, learning difficulties and reduced educational performance, as well as respiratory problems.

Data for 2015 shows that the Smoking Status at Time of Delivery (SATOD) is 19.4% in Sunderland compared to 18% in the North East and 11.4% in England. The table below provides more detail and shows the numbers of women SATOD between 2008/09 to 2013/14 across Council Areas (we are awaiting 2014/15 data).

Area	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Coalfields	91	118	105	89	88	96
East	94	109	104	107	78	132
North	116	126	123	127	116	139
West	156	185	171	163	139	168
Washington	108	118	110	122	92	111
Grand Total	565	656	613	608	513	646

The table below shows the number of pregnant women that engaged with Stop Smoking Services (SSS) during 2014/15. Although we don't yet have SATOD data for 2014/15 (above) it's clear that there's a very large gap between the numbers of women that are SATOD and those that have engaged with SSS. To meet the aim of this pilot there will be a focus on increasing the number of women that engage with SSS and increasing the overall quit rate.

Stop Smoking Service Providers	Lost to follow-up	Not quit	Quit CO verified	Quit self-reported	Referred to GP	Grand Total	% of total	quit rate
Community	1	0	2	0	0	3	2	67
GP practice	6	4	8	0	0	18	13	44
Pharmacy	26	20	15	1	3	65	45	25
Breastfeeding support workers	16	19	22	1	0	58	40	40
Grand Total	49	43	47	2	3	144	100	34

This particular pilot is still in the relatively early stages of development. Partners are involved from FRESH and STFT, working alongside Council officers from Children's Services, Public Health and Strategy & Performance, as well as staff from the Council commissioned Live Life Well service.

The pilot began with establishing commitment from these key services. Managers attended two workshops that showed how behavioural insights can help reduce the number of mothers that smoke and clarified a number of assumptions around pathways, ways of working, hand-offs and general working relationships between services. This helped to strengthen working relationships (thereby improving system and institutional behaviours) and achieve an agreed understanding of the experience of pregnant women when they came into contact with services.

These workshops triggered a further meeting of the group independent of the pilot itself. This meeting helped to improve general communications between those present and helped identify departures from the previously agreed smoking in pregnancy pathway. This is important since the pathway identifies organisational roles and opportunities for interventions

These workshops helped create belief in the potential that the pilot promised and generate a positive working environment. Consequently frontline staff were released to attend a workshop that focussed on understanding the interactions and relationships that staff have with pregnant women. In attendance were Health Care Assistants, Live Life Well staff, Health Visitors, Children's Centre staff and the Public Health midwife. The understanding gained at this meeting has been critically important because it established the specific content of the conversations with pregnant women and the opportunities that these give to introduce behavioural techniques.

The information gathered across these three workshops was used by Warren and an officer from Strategy and Performance to prepare draft scripts for midwives and health visitors to use in their meetings with pregnant women (by taking this approach the Council is building its own capacity to tackle entrenched cultural issues that have a negative impact on the health, wellbeing and life chances of local people, as well as absorbing Council and partner's resources). However this process also generated further queries that revealed new information about the smoking in pregnancy pathway and the interactions with pregnant women.

Currently arrangements are being made to prototype the draft scripts while consideration is being as to whether the new information provides further opportunities. Arrangements are also in place to engage with GP receptionists who are in contact with pregnant women at the earliest point of the smoking in pregnancy pathway, thereby allowing an earlier intervention point and reducing the likelihood of the women getting used to smoking during pregnancy. Officers are also in contact with the Local Pharmaceutical Committee (LPC) who will play an important role as a key provider of SSS.

Over the course of the next two months:

- The draft scripts for HCAs and midwives will be refined and finalised
- The pathway refined for the likely involvement of GP receptionists
- Further scripting developed for the likely involvement of pharmacists
- Identification of success measures.

It is anticipated that the pilot will begin in late Spring or early Summer 2016.

Appendix 2

Case Study – Recovery at Home

Sunderland's innovative All Together Better programme is enabling some of the poorliest people in the city to be cared for at home, rather than in hospital.

Sometimes people just need a little more help than normal in the interim, perhaps if they have an infection or have fallen. The partnership brings together health and social care professionals as well as other local support organisations to help make sure they are looked after at home.

Pensioner John Talbot was recently discharged from hospital and is back where he wants to be – at home. Where once John would have had to stay in hospital, now the care is delivered to him through All Together Better's Recovery at Home service.

"It's nice to be home, and I'm 80 per cent, feeling good," said John, who, as well as having the full support of a range of carers from the Recovery at Home service, is visited regularly by his sister Judith Duell.

John had been poorly with an infection and had been discharged with the short-term support of his sister Judith and Christina Robinson of Age UK Sunderland's hospital discharge team.

