SUNDERLAND HEALTH AND WELLBEING BOARD

AGENDA

Meeting to be held in the Civic Centre (Committee Room No. 1) on Friday 24 July 2015 at 12.00noon

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

Contact: **Gillian Kelly, Principal Governance Services Officer Tel: 0191 561 1041**
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Information contained within this agenda can be made available in other languages and formats.

9.	**Integrated Wellness – the Live Life Well Service** Report of the Acting Director of Public Health (attached).	67
10.	**Health and Wellbeing Board Forward Plan and Board Timetable** Report of the Head of Strategy and Policy (attached).	73
11.	**Date and Time of the Next Meeting** The next meeting of the Board will be held on Friday 18 September 2015 at 12noon.	-

ELAINE WAUGH
Head of Law and Governance

Civic Centre
Sunderland

16 July 2015

Item No. 3

SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 29 May 2015

MINUTES

Present: -

Councillor Paul Watson (in the Chair)	-	Sunderland City Council
Councillor Graeme Miller	-	Sunderland City Council
Councillor Pat Smith	-	Sunderland City Council
Councillor Mel Speding	-	Sunderland City Council
Dave Gallagher	-	Chief Officer, Sunderland CCG
Kath Bailey	-	Locum Consultant in Public Health
Kevin Morris	-	Healthwatch Sunderland

In Attendance:

Councillor Ronny Davison	-	Sunderland City Council
Liz Highmore	-	DIAG
Colin Morris	-	Chair of Sunderland Safeguarding Children Board
Joy Akehurst	-	Chair, Sunderland CARE Academy
Tony Alabaster	-	Associate Dean, University of Sunderland
Karen Graham	-	Office of the Chief Executive, Sunderland City Council
Gillian Kelly	-	Governance Services, Sunderland City Council

HW1. Apologies

Apologies for absence were received from Councillors Kelly and Leadbitter and Gillian Gibson, Ken Bremner, Dr Pattison and Dr McBride.

HW2. Declarations of Interest

There were no declarations of interest.

HW3. Minutes

The minutes of the meeting of the Health and Wellbeing Board held on 20 March 2015 were agreed as a correct record subject to an amendment to the penultimate paragraph on page 4 to show that the Better Care Fund monies had been passed through from NHS England.

HW4. Feedback from Advisory Boards

Adults Partnership Board

Councillor Miller informed the Board that the Adults Partnership Board had met on 5 May 2015 as a single topic meeting looking at the role, function and membership of the group.

The Partnership Board agreed that their terms of reference needed to be revised to better reflect the role of the board as an advisory group to the Health and Wellbeing Board and that the membership should also be revised to ensure that the right people were in attendance.

The group also agreed that the Adults Board should concentrate on ensuring the delivery of a number of priorities once these were agreed by the Health and Wellbeing Board and also that close working relationships needed to be forged between the Adults Board and other advisory groups to ensure that cross cutting issues were addressed moving forward.

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

NHS Provider Forum

Councillor Speding informed the Board that the Provider Forum had held a provider engagement session on 20 April 2015 at the Stadium of Light and over 40 organisations from a range of private, public and voluntary sector providers attended the event.

The session was very well received and a more comprehensive report would be provided for a future meeting of the Board.

RESOLVED that the feedback from the Provider Forum be noted.

HW5. Feedback from the Health and Social Care Integration Board

The Board were informed that the Health and Social Care Integration Board had met on 9 April and 14 May 2015 and had appointed a Chair and Vice-Chair of the Board and agreed reporting arrangements from the Better Care Fund Implementation Group.

The Integration Board had also considered the seven pooled budgets, the breakdown of contributions from the CCG and the local authority and the key risks for each of these. The group was scheduled to meet again on 25 June and would feed into the Health and Wellbeing Board on a regular basis.

RESOLVED that the feedback from the Health and Social Care Integration Board be noted.

HW6. Children's Safeguarding Peer Review and Framework of Cooperation

The Executive Director of People Services and the Independent Chair of Sunderland Safeguarding Children Board and Sunderland Safeguarding Adults Board submitted a joint report highlighting the findings of the November 2014 Peer Review into Children's Safeguarding and introducing a new framework of cooperation for review and adoption.

Colin Morris, Chair of the Sunderland Safeguarding Children Board, advised that the LGA peers had been asked to examine the nature of the Council's safeguarding service and to identify areas in need of improvement. A copy of the recommendations from the peer team were appended to the report.

One of the recommendations from the peer review had been to consider the connectivity between strategic boards to align multi-agency accountability and governance across the Sunderland Safeguarding Adults Board, the Improvement Board, the Health and Wellbeing Board, Sunderland Safeguarding Children Board and the Safer Sunderland Partnership. In order to progress this recommendation, a proposed framework of cooperation between the Health and Wellbeing Board, Sunderland Safeguarding Children Board and Sunderland Safeguarding Adults Board had been developed.

The Framework of Cooperation was intended to clarify the roles and responsibilities of each of the Boards and highlighted that it was important for them to: -

- Work together in an environment of mutual respect, courtesy and transparency;
- Have a shared understanding of their respective roles, responsibilities, priorities and different perspectives;
- Promote and foster an open relationship, where issues of common interest and concern were shared and any challenge was undertaken in a constructive and mutually supportive way; and
- Share work programmes, intelligence and data to reduce duplication of effort and cost.

Kevin Morris asked if it was possible to make more explicit the need to engage young carers in the design of services as he did not feel this came out strongly within the document.

Councillor Smith stated that the voice of the young person was paramount and there were numerous groups which provided this input. Karen Graham highlighted that the last bullet point under the roles and functions of the Health and Wellbeing Board on page 52 was 'To ensure a comprehensive engagement voice is developed as part of the implementation of Healthwatch'. Colin Morris added that consultation was integral to the Sunderland Safeguarding Children Board business plan, and was a regular subject for discussion, but accepted that this could be made more explicit within the Framework.

Having considered the report, the Board RESOLVED that: -

(i) the findings of the Safeguarding Children Peer Review be noted;

(ii) the Framework of Cooperation be adopted; and

(iii) the Sunderland Safeguarding Children Board and the Sunderland Safeguarding Adults Board be recommended to adopt the Framework of Cooperation.

HW7. Joint Strategic Needs Assessments

The Executive Director of People Services submitted a report informing the Board of the development of a framework for the further development of Joint Strategic Needs Assessments (JSNAs).

Local authorities and clinical commissioning groups have joint duties to prepare JSNAs and the Health and Wellbeing Board had received a number of reports about the development of JSNA profiles in the past. A number of JSNAs had been developed and were published on the Sunderland City Council website and were added to and updated periodically but often became out of date as soon as they were published.

It was proposed that the JSNAs would be moved from a static, annual publication to a more evolving source of information in the form of an on-line 'wiki' resource hosted on the Sunderland City Council website. This would be a more user friendly way of publishing the assessments and followed good practice examples which had been highlighted in other areas of the country.

The JSNA would be used as a shared resource by officers and members within the Council, the wider health and wellbeing system, the voluntary and community sector and local communities. It was proposed that a multi-agency task and finish group be established to progress the development and creation of the resource.

The Chair commented that if multiple people were able to amend and add to the JSNA profiles, then there would need to be some central control over the resource. Kath Bailey and Davie Gallagher echoed the comment and it was suggested that the task and finish group might look at governance processes and quality assurance for the JSNA profiles.

Dave Gallagher also noted that the CCG website needed to link in to the JSNA resource and Kath Bailey stated that there was an even longer list of JSNA profiles which were new and in progress which were additional to those shown in the annex to the report.

Following consideration of the report, the Board RESOLVED that: -

(i) the content of the report be noted; and

(ii) the establishment of a multi-agency task and finish group to develop and implement the online resource be agreed.

HW8. Sunderland CARE Academy

The Board received a report outlining the development to date in relation to the Sunderland CARE Academy and Joy Akehurst, Executive Director of Nursing and Quality at City Hospitals and Chair of the CARE Academy and Tony Alabaster, Associate Dean at the University of Sunderland were in attendance to talk to the report.

The Sunderland CARE Academy was a collaboration of partners from health, social care, education and the voluntary sector working together to improve the quality of care delivery across the city. The development of the Academy had been the result of partnership working between the NHS and the university over the last 18 months, against the backdrop of the Francis Enquiry and the Cavendish Review. Partners had begun to look at the standards of care across the sector and opportunities for sharing research and evidence of care throughout the city.

The mission of the Sunderland CARE Academy was to 'improve the overall focus on and quality of care in Sunderland and to bring health and wellbeing benefits and socio-economic benefits to the local population and the city' and the CARE Academy would: -

- Develop education and training programmes for the health and social care workforce across the city with the aim of supporting high quality care to patients, carers and families;
- Promote research and innovation into health and social care, increasing the quantity and quality of research undertaken in Sunderland;
- Promote participation in local, national and international research; and
- Implement the findings of research into practice.

Joy Akehurst advised that there had been input from Health and Wellbeing partners and providers. The project was gathering momentum and it was beginning to demonstrate how it could benefit the city as a concept.

It was asked if the Academy could be used as a means of developing training in areas which were not covered by mandatory training such as disability awareness and human rights. Joy said that this would be the case, with the Care Certificate being a common standard and GPs and care homes going through the same processes as hospital staff and having the same standards applied across the pathway. Creative ways of achieving accredited training had also been investigated such as a pre-nursing training pilot where an individual would spend a year as a Healthcare Assistant.

From an education point of view, Joy advised that the Academy was linking with the Autism Society who were very keen to have training on the Mental Capacity Act as this was needed for dealing with challenging behaviours. It was also planned to do work around exposing young people to careers in care and the research possibilities were also a great opportunity. Tony Alabaster highlighted that there was a large academic resource available at the university and that the university, city hospitals and the CCG were holding a joint conference on the 'Power of Pulling Together'.

The Chair asked if the Academy was concerned with care in all its forms and Joy said that this was the case. She highlighted the inaugural lecture on childhood obesity which had been held in February and how this priority for Sunderland could be underpinned with evidence and used as a vehicle to raise the profile of Sunderland in academic healthcare.

Councillor Miller commented that this had been an excellent inaugural event and the visiting professor had been very challenging and had generated a good debate, particularly around collaboration. He queried what had happened since the event and how things had been followed up.

Tony advised that the professor had met with Dr Pattison and had provided a business plan for the CCG a few weeks later. Dr Pattison had suggested that the CCG might be receptive to a pilot and a bid had been put forward by one of the locality areas to pilot some initial work and an update was awaited on the progress of the bid.

Councillor Speding noted that it was good to see anecdotal evidence being qualified by academic research and he highlighted the difficulty in balancing the immediate visible results provided by bariatric surgery and a continued programme of health and wellbeing. Tony acknowledged that people could be unwilling to take a risk due to a lack of visible results initially, but if a pilot project could gather tangible evidence then it might be a more attractive approach.

Joy reported that work was being developed on pre-registration nursing. There was a shortage of nursing staff, a demand from people wishing to train but a lack of supported nursing places. The idea of developing a School of Nursing at the university had been put forward to offer a workforce programme which would enable people wanting a career in care to be professionally qualified. Tony advised that the university would have to be the host for this school, but that the body would be called the Sunderland School of Nursing and it was believed that this could be established in a relatively short time.

It was highlighted that a large number of nurses from care and nursing homes in the city wanted to work in hospitals and if under the CARE Academy, common standards could be applied across the city then this would be seen as a system, rather than organisation, issue. Councillor Miller and Dave Gallagher expressed their support for any initiative that enabled more capacity to be put into the system. Tony stated that he had obtained information from Preston Royal Hospital and Bolton University as they had established a school of nursing together and were able to offer advice to Sunderland.

Councillor Smith said that she was impressed by the way the CARE Academy had been brought together and was very excited about how it would develop in the future.

Colin Morris referred to the work which was being done with regard to social care and was conscious to ensure that nothing was being missed. Joy advised that this had been discussed and it had been felt that the social care side of things needed to remain separate but that this should be under the CARE Academy brand. Kath Bailey added that there had been discussions around not wanting to duplicate any

work and that the programme had to fit the city was in terms of health and wellbeing and the direction of travel.

Liz Highmore asked if the Academy would be liaising with the college with a view to make access to training more flexible. Joy commented that this was the value of working with the university as they knew how to accredit experience and would create modules which fitted in with people's lives.

The Chair agreed that the CARE Academy initiative seemed very exciting and provided an opportunity to support a project which was going to establish a facility for cutting edge knowledge and understanding in the city.

Having thanked Joy and Tony for their report, it was RESOLVED that the development of the CARE Academy and progress to date be noted.

HW9. CCG Operational Plan Refresh

The Chief Operating Officer of Sunderland Clinical Commissioning Group submitted a report providing an overview of the key points outlined in the refreshed CCG operational plan for 2015/2016.

Dave Gallagher advised that the CCG had been in the process of refreshing its two year operational plan for its second year of operation. The report highlighted where progress had been made so far in relation to key transformational changes including integrated community locality teams, the Intermediate Care Hub, end of life deciding right, urgent care and the new musculoskeletal service.

Priorities had been reviewed as part of the refresh and whilst the focus on the transformational changes continued, further priorities had been identified including: -

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

The CCG had also undertaken a review of outcome ambitions as part of the refresh and it had been proposed to increase the ambition of potential years of life lost to an improvement of 15% by 2019, an improvement on the original ambition of 7%.

Dave advised that the final submission of the plan to NHS England had been made on 14 May 2015 and the Health and Wellbeing Board were asked to receive the report for information.

The Chair enquired about the work being undertaken in relation to the Urgent Care Centre at Sunderland Royal Hospital and Dave stated that the intention was to get the system into such a place so that those who did not need Accident and Emergency treatment could go next door to the Urgent Care Centre.

Councillor Miller referred to the recent 'Perfect Week' exercise carried out at City Hospitals, where non-essential meetings had been stopped and volunteers had performed administrative tasks. Staff feedback from this exercise had mainly been good and it had showed that there were options within the system to address some of the issues in the hospital. Dave noted that the challenge was to re-prioritise and make that sustainable; a problem manifests in Accident and Emergency but can then generate problems elsewhere in the hospital.

The Board RESOLVED that: -

(i) the key points of the operational plan refresh be noted; and

(ii) the CCG operational plan for 2015/2016 be noted.

HW10. NHS Quality Premium 2015/2016

The Chief Operating Officer of Sunderland Clinical Commissioning Group submitted a report providing an overview of the key requirements outlined in the Quality Premium guidance for 2015/2016 and the proposed measures against which the CCG would be assessed in 2015/2016.

Dave Gallagher explained that if the CCG met certain quality standards in the year, then the Quality Premium would be paid and fed into the relevant areas for the next year. The standards for 2015/2016 were outlined within the report and related to reducing potential years of lives lost, urgent and emergency care, mental health, improving antibiotic prescribing and two local measures.

