

SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 21 March 2014

MINUTES

Present: -

Councillor Paul Watson (in the Chair)	-	Sunderland City Council
Councillor Graeme Miller	-	Sunderland City Council
Councillor Mel Speding	-	Sunderland City Council
Councillor John Wiper	-	Sunderland City Council
Neil Revely	-	Executive Director of People Services
Dave Gallagher	-	Chief Officer, Sunderland CCG
Maureen Crawford	-	Director of Public Health
Ken Bremner	-	Sunderland Partnership
Lesley Ann Sutherland	-	Healthwatch Sunderland
Christine Keen	-	NHS England Area Team

In Attendance:

Councillor David Tate	-	Chair of Scrutiny Committee
Councillor Ronnie Davison	-	Sunderland City Council
Liz Highmore	-	DIAG
Helen Lancaster	-	Scrutiny Co-ordinator, Sunderland City Council
Jane Hibberd	-	Head of Strategy and Policy for People and Neighbourhoods, Sunderland City Council
Karen Graham	-	Office of the Chief Executive, Sunderland City Council
Gillian Kelly	-	Governance Services, Sunderland City Council

HW53. Apologies

Apologies for absence were received from Councillors Smith and Kelly and Dr Ian Pattison.

HW54. Declarations of Interest

There were no declarations of interest.

HW55. Minutes

The minutes of the meeting of the Health and Wellbeing Board held on 24 January 2014 were agreed as a correct record.

HW56. Feedback from Advisory Boards

Adults Partnership Board

Councillor Miller informed the Board that the Adults Partnership Board had met on 4 March 2014 and the main issues considered had been: -

- Warm Up North
- Older People's Action Group
- Role of the VCS
- Better Care Fund update
- Transforming Care: A National Response to Winterbourne View Hospital
- Discussion Topic for Six Month Review and Forward Plan

In relation to Warm Up North, Councillor Wiper asked when the figures might be available for excess winter deaths to compare with previous years.

Councillor Miller advised that the presentation had dealt with deaths in 2012/2013 as it was too soon to discuss this year's figures. Nonnie Crawford highlighted that for the purposes of the NHS, winter ended in March and information would not be collated until after that date. She also said that excess deaths had increased nationally over the last two years, even though the winter temperatures had not been as low as previous years. There was a lot of work required to identify the reasons for this trend as it was not as simple as being the result of a cold, sharp winter.

Jane Hibberd commented that the Children's Trust were also focusing on child and family poverty and there was a need to join this up with Warm Up North project. Councillor Miller suggested that Jane liaise with Alan Caddick on this.

Christine Keen highlighted that Sunderland had been singled out as an example for good practice in relation to its partnership approach to the Winterbourne View concordat. Neil Revely added that despite the high profile of the Winterbourne View report, there were a number of areas which were behind the curve, so Sunderland's progress was particularly notable.

Neil Revely asked if Christine was able to help with the pharmacy issue which had been discussed at the Partnership Board and Christine stated that she understood a formal communication would be forwarded from the Health and Wellbeing Board and that she would provide a formal response.

Children's Trust

The Children's Trust had met on 11 March 2014 and the main issues considered had been: -

- Integrated Wellness Model for Children and Young People
- Children and Young People's Plan Refresh
- Sunderland Safeguarding Children Board
- Mental Health and Emotional Wellbeing Strategy for Children and Young People 2012-2015

The Chair expressed surprise that there was not already an existing integrated wellness model for children and Neil Revely stated that the work being done around the commissioning of adult services had flagged up a gap in respect of children and young people. The current review was looking at what was being commissioned, what was needed and what was not and when the service was in a position to commission for adults, it would do so on a whole life course basis. Engagement work was taking place early in 2014/2015 and would pan out in a three year rolling model.

The Chair asked how people were getting to work together at the current time and highlighted the need for those with the remit of dealing with children and young people to talk to one another. Neil advised at this stage the review was looking at what children wanted and there had been issues with some services not publicising other providers. The work would not cover the same ground as the Education Leadership Board but would look at issues such as activity and engagement and include areas such as emotional wellbeing and mental resilience.

