

SUNDERLAND HEALTH AND WELLBEING BOARD

AGENDA

Meeting to be held in the Civic Centre (Committee Room No. 1) on Friday 15 January 2016 at 12.00noon

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

ITEM	PAGE
1. Apologies for Absence	
2. Declarations of Interest	
3. Minutes of the Meeting of the Board held on 20 November 2015 (attached).	1
4. Feedback from Advisory Boards <ul style="list-style-type: none">• Adults Partnership Board (attached).	13
5. Update from the Health and Social Care Integration Board Verbal report from the Chair of the Health and Social Care Integration Board.	-
6. Welfare Reform Presentation from the Assistant Chief Executive, Sunderland City Council (attached).	-
7. Action on Supporting Suicide Prevention Report of the Executive Director of People Services, Sunderland City Council (attached).	15
8. The Health of Sunderland Presentation from the Acting Director of Public Health.	-

For further information and assistance, please contact:

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9. Active Sunderland Board – Quarterly Update

Verbal report from the Assistant Head of Community Services, Sunderland City Council.

10. Health and Wellbeing Board Forward Plan and Board Timetable 19

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

11. Date and Time of the Next Meeting -

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

ELAINE WAUGH
Head of Law and Governance

Civic Centre
Sunderland

7 January 2015

SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 20 November 2015

MINUTES

Present: -

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

In Attendance:

Colin Morris	-	Chair, Sunderland Safeguarding Children and Sunderland Safeguarding Adults Board
Ann Goldsmith	-	Associate Director, Safeguarding
Beverley Poulter	-	Lead Policy Officer, Sunderland City Council
Victoria French	-	Assistant Head of Community Services, Sunderland City Council
Michelle Turnbull	-	NHS Sunderland CCG
Gavin O'Doherty	-	Nurse Lead, Sunderland Care and Support Ltd
Liz Highmore	-	DIAG
Karen Graham	-	Office of the Chief Executive, Sunderland City Council
Gillian Kelly	-	Governance Services, Sunderland City Council

HW36. Apologies

Apologies for absence were received from Councillors Watson and Miller, Steve Walker, Dr Pattison and Andy Summerbell.

HW37. Declarations of Interest

There were no declarations of interest.

HW38. Minutes

The minutes of the meeting of the Health and Wellbeing Board held on 18 September 2015 were agreed as a correct record subject to an amendment to the first paragraph of page three to indicate that *Karen Graham* and not Ken Bremner presented the report of the NHS Provider Forum.

HW39. Feedback from Advisory Boards

Adults Partnership Board

Karen Graham informed the Board that the Adults Partnership Board had met on 10 November 2015 and the main issues considered had been: -

- Review of Terms of Reference – Adults Partnership Board
- NASCIS Final Data – Carers Survey
- Age Friendly Event Update
- Dementia Friendly Communities Discussion

Karen advised that the next meeting of the Partnership Board on 5 January 2016 would be a one item agenda focused on development.

With reference to the Carers Survey, Ken Bremner commented that the satisfaction level of 42.9% seemed low. Neil Revely noted that Sunderland was actually in the top quartile of the country for this but nationally carers had been flagged as an area which was not having the impact which agencies would like. The outcome of future discussions could be fed back through the Adults Partnership Board and the Health and Wellbeing Board.

The Health and Wellbeing Board RESOLVED that: -

- (i) the development meeting be noted;
- (ii) views be provided to the Adults Partnership Board on how the Board would like it to fulfil its advisory board function;
- (iii) the new WHO Age Friendly designation be noted; and
- (iv) members be suggested to be part of the high level Age Friendly strategy group.

Children's Trust

The Board were advised that a senior level meeting of partners had taken place on 3 November to discuss the potential for developing a revised Children's Trust in light of Ofsted's comments about a lack of strategic focus for partners. The revised Trust should link to the three strategic boards in the city to take forward targeted work and another meeting was due to take place on 15 December to look at the specific role and priorities of the group.