The proposed local outcome measures were: -

- Increase in the proportion of patients who have an emergency health care plan coded in EMIS practice systems; and
- Increase in direct referrals to the Sunderland Intermediate Musculoskeletal (MSK) service from 40% to 50%

The Chair asked what the current process was for MSK referral and Dave advised that this service had been re-procured to start in October. A patient should go from their GP to the MSK service and then be referred to hospital, orthopaedics or occupational therapy. This system was not working as it should at the present time and needed to be more cost, and clinically, effective.

With regard to the emergency health care plan, not all patients needed a plan and it was a case of making this standardised and fit for purpose. Dave stated that he was confident that the CCG could achieve the targets.

The Board RESOLVED that: -

(i) the Quality Premium requirements for 2015/2016 be noted; and

(ii) the proposed measures which the CCG would be assessed against in 2015/2016 be endorsed.

HW11. 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 requested that Board Members let her know if they had any items for future meetings.

The Board RESOLVED that: -

(i) consideration be given to topics for in depth closed partnership sessions for 2015/2016; and

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

HW12. Post General Election: Conservative Manifesto Commitments

The Head of Strategy and Policy submitted a report summarising the Conservative party manifesto commitments which would be of most interest to the Board. These related to both national and regional policy and initiatives in relation to health and the economy and measures which would have an impact on individuals and families.

Karen Graham advised that all of the strategic boards had received a similar briefing and she would be happy to arrange a more in depth briefing on any specific issue at the request of individual Board members.

Councillor Miller commented that the real impact of the manifesto commitments would only be known when the Chancellor delivered his budget in July. The Chair noted that health funding was protected in cash terms but the demand for services would only increase and public expectations were not factored in to this.

Kath Bailey highlighted that one positive feature was the commitment to the draft legislation on ‘legal highs’ which the Health and Wellbeing Board had discussed in the past.

The Board RESOLVED that the report be noted.

HW13. Date and Time of Next Meeting

The next meeting of the Board will be held on Friday 25 July 2015 at 12noon

(Signed) P WATSON
Chair

Item No. 4a

SUNDERLAND HEALTH AND WELLBEING BOARD **24 July 2015**

FEEDBACK FROM THE ADULTS PARTNERSHIP BOARD

Report of the Chair of the Adults Partnership Board

The Adults Partnership Board met on Tuesday 7th July, 2015.

HWBB Peer Challenge Feedback – Verbal Update

Graham King (GK) provided an update following the recent Peer Challenge visit on the 16th and 17th April. GK highlighted that the peer team suggested there was a need to clarify the role of the Adults Partnership Board in light of the emerging HWBB priorities. GK highlighted the number of other boards that report to the Adults Board and a need to ensure that they report regularly. We need to be clear what our asks of them are and that they communicate their asks to the Adults Partnership Board and the HWBB.

It was agreed that an Annual Report showing the aims of the subgroups, progress against outcomes, value of work undertaken and key issues should be prepared and reported to the HWBB.

KG agreed to review the Terms of Reference for the Adults Board and the sub groups and put in place a reporting forward plan.

Winter Monies Evaluation

Julie Marshall (JM) from Age UK provided an update on the evaluation report for Sunderland Winter Health Programme. JM noted the programme was operational from October 14 to March 15 with an original beneficiaries target of 400 and a programme budget of £100,000. The actual number of beneficiaries accessing a range of interventions to reduce and prevent ill health and improve the management of long term conditions was 583. JM reported £600 of hardship vouchers had been issued, 33 clients received income maximisation and 32 clients received heating appliances provided by Age UK. Ages of beneficiaries was from 1 – 91.

JM noted Age UK have undertaken a Social Return On Investment analysis and for every £1 invested there was a social return of £5.56. The SROI method of evaluation was well received and requested that future reports could include a similar analysis.

The Chair suggested that opportunities to continue to fund similar initiatives and the links to social prescribing should be explored.

Age Friendly Update

Stuart Cuthbertson (SC) provided an update on progress being made towards making Sunderland an 'Age Friendly' City. The Council and Age UK have adopted the World Health Organisations (WHO) framework. The framework involves pursuing a five year

cycle of improvement, involving the base-lining of our current position, developing and implementing a three year action plan as well as measuring the success. The Council submitted an application to the WHO in May and expects to hear if it's been successful in August 2015.

SC noted later this year Age UK Sunderland will be celebrating its 65th anniversary. It is proposed to hold an event and invite speakers from across partners to describe how their organisations have contributed to making the city age friendly.

SC noted Councillor Allen is the City Council's Older Persons Champion and is currently attending the 5 Area People & Place Boards to promote Age Friendly and what can be achieved in the future. It was noted each area is different and this needs to be embedded in the strategy. SC highlighted the need to identify where the gaps are and the need to get people communicating with each other.

SC asked if members of the Adults Board could nominate a single point of contact that will be available to work on Age Friendly matters.

Date and Time of Next Meeting

Tuesday 8th September, 2015 at 2.30pm.

Recommendations

The Health and Wellbeing Board is recommended to:

- Agree to receive an annual report from the Adults Partnership Board
- Agree to explore the opportunities for continuation funding for the winter health programme, especially through social prescribing

Item No. 4b

SUNDERLAND HEALTH AND WELLBEING BOARD **24 July 2015**

FEEDBACK FROM THE NHS PROVIDER FORUM

Report of the Chair of the NHS Provider Forum

The Provider Forum met on the 1st July 2015.

Items on the agenda were:

Update from the engagement event
Vanguard status and the Sunderland Integrated Community Services Provider Board

Engagement Event

The Board agreed to host an additional engagement event in the autumn to continue the discussion. It was suggested that this should be jointly giving information about funding and gathering views about policy changes to appeal to a broader audience.

The feedback from the session was that the impacts of big policy changes including the Better Care Fund and the Care Act were not very well understood throughout the provider community especially with smaller providers and it was suggested that a number of focussed sessions be held to brief smaller providers on the implications for their organisations. **The Provider Forum felt that this was beyond the role of the Provider Forum and recommended that the HWBB address the dissemination and development role**.

Vanguard Status and the Sunderland Integrated Community Services Provider Board

Steve Williamson, COO at South Tyneside NHS FT and Philip Foster, Chief Executive at Sunderland Care and Support, gave a short presentation on the Vanguard and the role of the Integrated Community Services Provider Board (ICSPB) in delivering changes over the next year.

The Vanguard focusses on the following themes:

- People:
  - Person centred co-ordinated care
  - Staying independent/well as long as possible
  - Hospital as last resort
- Staff:
  - Working as part of Multi Disciplinary Teams
  - Connected to the local community
  - Standardised and proactive care

- System:
  - Integrated commissioning and provision – £150m pooled budget
  - Collaboration rather than competition
  - Best Value from reducing resources

In this context, the ICSPB has been established with governance and programme resources in place to manage, support and enable transformation. It has three key programmes of work:

- Recovery @ Home,
- Integrated Locality Teams,
- Primary care at scale

The Forum questioned how linked into HWBB reporting the new system was and suggested ICSPB should do a report to HWBB on evidence and how benefits are being tracked.

KB raised the need to ensure the hospital part of the picture is not forgotten. This specifically needs to cover who holds the risk if the new system doesn't achieve the expected outcomes in reducing the demand for hospital services. Key risk in the enhanced primary care workstream which accounts for 30% of feed into hospitals. Risk is everyone's challenge and needs to be addressed now at chief executive level.
KB to organise a CX level meeting to discuss individual and collective risk, and the need to simplify current structures and meetings.

Recommendations

The Provider Forum recommend that the HWBB:

- Address the dissemination and development role identified in the development session.
- Agree to receive reports from the ICSPB on evidence and how benefits are being tracked.
- Note the CX meeting to be arranged to consider risk and structures and receive an update on the discussions.

Item No. 5

SUNDERLAND HEALTH AND WELLBEING BOARD 24 July 2015

FEEDBACK FROM THE HEALTH AND SOCIAL CARE INTEGRATION BOARD

Report of the Health and Social Care Integration Board

The Health and Social Care Integration Board has now met three times under the new arrangements established by Health and Wellbeing Board to oversee the delivery of health and social care integration.

The minutes of the meeting held on 14 May 2015 are attached for information. The main item considered at the meeting had been a paper outlining the seven pooled budgets, the breakdown of contributions from the Clinical Commissioning Group and the local authority and the key risks for each.

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The group also met on 25 June 2015 and the minutes of this meeting will be circulated on completion. Matters considered at the meeting included: -

- Financial reporting for the Better Care Fund at Month 2
- The Better Care Fund Assurance Submission
- Update from the Provider Board
- EU Health Programme Call for Projects

The next meeting of the group is scheduled to take place on 23 July and would be centred on a discussion about the broader system and future planning.

Recommendation

The Health and Wellbeing Board is asked to note the update from the Health and Social Care Integration Board.

Appendix

HEALTH AND SOCIAL CARE INTEGRATION BOARD

Thursday 14 May 2015

Present: -

Dr Ian Pattison (Chair)	-	Chairman, Sunderland Clinical Commissioning Group
Councillor Mel Speding	-	Cabinet Secretary, Sunderland City Council
Debbie Burnicle	-	Director of Planning, Commissioning and Reform, Sunderland CCG
Dave Chandler	-	Head of Finance, Sunderland CCG
Dave Gallagher	-	Chief Officer, Sunderland CCG
Gillian Gibson	-	Acting Director of Public Health
Ian Holliday	-	Head of Reform and Joint Commissioning, Sunderland CCG
Sarah Reed	-	Assistant Chief Executive, Sunderland City Council
Neil Revely	-	Executive Director, People Services, Sunderland City Council
Pat Taylor	-	Audit Chair, Sunderland CCG
Sonia Tognarelli	-	Chief Finance Officer, Sunderland City Council

In attendance:

Karen Graham, Associate Policy Lead for Health, Sunderland City Council
Zena Wilkinson, Governance Services, Sunderland City Council

IB09. Apologies for Absence

Apologies for absence were received from Fiona Brown, Chief Operating Officer, People Services.

IB10. Notes of the last Meeting

The Notes of the Health and Social Care Integration Board, held on 9 April 2015, were accepted as a true record subject to the following amendments:

Present:
Sonia Tognarelli, Chief Finance Officer, Sunderland City Council

1. Apologies for Absence
Pat Taylor's apologies were submitted for the meeting.
6. Support and Administrative Arrangements
Paragraph 5 should read 2016/2017

Matters arising from the notes

3. Terms of Reference for the Better Care Fund Implementation Group

Action: Sonia Tognarelli to circulate a form of words to add to the roles and responsibilities within the Board terms of reference.

Sonia Tognarelli confirmed this action had been completed and the proposals accepted.

Action: Terms of reference for the Integration Board to be amended and brought back to the next meeting of the Board.

Karen Graham advised that the Terms of Reference were as agreed previously.

Action:

- **Karen Graham to circulate the Terms of Reference to all members of the Board.**

4. Reporting Arrangements from the Better Care Fund Implementation Group

Action: Reporting template from the Better Care Fund Implementation Group to be presented to the next meeting of the Integration Board.

The Board noted this was an agenda item for the meeting.

5. Director of Health and Social Care Post

Neil Revely advised that following receipt of the applications for the posts of Director of Health and Social Care, Head of Children's Services and Chief Social Worker, and discussions with David Gallagher, it was agreed that there was insufficient quality within the applications for the joint posts, but a Chief Social Worker had been appointed.

Neil Revely shared that an interim appointment had been made, Associate Director (Consultant in Social Work Practice), Tracy Newcomb. Neil provided a synopsis of Tracy's career and experience.

Neil Revely advised that Louise Hill, from the Youth Offending Services, City of Sunderland, had been appointed as an Acting Head of Children Services, with effect from 5th May 2015, for a six month period. Neil explained that this had been a timely appointment as the City of Sunderland had received notification from Ofsted that a four week inspection was due to commence.

Neil Revely advised that Deanna Lagun had been seconded to safeguarding for three days per week and would make up the Senior Leadership Group. David Gallagher explained Deanna would continue to hold the Head of Safeguarding responsibilities at the CCG.

Action: People Services Organisational Chart to be circulated to members of the Integration Board.

Dr Ian Pattison noted that the organisation chart had been submitted but, as this was now out of date, questioned if members would find it beneficial to have the structure mapped again.

Action:

- **Neil Revely to arrange for the People Services Structure Chart to be revised and for the chart to include the names of the individuals in post.**

6. Support and Administration Arrangements

Action:

- Members to contact Karen Graham and Dr Ian Pattison with any proposals for additional agenda items for the next meeting of the Integration Board.

Karen recommended that agenda items for the next meeting should be added as a standing agenda item for future agendas. Any members who wished to include an item of business should contact Karen directly. Members agreed the proposal.

7. Any Other Business
Efficiency Opportunities through Health and Social Care Integration

Action: Sarah Reed to make enquiries with the Programme Manager, advising of Sunderland's position and aiming to identify the potential benefits of the work to partners.

Sarah Reed advised that she had contacted the Programme Manager and it was agreed to be part of their learning network and share information, as deemed relevant.

IB11. Sunderland City Council and Sunderland CCG Better Care Fund Pooled Budget

Ian Holliday submitted the Health and Social Care Integration Board, Sunderland City Council/Sunderland CCG Better Care Fund Pooled Budget – Overview report.

The Integration Board were informed that the report provided an overview of the budget and the seven Pools and would be subject to review to reflect the 2016/2017 negotiations but this was intended to be complete by the end of May 2015.

Ian Holliday advised that further variations would include getting resources into the correct pools, therefore there may be some changes and gave mental health as an area where this could happen.

Ian Holliday explained that each of the seven Pools were described and proposed Pool Managers and other support officers were identified. A brief description of the current transformation programmes for each Pool was given and the current risks identified, for example in terms of the actual commissioning activity a significant proportion of the funding was tied up with current contracts. Debbie Burnicle explained that within the new Community Services Board the providers effectively oversaw the development of those services.

Pat Taylor questioned if there was a process to sign off proposals. Ian Holliday explained that this was to be undertaken the first time proposals were made.

Ian summarised the following:

Pool 1: Community Integrated Teams, including Recovery at Home

- CCG Contribution £29,808,818
- LA Contribution £ 5,315,418
- Total Contribution £35,124,236

Proposed Pool Manager(s): Sunderland CCG, Penny Davison and Angela Farrell; LA Commissioning Support, Ron Hamilton.

Sarah Reed noted that this was one of the most significant Pools and questioned the plans to break away from the current mould and try different strategies. Ian Holliday stated that he believed this forum was the key change area for new innovations.

Debbie Burnicle acknowledged that the reporting structure would always feel slightly behind as the project would continually be moving forward.

Ian explained that the key part for Pool 1 was to keep individuals out of hospital or enable quicker discharge.

Pat Taylor stated that she believed there may be a need to extend the risk section, as there may be a need to highlight the challenges against progress. Debbie Burnicle stated that she believed a lot of this information would come under the provider Boards. Pat Taylor explained that she did not feel the report evidenced innovative ways to work and wanted to ensure the Provider Board, which would take this forward, were able to gather the relevant information and were able to quantify this. Debbie Burnicle stated that she believed a significant proportion of this would come out within the evaluation.