It was noted that self image was something which was a huge issue, particularly when young people were subject to more marketing and merchandising than ever before. Neil commented that it was clear that what was being done now was not working and highlighted that the sexual health equity audit had been taken to the Place Boards recently and organisations were being advised to take account of local provision in Sunderland's areas and to provide sensitive and accessible services.

Councillor Speding highlighted that the CCG had presented the Mental Health and Emotional Wellbeing Strategy for Children and Young People to the Children's Trust. It was noted that the transition of mental health services over the last few years had impacted on results and the example of Highfield School was cited, where they have commissioned their own independent mental health services.

The Chair stressed the importance of using appropriate levers to take up best practice and Neil stated that a staged approach was currently being taken to the integration of children's services across the board. It was focused on a coordination approach and would also challenge schools to do the right thing for their children.

NHS Provider Forum

The NHS Provider Forum met on 7 February 2014 and the main issues considered had been: -

- Role and Function of the Group
- The Better Care Fund

The Chair asked if the role and function of the group had been agreed by all the providers involved and it was explained that the Local Medical Committee

representative was unable to commit to action on behalf of the GP practices as these were all individual. However, Dave Gallagher highlighted that there was an emerging entity of GP practices working together and a GP Federation had begun to form and currently included over half the practices in the city. There was some optimism that a consensus view from GPs could be achieved and practices understood that there was a time critical element to this process.

Dave explained that the CCG was maintaining a distance from this emerging federation as it was not a 'provider' and there was an overlap in membership between the CCG and Local Medical Committee. The Chair commented that it was important for this to be resolved with GPs as there was a need to involve other providers such as dentists and optometrists in the group.

The Board RESOLVED that the information be noted.

HW57. Update from the Integration and Transformation Board

Neil Revely informed the Health and Wellbeing Board that the Integration and Transformation Board had been established as part of the transition to the Better Care Fund.

The group had held an initial meeting and the main items were linked to the Better Care Fund and the feedback from the NHS Area Team had been received and reported up through the Local Government Association (LGA).

The approach towards the Better Care Fund had been consistent across authorities and Sunderland was in as good a position, if not better than, most. There was a challenge in whether Sunderland was being ambitious enough in some areas and feedback would be taken on board. There had been positive feedback on the plan and that would be turned into action. There was also a common view that a condition of the Better Care Fund was to ensure that NHS providers were involved.

Everything was on track to develop the final submission for the first week in April 2014. There was a growing recognition that this would take time and not everything would be in place by April 2015, but the plan would be finalised, would be system wide and would be a five year unit of planning for the NHS. Finance officers from the Council and the CCG would also be considering and agreeing the financial rules over the next few weeks.

The Chair commented that at the recent LGA Executive meeting it had been noted that Sunderland was one of the 'big six' with a Better Care Fund proposal of over £100m and this fact had been remarked upon. Some areas had not grasped or demonstrated an understanding of integration and it was pleasing to note that Sunderland was doing so well in relation to this.

Dave Gallagher highlighted that the position that Sunderland was in reflected the positive starting point which the CCG and Council had, but there was always a risk that Sunderland was there to be shot down. It was about gaining the hearts and minds of partner organisations and to this end, an Accelerated Solutions Event was

going to be held on 5 and 6 June with the aim of creating a shared understanding and commitment to the health and social care integration agenda and its delivery. The event would be facilitated by Cap Gemini and would have an intensive approach with the intention of carrying out six months' work in two days. It was hoped to have as many stakeholders and Board Members as possible to attend in order to achieve a range of involvement and expertise.

Ken Brenner commented that he had attended these types of events in the past and they were intense but if details of the key questions which were to be answered were circulated well in advance, people would commit to the two days. It was noted that attendees would be a mix of those who made the decisions and those who did the work.

RESOLVED that the update be noted.