RESOLVED that the update be noted.

NHS Provider Forum

The Provider Forum had not met since the last Board meeting, however Ken Bremner stated that the members of the group had received a reminder to come forward with suggestions about the prevention agenda.

RESOLVED that the update be noted.

HW40. Update from the Health and Social Care Integration Board

Dave Gallagher advised that the Health and Social Care Integration Board had met on 10 September and 12 November 2015 and a report was submitted outlining the issues considered at the meeting held on 10 September 2015.

Dave highlighted that the Board had discussed the Care Act and it was noted that there was more work to be done to understand the full impact. The schedule for submissions to the Better Care Fund had been changed and it was hoped that some of the rules would be relaxed in the next year.

The Integration Board had also considered the projected overspend for the fund of £8.898m and had established a task and finish group to look at this and this had now been reduced to a potential £4m overspend, however there was still more work to do to mitigate the impact on the Better Care Fund.

Ken Bremner queried if the overspend was against the CCG or split between it and the local authority. Neil Revely replied that the Better Care Fund was based on a risk sharing agreement so the overspend was split roughly 50/50. Dave advised that there was a workshop session taking place during the next month to look at in-year savings, how to take the fund forward next year and also to consider outcomes and performance.

Neil Revely emphasised that the projected overspend had been more than halved however he noted that integration did not save money, but could create greater efficiencies and lead to better outcomes. It was understood that that there would be less reporting required next year and less counting. Neil added that the Integration Board had possibly spent a disproportionate amount of time focused on the finance aspect of the work and it was intended to change that emphasis somewhat.

Dave Gallagher reported that the Integration Board had commissioned some work from Mazars LLP to look at the progress which was being made and how the fund was performing.

Kevin Morris asked if there was a strategy for informing the public and patients of any changes to services under the Better Care Fund. Dave Gallagher highlighted that the actual transformation work was happening elsewhere but would impact on the fund. He understood that there was a large amount of public and patient involvement in that work but he would pick up Kevin's comment.

Councillor Speding referred to the Spending Review which would be announced the following week, and queried if the Better Care Fund was expected to continue in its existing format. Neil Revely advised that this would be the case until 2016/2017 at least. The Council and the CCG had received a formal letter to say that this was confirmed but there was no indication of any changes which might be made. There had been a suggestion that other areas would be encouraged to do more and the detail might be received following the Spending Review.

Councillor Speding went on to express concern about the public perception of Government departments agreeing to 30% spending cuts and was keen to have some comfort going forward on this. Neil advised that the Better Care Fund was not particularly ring fenced and there was some lobbying taking place at the current time regarding the Public Health part of the budget which was not currently part of the fund.

Gillian Gibson commented that cutting the budget for prevention was not logical as this reduced pressure on the NHS and preventative initiatives commissioned services from the NHS. The Health and Wellbeing Board had responsibility for the whole system.

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

HW41. Devolution Agenda Update

Beverley Poulter, Lead Policy Officer, Sunderland City Council was in attendance to provide an update to the Health and Wellbeing Board on the devolution agenda.

The North East Combined Authority (NECA) had recently signed a devolution agreement with the Government and Beverley stated that a great amount of work had gone into negotiating and developing the deal and at the present time this was in headline terms with further detail to come. The Economic Leadership Board and Sunderland Partnership had also received initial presentations to open up dialogue on devolution and it was intended to hold workshop sessions and further consultations when the full detail of the agreement had been worked through.

Beverley outlined the key headlines of the agreement as: -

- £30m allocated every year for 30 years to NECA for a North East Investment Fund
- Creation of an Employment and Skills Board to overhaul post-16 skills and training and a human capital development programme
- A devolved approach to Business Support from 2017
- Devolved responsibilities for transport budgets, delivery and infrastructure
- A Commission for Health and Social Care Integration

With regard to the proposed Commission, Neil Revely and Dave Gallagher would be involved in this, the development would have to move at pace and the Health and Wellbeing Board would be part of the testing of this approach. Beverley stated that

further discussion would be had with the Board in relation to this and there was a clear sense that what was proposed had to be right for Sunderland.