Sonia Tognarelli agreed with Pat, stating she believed the document highlighted who and what but did not include the transformational plans and felt there may be a need to look at this with the Provider Board, to confirm what we was being sought for this Pool.

Dr Ian Pattison explained that the risks and further information would be brought to this Board.

Debbie Burnicle stated that she was concerned that there were other reporting mechanisms and she wanted to avoid duplication, and concentrate on delivery. David Gallagher agreed with Debbie's comment and stated that he believed the paper provided was about what the Pools were and acknowledged that there was a significant amount of detail below this report. David shared that he believed the Board had sufficient information to ensure work was on-going.

Debbie Burnicle explained that there was a new Community Provider Board and they would give assurance to the Hospital Board, so she felt it was an understanding of what mechanisms were in place to take things forward. Debbie stated she believed the responsibility of the Vanguard would provide clarity.

Ian Holliday explained that he had Provider Board reports which described this in detail and proposed circulating a copy to all Members.

Neil Revely advised that he believed linked to this was the mapping out process, as this was not part of this partnership. Karen Graham explained that reporting mechanisms need to be clear and end up with the integration board to provide assurance to the HWBB. Debbie Burnicle acknowledged the comment but stated that she felt process was just moving from planning and design to implementation.

Dr Pattison acknowledged that the information was available but questioned the process for this information to be fed into this Board.

Pat Taylor stated that she believed it would be beneficial to have a diagram of the reporting mechanisms, for example the Health and Social Care Integration Board would be central, with the seven Pools all linking into this and their individual reporting mechanisms would be linked to the individual Pools to be satisfied that these were being shared. Dr Pattison shared that he wanted risks to be fed in but he was concerned there would be too many reports and the Board would lose focus. Sonia Tognarelli recommended, where pertinent, exception reports could be requested and, as Ian Holliday had proposed, members received a copy of the detailed report. Neil Revely stated that if exception reports were accepted there was a concern as the Board may not know what the norm was. Neil stated that there was a need to ensure the Board did not fall into the trap of separate silos, the proposal was for a single fund and the 5 Year view indicated that this was the majority feature.

Debbie Burnicle acknowledged the dilemma raised about reporting but stated that she believed the remit of this group was not about driving forward transformation but assurance, the risks of taking these forward would be the responsibility of the Provider Boards.

Karen Graham noted that the Board was responsible to the Health and Wellbeing Board for assurance and there was a need to ensure the loop for information was correct.

Ian Holliday shared that a workshop was scheduled to be held with Pool Managers and he believed this would be a suitable forum to discuss mapping governance and how this would link.

Dr Pattison noted that the document submitted referenced “field work” and requested clarification. Ian Holliday explained within Social Care field work referred to the work undertaken by Social Workers.

Dr Pattison also noted that Appendix 1 – BCF Pooled Budget Financial Schedule, referred to the overheads for the Local Authority. Dave Chandler explained that he believed these would be removed from the schedule and shared that David May would be refining the schedule detail. Dave explained he believed the overheads related to management staff costs.

Pat Taylor questioned if this would reduce the overall size of the fund. Dave Gallagher stated yes, to ensure consistency.

Actions:

- **Ian Holliday to circulate a copy of the Provider Board report, containing the depth and breadth of detail to all members.**
- **Ian Holliday to request the Provider Board to submit a “high level” action report of what was and was not on track. This would ensure the funding was not taken into account.**
- **Ian Holliday, with Pool Managers, to undertake work on mapping governance and how this would be linked.**
- **Dave Chandler to ensure clarity within the finance schedule and the removal of overheads.**

Pool 2: Mental Health Community Services

- CCG Contribution £26,628,704
- LA Contribution £ 2,333,691
- Total Contribution £28,962,395

Proposed Pool Manager(s): Sunderland CCG, Michelle Turnbull; LA Commissioning Support, Ben Seale.

Ian Holliday advised that following circulation of the report he had been contacted by Gillian Gibson who had questioned whether Ben Seale was appropriately identified, as he was the Public Health Lead.

Ian Holliday explained the commissioned services included all out of hospital NHS adult mental health services, provided by Northumberland Tyne and Wear NHS Foundation Trust, Local Authority Mental Health Social Work Teams, Sunderland Care and Support, who provided day opportunities and supported living, and a range of voluntary services.

Ian Holliday highlighted that this Pool would also include aftercare packages provided under Section 117 of the Mental Health Act 1983. Dave Chandler advised that clarification was currently being sought in relation to Section 117 legalities and statutory obligations.

Ian Holliday stated that the pooling of resources between the CCG and the Local Authority would strengthen the Joint Commissioning function and enable the full integration of services and providers.

Ian Holliday advised that a key risk in terms of budget was Section 117 Aftercare. Recent changes in legislative guidance placed the financial responsibility on CCGs and their LA partners in respect of persons from outside Sunderland relocating to the Sunderland area. This may have a significant detrimental financial impact when specialist services, such as the Autism Unit, were based within the Sunderland area. Dave Chandler advised that work was being undertaken within the local regions to try to implement something to share these risks.

Pat Taylor acknowledged that Sunderland CCG or the Local Authority would not have a role within the decision making process if someone from the Durham area required resources which were available within Sunderland. Ian Holliday shared that he believed the CCG should be involved in the process, to sign off a final placement agreement during the planning process.

Debbie Burnicle requested clarification of the process prior to the recent changes and was informed that 50/50 splits were agreed.

Sarah Reed questioned if anything could be included with the Vanguard for pathways but was informed this was not the correct cohort.

Dr Pattison acknowledged that this was a key risk which needed to be addressed within this forum but proposed this was taken forward as a separate agenda item at the next meeting. Pat Taylor agreed there was a need to ascertain what the review concluded and then bring this item back for full discussion.

Action:

- **Section 117 Aftercare, Mental Health Act 1983, to be placed on the agenda for discussion, dependent upon the outcome of the proposed review.**

Pool 3: Carers Services

- CCG Contribution £2,000,000
- LA Contribution £ 399,096
- Total Contribution £2,399,096

Proposed Pool Manager(s): Sunderland CCG, Rachel Lumsdon; LA Commissioning Support, Pauline Forster

Ian Holliday advised that this was a well specified budget, which had been in place for a number of years and there was a Carers Implementation Group in Sunderland, which was chaired by Graham King.

The risks identified reflected the Care Act, which had strengthened the statutory rights of carers to have their assessed needs met.

Debbie Burnicle questioned if this would have social work resource impact, rather than a financial impact and was informed it was believed any resources would be included within Pool 1. Ian Holliday stated that he believed the plan was for the Carers Centre to undertake assessments of carer needs.

Debbie Burnicle acknowledged that there was a significant number of resources available to support carers. Dave Chandler explained that changes needed to be implemented in relation to the carer's statutory rights.

Dr Pattison acknowledged that if carers could no longer take up this role there was a potential for significant costs to be incurred. Sarah Reed stated that this was one of the areas within which health and social care data needed to be shared. Dr Pattison acknowledged that the profile for carers five years ago was very small, there were no formal support vehicles, and stated he believed there was a need to raise awareness and ensure clinicians and front line practitioners realise the detrimental effects if carers were unable to continue in their role.

Pool 4: Learning Disability Services

- CCG Contribution £ 7,805,327
- LA Contribution £25,918,854
- Total Contribution £33,724,181

Proposed Pool Manager(s): Sunderland LA, Ann Dingwall Lumsdon; CCG Commissioning Support, Alan Cormack

Ian Holliday advised that this was a significant Pool for a small population. The CCG focused on the health needs and the Local Authority contribution was significantly higher as they met the cost for in patient and community resources.

Ian Holliday explained this Pool covered all services for people with learning disabilities, including hospital in patient services, which was one area where contracts were spot purchased for hospital placements, which enabled funding to follow the individual patient.

Ian Holliday advised that significant costs were incurred for learning disabilities patients within a hospital setting, equating in some instances to £11,000 per week. This cost was for learning disabilities patients in long stay resources, for example Rose Lodge.

Ian Holliday shared that there was a cohort of long stay learning disability patients, the majority of which tended to be forensic placements. In response to a query from Dr Pattison, it was confirmed that the forensic placements were for those individuals who had been involved with the criminal justice system.

Ian Holliday explained that the forensic placements were usually placed under Section 37 of the Mental Health Act 1983. The Section 37 would remain in place until it was deemed appropriate by the Home Office, at which time the individual

would become eligible for after care services under Section 117 of the Mental Health Act 1983.

Ian Holliday advised that there were whole community provisions to support this cohort in their own tenancies. Pat Taylor shared that she believed there were efficiencies to be made in terms of the packages of care, in relation to the model of support provided.

Ian Holliday advised that an area of potential risk was the high cost placements. Debbie Burnicle advised that an external company had been commissioned to review the costs of placements and resources.

Ian Holliday acknowledged this was an area of work very closely monitored by all parties. A lot of innovative work had been taken forward and Sunderland were acknowledged as a leader in this field.

Pat Taylor noted that there was a significant increase in this cohort's longevity due to the support provided and this in turn raised issues with increasing financial requirements.

Debbie Burnicle agreed the risks would also need to take into consideration the needs of the families and stated that she felt it was helpful for the Board to be aware of these.

Ian Holliday advised that there was a very strong Learning Disabilities Board within Sunderland, with a designation representative for governance. Ian noted that if members of the cohort moved into the community under Section 117 of the Mental Health Act 1983, they would come under the remit of mental health.

In terms of the costs for the care packages, Ian Holliday advised that he was uncertain where this was reported. Dr Pattison noted the comment and agreed there was a need to ensure these were reviewed to ensure their appropriateness. Sonia Tognarelli stated that she believed these cases would be reviewed through a monthly group, as well as under the normal case review processes.

Debbie Burnicle advised that within the aims and milestones for 2018 was an understanding that teams working with people would become part of the five locality integrated teams. Ian Holliday stated that a concern for this cohort would be whether they could be shared within the five integrated teams.

Dave Chandler acknowledged that the role of this group was to understand the situations and consider how these could be improved.

Pool 5: Community Packages (including CHC)

- CCG Contribution £24,856,053
- LA Contribution £23,746,979
- Total Contribution £48,603,032

Proposed Pool Manager(s): Sunderland LA, Ann Dingwall Lumsdon; CCG Commissioning Support, Lee Cooper/Judith Brown.

Ian Holliday advised this was an area with the potential to do things differently in terms of how resources came together to provide packages of support. Ian explained that there were significant efficiencies which needed to be made, especially in relation to CHC. This was an area which Health and Social Care providers had disagreed upon historically and Ian stated that he believed bringing the funding into one pot would remove this.

Dave Chandler enquired about personal health care budgets. Ian Holliday advised that there were currently four individuals who had taken forward personal health care budgets and these were around CHC. Ian agreed with Dave that there were potentials for personal budgets and, in line with the efficiencies these may make, stated that he believed this was something which should definitely be promoted.

Pat Taylor shared that she would like further information on the subject of personal budgets. Ian Holliday explained that packages of care were funded, following assessment by the Local Authority and individuals had an option to commission their own care, with personal budgets. The drive now was for this to be mirrored within Health Care, as personal health budgets.

Dr Pattison acknowledged that the Integration Board would be bringing health and social care together and invited open questions to enable a clear understanding of the context. Debbie Burnicle agreed that members may find a development session on personal and personal health budgets beneficial.

Pool 6: Equipment Services

- CCG Contribution £1,652,015
- LA Contribution £ 862,252
- Total Contribution £2,514,267

Proposed Pool Manager(s): Sunderland LA, Joanne Thynne; CCG Commissioning Support, Angela Farrell.

Ian Holliday advised that this area was a joint funded partnership between Health and Social Care which was successful in terms of the operational process in place, which supported a single equipment service managed by Care and Support.

Sonia Tognarelli noted that this was an area which could require more resources and Pat Taylor commented that this may be an area for expansion with the current changes.

Dr Pattison questioned where the remit for providing medical equipment, for example nebulisers, would sit. Debbie Burnicle advised that the Urgent Care Team would be based within the Care and Support Team and she believed this would enable issues to be shared about the provision of all equipment.

Poor 7: Disabled Facility Grant

- CCG Contribution £-
- LA Contribution £2,999,999
- Total Contribution £2,999,999

Proposed Pool Manager(s): Sunderland LA, Joanne Thynne; CCG Commissioning Support, not applicable.

Members of the meeting were informed that there was a requirement for the Better Care Fund to include the Disabled Facilities Grant (DFG). The grant was utilised for disabled people to make adaptations to their home to enable them to remain at home.

Councillor Speding stated that when looking at the description of the adaptations, applications were financially assessed. Dave Chandler advised that it was noted that when Section 117 statutory obligations were being investigated there was a need to implement a model about "means testing", for both Health and Social Care and stated that there was a need to ensure both organisations adhered to their legal responsibilities.

Ian Holliday reported that one issue raised was that there was a divide between health and social care needs and as the proposals were to move into integrated working there may be a need for care workers to provide personal care elements.

Ian Holliday advised that the risk highlighted within the report was the demand for adaptations through the DFG process was high and eligible needs must be met within six months of an approved application. This could place pressure on the budget. Ian stated that there was a need to ensure this issue was picked up and questioned if the risk should be fed into the Partnership Board. Debbie Burnicle stated that she believed the Board were aware of this risk.

Councillor Speding acknowledged that the risk was that eligible need "must" be met and shared concern that although occupational therapists may undertake an assessment, the funding was not always available to meet the need. Councillor Speding stated that he believed in relation to fair access to services a decision was needed about which process would be followed.

Dr Pattison acknowledged that there was a need for risk assurance that these issues were being picked up within the Better Care Fund Board.

Members were informed the final part of the report included the initial templates for the Better Care Funds but these had now changed. Dave Chandler advised that NHS England had acknowledged that some of the information requested in the original template could be received from other services, with the exception of the detail on page 35, which was a narrative report. Dave advised that there would be an expectation that this group would report on behalf of the Health and Wellbeing Board. Karen Graham confirmed this action had been delegated to the Integration Board.

Dr Pattison received confirmation that the report would be submitted on a quarterly basis. Dave Chandler advised that the Health and Social Care Integration Board would sign off the quarterly reports and receive regular information on the budgets from the Care Implementation Team, on a monthly basis.

Dr Pattison noted that this detail could be included within the forward programme, as the detail was known.

Sonia Tognarelli stated that as the report was quarterly there may be a need to request an earlier report, by exception. Dave Chandler agreed this would be beneficial. Dr Pattison summarised that formal quarterly reports were required but during the formation process, reports may be requested more regularly.

Pat Taylor questioned, within the BCF Pooled Budget Financial Schedule, the inclusion of *Payments to clients to pay for services, Income back to use for these services.* Dave Chandler advised that this area needed a technical adjustment.

Dave Chandler advised that 0.8% was not BCF but they had been informed nationally this could not be put in until it was achieved. It was agreed that there would be a negative budget until the 0.8% was achieved.

Karen Graham recommended the second to last paragraph in the report was amended to confirm that the Health and Social Care Integration Board were delegated the responsibility to sign off the quarterly reports.