**HW58. Update of the Scrutiny Function: Policy Review
Recommendations 2013/2014 and Setting the Scrutiny Work
Programme for 2014/2015**

The Head of Scrutiny and Area Arrangements submitted a report providing the Board with an update on the key issues and developments within the council's Scrutiny Function.

Councillor Tate, Chair of the Scrutiny Committee, was in attendance at the meeting to formally present the report and to introduce the recommendations of the policy reviews.

Councillor Tate stated that reviews had been undertaken of Child Obesity and Alcohol and Licensing Policy by the Children's Services and City Services Scrutiny Panels and these were due to be presented to the Cabinet in April 2014. The recommendations of the reviews were set out within the report and the Board were also informed that there were four other policy reviews which were nearing completion.

The Public Health, Wellness and Culture Scrutiny Panel had undertaken a review of Patient Engagement and a full report on this would be brought to the next meeting of the Health and Wellbeing Board for consideration.

Members of the Board were invited to identify key issues or topics which were worthy of being the focus of a scrutiny policy review.

The Chair asked Councillor Tate to pass on thanks on behalf of the Board, to the Panel members and officers who carried out the reviews. Scrutiny was a tool to improve performance and he suggested that Neil Revely and Karen Graham feed into the process of setting the Scrutiny work programme for 2014/2015. Karen highlighted that the recommendations from the peer review into the Health and Wellbeing Board would be brought to the Board in due course and, following that discussion, the recommendations could be fed into the review topics for the next municipal year.

Councillor Miller commented that there was a great deal of scope within the remits of the Scrutiny Panels and every area could be looked at as part of a review. Neil added that the Board's three advisory groups should also be consulted on potential items for scrutiny reviews. He also noted that the peer review had commented that the embeddedness of the Health and Wellbeing Board across the Council was evidenced by scrutiny work.

Having considered the report, the Board: -

RESOLVED that: -

- (i) the recommendations of the Children's Services and City Services Scrutiny Panels be noted;
- (ii) an information item be received detailing the recommendations of the remaining policy reviews; and
- (iii) consideration be given to potential topics and issues worthy of a scrutiny policy review in 2014/2015.

HW59. Draft Children and Young People's Plan

The Head of Strategy and Policy (People and Neighbourhoods) submitted a report presenting the latest draft of the Children and Young People's Plan and the associated three year delivery plan for consultation.

The Children's Trust had produced a 15 year plan for Children and Young People in 2010 and an associated three year delivery plan. It was now necessary to refresh the delivery and overarching plan and the Trust had agreed to create a slimmed down strategy with a focus on areas where the Trust believed it could add value. The four strategic objectives were: -

1. Improving the overall Health and Wellbeing of children, young people and families
2. Reducing the number of families with children living in poverty in the city
3. Improving educational outcomes and strengthening whole family learning
4. Improving safeguarding outcomes for children, young people and families.

It was highlighted that the child and family poverty arrangements had been collapsed into the Children's Trust and the design principles of the plan had been reviewed in the light of the Health and Wellbeing Strategy. Performance management of the plan would be carried out by the Children's Trust.

The Trust had also identified four priority areas for its 2014-2017 delivery plan, namely Child and Family Poverty, Best Start in Life, Child Obesity and Sexual Health (including teenage pregnancy). Information on each of these priorities was included within the draft plan but these would be further refined to ensure consistency. A review of governance had also been requested to ensure that the right groups were reporting back to the Children's Trust.

The next steps for the development of the plan would be consultation with the Sunderland Safeguarding Children Board, the Scrutiny Committee, the Children's Trust Advisory Network and the Area People Boards. The final Children and Young People's Plan and associated delivery plan would be presented to the Children's Trust for approval in May and also brought to the Health and Wellbeing Board for ratification. The Board was asked to consider if health impacts were being maximised in each of the delivery plans for the four priority areas.

Councillor Miller stated that the Safeguarding Adults Board should also be consulted as part of the next steps. All of the priorities were related to the family so adults' services needed to be involved.