It was Christina who called John's GP when she suspected he wasn't well. "We initially came to help John with a referral from Sunderland Royal Hospital to assist with domestic and shopping support, but when I arrived, John was displaying symptoms of being very confused so I phoned the GP and said I didn't think John was managing his medication," she explained.

John's GP contacted the Recovery at Home service who initially sent nurses Tarnya Sillet and Claire Thompson to assess him. The service is committed to a rapid response and John was seen within an hour.

Tarnya explained: "We came in and assessed and examined John and ruled out any infections. We then provided a holistic assessment and made sure he could manage at home. We referred to social services for emergency assessment for a care package and also talked to John's GP about a medication review."

After the assessment and reviews were complete, the appropriate care was despatched from the Recovery at Home central hub were a whole range of specialist services sit together including nurses, doctors, social workers; pharmacists and reablement staff sit.

The team could quickly respond to the nurses' assessment and both a medicines review and social care assessment were arranged for the next day.

This community care is exactly the care that John is now receiving, thanks to the All Together Better programme. Instead of being in hospital, he has 24-hour on-call support at home – which is where he'd much rather be.

If needed, Recovery at Home has two community-bed units, one of which is the Intermediate Care Assessment and Rehabilitation (ICAR) unit.

Jane Bowhill, Sister at the unit, explains: “We’re a unique service; we don’t just provide nursing and medical support, we provide emotional care – trying to get people back to their previous independent state.

“Some patients need a lot of emotional support and coaching. Confidence building is important to a lot of the patients, especially if they’ve had a fall and aren’t sure if they’ll be able to manage in their home environment.”

Once someone is discharged from a unit, the team ensures the correct support is in place before the patient returns home, working closely with a GP.

“The GP role is key as we know the patient and we can work with the rest of our community team to prevent problems and crises occurring,” said John’s GP, Dr Taylor.

Case Study - Sunderland Health Champion sets up self-help group

One of the first people to become a Health Champion is Dave Thorpe, 66, from Ford Estate.

Dave who began volunteering in 2010 said: “I was in recovery from alcoholism and first became involved with NERAF (Northern Engagement into Recovery Training) through the Alcohol Basic Intervention Course I was on.

“I was very interested in helping others through my own experiences and became registered on the project, with regular information about other courses I might be interested in.

“With the training and support I’ve received I’ve set up my own SMART (Self-Management and Recovery Training) addiction and dependency recovery group. I’ve been through these personal issues myself so can relate to people’s problems and assess how serious they have become, so I can direct them to the specialist help and support that they need.

“People feel more relaxed and comfortable discussing their problems in groups. Becoming involved also increases your own self-esteem and confidence, because you know that while helping others you are also helping yourself.”

Case Study - Sunderland Live Life Well service

Sunderland’s rates of unhealthy behaviours amongst adults are higher than the national averages. In spite of our significant investment in health improvement services, health outcomes in Sunderland remained poor. In 2012 the King’s Fund report[2] identified the clustering of unhealthy behaviours (and poor health outcomes linked to those areas) suggesting community approaches may be able to locate and target interventions better. Using this approach we analysed data from the

Sunderland Health and Lifestyle Survey and found that 62% of the population had at least two unhealthy behaviours and 24% had three or more.

Due to this we decided to move from our current delivery model to a new delivery model, taking account of the way people in Sunderland live their lives, and tackle health inequalities on an "industrial scale" targeting people with multiple risks to their health. The approach was based on the premise that communities, both place-based and communities of identity, have a vital contribution to make to health and wellbeing and that the right combination of capacity building and community services can maximise that contribution. Moving our services away from a silo approach in the provision of different lifestyle services and shift to working with individuals in a holistic way.

A systematic engagement process was then embarked upon to target people across Sunderland who were likely to make choices which have a poor impact on their health. We decided to segment the population to understand who were most likely to have multiple health risks, using the Mosaic® segmentation system. Data was extracted from the Sunderland Health and Lifestyle Survey and postcodes linked to Mosaic types. Public Health commissioned a local research company, Public Knowledge[4], to engage with representatives of the identified Mosaic types. Using the findings from Public Knowledge a draft integrated wellness model was designed. Key themes from the Mosaic types included:

- Wellness services should take a more integrated approach and share information
- NHS services and community organisations should take a more united approach
- To target those not accessing services a wider variety of methods should be utilised and central directory compiled
- Information needs to be in an advisory tone rather than dictatorial.

Further engagement was commissioned from Information by Design (i by d)[5] into the draft integrated wellness model. Using the same identified Mosaic types they surveyed over 560 people and carried out five focus groups. They found the model to have good levels of acceptability, but there was aspects of the model which would benefit from refinement to ensure the needs of the full range of residents were met with opportunities available at the right place, and the right time.

The new Public Health system for Sunderland comprises six components which separately and in combination aim to deliver integrated wellness. The system will continually engage with local people to ensure that our approach is responsive to changing needs and builds on new assets as they emerge.