Debbie Burnicle noted that the report included the proposals to appoint a Pool Manager and Commissioning Support to each of the seven schemes. Debbie noted that Ian Holliday and Graham King would have overall responsibility for the Pools and proposed amending the title from Pool Manager to Scheme Manager.

Action:

- **Ian Holliday to amend the Health and Social Care Integration Board; Sunderland LA/Sunderland CCG Better Fund Pooled Budget Overview to:**
    - **Reflect the agreed delegation for the quarterly reports.**
    - **Reflect the change from Pool Manager to Scheme Manager**
    - **Reflect the delegation of decision making from the HWBB to the Integration Board**

Members:

- Received and discussed the Sunderland City Council and Sunderland CCG Better Care Fund Pooled Budget Report.
- Approved the use of a standard reporting template.
- Approved the use of the proposed financial reporting schedule.
- Approved the proposals for appointment of the Scheme Managers and Commissioning Support, with the exception of Pool 2, Commissioning Support., Ben Seale

IB12. Terms of Reference for the Integration Board

Members noted this item had been discussed in full.

IB13. Design of Discussion on Broader System and Future Planning

Dave Gallagher advised that there was a need to consider the work plan/strategy and proposed this item of business was deferred until the next meeting.

Action:

- **Design of Discussion on Broader System and Future Planning deferred until the next meeting.**

IB14. Any Other Business

No further items of business were discussed.

IB15. Date & Time of Next Meeting

The next meeting would be held on Thursday 25 June 2015 at 3.00pm

Debbie Burnicle submitted her apologies for this meeting.

(Signed) Dr Ian Pattison
Chair

Item No. 6

SUNDERLAND HEALTH AND WELLBEING BOARD **24 July 2015**

HEALTH AND WELLBEING PEER REVIEW

Report of the Assistant Chief Executive, Sunderland City Council

1.0 Purpose of the Report

The purpose of the Report is to advise the Board of the outcome of the Local Government Association Health and Wellbeing Peer Review follow-up which took place in April 2015.

2.0 Background

The original peer review took place in March 2014 and produced a number of recommendations from which an implementation plan was prepared. The peer team returned in April 2015 to take stock of progress against the plan and a number of Board members or their representatives met with the team to provide their input.

3.0 Focus of the Review

The review considered a number of topics including Health and Social Care Integration, the role of the Boards Advisory Groups and the role of the Council's Public Health team. The full timetable is attached as Appendix 1.

The review team's feedback letter is attached as Appendix 2 and a summary of this is provided below:

- In terms of integration:
  - Although the ASE are very impressive, more needs to be done to communicate to the health sector the progress being made in respect of integrated commissioning and integrated locality working, including what it means for them
  - The Board should be clear about the outcomes of integration and articulate these to local people
  - Future relationships with Providers need to be reviewed based on the impact of the BCF and Vanguard and to ensure the best is made of future opportunities
- The future role of the Adults Partnership Board and Children's Trust need to be considered. There is currently a disconnect between these Advisory Groups and the Board and linkages need to be made between the Boards priorities and the work agenda of the groups
- The Board should ensure that a coherent set of action plans is developed for its recently agreed priorities and that these are implemented quickly
- The Public Health team is in a transition period due to the departure of the Director of Public Health and this affords the opportunity to strengthen the team and the role of public health more generally. The team should be

part of the decision-making process and be the lead for an increasing number of projects and workstreams. Also, further work is needed to tackle population health inequalities and the views of local people should be sought in order to establish how best to do this

- In terms of community engagement there is evidence of strong relationships and lots of activity at the local level, however there is an opportunity to join up activity across partners and make best use of diminishing resources.

4.0 Recommendations

The Board is recommended to:

- Develop a revised action plan based on the overall findings of the LGA Peer Review.
- Receive 6 monthly updates on progress against the action plan.

Health and Wellbeing Challenge Follow-up - Timetable **APPENDIX 1**

<table>
<tr><th colspan="2">Day 1</th></tr>
<tr><th>Peer Team 1</th><th>Peer Team 2</th></tr>
<tr><td colspan="2">Welcome Meeting
Date: 16th April 2015
Time: 9.00am till 9.30am
Venue: Chief Executives Conference Room

Attending: Sarah Reed (Assistant Chief Executive, SCC), Gillian Gibson (Interim Director of Public Health, SCC), Fiona Brown (Chief Operating Officer, SCC)</td></tr>
<tr><td colspan="2">Workshop to discuss progress against the Health & Wellbeing Strategy
Date: 16th April 2015
Time: 9.45am till Noon
Venue: Committee Room 4

Attending: Cllr Mel Speding (Cabinet Secretary, SCC), Phil Spooner (Head of Community Leadership Programmes, SCC), Sandra Mitchell (Head of Community and Family Wellbeing, SCC), Jane Hibberd (Head of Strategy and Policy for People and Neighbourhoods, SCC), Jacqui Reeve (Washington Mind), Gillian Gibson and Sam Meredith (People Communications Manager, SCC – tbc), Karen Graham (Associate Policy Lead for Health, SCC)</td></tr>
<tr><td>Public Health integration and influence across the council
Date: 16th April 2015
Time: 1.00pm till 2.00pm
Venue: Chief Executives Conference Room

Attending: Sarah Reed, Gillian Gibson</td><td></td></tr>
<tr><td>Engagement and Resources at a Locality Level
Date: 16th April 2015
Time: 2.15pm till 3.15pm
Venue: Chief Executives Conference Room

Attending: Charlotte Burnham (Head of Scrutiny and Area Arrangements, SCC), Jackie Spencer (CCG Senior Commissioning Manager), David Robinson (CCG Commissioning Manager), Lesley Wilson (CCG Practice Manager)</td><td>Understanding the role of the HWBB Advisory Groups: The Children's Trust
Date: 16th April 2015
Time: 2.15pm till 3.15pm
Venue: Committee Room 4

Attending: Beverley Scanlon (Head of Educational Attainment & Lifelong Learning, SCC), Agnes Rowntree (Business Relationship and Governor Support, SCC), Jane Hibberd</td></tr>
<tr><td>Health and Social Care Integration
Date: 16th April 2015
Time: 3.30pm till 4.30pm
Venue: Chief Executives Conference Room

Attending: Dave Gallagher (CCG Chief Executive), Ian Holliday (CCG Head of Service Reform and Joint Commissioning), Debbie Burnicle (CCG Director of Commissioning, Planning & Reform), Sonia Tognarelli (Director of Finance, SCC), Fiona Brown</td><td>Understanding the role of the HWBB Advisory Groups: The Provider Forum
Date: 16th April 2015
Time: 3.30pm till 4.30pm
Venue: Committee Room 4

Attending: Cllr Mel Speding, Ken Bremner (Chief Executive, City Hospitals Sunderland NHS Foundation Trust), Karen Graham</td></tr>
<tr><td rowspan="2"></td><td>Understanding the role of the HWBB Advisory Groups: Adults Partnership Board
Date: 16th April 2015
Time: 4.45pm till 5.45pm
Venue: Committee Room 4

Attending: Graham King (Head of Integrated Commissioning, SCC), Karen Graham</td></tr>
<tr><td>Peers phone call with Neil Revely (Executive Director, People Directorate)
Date: 16th April 2015
Time: 6.00pm till 6.30pm</td></tr>
<tr><th colspan="2">Day 2</th></tr>
<tr><td colspan="2">Breakfast with Health and Wellbeing Board members, including a summary of the Peer Teams findings.
Date: 17th April 2015
Time: 9.00pm till 10.15am
Venue: Committee Room 1
Attending: Graham King, Gillian Gibson, Dave Gallagher, Ken Bremner</td></tr>
</table>

APPENDIX 2

Sarah Reed
Assistant Chief Executive
Sunderland City Council
Civic Centre
Burdon Road
Sunderland
SR2 7DN

11 June 2015

Dear Sarah

Health and Wellbeing peer challenge follow up visit 16-17 April 2015

On behalf of the peer team thank you for the opportunity to revisit Sunderland Council fourteen months on from the original peer challenge. The purpose of the follow up was to gauge your progress and specifically provide feedback on areas where we believed that improvement could still be made.

In advance of our visit we reviewed a range of papers and had telephone discussions with some of your key stakeholders including the Leader of the Council. During our 1.5 day with you the team (Jamie Morris, Jane Moore, Sue Stevenson, Dr Adrian Hayter and I) met or spoke with over forty people in interviews, workshops and telephone calls. That level of commitment told us a lot. You are system leaders who are open to critical-friend challenge and are intent on improving health and wellbeing outcomes for the people of Sunderland. You were excellent hosts and we would like to thank Stuart Cuthbertson in particular for all his help both before and during our visit.

We fed back our findings verbally on 17 April to representatives of the Health and Wellbeing Board (HWB) and this letter provides a summary of that feedback. Inevitably the feedback and therefore this letter dwelt more upon the areas where we believed you should give further consideration to. However, it is important to state our overall view was that tangible improvement was being made right across the board and your improvement plan clearly outlines this. We identified 6 core areas to focus our feedback. These were: Vision, Priorities, HWB, Public Health, Community Engagement and Integration.

Vision

Inevitably during the last year the work of the board, like all HWBs has concentrated on the growing integration agenda and in particular the Better Care Fund (BCF). You have nevertheless made a renewed effort to focus upon the areas of greatest inequality since our last visit and we commend you for doing so. We were very impressed with

your Accelerated Learning Events (ALE) and the way you have used those opportunities to galvanise stakeholder around what will make a real difference to people's health outcomes in Sunderland in the longer term.

We recommended in February 2014 that you set out a vision for how the health and social care system would operate in the future. The outputs from the ALE take you some way to achieving this. We suggest you use these outputs to produce a simple narrative describing how the system will operate and use this to increase understanding across the partnership.

We were impressed with the coherence and simplicity of your three over-arching priorities for the city of education/skills, economy and health. We would encourage you (and the other partnerships in the city) to explore further the interfaces between these three priorities – i.e. how work in one area can contribute to objectives in another. We discussed for example with Gillian Bishop, the work to engage the business community on the health agenda.

We had some discussions about the future of the health and social care economy across the territory of the proposed combined authority and the wider North East Region. With continuing financial pressure on providers and the expected push towards more integration from central government (whoever is in power after the election), this debate is likely to become increasingly significant. We would encourage you to begin partnership discussions about the longer term planning of the health and care system, potentially over a wider footprint than the city, and to consider how in this scenario you would protect your current strong Sunderland-centred focus for health and wellbeing. The HWB will have a key role in progressing this.

Priorities

We were pleased that you have sought to recalibrate your priorities and from work you undertook in February 2015 we can see that you now have eight. You have a renewed focus on short, medium and longer term improvement and this will garner pace, confidence and momentum. This is positive.

Importantly when we visited in February 2014 we identified the need to provide coherent action plans for the delivery of your then priorities and given you have refreshed these the same feedback, albeit for a new set of priorities is repeated here. Given the work you have done to refresh these, we honestly believe you can produce these plans quickly and we would urge you to do so. As such our advice is to focus quickly on the next steps, making it happen and keeping a watching brief to these key longer term outcomes.

We were impressed with the potential for your 'Intelligence Hub'. We heard about it last year and saw now upon our return that it has massive capability. The need to keep this front and centre with your priorities and planned outcomes from your health and wellbeing strategy is key. This will inform and reinforce your priorities and demonstrate whether your actions are making a difference.

Health and Wellbeing Board

Your engagement with partners and providers had improved from an already good base. Your provider forum has now been in place for over a year and is working effectively. You recognise that there needs to be more engagement with providers beyond the foundation trusts and to that end you have arranged an event with providers from the third sector. You are also getting all providers to articulate how they can contribute to the health and wellbeing agenda. We see these as very positive developments.

We believe though that some of your existing infrastructure would benefit from a refresh. Both the Adult Partnership Board and the Children's Trust are in our view struggling with focus and purpose. The Children's Trust has met infrequently and the renewed focus on 'Best Start' could reignite this. The Adult Partnership Board equally has struggled. Again a refresh of the priorities and how these boards can make a difference in terms of a people, place and locality agenda might be a useful way to reflect upon their best purpose.

Public Health

We recognise that you have had significant change in your public health staffing arrangements. You managed the transition of public health into the council well and have sought to make health and wellbeing endemic throughout your service areas.

You are currently managing a transition in the leadership of public health and that provides you with a significant opportunity. This is about looking again at the capacity, influence, resources, relationships for public health and the team as a whole. Our impression over a year on was that that this has diminished somewhat and that is something you should reflect upon.

We endorse your view that public health should reflect the wider city and system needs and this only serves to reinforce our view that this needs strengthening. We believe if you take the time now to review how to best utilise its leadership and the function across not just the council but Clinical Commissioning Groups (CCGs) and the wider system too, the potential for a stronger and purposeful public health voice will be rekindled. We would suggest you pay this attention to this sooner than later.

Community Engagement

You have strong relationships at a city level and a real strength in relationships and ways of working at local level through the council's own area arrangements and also through the area partnerships. The co-terminus configuration of a number of organisations and services has ably supported very practical and also more strategic improvements which have had a direct benefit to local people. Examples here would include the role of local health and mental health champions, community connectors and the collaborative work to create dementia friendly environments.

We also noted the extended use of local signposting through the community directory and were pleased to see increased involvement of the third sector which was echoed in the development of the wider provider forum which met on Monday 20 April 2015.

One observation to consider would be the potential disconnect between the allocation of local funds and the strategically expressed outcomes from your revised eight health and wellbeing priorities. It is always important to be able to respond to locally expressed need, be we would advise you to aim for greater alignment to improve overall outcomes without compromising your local community engagement approaches.

We particularly wanted to highlight the 'All Together Sunderland' work which provides a clear, consistent and recognisable brand for engagement and integration. We saw the posters displayed in the council building and heard this seems to be working especially well with children and young people. We would urge you to ensure that appropriate feedback mechanisms are employed along the lines of "you said", "we did" to demonstrate that the council and its partners have listened and taken action. The potential exists for this to be rolled out across place and with a focus on different groups, since this is indeed an effective way of identifying additional capacity in communities.

Finally we wanted to suggest a possible enhanced role for Healthwatch Sunderland to help to consolidate local engagement and link this more strategically, through, for example, the Healthwatch seat on the HWB. Healthwatch Sunderland is actively involved in extending its reach and networks and should be rich source of data – at times this may be used to provide challenge but equally it can be analysed and used proactivity to inform improvements.

Integration

Understandably your HWB has been dominated by the BCF for last twelve months. This is true of many places. We were very impressed with the commitments in your plan. The role of the HWB in driving that integration and the £150m investment puts you ahead of the curve. It is important that your longer term plan also keeps the health prevention agenda front and centre.

Our latest visit reinforced the impressive way you manage your locality structures. Your locality work is progressive and very much 'work in progress' in that you are constantly looking to improve it. You could do so further now in line with our comments in relation to vision, priorities and engagement referred to above.

We have already made reference to the improved working with providers and your extended forum with in excess of sixty providers having a voice is very commendable. This will allow you to engage providers as key agents to really drive change and improvement in the system.