Gillian Gibson noted that it was important not to forget that health was not just about the commissioning element and that health had a big role to play in human capital. Economy, standard of living and transport were also key for the Health and Wellbeing Board and the NECA Directors of Public Health were working to identify how this would fit within the whole system.

With regard to the implications for the public and residents of Sunderland, Kevin Morris asked who would carry that focus to meetings. Beverley advised that the Sunderland State of the City Debate was to be focused on the devolution agenda and working out ways for the entire population to tell officers how they felt about it.

Neil Revely commented that the local authority leaders would probably feel that at the present time, they were providing the democratic input for the process. There was a question of general public engagement in the wider process, particularly in the light of the queries raised in relation to the Manchester Health Commission idea where local government and health had felt that they were not always involved in early discussions.

Councillor Speding queried if there was likely to be a return to regional health authorities and Dave Gallagher said that this was not known at the current time but a Commission had been speedily established to look at this.

It was highlighted that it was positive that the NECA leaders had a role in shaping what might be wanted for health and social care integration. There was little detail available at the present so leaders could take this as an opportunity and have the chance to influence the approach going forward.

It was noted that there was some cynicism around devolution and a concern that health and social care integration would not be sufficiently funded. The Board noted that it was essential to have an active engagement with the public at an early stage to help allay fears.

Having thanked Beverley for her report, it was RESOLVED that the update be noted.

HW42. Behaviour Change Pilots

The Head of Strategy and Performance submitted a report providing an update to the Board on the Behaviour Change pilot which had been commissioned by the Council to improve specific areas of health and wellbeing across the city.

Following a behaviour change workshop in October 2014, the Council had commissioned Warren Hatter to provide consultancy support in relation to the testing and development of a behavioural insights approach to key priorities in the city. As a result, three pilot projects had begun in May 2015 in the following areas: -

- Increasing take up of early education for disadvantaged two year olds
- Physical Inactivity

- Reducing smoking in pregnancy

A fourth pilot project relating to Carbon Management was being developed and the pilots had been chosen based on two key criteria: that they impacted on one of the key priorities of the Health and Wellbeing Board; and that they addressed an area of underperformance.

The report outlined the pilot projects in more detail and a review of the system and existing pathways was common to all of the projects. A range of tools and techniques were being developed for each of the pilots and it was now a case of putting these into practice. Karen Graham advised that the pilot for early education for two year olds was to begin in the west of the city as take up had been consistently low in this area.

The piece of work on being more active was focused on two primary schools in Washington and was concerned with increasing the level of physical activity in children and young people, with a focus on childhood obesity.

Evidence had shown that the rate of women smoking in pregnancy was high in Sunderland and consistently above the national and regional average. For this reason it was agreed that smoking in pregnancy would be a key topic for testing behavioural approaches, with the pilot focusing on those women who failed to stop smoking and that chose not to attempt to stop. Relevant partners had already been brought together and during December front line staff would be asked to co-produce the approaches to key intervention points.

The next phase for the development of the pilot projects would be to develop and implement the behavioural insights approaches and then to evaluate impact in terms of changes to key outcome indicators and ways of working. The Health and Wellbeing Board would receive regular update reports on the outcome of the pilot projects.

Councillor Speding asked if all of the pilots would be area based and Karen Graham advised that they had been reported to the area committees and elected members were engaged with the behaviour change work.

The Board RESOLVED that further updates on the Behaviour Change pilots be received in due course.

HW43. Commissioning Strategy for General Practice 2016-2021

The Chief Officer of Sunderland CCG submitted a report updating the Health and Wellbeing Board on the CCG's five year commissioning strategy for general practice.