Sunderland integrated wellness delivery model (Live Life Well Service)

- **HEALTHY PLACES** – These universal opportunities are available for the use of everyone in Sunderland, and support a healthier lifestyle for example leisure centres, local parks, the seaside, cycle tracks and walking paths. The service will promote these via the central hub.
- **CENTRAL HUB** – Provides a co-ordination function helping people to access opportunities in Sunderland. It enables people to self-access directories of opportunities, receive advice and information and motivational support and be referred to services and opportunities where applicable. The hub has a role in

promoting Public Health messages and helping to assure the quality of commissioned services and opportunities available in Sunderland.

- **HEALTH CHAMPIONS/ PERSONAL INFORMATION AND ADVICE** – The model will utilise Sunderland Health Champions who are in a range of organisations and communities and provide brief advice and signposting to enable people to make healthier choices. They also support wider health determinant issues such as financial advice, domestic violence and community safety.
- **OUTREACH** – The model provides direct delivery of health improvement opportunities to priority groups in the population e.g. sexual health promotion and alcohol education amongst high-risk groups, stop smoking services for young pregnant women, delivery of NHS Health Checks in disadvantaged neighbourhoods, chlamydia screening for young people who do not access core services.
- **SUPPORT FOR HEALTHY LIVING** – A team provides one to one motivation and support for people and/or communities that are most affected by health inequalities. The service will be available through direct self-access or via signposting/referral.
- **FURTHER OPPORTUNITIES** – Comprises of wellness/ healthy lifestyle services that are directly commissioned by the Council or are available in the wider community for example NHS health checks, stop smoking services, substance misuse and sexual health.

The Live Life Well service was launched on 1st April 2015 and is operated through a partnership agreement between County Durham and Darlington Foundation Trust and NECA.

References:

1. Sunderland Health Profile, Public health England; 2015
2. Clustering of Unhealthy Behaviours Over Time; The Kings Fund; 2012
3. A thematic analysis of local people's views in relation to service provision within Sunderland tPCT; Leeds Metropolitan University; Centre for Health Promotion Research; July 2012
4. Integrated Wellness Model Engagement Report; Focus Groups; Public Knowledge; April 2013
5. Sunderland City Council – Integrated Wellness Model Report; I by d Information by Design; 2014

Appendix 3

Priorities Update - Alcohol

- **Current Position**

Alcohol is a major cause of ill health; it causes and contributes to numerous health problems including obesity, liver and kidney disease; cancers of the mouth and throat, liver, laryngeal, colon and breast cancer; acute and chronic pancreatitis; heart disease; high blood pressure; depression; stroke; foetal alcohol syndrome and mental health problems such as depression and alcohol dependency.

The Public Health Outcomes Framework set out the desired outcomes and included a number of indicators relating to alcohol:

- Alcohol-related admissions to hospital
- Mortality from liver disease
- Successful completion of drug treatment
- People entering prison with substance dependence issues who are previously not known to community treatment
- Take up of the NHS Health Check programme by those eligible (which included screening for alcohol misuse for the first time from 2013)

Progress so far: -

Sunderland Booze Debate

In October 2014, Sunderland City Council held a booze debate, where partners from across the City where invited to discuss what alcohol meant to the city, their business, their service, their family and themselves. Recommendations from the debate are below with how these have been implemented:

- Agree a vision for Sunderland and how this is delivered
  This was agreed and including in the new Statement of Licensing Policy 2015
- Agree how the feedback from the day will be discussed and implemented
  Feedback from the day was presented in a report back to the Adults Partnership Board on 6th January 2015, with recommendations being feedback to HWB.
- Deliver another alcohol debate in 2015
  A diagnostic workshop was held on 1st February 2016 with over 40 partners attending
- Engagement with groups such as young people, students and pregnant woman to gain insight in to attitudes towards alcohol consumption

Further engagement work was commissioned through the Balance Perception Survey in 2015 which built on the pervious Perception Survey carried out in 2013 and the local engagement work commissioned via Public Knowledge in 2013.

New Sunderland Statement of Licensing Policy (SOLP)
Sunderland City Council consulted on the SOLP in August 2015. Feedback on the consultation was received by Sunderland Health and Wellbeing Board, Director of Public Health, Sunderland Safer Partnership and Balance North East. The new SOLP was agreed and published in January 2016.

Alcohol Declaration
The Sunderland Health and Wellbeing Board signed up to this in summer 2015. In January 2016, the Alcohol Declaration was signed up to by the Sunderland Clinical Commissioning Group.

Diagnostic Alcohol Clinic
On 1st February Sunderland City Council hosted a workshop for partners to discuss the implementation of the SOLP.