We saw many examples of good integration practices and initiatives. Your approaches around Mental Health, Best Start and the Integrated Wellness Model are just some. In line with the comments around vision and priorities it is important to keep focussed on the longer term outcomes being sought for integration and to constantly revisit this. An example is that we heard about you creating integrated teams across the city and we commend you for co-locating people. It is a positive start but a longer term plan for an integrated workforce will soon be a key requirement of you.

In summary, we were pleased that you had positively reflected upon the peer challenge from February 2014 and were acting upon the findings to improve. We saw strong and sustainable evidence that this was in place. As such the suggestions we have made in this letter, should be read in that vein.

Yours sincerely

Paul Clarke
Programme Manager
LGA
On behalf of the Challenge Team

Item No. 7

SUNDERLAND HEALTH AND WELLBEING BOARD **24 JULY 2015**

ACTIVE SUNDERLAND BOARD

Report of the Executive Director of People Services

1. Purpose of the Report

1.1 The purpose of this report is to advise Board Members of the establishment of the Active Sunderland Board, whose aim it will be to drive forward participation levels in physical activity and sport.

2. Background

2.1 Board Members may be aware that in November 2014, the Council adopted a strategic and joined up approach to improve levels of physical activity, and move towards an increasingly active Sunderland.

2.2 Specifically, the new approach aims:

- To impact on the greatest number of people (children and adults)
- To enable children and young people to have the best start in life
- To support people in families and communities that are benefiting least from the opportunities that being active brings
- To provide access to all our infrastructure, green and blue space as well as sport and leisure facilities, including pathways to sporting excellence.

2.3 Moreover, the approach will provide:

- A clear direction and identify a new joined up approach to an Active Sunderland
- Shared priority outcomes for our partners and city residents
- ***All together an Active Sunderland -*** *a city where everyone is as active as they can be*
- A reduction in levels of inactivity.

A copy of the November 2014 Cabinet and agreed policy position can be seen in Appendix 1.

3. ACTIVE SUNDERLAND BOARD

3.1 In order to drive forward the city's ambition for ***All together an Active Sunderland*****,** a new strategic group is to be established called the Active Sunderland Board. The Board is being established to provide the necessary leadership to empower a thriving city partnership, where enabling people to be physically active becomes everyone's business. It is recommended that the reporting arrangements for this approach will be through the Health and Wellbeing Board.

3.2 An initial workshop has already been convened to commence development of the Board and to seek partner's views on how the work of the Board should be structured. The workshop also explored how a more active city will be able to contribute to the strategic agenda – Economy, Education and Health & Wellbeing. Moving forward it is anticipated that the Active Sunderland Board will be able to work alongside the Health and Wellbeing Board contributing to its main priority of ensuring the ***Best Possible Health and Wellbeing for Sunderland - people live longer and health inequalities are reduced.***

3.3 The Active Sunderland Board membership will represented by the following partners.

a) Cabinet Members ie. Cabinet Secretary and the Portfolio Holder for Public Health, Wellness and Culture
b) Local Authority Sport and Leisure
c) Local Authority Education
d) Tyne and Wear Sport
e) Sport England
f) Sunderland AFC Foundation
g) Sunderland Cultural Partnership
h) Everyone Active
i) Sunderland AFC
j) Sunderland College
k) Sunderland University
l) Public Health
m) NHS - NTW

3.4 The Board will develop a city delivery plan that will report direct to the Health and Wellbeing Board. This delivery plan will be supported number of key cross cutting sub groups to deliver agreed actions.

3.5 The initial work of the Board will focus on drafting terms of reference, developing overall governance arrangements, engaging with wider partners and developing a performance management framework to track outcomes.

3.6 In summary, the Active Sunderland Board will provide a platform for physical activity and sport to take its rightful place high on the city agenda and contributing to the priorities of the Health and Wellbeing Board. The Active Sunderland Board will also provide the opportunity to place physical activity and sport at the top of other partners' agendas.

4. Recommendations

4.1 The Health and Wellbeing Board is requested to:

a) Note the content of this report for information
b) Agree to formally establish the Active Sunderland Board and its membership
c) Agree to receive quarterly updates from the Active Sunderland Board.

Appendix 1

CABINET **5 NOVEMBER 2014**

REPORT OF THE EXECUTIVE DIRECTOR PEOPLE SERVICES

A CITY APPROACH TO AN ACTIVE SUNDERLAND

1. Purpose of the Report

1.1 The purpose of this report is to present the City Approach to an Active Sunderland and seek Cabinet's approval

2. Description of Decision (Recommendations)

Cabinet is asked to:

a) Agree the new City Approach.
b) Agree to support the further development of the City Approach with key partners, stakeholders and general public
c) To delegate to the Executive Director, People Directorate, the authority to make non-substantive changes to the document prior to publication and with key stakeholders and partners to agree how it is presented and launched.

3. Introduction/Background

3.1 Why produce a City Approach to an Active Sunderland?

3.1.1 There is a strong and growing evidence base amplifying the benefits of regular participation in activity in terms of the contribution to better physical and mental health and wellbeing, skills development and levels of attainment.

3.1.2 Participation in activity is also valued in its own right for friendship and fun, bringing people together to break down barriers and strengthen communities. It is clear that an increased level of activity has a central role to play in individuals and communities mental and physical resilience enhancing their mental wellness and improving their quality of life.

3.1.3 The challenge now facing the Council and the city is to enhance the conditions and opportunities for more people to become more active more often, whether in informal activity such as going for a walk with friends in the park, cycling to work, or having a swim, or in more formal activity such as joining a sports club or gym.

3.1.4 Adopting a strategic, joined up approach to improving levels of activity will enable us to maximise the impact that physical activity has in Sunderland. Specifically,

the approach is:

- To impact on the greatest number of people (children and adults);
- To enable children and young people to have the best start in life and form good habits;
- To support people in families and communities that are benefiting least from the opportunities that being active brings and which is where the greatest gains in outcomes are to be made;
- To provide access to all our infrastructure, green and blue space as well as sport and leisure facilities, including pathways to sporting excellence

3.1.5 In 2004 the Council adopted the Leisure Facilities Plan and "Active City – Sunderland's Sport and Physical Activity Strategy" to achieve the following vision: *Everyone in Sunderland will have affordable access to quality sport and physical activity opportunities to improve their health and wellbeing at first class, community facilities throughout the city.*

3.1.6 Since 2004 the Council together with its partners has invested over £71m of capital resource in new and replacement sport and leisure facilities to contribute to meeting the objectives of improving health outcomes by encouraging and supporting increased participation in sport and physical activity. A further £11.3m is being invested to replace Washington Leisure Centre which will complete the renewal of the city's leisure facilities. This level of investment is unprecedented within the region and has resulted in a comprehensive range of community based facilities, proving affordable access for residents and an attractive, modern portfolio of leisure stock.

3.1.7 The 2004 strategy is now broadly complete. A fresh and new approach will provide:

- A clear direction and identify a new joined up approach to an Active Sunderland
- Shared priority outcomes for the people of Sunderland

3.1.8 Increasing opportunities for people to be active will make a positive contribution not only to health and wellbeing, but also the wider social and economic shared objectives of the Council and its partners. More specifically it will ensure the effective planning and co-ordination of an integrated range of opportunities to increase activity levels, will meet the needs of residents, and in doing so impact on the following key areas:

- Health & wellbeing
- Skills and attainment
- Economic opportunities
- Community cohesion and resilience

3.1.9 Although the approach is aligned to the 3 city priorities, it is recommended that the reporting arrangements for the approach will be through the Health & Wellbeing Board

3.2 Contextual Analysis

3.2.1 Sunderland, in common with the rest of the North East region has relatively low, static levels of participation in physical activity and sport when compared with the national position. Sport England's Active People Survey (2014 interim results) shows that whilst the proportion of Sunderland's adult residents participating in sport once per week for 30 minutes or more (ie 1x30), is 39.2% (compared to 35.5% nationally). 53.4% of Sunderland's adult population do not participate in any form of sport or physical activity, compared to the national average of 47%.

3.2.2 Evidence of latent demand: 57.1% of adults in the city would like to become active or more active regardless of current activity levels according to the Sport England Active People Survey.

3.2.3 The following provides evidence and local statistics

Physical and mental health

- The British Heart Foundation (BHF) and the National Institute for Health and Care Excellence (NICE) state that physical activity positively contributes to the prevention of over 20 chronic diseases.
- Physical activity reduces the risk of depression, and has positive benefits for mental health including reducing anxiety and enhancing mood and self-esteem (BHF 2013).
- Within in the city, 21.3% of the city's children in year 6 of school are classified as obese, worse than the national average (Public Health England: Health Profile 2013)

3.2.4 *Health inequalities*

- Deprivation levels in the city are higher than average and about 13,000 children live in poverty
- Healthy Life expectancy (57.7 and 57.4) is lower for women and men
- Life expectancy for both men (77.0) and women (80.7) is lower than the England average
- Life expectancy is 10.7 years lower for men and 7 years lower for women in the most deprived areas of Sunderland, than in the least deprived areas
- Obesity rates for both adults (26.6%) and children (21.3%) are above the national average
- Early death rates from cancer and from heart disease and stroke have fallen but remain worse than the national average.

(Public Health England: Health Profile 2014)

3.2.5 *Skills and attainment*

- Sport England commissioned national research has identified that children who are active have numeracy scores, on average, 8% higher than non-participants in activity

3.2.6 Volunteering

- The Sport England Active People Survey shows that Sunderland residents volunteering to support community sport for at least one hour a week, has recently decreased from 4.3% in 2012 to 2.7% in 2013, which is less than half the national average of 6%.

3.2.7 Cost of Inactivity

- Sport England commissioned research shows that the health costs of physical inactivity by disease is documented as £2.38million per 100,000 population in Sunderland, compared to the England average of £1.82million per 100,000.

4. Current Position

4.1 The City approach to an Active Sunderland has been developed and set within the aims of existing city-wide strategies and within the wider policy context described below.

4.2 The new proposed approach to increasing levels of activity has been influenced by recent shifts in national, regional and local policy arenas and reflects our recognition that there are a range of providers and mechanisms available to us to achieve this.

4.3 The approach builds on the city's strengths and achievements, while taking into account the urgent need to:

- Manage demand for costly health interventions by investing in prevention
- Improve the physical and mental health of the population
- Reduce health inequalities by targeting those most in need
- Maximise our existing resources by:
  - Making best use of physical assets (eg. green and blue space, school playing fields,)
  - Harnessing the skills, resources, knowledge, and enthusiasm within our communities
  - Improving partnership working to achieve greater impact with the resources available

- Improving our understanding of needs and diversity within communities
- Changing the Council's relationship with local people by moving towards an enabling and facilitating role.

4.4 Recognising the importance to promote shared ownership and responsibility for this approach a stakeholder workshop recently took place to gather views, feedback and input on a number of key areas.

4.5 The stakeholder workshop, attended by a range of key partners within the city identified the following 'headline' information.

1) What are the obstacles in the city that are preventing us, all together, achieving a more active Sunderland?

- Lack of (joined up) promotion / communication
- Cost prohibitive
- Mindset / perceptions
- Lack of access to facilities / opening times
- Safe areas / need to feel safe
- Time / work life balance

2) What improved experiences and opportunities should we be aiming to achieve together for the people of Sunderland?

- Improved promotion of activity and celebrate success
- Increasing use and access of safe and inclusive open spaces / cycle routes
- Changing behaviours and attitudes / creating a positive experience
- Creating an activity / sporting habit for life
- Family / peer friendly offer
- Improve Integrated working
- Local activity and events

3) What can we / should we be doing together to overcome these obstacles and achieve these outcomes and to make a difference?

- Work together
- Communicate (with the public, with the voluntary sector and with businesses)
- Encourage and develop community groups and facilities
- Consult with communities to ask what they want in their area
- Advertising/promotion/marketing

92.5% *of attendees either agreed or strongly agreed to the need for a city approach to an Active Sunderland*

***95%** of attendees either agreed or strongly agreed that the proposed approach should be 'All together an Active Sunderland - a city where everyone is as active as they can be.*

***90%** of attendees either agreed or strongly agreed to the need for a more focused partnership approach to an Active Sunderland*

4.6 Gathering immediate views and reactions from attendees at the stakeholder workshop provided the following breakdown

4.7 The proposed approach is attached in Appendix 1. Following the stakeholder workshop it is clear that creating, enabling and providing opportunities for people to be active and more active will be supported and underpinned by the work of key stakeholders in the city. In achieving the approach the following themes will be followed.

- Empowering communities - supporting and enabling communities to look at informal opportunities to be active and increasing support to the community and voluntary sector, so that they can help to grow the numbers of residents being active
- Active environments - make it easier for people to be active through their everyday activities
- Sport and leisure facilities – ensuring swimming pools, sports halls and wellness centres complement the needs of residents
- Working with schools – ensuring students and families are provided with a positive experience and the best opportunities within and beyond the curriculum.
- Workforces and workplaces – ensuring the environments and polices are in

place to enable the workforce to be active
- Understand need and evaluate impact - ensure opportunities are in place due to need and evidence of impact
- Supporting individuals - opportunities are in place for those who may need more assistance in accessing good quality opportunities to be active

4.8 It is proposed a high level ***All together Active Sunderland*** Board / *Working group will be established with a range of key stakeholders to develop:*

- Further engagement work to seek views from the general public and to assess and understand need
- Develop the city approach delivery plan that will report to the Health and Well-Being Board

5. Reasons for the Decision

5.1 A new approach will provide:

- A clear direction and identify a new joined up approach to an Active Sunderland
- Shared priority outcomes for the people of Sunderland
- ***All together an Active Sunderland -*** *a city where everyone is as active as they can be*

6. Alternative Options

6.1 No alternative options have been considered.

7. Impact Analysis

7.1 Equalities - An Equality Analysis has been undertaken and the draft policy position has identified significant current and potential benefits from pursuing the city approach to an active Sunderland.

8. Other Relevant Considerations / Consultations

(a) Financial Implications

Within the draft policy position there are no direct financial commitments in adopting the approach / policy position As project ideas for implementation and action develop, requests for financial contributions and/or funding support from the Council may arise and these will be considered on a case by case basis as appropriate

(b) Risk Analysis

A number of key risks have been identified and addressed during the development process. A key risk was that for the city approach / policy position, to be effective, could not be developed in isolation. The stakeholder workshop was designed to seek appropriate links with other strategic commitments and integrate as appropriate. This will further be supported by a programme of engagement activities with other stakeholders, partners and general public to ensure that the approach and policy position remains valid.

(c) Policy Implications

It is proposed that a city approach towards an increasingly Active Sunderland is aligned and compliments the work that has already commenced with regards to Green Infrastructure and Active Travel. It is recognised that the work within these three approaches will have a greater impact on people, place, partners and outcomes as a result of the significant levels of synergy between the approaches

(d) Implications for Other Services

The development of this strategy has consulted with the Deputy Chief Executive's service area to ensure the policies are not developed in isolation and reflect the activities of other relevant service areas.