Dave Gallagher reminded Board Members that this had been considered at the previous meeting and that the document attached to the report was more or less the final version of the strategy. The CCG had taken on the responsibility for delegated GP commissioning in April 2015 and at that time, there was no point of reference to commission against. The strategy had been developed over a six month period of

engagement and aims to sustain and transform general practice services as well as contribute to the delivery of the CCG's Vision of 'Better Health for Sunderland'.

The strategy set out the CCG's objectives to realise their aims for general practice: -

- Objective 1** Supporting general practice to increase capacity and build the workforce
- Objective 2** Improving patient access
- Objective 3** Ensuring the central, co-ordinating role of general practice in delivering out of hospital care
- Objective 4** Supporting better health through prevention and increasing patients' capacity for self-care
- Objective 5** Encouraging new working arrangements between practices.

The document also outlined a number of priorities for 2016/2017 and 2017/2018 which were aimed at achieving the strategic objectives. Dave advised that the strategy was a statement of intent and that the outcome of the Spending Review was awaited to determine the CCG budget for the next three years.

It was planned to circulate the strategy and the Executive Summary to those involved in the engagement process, noting that the priorities would be subject to further engagement and comment. A time limited Implementation Group had been established to oversee the development of delivery plans for strategic objectives and the group would be accountable to the CCG's Primary Care Commissioning Committee.

Kevin Morris referred to the objective to increase the capacity for self-care and queried whether Patient Participation groups could have a role in this. Dave stated that this would definitely be the case and initiatives would be more meaningful if local patients were involved in the design. This would be written into the delivery plan.

Ken Bremner commented that under the banner of 'shared care' the role of primary care clinicians in working with hospitals was possibly underplayed. He asked whether any thought had been given to the sequence of the priorities as some infrastructure would be required to deliver the outputs.

Dave Gallagher highlighted that the objectives were all interlinked but not necessarily sequential and some work was already ongoing with areas such as workforce taking precedence for obvious reasons. Ken added that care services had to be delivered consistently across the city and the Provider Forum would highlight this.

Councillor Speding noted that it was intended to have a nationally high profile figure to come and address young people in the city about the care sector and Karen Graham said that there had been discussion at the last Provider Forum meeting about how health and social care could feed into the city's Work Discovery Programme. Work had been carried out to have more health options included in this programme.

With regard to the design principles, Neil Revely queried if these had been explicit enough about primary care being part of vertical integration. He also noted that there could be more said about the need to transform the general practice system. It was

suggested that information from the behaviour change pilots could be used as part of the objective around health prevention.

Having considered the report, the Board RESOLVED that it be noted that the strategy aimed to ensure the sustainability of general practice in light of the challenges and to position general practice services at the same time alongside other CCG priorities, acknowledging that a number of the CCG priorities would rely on a sustainable and transformed general practice community in the city.

HW44. Safeguarding Sunderland

(i) Sunderland Safeguarding Adults Board – Annual Report

Colin Morris, Independent Chair of the Sunderland Safeguarding Adults Board presented the Annual Report to the Health and Wellbeing Board.

Colin delivered a presentation on the report and advised that it summarised arrangements for safeguarding adults in Sunderland 2014/2015 and set out the role, function, structure and scope of the Safeguarding Adults Board and their review in preparation for the Care Act.

The report also outlined the work of the Safeguarding Adults Board and its sub-committees and highlighted that LGA Peer Challenge in March 2014 had identified that the Board was functioning well but made recommendations for improvements which had now been implemented. The positive progress made by the Board included a full review of governance arrangements, a strengthening of links with key strategic partnerships and undertaking a successful Serious Case Review using the required process and sharing lessons learned.

Future challenges which had been identified for the Board included understanding more about the challenges of sexual exploitation (for both children and adults) in Sunderland, to build on the existing work to further raise the profile of self-neglect, domestic violence and radicalisation as forms of abuse and the learning for Safeguarding Adult Reviews.