- **2016 Milestones**

  - Through the new Sunderland Statement of Licensing Policy, Sunderland City Council and partners are reviewing its powers to influence where and when alcohol is consumed and sold through CIPs
  - Trading Standards and Public Health to work with Palantir to develop an intelligence tool around alcohol harms to support licensing
  - Development of a robust NHS Health Check programme specification for primary care which will include an assessment of how much alcohol someone drinks
  - Through the Live Life Well service, implementation of a local delivery plan around reducing alcohol harms and training around brief intervention (BI) via the 'Have a Word' BI training programme'
  - Continue to raise awareness of the Sunderland Alcohol Declaration to partners
  - Continue to support the universal offer through the risk and resilience team work with schools around alcohol awareness and targeted offer through Youth Drug and Alcohol Project (YDAP) offering tier 2 provision for 10 to 18 year olds
  - Continue to commission and implement the Young People Health Champions within 6 secondary schools in Sunderland with a focus on reducing alcohol harms

Outcome indicators and timescales

Outcomes indicators	Lead	Timescales
Development of Substance Misuse (including Alcohol and Drugs) Joint Strategic Needs Assessment	Public Health with Public Health Commissioners	April 2016
Develop an intelligence tool around alcohol harms to support licensing with Palantir	Palantir with Trading Standards/ Public Health	April 2016
Develop guidance around expectations from public health which will inform applicants who make applications to licensing to ensure that licenses premises operate responsibly and collaborate to reduce alcohol-related harm.	Public Health	June 16

Intelligence to be fed to the Responsible Authority Group in a systemic way to inform decision making e.g. Cardiff data, police data etc.	All Responsible Authorities	July 2016
Engagement with partners around cumulative impact policies to review the where and when alcohol is consumed and sold	Trading Standards	December 2016
Implement Every Contract Counts in commissioned services and Every Contact Counts (brief intervention) – to be agreed through CCG Operational Plan	Sunderland CCG/ Live Life Well Service	March 2017

Priorities Update - Smoking

- **Current Position**

Sunderland is working towards reducing adult smoked tobacco in Sunderland to below 5% by 2025.

Tobacco control is a complex issue and no single approach will be successful in isolation, therefore it requires commitment and contributions from a range of partners across the City. Over the past 5 years, smoking prevalence has been falling nationally, regionally and locally, but smoking remains the greatest contributor to premature death and disease across Sunderland, killing 1 in every 2 long term users.

- **Adult smoking rates -** The proportion of adults that smoke in Sunderland fell between 2010 and 2014 from 24.6% to 22.8%, this compares to 18% nationally.
- **Routine and manual workers –** Over the past 3 years smoking prevalence in routine and manual occupations has increased from 30.6% to 35.3%, this compares to 28% nationally.
- **Young people** – 11.6% of 15 years olds in Sunderland say that they smoke compared to 8.7% nationally. Among 16 to 17 years olds this rises to 18.7% in Sunderland and 14.7% across England
- **Smoking at time of delivery -** Smoking during pregnancy remains high. In the 2014/15 figures, 531 women in Sunderland were recorded as smoking at the time they gave birth; this equates to 19.4% compared to the England average of 11.4%.
- **Household poverty** – In Sunderland 23% of households are classified as in poverty compared to the official Households Below Average Income Figures. When the cost of smoking are considered 34% of households fall below the poverty threshold which shows tobacco imposes a real and substantial cost on many low-incomes households.
- **Inequalities of smoking prevalence at ward level** - the highest smoking prevalence are within the wards of Redhill, Pallion, Castle, Hendon, Washington North, Sandhill, Southwick, Millfield, St Annes and Hetton. These wards are 10 highest in Sunderland and above the Sunderland average of 22.8%. On average a smoker loses 10 years of life. More people from disadvantaged communities smoke, where smoking is more socially acceptable.

Progress so far in 2015

Sunderland Tobacco Alliance

Public Health continues to chair the Sunderland Tobacco Alliance and coordinate a multi-agency approach to the action plan which is in place until 2017.

Smoking in pregnancy

There is an offer of provision for pregnant women who smoke through maternity services and the Live Life Well service. In spite of this smoking in time of delivery rates remain high. Over the last year, using behavioural insights there has been extensive engagement to explore enhanced models of delivery to address this Public Health issue.

Implementation of the Live Life Well Model
The implementation of the integrated wellness model (now call Live Life Well) has incorporated the function of the local Stop Smoking Service, which is evidence based and meets the needs of the local population.

Northumberland Tyne and Wear Mental Health Trust Smokefree
Northumberland Tyne and Wear Mental Health Trust will go smokefree on 9th March 2016. Sunderland City Council has ensured that NTW are trained in level 2 and brief intervention, and pathways are in place between NTW and Live Life Well Service.

Young People Health Champions
Continuation of the young people health champions programme in 6 secondary schools across Sunderland, which uses a different approach to delivering the health harm messages on tobacco in schools.

Implementation of national policy changes
Supported the regulations in October 2015 on smokefree vehicles which carry children.