(e) The Public

Following the stakeholder workshop a range of engagement activities will take place to seek the views from the general public, this work will be implemented by a range of stakeholders

9. List of Appendices

Schedule 1 – Approach to an Active Sunderland

10. Background Papers

There are no background papers.

Schedule 1

A CITY APPROACH TOWARDS AN ACTIVE SUNDERLAND

1. PURPOSE

1.1 The purpose of this document is to:

a. Present a city approach towards an Active Sunderland
b. Provide a strategic direction of travel and one which involves partners/stakeholders in achieving shared priority outcomes for the people of Sunderland

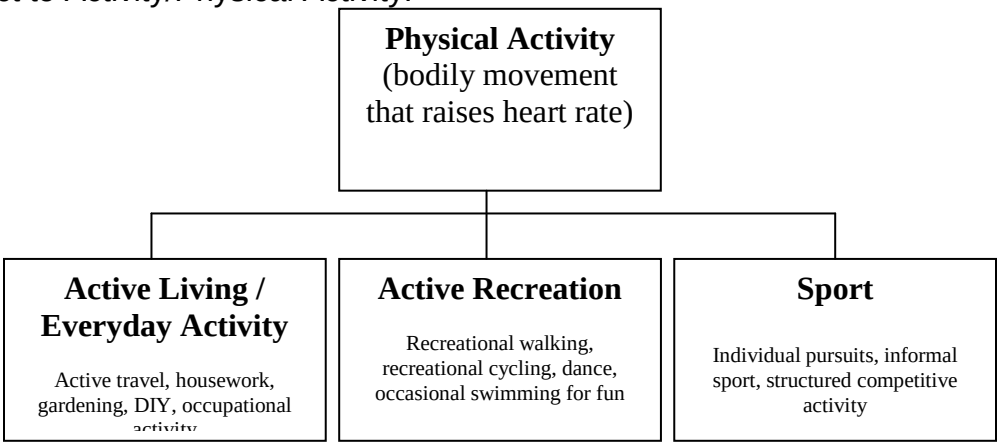
2. ALIGNMENT TO OTHER CITY APPROACHES AND POLICIES

2.1 The city approach towards an Active Sunderland is aligned and complements the work that has already commenced with regards to Green Infrastructure and Active Travel. It is recognised that the work within these three approaches will have a greater impact on people, place, partners and outcomes as a result of the significant levels of synergy between the approaches

3. DEFINITION

3.1 Arguably the terms physical activity, active living, active recreation and sport are sometimes inappropriately interchanged, for each can be defined in many ways. For the purpose of establishing a city approach for Sunderland the term activity is used in the following context:
Activity/Physical Activity is an all-encompassing term that includes any kind of movement that raises the heart rate and so helps to improve mental and physical well-being. Active living including active travel, everyday activity, active recreation, play, exercise and sport (casual and formal) are also defined within the context of activity.
The World Health Organisation defines physical activity as 'any bodily movement produced by skeletal muscles that requires energy expenditure'

3.2 The diagram below shows the relationship between the separate elements that connect to Activity/Physical Activity.



4. INTRODUCTION

4.1 There is a strong and growing evidence base amplifying the benefits of regular participation in activity in terms of the contribution to better physical and mental health and wellbeing, skills development and levels of attainment.
Participation in activity is also valued in its own right for friendship and fun, bringing people together to break down barriers and strengthen communities. It is clear that an increased level of activity has a central role to play in individuals and communities mental and physical resilience enhancing their mental wellness and improving their quality of life.

4.2 The challenge now facing the city is to enhance the conditions and opportunities for more people to become more active more often, whether in informal activity such as going for a walk with friends in the park, cycling to work, or having a swim, or in more formal activity such as joining a sports club or gym.
Adopting a strategic approach to improving levels of activity will enable us to maximise the impact that physical activity has in Sunderland. Specifically, our approach is:

- To impact on the greatest number of people (children and adults);
- To enable children and young people to have the best start in life and form good habits;
- To support people in families and communities that are benefiting least from the opportunities that being active brings and which is where the greatest gains in outcomes are to be made;
- To provide access to all our infrastructure, green and blue space as well as sport and leisure facilities, including pathways to sporting excellence

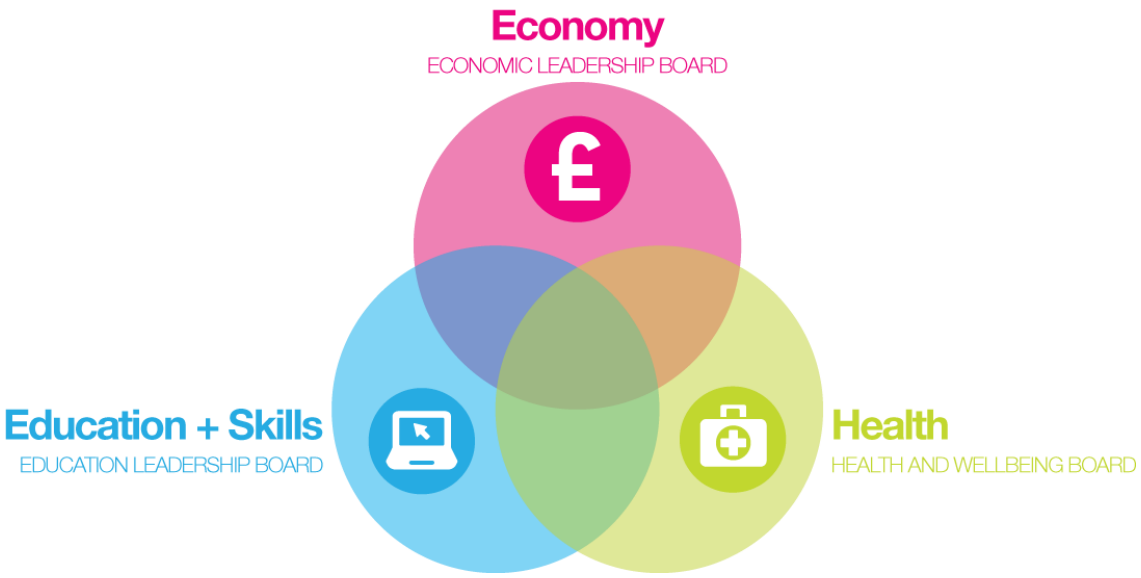
4.3 We believe that increasing opportunities for people to be active will make a positive contribution not only to health and wellbeing, but also the wider social and economic shared objectives of the Council and its partners. More specifically it will ensure the effective planning and co-ordination of an integrated range of opportunities to increase activity levels, meet the needs of residents, and in doing so impact on the following key areas:

- Health & Wellbeing
- Skills and Attainment
- Economic opportunities
- Community Cohesion and Resilience

5. THE APPROACH

5.1 The approach to increasing levels of activity has been influenced by recent shifts in national, regional and local policy arenas and reflects our recognition that there are a range of providers and mechanisms available to us to achieve this.

5.2 The approach is in line with the city's overall priorities



5.3 The approach will include existing but often untapped assets and potential within the city that can enhance and complement the Council's offer, such as:

- High quality parks, green spaces, river corridor and coastline (blue space)
- The commitment of Sunderland College and the University to provide high quality opportunities for students, workforce and the broader community to be physically active
- An increasing commitment from schools to provide high quality opportunities for students to be physically active during the school day and for the community to access beyond the school day
- A strong and willing community sport club structure and network within the city
- Volunteers supporting the community physical activity and sport club structure and network
- The community voluntary sector providing and willing to provide more opportunities for individuals to be active
- Established local and national cycle networks, e.g. C2C and the W2W and well established walking routes within the city
- A developing public transport strategy
- The emerging Integrated Wellness Model

5.4 The approach builds on our strengths and achievements, while taking into account the urgent need to:

- Manage demand for costly health interventions by investing in prevention
- Improve the physical and mental health of the population
- Reduce health inequalities by targeting those most in need
- Maximise our existing resources by:
  - Making best use of physical assets (eg. green and blue space, school playing fields,)

- Harnessing the skills, resources, knowledge, and enthusiasm within our communities
- Improving partnership working to achieve greater impact with the resources available
- Improving our understanding of needs and diversity within communities
- Changing the Council's relationship with local people by moving towards an enabling and facilitating role.

6. SUMMARY OF THE APPROACH

6.1 ***All together an Active Sunderland -*** *a city where everyone is as active as they can be* is at the heart of our approach and will be achieved through a combination of:

- *Making it together* - improved partnership working as no one organisation can achieve this
- *Making it clear* - awareness raising of the benefits ,
- *Making it obvious* - greater promotion and communication,
- *Making it easy (& fun)* - easily accessible opportunities including participation events,
- *Making it different* - smarter and more diverse programming,
- *Making it the norm* - extending access to non-traditional activity settings (eg workplaces)

6.3 Creating, enabling and providing opportunities for people to be active and more active will be supported and underpinned by the work of key stakeholders in the city. In achieving the approach the following themes will be followed.

1. *Empowering communities* - supporting and enabling communities to look at informal opportunities to be active and increasing support to the community and voluntary sector, so that they can help to grow the numbers of residents being active
2. *Active environments* - make it easier for people to be active through their everyday activities
3. *Sport and leisure facilities* – ensuring swimming pools, sports halls and wellness centres complement the needs of residents
4. *Working with schools* – ensuring students and families are provided with a positive experience and the best opportunities within and beyond the curriculum.
5. *Workforces and workplaces* – ensuring the environments and polices are in place to enable the workface to be active
6. *Understand need and evaluate impact* - ensure opportunities are in place due to need and evidence of impact
7. *Supporting individuals* - opportunities are in place for those who may need more assistance in accessing good quality opportunities to be active

6.4 This approach will inform the future development of activity in Sunderland, underpinning all action planning, investment and the design and delivery of services. Ultimately it will enable the partners within the city to make a real and

positive impact on quality of life in the city by achieving a range of outcomes for Sunderland's residents and communities:

- More Sunderland people become more active, more often
- Everyone has the opportunity to:
  - access good quality space to be active
  - access good quality opportunities to be active
  - take part in the activity of their choice
  - reach the highest standard they wish to
  - Improve their health and wellbeing
- Strong and sustainable offers within the community
- Providing pathways to ensure that activity becomes a lifetime habit
- More young people have the opportunity to acquire basic activity skills and improve their physical literacy
- Sunderland's active children perform better in school
- Embedded and enhanced community spirit, improved community resilience with more communities empowered to do more to help themselves
- More places to be active and more residents participating in activities
- More residents being aware of how and where to access opportunities to be physically active
- Residents will have a greater understanding of the benefits of physical activity including sport.

Item No. 8

REPORT TO THE HEALTH AND WELLBEING BOARD 24 JULY 2015

UPDATE ON THE HEALTH HARMS OF ALCOHOL AND LICENSING POLICY CONSULTATION

Report of the Acting Director Of Public Health

1. Purpose of the Report

To provide Board members with an update on the health harms of alcohol in Sunderland, and ensure the Members are made aware of the Statement of Licensing Policy consultation which is now open to partners until 16th August 2015, in the context of alcohol being identified as one of the Boards priorities.

2. Background

Our ambition is for Sunderland to be a vibrant city with a wide range of experiences on offer for everyone. We want the city to be a good place to do business where businesses operate responsibly; so they don't impact negatively on each other, or on residents and visitors. We want to create the conditions for economic growth while achieving the best possible health and wellbeing for Sunderland.

Although alcohol has been part of our culture for centuries and many people use it sensibly, its misuse has become a serious and worsening public health problem in the England. Alcohol not only poses a threat to the health and wellbeing of the drinker, but also to family, friends, communities and wider society.

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.

In 2013 Local Authorities assumed responsibility for Public Health. 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)

3. Key messages around alcohol harms

The harm caused by alcohol is extensive. Every year in the UK, there are thousands of deaths, hundreds of hospital admissions and over a million

violent crimes linked to drinking alcohol. This is not a problem of a small minority it is a problem that cuts across the entire population.

Sunderland residents experience significant health problems as a result of alcohol and have some of the highest rates in the country for alcohol-related hospital admissions, premature deaths and ill health caused by alcohol. The rate of alcohol-related hospital admissions among the Sunderland population is the second highest among 326 English local authority populations. These admissions comprise of those that are wholly attributable to alcohol such as alcoholic poisoning or alcoholic liver disease (1,700 people admitted in Sunderland in 2012/13), and those where a proportion of admissions can be attributed to alcohol e.g. type 2 diabetes or stroke (a further 2,700 people admitted in 2012/13). Sunderland is also significantly worse than England for admission for alcohol related alcoholic liver disease and alcohol-specific hospital stays in the under 18 age group. Sunderland's local alcohol profile for 2015 can be found in appendix 1.

The context in which we consume alcohol has changed significantly over recent years, with a rise in levels of consumption, availability and price. Since the 1950s, the average annual intake of alcohol per adult in the UK has risen from 5 litres to 9.65 litres in 2012/ 13, which has contributed to an increase in alcohol-related harms across Sunderland.

For Sunderland to achieve it potential in spite of reducing public resources in the city and we need to address issues which place a burden on the city. Alcohol impacts upon a raft of frontline services from the NHS, to the Police, to the Ambulance Service, Licensing teams and Social Services. It impacts upon the workplace, through lost productivity and absenteeism and on education, through truancy and disruption. It is estimated that the irresponsible use of alcohol costs the city around £92.49 million per year; with the greatest costs being borne by the workplace (£32 million) and our local NHS (£27 million). This does not take account the health and social consequences suffered by individuals, their families, and the wider community. Full details can be found in the Cost of Alcohol in Sunderland 2013/ 14 appendix 2.

Figure 1 Sunderland Cost Breakdown for 2013/ 14

NHS:	**£27.34m**
CRIME & LICENSING:	**£24.21m**
SOCIAL SERVICES:	**£9.25m**
WORKPLACE:	**£32.04m**
OVERALL COST[+]:	**£92.49m**

[+]Total cost excludes crime related healthcare costs. The crime cost used for the adjacent pie chart is £23.86m

Recorded crime has been rising slowly for the last couple of years and we are continuing to see a rise in the proportion of total crime that is related to alcohol. As the consumption of alcohol in the home increases then the impact of alcohol is more hidden. We know for example, in Sunderland in 2014/ 15 there was 6,389 domestic abuse incidents, and of these 1,457 were recorded as domestic violence crimes and of these, 50% were alcohol related.

Under current Licensing law, health is not a separate licensing objective and is only relevant where it relates to one of the existing licensing objectives which are:

- the prevention of crime and disorder;
- public safety;
- the prevention of public nuisance;
- the protection of children from harm.

Many Local Authorities use these objectives to curtail the irresponsible supply of alcohol thus reducing alcohol harm. We would recommend that over the next 5 years Sunderland City Council should introduce a sense of measures that will aim to support our vision for the City and enable these new developments to minimise the impact of alcohol on the health of local people and the demand for health services.