Councillor Speding asked if there was a current definition of sexual abuse and/or exploitation and Colin stated that this was a fluid definition. Initially exploitation or abuse was described as something which was for gratification purposes but now with the involvement of organised crime it was accepted that anything against the wishes of a child or young person was exploitation. There was also a move away from this purely being described as *child* sexual exploitation.

(ii) Sunderland Safeguarding Children Board – Annual Report

Colin then went on to present the report of the Sunderland Safeguarding Children Board and advised that this report was a statutory requirement and covered the period prior to the Ofsted inspection of Children's Safeguarding.

Colin referred to the unprecedented number of Serious Case Reviews which had been carried out during the report period and reported that a new model had now

been implemented which made the reviews more accessible and the learning more clearly identified. The report had also identified a number of challenges for the Safeguarding Children Board, however these had been superseded by the Ofsted inspection. The Business Plan for 2014-2017 had set out three key priorities of Neglect, Risk Taking Behaviour and the Toxic Trio and Colin stated that he hoped that the 2015/2016 report would find the Children's Safeguarding system to be much stronger.

Councillor Speding asked about the circumstances in which a Serious Case Review would be carried out and Colin advised that a review must be undertaken where a child had died or been seriously injured and there was a concern that the services provided had not worked as they should have done. It was possible to make many cases fit this criteria and there had been a 54% increase in Serious Case Reviews nationally. A review could cost between £15,000 and £30,000 and an independent person had to be brought in to oversee the work. Colin highlighted that it was necessary to consider about the costs and the benefits to the city of the reviews and what was being done to learn from each case.

Neil Revely noted that there were more Serious Case Reviews in situations where partnerships were not working effectively and thanked Colin for sharing his point of view on behalf of adults and children.

Ann Goldsmith added that it was important to make sure that the number of Serious Case Reviews did not get in the way of improving practice. There was an enthusiasm among practitioners to do this and there needed to be time allowed within partnerships to make this happen.

RESOLVED that the contents of the Annual Reports of the Sunderland Safeguarding Adults Board and the Sunderland Safeguarding Children Board be noted.

HW45. Transforming Care for People with Learning Disabilities and/or Autism

The Chief Officer of Sunderland Clinical Commissioning Group submitted a report providing an update on the national transforming care programme for people with learning disabilities and/or autism.

Michelle Turnbull and Gavin O'Doherty were in attendance to deliver a presentation which set out Sunderland's way of working in relation to transforming care. Six areas of the country, one of which was the North East and Cumbria, have been identified as 'Fast Track' areas and chosen to get help and support to push on with change to:

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- Improve community services to avoid people being admitted to hospital
- Reduce the number of beds in the system
- Reduce the length of stay in hospital
- Make sure that CCGs and Councils are working closely together and have pooled budgets
- £10million was available for the fast track areas
- Reduce hospital beds by 50% in three years

- Reduce hospital admission by 50% in three years.

Each CCG was asked to develop its own plan with partners for the Fast Track and these were combined to make a regional plan and then used to bid for funding. CCGs had to match any funding awarded pound for pound and it had been agreed by NHS England that the North East and Cumbria would receive £1.432m.

For Sunderland, the Fast Track Plan had outlined how work was already being carried out to develop services and support discharges from hospital and requested funding to help to start a new Autism organisation and to help to train staff. It was highlighted that Care and Treatment Reviews were already part of the Transforming Care Agenda response and a new policy and guidance had been published which outlined new requirements which embedded Care and Treatment reviews as business as usual. The Sunderland Community Treatment Team had been identified as an exemplar service to be used as a template across the country.

Gillian Gibson highlighted the poor physical health outcomes for learning disability patients and queried whether partners were constantly looking for health improvement opportunities.

Gavin O'Doherty advised that one of the streams of the work was based around physical health. He explained that the team were looking to develop a register of individuals at risk of placement breakdown and suggested that a register of those at risk of general health deterioration could also be drawn up.