Smokefree Play Areas Engagement - During August 2013 the locality public health team in Sunderland carried out a survey to seek local views on whether 'Smoking should be banned in outdoor children's play areas in Sunderland'. In September 2015, a paper was presented to the HWB, where it was agreed to do further engagement around smokefree parks.

Illicit Tobacco – In 2015 an independent Illicit Tobacco North East Study was commissioned. NEMS market research, they found that 9% of all tobacco smoked in the North East is illegal, with Sunderland slightly higher than the regional average at 11%, 21% of smokers buy illegal tobacco - slightly higher than the regional average of 18%.

- **2016 Milestones**

  - Due to the increase in prevalence of smoking in routine and manual workers, form a task and finish group to agree a multi-agency plan to tackle this increase.
  - Development of a robust NHS Health Check programme specification for primary care which will include an assessment on smoking harms
  - Continue the commissioning of a holistic approach to tobacco control through the Live Life Well model, and the Live Life Well Service. The Live Life Well service target the areas of high prevalence by increasing the service provision in these areas which traditionally have low rates of access by engaging them in accessible services which they want to use.
  - Continue the work with secondary schools across the City, and ensure that the health harm messages are appropriate to the needs of young people.
  - Improve the current stop smoking pathway for pregnant women, and ensure they are offered appropriate support and advice, and increase provision of Stop Smoking Services within Children Centres.
  - Ensure that smoking is no longer accepted as the norm, and make parks in Sunderland free from tobacco smoke.

- **Outcome indicators and timescales**

Outcomes indicators	Lead	Timescales
Development of smokefree Sunderland Joint Strategic Needs Assessment	Public Health with Public Health Commissioners	April 2016
The introduction of standardised tobacco packaging by May 2016	Trading Standards	May 2016
Feedback from engagement events around smokefree parks	Public Health	July 2016
Continue to develop and implement behavioural insights work around smoking in pregnancy pilot	SSPM	September 2016
Programme of work to reduce the trend of smoking prevalence in routine and manual occupations	Public Health	March 2017
Implement Every Contact Counts in commissioned services and brief intervention in tobacco - to be agreed through CCG Operational Plan	Sunderland CCG/ Live Life Well Service	March 2017

Priorities Update – Physical Inactivity

- **Current Position**

A city policy position relating to sport and physical activity was adopted by Cabinet in November 2014 and it was agreed that the Active Sunderland Board would be responsible for leading the policy implementation and reporting progress to the Health and Wellbeing Board.

The aim of the Active Sunderland Board is to develop 'All together an Active Sunderland' - a city where everyone is as active as they can be. The challenge facing the Board is to enhance the conditions and opportunities for more people to become more active, thus supporting the Health & Wellbeing Board's focus on 'physical inactivity'. Within this context the approach is to:

- To impact on the greatest number of people
- To enable children to have the best start in life
- To support people and communities that are benefiting least from being active
- To provide access to all our infrastructure, green open space, blue space as well as leisure facilities.

In September 2015 the Active Sunderland Board was formally constituted, terms of reference established and three priorities agreed the Board. The Board consists of 17 partners from all sectors which contribute to the development and delivery of sport and physical activity within the city. The priorities agreed in Year 1 were selected following local insight and intelligence work into participation levels in sport and physical activity. The progress relating to the priorities is as follows:

- **2016 Milestones**

Priority 1: Improving community access in schools
The Board is working with Sport England to identify and reduce barriers to community school access. The work will showcase the benefits to schools of improving community access and being a Great Active Sunderland School - linking with the city's Education & Skills Strategy. In the next year, the Board will produce a toolkit that will assist officers in engaging with schools and develop a balanced programme of community activities.

Priority 2: Increase participation levels in women aged 18-34
A partnership has been established with Sustrans with the aim to increase participation levels in cycling of females aged 18-34. In the next year, the project will be concluded and it is anticipated that the Board will report a positive increase in participation levels in this activity and for this age range.

Priority 3: Increase participation levels in older people
Following local insight work with Age UK to better understand the needs and demands of older people, it was agreed that targeted work will aim to improve physical activity levels of people aged 50-70. In the next year and within this target group, a focus will be established for those people in the workplace.

During the local insight work, it was identified that there was a gap in the reporting of participation levels for children under 14, not only at a local level, but also a national one. Therefore, the Board have agreed to work with Public Health to utilise the data from the 2016 Health Related Behaviour Survey which includes a number of question on activity levels. It should be noted that Sport England's Active Lives Survey moving forward will start to measure under 14 activity levels beyond the school day, but not until 2017.

- **Outcome indicators and timescales**

The Active Sunderland Board has agreed to use the following measures of physical activity from the Sport England's Active People Survey (shortly to become Active Lives Survey).