4. Statement on Licensing Policy

Every 5 years under the licensing act 2003, the local authority is required to update its licensing policy. The revised statement of licensing policy can be found at http://sunderland-consult.objective.co.uk/portal/chief_executives_1/street_scene/licensing_act_2003 and is open to all partners to review until 16th August 2015. This is an opportunity for Sunderland to review policies and procedures in light of best practice from elsewhere and as such, the Board is recommended to review this paper and forward any comments via letter to Sunderland City Council, Public Protection and Regulatory Services, Licensing Section, Jack Crawford House, Commercial Road, Sunderland, SR2 8QR or via e-mail to licensing@sunderland.gov.uk

5. Recommendations to Health and Wellbeing Board

The Health and Wellbeing Board and their organisations are recommended to:

- Review the revised statement of licensing policy
- Forward any comments on the revised statement of licensing policy as detailed in section 4.

Contact Officer: Name Julie Parker-Walton, Acting Public Health Consultant
Email julie.parker-walton@sunderland.gov.uk

Public Health England

Protecting and improving the nation's health

Sunderland

This profile was produced on 2 June 2015

Local Alcohol Profile 2015

Introduction

Alcohol use has health and social consequences borne by individuals, their families, and the wider community. The aim of these profiles is to provide information for local government, health organisations, commissioners and other agencies to monitor the impact of alcohol on local communities, and to monitor the services and initiatives that have been put in place to prevent and reduce the harmful impact of alcohol.

Reducing harmful drinking is one of seven priority areas that Public Health England is focusing efforts on securing improvement. The indicators contained within the web-tool were selected following consultation with stakeholders and a review of the availability of routine data. The Local Alcohol Profiles for England (LAPE) are part of a series of products by Public Health England that provide local data alongside national comparisons to support local health improvement.

For further information about each indicator please view the definitions tab within the tool at http://fingertips.phe.org.uk/profile/local-alcohol-profiles. For further information on alcohol and health please visit http://www.lape.org.uk.

Produced by Public Health England.

For enquiries please contact KITNorthWest@phe.gov.uk or call us on 0151 231 4535.

Spine Charts

Mortality

		Period	Local value	Eng. value	Eng. worst	England Range	Eng. best
1	1.01 - Months of life lost due to alcohol (Male)	2011 - 13	18.4	12.0	6.1		28.0
2	1.01 - Months of life lost due to alcohol (Female)	2011 - 13	7.9	5.6	13.5		2.8
3	2.01 - Alcohol-specific mortality (Persons)	2011 - 13	21.7	11.9	31.2		3.4
4	2.01 - Alcohol-specific mortality (Male)	2011 - 13	31.9	16.6	44.5		3.6
5	2.01 - Alcohol-specific mortality (Female)	2011 - 13	12.1	7.5	29.9		1.6
6	3.01 - Mortality from chronic liver disease (Persons)	2011 - 13	15.8	11.7	31.7		3.3
7	3.01 - Mortality from chronic liver disease (Male)	2011 - 13	22.2	15.5	44.8		2.4
8	3.01 - Mortality from chronic liver disease (Female)	2011 - 13	9.9	8.2	23.7		0.0
9	4.01 - Alcohol-related mortality (Persons)	2013	55.1	45.3	83.6		27.9
10	4.01 - Alcohol-related mortality (Male)	2013	88.8	65.4	117.3		38.5
11	4.01 - Alcohol-related mortality (Female)	2013	26.9	28.4	68.7		14.8

Hospital Admissions

		Period	Local value	Eng. value	Eng. worst	England Range	Eng. best
12	5.01 - Alcohol-specific hospital admission - under 18s	2011/12 - 13/14	86.6	40.1	105.8		11.2
13	6.01 - Alcohol-specific hospital admission (Persons)	2013/14	525	374	1074		131
14	6.01 - Alcohol-specific hospital admission (Male)	2013/14	722	515	1494		170
15	6.01 - Alcohol-specific hospital admission (Female)	2013/14	341	241	658		77
16	7.01 - Alcohol-related hospital admission (Broad) (Persons)	2013/14	1453	1253	2070		731
17	7.01 - Alcohol-related hospital admission (Broad) (Male)	2013/14	2011	1715	2820		1011
18	7.01 - Alcohol-related hospital admission (Broad) (Female)	2013/14	990	859	1386		498
19	8.01 - Alcohol-related hospital admission (Narrow) (Persons)	2013/14	540	444	808		264
20	8.01 - Alcohol-related hospital admission (Narrow) (Male)	2013/14	750	594	1049		338
21	8.01 - Alcohol-related hospital admission (Narrow) (Female)	2013/14	355	310	583		190
22	9.01 - Admission episodes for alcohol-related conditions (Broad) (Persons)	2013/14	2523	2111	3493		1115
23	9.01 - Admission episodes for alcohol-related conditions (Broad) (Male)	2013/14	3530	2917	4848		1582
24	9.01 - Admission episodes for alcohol-related conditions (Broad) (Female)	2013/14	1684	1426	2392		727
25	10.01 - Admission episodes for alcohol-related conditions (Narrow) (Persons)	2013/14	967	645	1231		366

Key

Significance compared to England average:

- Significantly worse
- Not significantly different
- Significantly better
- Significance not tested
- Regional average

	Hospital Admissions continued	Period	Local value	Eng. value	Eng. worst	England Range	Eng. best
26	10.01 - Admission episodes for alcohol-related conditions (Narrow) (Male)	2013/14	1293	835	1538		474
27	10.01 - Admission episodes for alcohol-related conditions (Narrow) (Female)	2013/14	677	475	940		262

Hospital Admissions - Cause groups

		Period	Local value	Eng. value	Eng. worst	England Range	Eng. best
28	9.02 - Admission episodes for alcohol-related malignant neoplasm conditions (Broad) (Persons)	2013/14	293.7	175.8	368.2		71.4
29	9.02 - Admission episodes for alcohol-related malignant neoplasm conditions (Broad) (Male)	2013/14	281.8	177.0	438.9		63.7
30	9.02 - Admission episodes for alcohol-related malignant neoplasm conditions (Broad) (Female)	2013/14	306.6	176.5	380.5		58.8
31	9.03 - Admission episodes for alcohol-related cardiovascular disease conditions (Broad) (Persons)	2013/14	1006	1049	1706		550
32	9.03 - Admission episodes for alcohol-related cardiovascular disease conditions (Broad) (Male)	2013/14	1501	1524	2575		842
33	9.03 - Admission episodes for alcohol-related cardiovascular disease conditions (Broad) (Female)	2013/14	637	673	1129		307
34	9.04 - Admission episodes for alcohol-related mental and behavioural disorders due to use of alcohol condition (Broad) (Persons)	2013/14	614	394	1296		111
35	9.04 - Admission episodes for alcohol-related mental and behavioural disorders due to use of alcohol condition (Broad) (Male)	2013/14	891	579	1894		161
36	9.04 - Admission episodes for alcohol-related mental and behavioural disorders due to use of alcohol condition (Broad) (Female)	2013/14	355	218	706		63
37	9.05 - Admission episodes for alcohol-related alcoholic liver disease condition (Broad) (Persons)	2013/14	205.9	105.3	245.6		18.7
38	9.05 - Admission episodes for alcohol-related alcoholic liver disease condition (Broad) (Male)	2013/14	314.3	147.1	351.8		27.1
39	9.05 - Admission episodes for alcohol-related alcoholic liver disease condition (Broad) (Female)	2013/14	104.0	65.8	272.9		16.9
40	10.02 - Admission episodes for alcohol-related malignant neoplasm conditions (Narrow) (Persons)	2013/14	265.6	150.7	359.9		49.8
41	10.02 - Admission episodes for alcohol-related malignant neoplasm conditions (Narrow) (Male)	2013/14	259.0	154.7	404.7		47.8
42	10.02 - Admission episodes for alcohol-related malignant neoplasm conditions (Narrow) (Female)	2013/14	274.9	149.3	352.3		39.3
43	10.03 - Admission episodes for alcohol-related unintentional injuries conditions (Narrow) (Persons)	2013/14	142.6	141.8	223.9		96.6
44	10.03 - Admission episodes for alcohol-related unintentional injuries conditions (Narrow) (Male)	2013/14	219.0	215.2	351.3		142.5
45	10.03 - Admission episodes for alcohol-related unintentional injuries conditions (Narrow) (Female)	2013/14	73.4	74.2	107.5		49.9
46	10.04 - Admission episodes for alcohol-related mental and behavioural disorders due to use of alcohol condition (Narrow) (Persons)	2013/14	214	87	222		17
47	10.04 - Admission episodes for alcohol-related mental and behavioural disorders due to use of alcohol condition (Narrow) (Male)	2013/14	310	124	310		21

Key

Significance compared to England average:

- Significantly worse
- Not significantly different
- Significantly better
- Significance not tested
- Regional average

Sunderland

	Hospital Admissions - Cause groups continued	Period	Local value	Eng. value	Eng. worst	England Range	Eng. best
48	10.04 - Admission episodes for alcohol-related mental and behavioural disorders due to use of alcohol condition (Narrow) (Female)	2013/14	124	52	152		10
49	10.05 - Admission episodes for alcohol-related intentional self-poisoning by and exposure to alcohol condition (Narrow) (Persons)	2013/14	50.2	58.6	254.1		11.1
50	10.05 - Admission episodes for alcohol-related intentional self-poisoning by and exposure to alcohol condition (Narrow) (Male)	2013/14	51.4	52.0	269.1		7.1
51	10.05 - Admission episodes for alcohol-related intentional self-poisoning by and exposure to alcohol condition (Narrow) (Female)	2013/14	49.6	65.4	239.1		10.1

Other Impacts

		Period	Local value	Eng. value	Eng. worst	England Range	Eng. best
52	11.01 - Claimants of benefits due to alcoholism	2014	237.0	131.0	528.3		15.7

Key

Significance compared to England average:

- Significantly worse
- Not significantly different
- Significantly better
- Significance not tested
- Regional average

THE COST OF ALCOHOL IN SUNDERLAND LOCAL AUTHORITY 2013/14

BALANCE
Getting the measure of alcohol

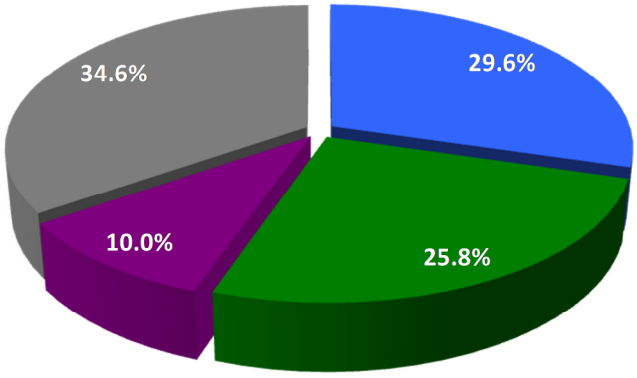
Balance estimates for 2013/14 show that for the North East alcohol related harm costs a total of around £911 million[+]; with a cost to the NHS of £242 million, cost caused by crime and licensing of £259 million, cost to the workplace/wider economy of £317 million and cost to social services of £97 million. The following profile further breaks these figures down to the local authority level.

[+]**Crime costs include healthcare related costs such as violence-related A&E attendances due to alcohol. This section of the crime costs have been removed from the overall total to avoid double counting between the NHS and crime costs.**

SUNDERLAND COST BREAKDOWN

NHS:	**£27.34m**
CRIME & LICENSING:	**£24.21m**
SOCIAL SERVICES:	**£9.25m**
WORKPLACE:	**£32.04m**
OVERALL COST[+]:	**£92.49m**

[+]**Total cost excludes crime related healthcare costs. The crime cost used for the adjacent pie chart is £23.86m**

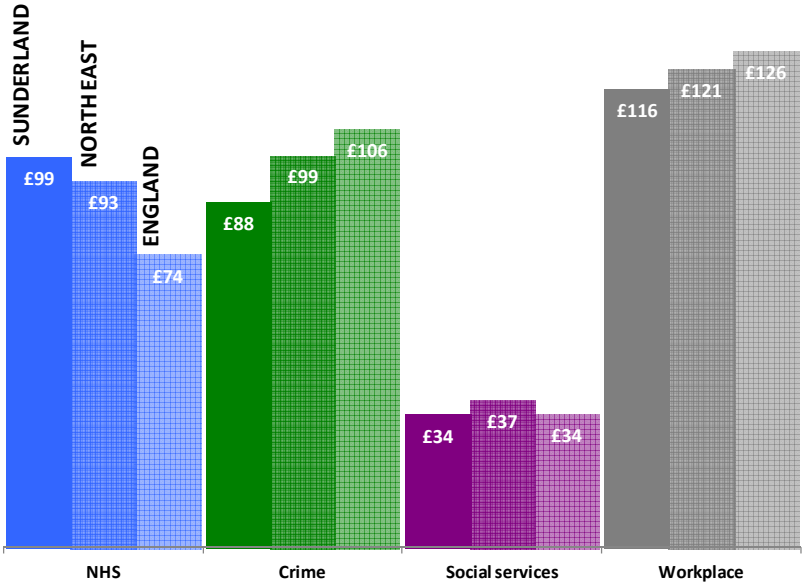


COST PER HEAD OF POPULATION

OVERALL COST PER HEAD:

SUNDERLAND:	**£335**
NORTH EAST:	**£349**
ENGLAND:	**£338**

The neighbouring chart shows the cost per head broken down by the four sub-categories.



North East rank:
1=highest cost per head
12=lowest cost per head

National rank:
1=highest cost per head
326=lowest cost per head

'Cost compared to' is a measure of difference between LA cost per head and regional/national averages.