Neil Revely asked if housing and technology providers were involved in the transforming care work and Gavin stated that as part of the solutions team, one function was to look at this area and to talk to registered social landlords. Housing continued to be an issue and capital investment was required. Michelle Turnbull added that there were a number of bespoke ways to manage people in the community and this relied on the co-operation of all partners.

Ways of working with people in the community were constantly reviewed and Gavin advised that there were some good examples where Telecare had been used. Neil Revely noted that there were some bungalows being built in Silksworth using technology but these needed to be linked with the existing system. Gavin commented that the team were thinking about bigger out of hospital packages and to link facilities for those with physical disabilities to those with learning disabilities.

Having thanked Michelle and Gavin for presenting the report, it was RESOLVED that: -

- (i) the content of the report and the Fast Track plans be noted; and
- (ii) future reports be received as appropriate.

HW46. Active Sunderland Board

Victoria French, Assistant Head of Community Services, Sunderland City Council, delivered a presentation to the Board providing an update on the Active Sunderland Board.

The Council's Cabinet had agreed a sport and physical activity policy position in November 2014 with the aim of 'All together an Active Sunderland' with the city being a place where everyone was as active as they could be. The Active Sunderland Board had been established to lead on the delivery of the policy position and would report quarterly to the Health and Wellbeing Board.

The Board was keen to align its approach to the City priorities and the three strategic boards. The Year 1 priorities for the Active Sunderland Board were: -

- improving community access to schools
- analysing data to inform further priorities for Year 1
- looking at participation trends, demographics and assets and then identifying key target groups and who would be best placed to deliver priorities.

Victoria advised that the next meeting of the Board would take place in December and it was hoped that the target groups would be identified at this point. Intelligence from Sport England had revealed that 58.3% of people aged over 14 in the city wanted to take part in more sporting activities. The top five activities had been identified as swimming, football, cycling, gym activities and health and fitness.

Data had also shown that Sunderland was ahead of its neighbours in terms of opportunities and facilities for physical activity and that 57% of the city was underdeveloped green land. There was also 150km of designated cycle network and 25km of river corridor and coastline.

The range of provision for people with disabilities and the take up of exercise prescriptions was raised and Victoria advised that sports in particular were aiming to be inclusive. The programme for exercise prescriptions had changed earlier in the year and was focused on people with long term conditions. Victoria was happy to provide further detail on the take up of this.

RESOLVED that the update be noted.

HW47. 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 highlighted that the Annual Report from the Director of Public Health would be added to the Forward Plan for the Board meeting in January or March and advised that following requests from the Board, there would be updates on welfare reform and the Syrian refugee crisis at January's meeting.

Board Members were also informed that it was planned to hold some closed Board sessions in the New Year and Karen requested that Board Members let her know if they had any items for future meetings or suggestions for in depth closed partnership sessions.

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.

HW48. Date and Time of Next Meeting

The next meeting of the Board will be held on Friday 15 January 2016 at 12noon.

(Signed) M SPEDING
 In the Chair

SUNDERLAND HEALTH AND WELLBEING BOARD

15 January 2016

FEEDBACK FROM THE ADULTS PARTNERSHIP BOARD

Report of the Chair of the Adults Partnership Board

The Adults Partnership Board met on Tuesday 5th January, 2016.

4. Health & Wellbeing Board – Agenda

Gentoo highlighted they had information on the impact of Universal Credit on their tenants and agreed to share it for the HWBB welfare reforms report.

It was agreed that it would be helpful for the APB to review the forward plan of the HWBB to give more time for partners to be able to provide input and put forward agenda items.

5. Over2You Project

Gentoo provided an update on the Over2You project which is a national three year pilot to train volunteers to carry out Quality Insight Reports and increase user voice and the quality of care in health and social care providers. It was noted the project has grown out of the findings from the Francis Report published in February 2013.