1. The active population i.e. 30mins of sport and physical activity once per week (1x30mins) (14+)
2. The inactive population i.e. less than 30mins of activity per week (using PH's wider definition) (14+)

Priorities Update – Falls Prevention

The Current Position

The Out of Hospital (OOH) Board is considering Falls prevention following a recent national report about efficiencies achieved through health and social care integration and a joint focus on Fall Prevention Strategy. Up to date this has not been a priority for the OOH Board and as such the actions reflect this early stage of development.
A number of partners talked about their current response to prevent falls e.g. Care Workers when visiting people at home; Telecare services, Recovery at Home service and City Hospitals Sunderland re the falls clinic they run at Galleries.
Sunderland developed a Falls Strategy a few years ago, but it is timely for this to be reviewed and refreshed to ensure a coordinated response.

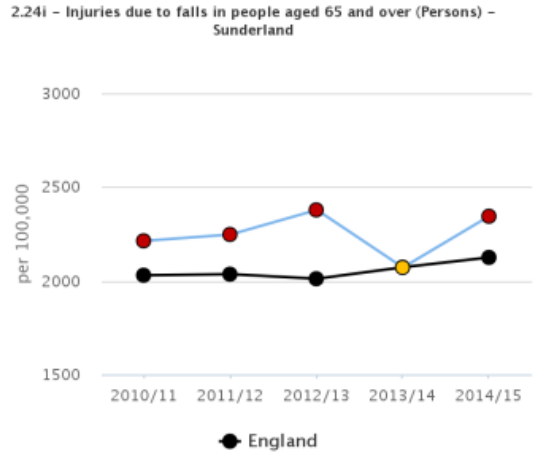
The vice chair of the community services Provider Board (Phillip Foster COO of Sunderland Care and Support who is the lead for the Recovery at Home service) has agreed to lead a group to review of the current Falls Strategy and by working with colleagues from City Hospitals Sunderland to propose action to update the approach to Falls Prevention in Sunderland

•Milestones for 2016

The next steps would be for this group to report to the April OOH Board meeting with an assessment of the current situation and suggestions for a way forward.
Any agreement on actions will be reported to the HWBB.
Falls will be picked up in the BCF narrative for 16-17 under the older persons workstream

•Outcome indicators and timescales

The key outcome indicator is injuries due to falls in people aged 65 and over. The trend in relation to this indicator is attached.



Timescales for improvement and a full basket of indicators will be determined and reported back to the HWBB within 6 months as part of the overall review of indicators.

Priorities Update – Sunderland as a Healthy Place

- Current Position

The Adults Partnership board (APB) in its recent review of priorities and key areas for action over 2016 have identified 2 key targets in relation to Sunderland as a healthy place:

Housing
The 2012 memorandum of understanding (MOU) produced by the Department of Health and the Department of Housing highlighted a number of key actions that could be pursued by local areas to improve the health of local populations. The APB requested that the MOU be reviewed to establish a partnership response for Sunderland.

All age friendly cities
The World Health Organisation made Sunderland a member of its Global Network of Age Friendly Cities and Communities in October 2015. The APB is keen to keep up the momentum on this piece of work and to develop a clear action plan for improvement against the baseline.

An Age Friendly Strategy Group has been set up and is composed of senior Council officers and the Director of Age UK Sunderland. An invitation to the Group has been extended to the CCG and membership may well change as the AF agenda gains momentum. An inaugural meeting of the Group has taken place and further meetings have been arranged with a view to refreshing a baseline of the city's age friendliness and developing an action plan.

- **2016 Milestones:**

Housing
In order to progress the issues included in the MOU Action Plan a housing task and finish group will be established. This group will identify activity that can contribute to achieving both the objectives in the MOU and local priorities in the context of reducing resources, thereby producing a local action plan focussed on local issues. Early conversations with both the Council's Access to Housing Service and Housing & Neighbourhood Renewal Team suggest that some of their existing work will complement the MOU action plan.

All age friendly cities
Key milestones are focussed on the key requirements of the WHO AF Cycle – the preparation and completion of a local AF baseline and action plan.

- AFC Officer Steering Group established (May 2016)
- WHO baseline refresh complete by Autumn 2016
- WHO action plan – draft by Autumn 2016
- Communications campaign – Phase 1 plan by Autumn 2016.

Planning
In order to influence the quality of the built environment, closer links are to be developed with planning teams, and through the Health impact assessment of the Core Strategy.

- **Outcome indicators and timescales**

Housing
The production of a Sunderland response to the MOU will be prepared within 6 months and the action plan within 1 year. ~This will be reported through the Adults Partnership Board.

All age friendly cities
In practical terms, an age friendly city adapts its structures and services to be accessible to and inclusive of residents varying needs and capacities. The WHO focus on three themes which have their own topic areas:

- Physical environment – Outdoor spaces and buildings; transportation; housing
- Social environment and culture – Respect and social inclusion; social participation; civic participation and employment
- Social environment/health and social service determinants – Communication& information; community support and health services.