	Rank		Cost compared to:	
	North East	National	North East	National
NHS	2	2	6.8%	33.6%
Crime	8	181	-11.6%	-16.9%
Social services	8	80	-10.2%	-0.7%
Workplace	7	214	-4.3%	-7.8%
Total	10	126	-4.0%	-0.8%

COST SUMMARY TABLES FOR NORTH EAST LOCAL AUTHORITIES

Area Name	Cost Per Head of Population									
	NHS		Crime and Licensing		Social Care		Workplace		Total*	
	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank
County Durham	£90	17	£115	96	£31	140	£127	144	£359	70
Darlington	£85	27	£127	65	£41	46	£138	72	£390	30
Gateshead	£92	10	£76	233	£38	58	£131	121	£336	125
Hartlepool	£92	13	£110	110	£40	52	£103	278	£343	107
Middlesbrough	£98	4	£157	18	£57	10	£98	300	£407	17
Newcastle upon Tyne	£89	18	£122	75	£44	41	£108	260	£360	64
North Tyneside	£99	3	£72	249	£31	127	£115	219	£316	178
Northumberland	£93	8	£68	276	£31	139	£127	141	£318	172
Redcar and Cleveland	£94	7	£98	150	£33	81	£115	222	£339	116
South Tyneside	£102	1	£82	207	£49	25	£128	135	£360	66
Stockton-on-Tees	£86	25	£98	151	£45	36	£140	62	£367	55
Sunderland	£99	2	£88	181	£34	80	£116	214	£335	126
North East	**£93**	-	**£99**	-	**£37**	-	**£121**	-	**£349**	-
North West	**£83**	-	**£108**	-	**£34**	-	**£123**	-	**£347**	-
Yorkshire and The Humber	**£75**	-	**£116**	-	**£35**	-	**£120**	-	**£344**	-
East Midlands	**£70**	-	**£99**	-	**£29**	-	**£118**	-	**£314**	-
West Midlands	**£76**	-	**£102**	-	**£37**	-	**£117**	-	**£330**	-
East	**£66**	-	**£92**	-	**£31**	-	**£128**	-	**£316**	-
London	**£75**	-	**£127**	-	**£43**	-	**£143**	-	**£385**	-
South East	**£66**	-	**£99**	-	**£28**	-	**£133**	-	**£324**	-
South West	**£72**	-	**£100**	-	**£29**	-	**£113**	-	**£311**	-
England	**£74**	-	**£106**	-	**£34**	-	**£126**	-	**£338**	-

Ranked in top 10% of LAs with highest cost per head nationally
Ranked in top 10-20% of LAs with highest cost per head nationally
Ranked in top 20-30% of LAs with highest cost per head nationally

*** Total cost excludes crime related healthcare costs**

For further information please contact the Balance Team on info@balancenortheast.co.uk or Tel: 0191 3337150

For detailed methodology behind the estimates and further cost breakdowns please see the partner area of the Balance website: http://www.balancenortheast.co.uk/partner-area/resources/

Item No. 9

SUNDERLAND HEALTH AND WELLBEING BOARD 24 JULY 2015

INTEGRATED WELLNESS – THE LIVE LIFE WELL SERVICE

Report of the Acting Director of Public Health

1. Purpose of report

The purpose of this paper is to provide Board Members with an update regarding the development of the Integrated Wellness Service, now known as the Live Life Well Service, in the context of Sunderland being a healthy place being identified as one of the Boards priorities.

2. Background

The Shadow Health and Wellbeing Board discussed the role of community resilience in transforming health and wellbeing in the City at its meeting in January 2013. It agreed that more integrated service delivery, based on a community resilience model building on local assets, was key to take this forward. The Board agreed to have oversight of the development of integrated wellness services supported by area arrangements as defined locally.

Since then, the development of an integrated wellness model was discussed by Area People Boards during October/November 2013 with further updates following on from a stakeholder engagement event, *Improving Health –How do we do it?* which took place in November 2013.

Public Health then developed a model which reflected this engagement work, engaged with the main equality groups in the City and commissioned further engagement with the community and key stakeholders, including current service users. Alongside this engagement work we carried out a broader consultation to ensure that the wider community had the opportunity to comment on the model.

The integrated wellness model was re-named the “Live Life Well Service” and was procured in January 2015, with the service delivery starting from 1st April 2015.

3. Our New Approach

The new approach to mental and physical wellness is based on the principles of the Health and Wellbeing Strategy. We recognise that we have significant health problems in Sunderland and that, in spite of some improvements, most have been in place for many years. We therefore need to have a radical shift in our approach which recognises that, for many, it is preferable to be enabled to make positive changes to their own health. Some communities and individuals can also support others to improve their health. There are,

however, some people who are less able to change and so these people should be offered additional, more personal support.

4. The New Model

Our new model will deliver an approach that takes into account the health needs of the whole population while also being personalised to individual need. The model is outlined in figure 1 on the following page.

Much of the feedback we have received is that many people do not want or need services but rather need to embed healthier choices into the way they live their lives, with minimal additional cost.

Healthy Places - Public Health has increased investment in supporting active travel as improving the availability and use of outdoor space, e.g. parks and play areas, in the city leading to better mental and physical health.

Central Hub/ Gateway to Healthy Opportunities - To overcome the difficulties that many people have in finding opportunities to improve their health we have commissioned a central hub that will be accessible and available to all. The hub will enable people to improve their own health with information and signposting available through a range of media. It will be a single (but not exclusive) point of contact. It will also ensure that people continue to be supported in making changes to their health by supporting self-monitoring and following up those who want to make a change to offer further encouragement.

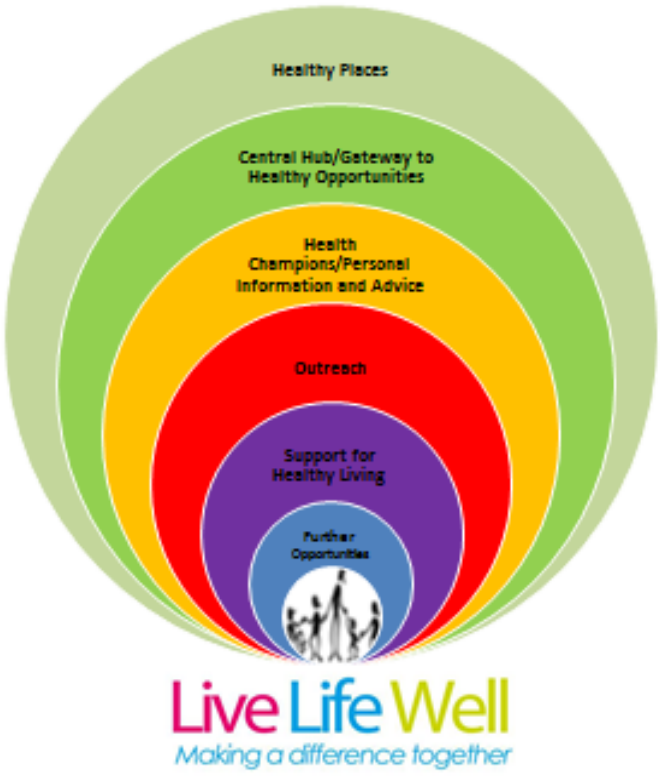


Figure 1: Delivering Live Life Well model

Health champions/ Personal information and Advice - Whilst the hub will provide the support that people need who have decided to make a change, we recognise that some people need more encouragement to take that first step and so we will build on our successful Sunderland Health Champions programme to ensure that people who are thinking about making a change to improve their health.

Outreach - We will strengthen our proactive approach when we identify health issues arising in specific neighbourhoods or communities in the city and work with local people in a focused way to address the particular issues. 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 - Recognising that some people need extra support to make the necessary changes to improve their mental or physical health; we will have wellness coordinators who will help people to build a plan for themselves and/or their families using the opportunities available that best suit their daily lives. They will also support them in accessing the necessary opportunities but with the aim of people accessing opportunities independently as quickly as possible.

Further opportunities - Finally, there will be a range of commissioned and non-commissioned direct delivery such as Sexual Health Services, NHS Health Checks, Stop Smoking Services, Substance Misuse Services and services aimed at improving Mental Wellness. In addition, there will be signposting and support into a range of opportunities for improved mental and physical wellness offered by other sectors in the city as well as further development of peer support.

Please see Appendix 1 for a more detailed description of the function of the Live Life Well Model.

The Live Life Well Service works city wide and on area based priorities. There is a lead for each locality area and priority Public Health areas such as Stop Smoking Services, alcohol, sexual health, NHS Health Checks and mental wellbeing.

5. Recommendations to Health and Wellbeing Board

Board Members are recommended to:

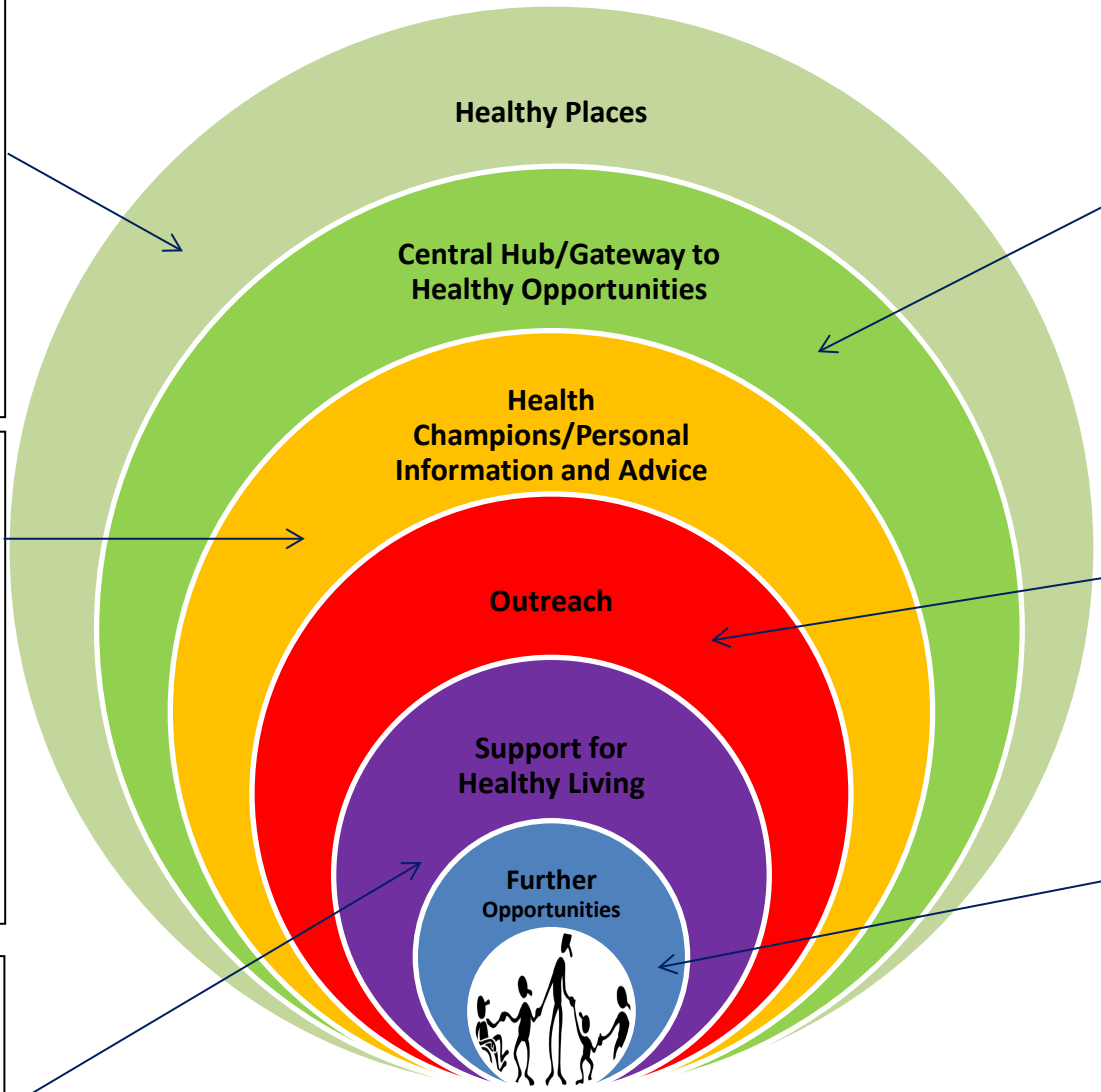
- Identify key assets within their services with whom the Live Life Well service can promote and/ or work with
- Identify any issues within their local organisations that the Live Life Well service can help to address
- Forward on any feedback regarding the Live Life Well service to Public Health thus continuing to influence the delivery of Live Life Well Service.

Live Life Well Delivery model

- Better parks and walking paths
- Encouraging people to walk to work and school
- Improving children's play areas so they can play outside
- Giving teenagers to go to keep active
- Having activities to help people to improve their health in different places, like schools, shopping centres, and community venues

- Giving information and advice in different places and on an individual basis
- Having Health Champions , who are volunteers in the community who give brief advice and signposting people to support
- Having more Health Champions in areas where health is worst

Having a team of staff supporting individuals and families who would like to make changes to the way they live their lives and help them to improve their own health.



- Providing a gateway to what is on offer across the City to help people to be healthy
- Making sure that people get the right information and advice
- Helping people to monitor their own health and wellbeing.
- Quality assurance
- Engagement and ongoing evaluation

Having a team of staff who will work in a targeted way on healthier living with groups of people in the city that have greater need

Provide a range of opportunities for people who need them – many of which will be free. Examples are:

- Stop Smoking Services
- Guided walks
- NHS Health Checks
- Sexual Health Services
- Drug and Alcohol Services
- Improving Mental Wellness through a range of local groups

Live Life Well
Making a difference together

Item No.10

SUNDERLAND HEALTH AND WELLBEING BOARD **24 July 2015**

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

Health and Wellbeing Board Agenda - Forward Plan 2015-16			
	Friday 24 July 2015	Friday 18 September 2015	Friday 20 November 2015
Standing Items	• 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	• Update from Advisory Groups • Health and Social Care Integration Board • Closed Board Sessions and Forward Plan
Joint Working	• HWBB Peer Review update (SR) • • Active Sunderland (VF) • Initial update on development of General Practice Strategy (part of standard CCG update)	• HWBB Priority Setting Update • Progress Update on development of General Practice Strategy • Ofsted Inspection – Childrens Safeguarding (NR/CM)	• JSNA update from working group • Behaviour Change Pilots update (JH/KG/WH?) • Final GP Strategy for General Practice
External	• Ofsted Inspection – Childrens Safeguarding (NR/CM)	• Age Friendly Status Update	•

3. Board Timetable

The Board timetable is attached for information.

The dates for future Board meetings are:

- Friday 18 September 2015
- Friday 20 November 2015
- Friday 15 January 2016
- Friday 11 March 2016

4. Recommendations

The Board is recommended to

- Suggest topics for in depth closed/partnership sessions for 2015
- note the forward plan and suggest any additional agenda topics

SUNDERLAND HEALTH AND WELLBEING BOARD SCHEDULE 2015/16

Notification of Agenda items	Adults Partnership Board	Children's Trust	Provider Forum	Integration Board	Deadline For Board Papers (to KG)	Chairs Briefing	Publication Deadline	Members briefing	HWBB Meeting Date
20 April (Mon)	5 May 2015			Thursday 9 April 2015 Thursday 14 May 2015	18 May (Mon)	21 May	21 May (Thursday)	22 May (Friday)	Friday 29 May 2015
15 June (Mon)	7 July 2015		1st July	Thursday 25 June 2015 Thursday 23 July 2015	13 July (Mon)	14 July	16 July (Thursday)	17 July (Friday)	Friday 24 July 2015
10 August (Mon)	8 September 2015		25th Aug	Thursday 10 September 2015	7 September (Mon)	9 Sept	10 September (Thursday)	11 September (Friday)	Friday 18 September 2015
12 October (Mon)	10 November 2015		30th Oct	Thursday 15 October 2015 Thursday 12 Nov 2015	9 November (Mon)	10 Nov	12 November (Thursday)	13 November (Friday)	Friday 20 November 2015
7 Dec (Mon)	5 January 2016		15th Dec	Thursday 10 December 2015 Thursday 7 January 2016	4 January (Mon)	7 Jan	7 January (Thursday)	8 January (Friday)	Friday 15 January 2016
1 February (Mon)	1 March 2016		18th Feb	Thursday 4 February 2016 Thursday 3 March 2016	29 Feb (Mon)	1 March	3 March (Thursday)	4 March (Friday)	Friday 11 March 2016