ST noted the project was not a duplicate of the work HealthWatch currently delivers although it is similar.

There were some issues getting through governance of large organisations – although City Hospitals queried what the project would do in addition to the volunteer real time feedback that they already do.

It was suggested that the project should focus on where there were gaps to ensure real added value.

The Board discussed how the project would be evaluated, which groups would benefit and how would the success of the pilot would be integrated into the system.

It was suggested that they could engage through the provider forum engagement session later in the year.

Actions

The Board agreed to receive a further update at the meeting in March 2017.

6. Memorandum of Understanding for Carers

Graham Burt from the Carers Centre reported that NHS England is developing a Memorandum of Understanding establishing an integrated approach to the identification and assessment of carer's health and wellbeing needs.

He is involved in the development of the MOU as a resource to help promote working between Adult Social Care Services, NHS Commissioners and Providers and specific voluntary organisations.

It is proposed that once finalised, the MOU is signed by all partners on the Health & Wellbeing Board to demonstrate their commitment to carers.

In the meantime the Carers strategy implementation group have developed an audit tool based on the core principles of the draft MOU and asked for support from partners to complete this.

Actions

The Board agreed to

- **Recommend the HWBB individual partners to sign the MOU once finalised.**
- **Task the Carers Strategy Implementation Group with undertaking an audit of Sunderland's readiness to support the core principles and report back with the findings.**

7. Future Role, Purpose and Priorities

The Board discussed the need to ensure that the role and function of the group changes to ensure that it was relevant, focussed on a small number of key issues and resulted in the improvement of outcomes for people.

The Board looked at the HWBB priorities and agreed the need to focus on those issues that are not being tackled elsewhere.

Initial suggestions included

- **Sunderland as a Healthy Place**
This could build on the existing work of Age Friendly Cities, look at the role of housing and links to health and social prescribing
- **Economy and Standard of Living**
Including welfare reforms and affordable warmth & fuel poverty

It was suggested that the Board also needed to work on what its key priorities would be and how they would develop these and feed them back to the HWBB.

Actions

- **To develop a short list of key priorities**
- **To establish time limited task and finish groups to progress action**

Date and Time of Next Meeting

Tuesday 1st March, 2016 at 2.30pm at the Civic Centre.



SUNDERLAND HEALTH AND WELLBEING BOARD

15 JANUARY 2016

ACTION ON SUPPORTING SUICIDE PREVENTION

Report of the Executive Director of People Services, Sunderland City Council

Introduction

1. The report highlights a programme to implement a joined up communications campaign for suicide prevention which was developed on the back of a Scrutiny review into suicide and which will be active from April 2016.

Background information to support campaign rationale

2. In Sunderland the rate of suicide is higher than the national average (10.6 per 100,000 compared with England 8.8 per 100,000). In terms of actual numbers, deaths from suicide/self-harm have gone up from 17 in 2007 to 32 in 2012.
3. Overall the North East has the highest age standardised death rates from suicide and injuries of undetermined intent in both males and females aged 15 and over. Suicide is the biggest killer of young men in England and Wales. Suicide rates for males in the North East (20.4 per 100,000) are significantly higher than the England average (16.4 per 100,000).
4. Anecdotal evidence via GPs (CCG) and City Hospitals reporting increasing levels of people threatening to commit suicide presenting themselves at surgeries or Accident and Emergency departments.
5. Men were identified as high risk, with 35-55 year olds being the largest at risk group currently. Chronic pain is also a factor (9% of cases) and a new service for psychological wellbeing supports those in need.
6. Other individual risk factors include people with previous suicide attempts (22% in Sunderland have a history of self-harm). Around half the people who die from suicide have a history of self-harm therefore increased community awareness and understanding of self-harm whilst breaking down the taboo and stigma associated with self-harm/self-injury is vital.
7. Incidents of self-harm have increased significantly in Sunderland. Evidence suggests that across the country a record number of youngsters are being admitted to hospital for self-harm, eating disorders, depression and other psychological disorders. Experts say that exam stress, social media, bullying

and the pressure to look slim and attractive are combining to make children's lives unmanageable.