The broad remit of Age Friendly City means that improvements in age friendliness will be measured according to measures associated with a specific piece of work e.g. reducing injuries due to falls in older people, rather than using a broad measure of age friendliness.

Priorities Update – Economy and Standard of Living

- **Current Position**

The links between economy and health and are the focus of the DpH Annual report. This has established the position in Sunderland in relation to health and a series of priorities for action. Key to this is the further development of workplace health programme and improved links with the priorities of the economic leadership board with a focus on employment and with the Education Leadership Board on their priorities of school ready, work ready, life ready.

The Adults Partnership Board (APB) in its recent review of priorities and key areas for action over 2016 has identified 2 key targets in relation to economy and standard of living:

- Fuel poverty and excess winter deaths

The APB recognised the need for a concerted approach to the issue of affordable warmth and excess winter deaths across health, social care, housing and health.

- The impact of welfare reforms

Recent discussions have highlighted there is a need to develop an intelligence approach to the impact of welfare reform. Work is underway to identify and quantify the impacts of welfare reform on specific groups in the city in order that targeted mitigating actions can be taken forward with partners - with a focus 3 priority areas of digital inclusion, financial inclusion and crisis support.

- Child and Family Poverty

Latest data (2013) shows that 22.2% of children in Sunderland live in low income families (families with income 60% or less than then national median income). This is compared to 18.1% nationally. The child and family poverty needs assessment was refreshed in January 2015. It highlighted a number of issues, but significantly that two-thirds of children living in low income families are in lone parent families. This group is also likely to be negatively affected by the forthcoming welfare reforms, and so it is important that we focus on the employability and skills of lone parents.

- **2016 Milestones**

Generic milestones across all priority areas:

- Connect with Economic Leadership Board and the Sector Growth Results Groups
- Connect with the Education Leadership Board to ensure a whole systems approach
- Build a link with key business organisations in the City, including Sunderland Business Network, City Traders Association, and the Federation of Small Businesses
- Work with the business support infrastructure to promote awareness and pathways to support

Workplace health

Maintain support for employers to undertake workplace health initiatives by continuing the Health at Work Award and increasing the reach of the Sunderland Workplace Health Alliance.

Fuel Poverty and Excess Winter Deaths

- Refresh the affordable warmth group to focus on excess winter deaths
- Develop an evidence base for the impact of fuel poverty
- Develop an action plan
- Work with behavioural approach to increase take up of support measures (eg collective switching, boilers on prescription, insulation)

Welfare reform

- Establish a group to take forward action
- Map welfare reform impacts on certain groups / in areas
- Build in wider information so we can start to understand what else is impacting on specific cohorts (what info do we need , where can we get it, who is regularly looking at key data)
- Once we have intelligence/evidence of the fuller picture investigate how we can work with specific groups to do something different

Child and Family Poverty

- Connect with sector growth results group with a focus on employability for lone parents

- **Outcome indicators and timescales**

A full basket of indicators will be presented to the HWBB within 6 months.

Priorities Update - Wellbeing

- **Current Position**

THE HWBB Priority of Wellbeing is supported through work around mental health promotion, prevention of mental illness and the provision of services for people who suffer from mental illness.

A number of partnerships are in place which support work around wellbeing.
- Mental Health Programme Board
- Children's Mental Health Partnership
- New Horizons Partnership
- Suicide Prevention Action Group

An annual suicide audit is undertaken, to inform the local suicide prevention strategy. There are a range of services and programmes currently in place, which support the wellbeing priority.
- Health champions
- Wellbeing directory
- Live Life Well
- Suicide prevention training 'A Life Worth Living'
- Mental health communications e.g. 5 ways to wellbeing
- Children's Mental Health Services
- Adult Mental Health Services

- **2016 Milestones**

    - Implement the local transformation plan for children and young people's mental health.
    - Complete an annual suicide audit
    - Suicide prevention development workshop for HWB
    - Develop a basket of indicators for the HWBB
    - Implement the local suicide prevention strategy

- **Outcome indicators and timescales**

Further work need to be done to complete a basket of indicators in relation to wellbeing and will be reported to the HWBB within 6 months – but in principle, key indicators from the outcomes frameworks include:
- Hospital admissions for self-harm, all age
- Hospital admissions for self-harm, age 10 -24
- Hospital stays for alcohol related harm
- Long term unemployment
- Suicide rate
- Rate of recovery for IAPT treatment

Priorities Update – Best Start in Life

- **Current Position**

It is important to give all of our children the best start in life, and addressing issues such as child poverty, smoking in pregnancy, low birth weight, breastfeeding, teenage pregnancy, child obesity and emotional wellbeing and resilience are an important part of this.

Through the commissioning responsibilities of Sunderland Clinical Commissioning Group and Sunderland City Council there are opportunities to address many of these challenges directly, through the commissioning of maternity services, children's mental health services, health visiting (including Family Nurse Partnership) and school nursing. The support provided through children centres and increasing take up of the 2 year old nursery offer also underpins the approach to best start in life. Sunderland CCG identifies implementing the local transformation plan for children and young people's mental health and improving outcomes in maternity and ensuring the best start in life as priorities for the coming year. Since October 2015 Sunderland City Council has been responsible for commissioning health visiting services, alongside school nursing, which provides an opportunity to review the 0-19 offer to ensure it meets the needs of our children, young people and families.
The percentage of children who have a low birth weight, live in poverty or are obese needs to be improved. Whilst there has been improvement in recent years across outcomes such as smoking in pregnancy, teenage pregnancy and breastfeeding there is still much improvement needed, when considered against levels for England. A robust early help offer is essential to achieving the best start in life, including supporting strong parent and child attachment and supporting emotional resilience and wellbeing.

The Early Years Foundation Stage Profile data improved again in 2015. Good Level of Development scores were 5.9% this is an increase on 2014 and remain close to national figures (Sunderland 65.9. National 66.3). The challenge with the gender gap remains an issue with girls performing better than boys and support is being provided to schools to address this.

Following detailed consultation, key messages for parents are now available highlighting best start messages around breast feeding, behaviour, accident prevention and speech and language. Parents have been given Z cards and staff trained to provide proactive advice. Further work to develop social media messages through You Tube and blogs is on-going.

Encouraging parents to take up the 2 year nursery offer entitlement is a key strand of work using the behaviour change approach. Based on the latest census data, families who are eligible will receive a postcard, offering them their childcare provision voucher. In addition, key visual images are being prepared to support staff in explaining the options to parents along with the benefits of access to early years provision. The visual image work will be piloted in the West area, with rollout across the City if successful.

The Strengthening Families' process continues to provide a co-ordinated, timely response to children and their families where an additional need has been

recognised. Numbers of families accessing services continues to rise and will exceed the target of 2,000 for 2015-16

- **2016 Milestones**

    - Ensure safe and sustainable services to improve outcomes in maternity and ensure the best start in life

    - Review the public health 0-19 services to inform the development of a new model, which also supports early help – 2016/17.

    - Implement the local transformation plan for children and young people's mental health

    - Review the Best Start offer from Early Help to ensure that the most appropriate families are targeted for a service – Head of Early help September 2016

    - Increase the number of families taking up the two year provision of childcare – Early Years team – December 2016.

- **Outcome indicators and timescales**

Outcomes identified in child health profile which would be updated annually as a minimum

- % of children living in poverty
- Low birth weight of all babies
- Smoking status at time of delivery
- Breastfeeding initiation
- Breastfeeding continuation at 6-8 weeks
- Uptake of 2 year old nursery offer
- % children achieving a good level of development within Early Years Foundation Stage Profile
- Under 18 conceptions
- Hospital admissions as a result of self-harm (10-24 years)

Additional outcomes will be investigated regarding the measurement of attachment and parenting skills

Item No. 9

SUNDERLAND HEALTH AND WELLBEING BOARD 11 March 2016

HEALTH AND WELLBEING BOARD FORWARD PLAN AND BOARD TIMETABLE

Report of the Head of Strategy and Policy

1. PURPOSE OF THE REPORT

To inform the Board of the forward plan and Board timetable.

2. FORWARD PLAN

	Friday 11 March 2016	20 May 2016 tbc
Standing	• Update from Advisory Groups • Health and Social Care Integration Board • Closed Board Sessions and Forward Plan	• Update from Advisory Groups • Health and Social Care Integration Board • Closed Board Sessions and Forward Plan
Joint Working	• CCG operational plan • Update on NHS National Planning Requirements (CCG) • HWBB Priority Setting Update (GG)	• Refugees & asylum seekers (FB) • JSNA Update (GK) • DPH Annual Report (GG)
External	• South Tyneside & City Hospitals Sunderland Proposed Alliance • Chief Inspector of Social Care	

3. CLOSED BOARD SESSIONS

It is proposed that the Board reinstate a series of closed Board sessions in 2016 to ensure that the Board get time to have full debate and discussion over key topics and areas for development.

It is proposed that the first of these sessions be organised for April on the topic of system leadership and future session look at progressing the Board's priorities. The date and time of the session will be sent to Board members in due course along with a forward programme for future sessions.

Board members are to give consideration to future topics for discussion.

4. BOARD TIMETABLE

The Board timetable will be circulated once dates have been finalised.

The provisional dates for future Board meetings are:

- Friday 20 May 2016
- Friday 22 July 2016
- Friday 23 September 2016
- Friday 25 November 2016
- Friday 20 January 2017
- Friday 24 March 2017

5. RECOMMENDATIONS

The Board is recommended to:

- Suggest topics for in depth closed/partnership sessions for 2016