8. Emergency admissions for psychiatric conditions soared to 17,278 last year, double the number four years ago. There were 15,668 admissions of young women aged 15 to 19 for cutting, burning or harming themselves, compared with 9,255 admissions in 2004. A total of 2,965 children were treated on wards for anorexia and other eating disorders, a 12% jump in one year and double the number treated a decade ago.

The development of a Communications Campaign

9. It was agreed that in response to the needs highlighted through the scrutiny review process that a programme would be developed to implement a joined up communications campaign for suicide prevention from April 2016. This will involve Sunderland City Council, CCG, City Hospitals and other relevant partners. It will use the 'All Together Sunderland!' brand. It will be a two-pronged campaign (focussing on men and young people) to signpost to support, advice and guidance.

Campaign Outcomes

- Improved awareness of where to go to get help and support
- To help lower the number of deaths from suicide in Sunderland

Campaign Objectives

- Join up activities under a 'suicide prevention' campaign with a coordinated approach to increase awareness and sensitively highlight suicide and where to go for support and information
- To encourage people in Sunderland to support themselves by ensuring that the information they need is easy to find including signposting them to organisations that can provide help and advice so that they are able to make informed choices and help themselves and support their families and communities.

Target audience

- One strand targeted at young people (in response to local, regional and national trends)
- One strand targeted at men (in response to local and national trends)

Rationale for communications approach

- April 2015 Scrutiny Panel report conclusion that suicide prevention treated as a priority and that people know how to access advice, information and support.
- Regional project through ANEC around mental health issues of children and young people exploring potential triggers and best practice around what can be done differently.
- Government task force recommendation around hard-hitting anti-stigma campaign on self-harm and suicide focussed towards young people.¹
- Response to local and national trends around male suicide.

Actions:

10. The following actions were identified: -

- Appointment of a Communications agency with specific experience working with Samaritans nationally on suicide prevention appointed December 2015
- Meeting with relevant partners and Chair of Safeguarding boards to take place in January (tba) with agency to agree campaign objectives and next steps.
- Presentation to regional Health and Wellbeing Board Chairs group to be scheduled.

Recommendation

11. The Health and Wellbeing Board is recommended to note the contents of this report

SUNDERLAND HEALTH AND WELLBEING BOARD

15 January 2016

HEALTH AND WELLBEING BOARD FORWARD PLAN AND BOARD TIMETABLE**Report of the Head of Strategy and Policy****1. PURPOSE OF THE REPORT**

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

2. FORWARD PLAN

	Friday 15 January 2016	Friday 11 March 2016
Standing	<ul style="list-style-type: none"> • Update from Advisory Groups • Health and Social Care Integration Board • Closed Board Sessions and Forward Plan 	<ul style="list-style-type: none"> • Update from Advisory Groups • Health and Social Care Integration Board • Closed Board Sessions and Forward Plan
Joint Working	<ul style="list-style-type: none"> • Welfare Reform (SR) • Suicide prevention (NR) 	<ul style="list-style-type: none"> • CCG operational plan • Update on NHS National Planning Requirements (CCG) • HWBB Priority Setting Update (VT/GG) • DPH Annual Report (GG) • JSNA Update (GK) • Syrian refugees (FB)
External		

3. CLOSED BOARD SESSIONS

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

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

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

4. BOARD TIMETABLE

The Board timetable is attached for information.

The dates for future Board meetings are:

- Friday 11 March 2016

5. 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		1 st 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		25 th 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		30 th 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		15 th 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		18 th Feb	Thursday 4 February 2016 Thursday 3 March 2016	29 Feb (Mon)	1 March	3 March (Thursday)	4 March (Friday)	Friday 11 March 2016