Christine Keen raised the current arrangements for health visiting and the transfer of this to local authorities in 2015 and suggested that the Board might find it useful to have an update on this in the next few months. It was agreed that this would be very helpful.

The needs of children and young people with disabilities and parents with disabilities was highlighted and Jane Hibberd confirmed that the plan did reflect an equality analysis for decision making.

Neil Revely stated that consideration needed to be given to coordinating issues in a better way as there was a danger that some matters were included in more than one plan, for example 'better start in life' already featured in a number of strategies.

Nonnie Crawford commented that there were two priorities which there was a reasonable chance of doing something about but the other two were more problematic. There were a range of influences on child obesity but the amount which could be done at this stage was questionable. With regard to child and family poverty, there were issues around what was required in the economy and regional and national changes. Councillor Miller stated that he agreed with the logic around what impact which could be had on child poverty in Sunderland, given the national context, but there was still a need to consider this locally.

The Chair added that poverty was not always about being cash poor and was about a bigger picture than just not having enough money. 'Equity' was also a consideration and he observed that some people living in abject poverty across the world lived long lives. It was not just about money but about making the right decisions. The Chair was pleased to see 'Working Together' referenced and stressed the importance of the vision for people to do things collectively.

Councillor Miller made reference to the duty of the local authorities to address child poverty and Sunderland needed to be seen to be dealing with it. Jane Hibberd stated that the Child and Family Poverty Board had often talked about 'mitigating the impact' and this approach would continue to be maintained.

The Board RESOLVED that: -

- (i) the four delivery plans (Child and Family Poverty, Best Start in Life, Child Obesity and Sexual Health) be noted; and

- (ii) a final copy of the Children and Young People's Plan be received by the Board following agreement by the Children's Trust.

HW60. Health and Wellbeing Board Development Session and Forward Plan

The Head of Strategy and Performance submitted a report informing the Board of the detail and scope of the next development session and the forward plan.

A development session would be held in June 2014 looking at making the links between housing and health and the opportunities for closer and more integrated working on areas of joint importance. The Housing Federation had been approached to facilitate the session.

With regard to the forward plan, it was noted that Christine Keen had suggested an update on the health visiting service and the Children's Trust had proposed that the Board received the annual report from the Sunderland Safeguarding Children Board. These would be added to the forward plan.

A schedule of meetings had been drafted for 2014/2015 and Board Members would be made aware of the dates for submission of items for the Board agenda.

Neil Revely commented that the session in June would be timely as the joint concordat with NHS England was due to be launched in June and the advice was that health and wellbeing boards should be sighted on this issue. The concordat would cover what national bodies hoped to do to facilitate better health on the ground. Housing partners would be invited to take part in the development session.

The Board RESOLVED that: -

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

HW61. Clinical Commissioning Group Two Year Operational Plan

Dave Gallagher delivered a presentation on the Clinical Commissioning Group's Operational Plan and reminded the Board of the requirement to develop a five year 'unit of planning' strategic plan from 2014-2019. The two year operational plan laid the foundations for the delivery of the five year strategic plan and the final submission of the five year plan would be made on 20 June 2014.

Dave directed the Board to the 'Plan on a Page' which was aimed at simplifying the plan for the CCG, stakeholders and the public. Under the overarching aim of 'Better Health for Sunderland', the plan outlined the objectives for transforming out of hospital care, transforming in hospital care, specifically urgent and emergency care and self care and sustainability. The targets to achieve this were: -

- Reduce emergency admissions by 15%
- Improve patient experience of out of hospital care above England average
- Reduce emergency re-admissions by 14%
- Increase number of people receiving treatment for IAPT (Improving Access to Psychological Therapies) from 12% to 16%
- Improve patient experience of hospital care above England average
- Improve health related quality of life for people with LTC (long term conditions) by 11%
- Reduce years of life lost by 7%
- Improve diagnosis of dementia from 62% to 68%

Dave also outlined the metrics, activity levels and the key transformational changes for the next five years. Detail was also given of the quality premium which was the mechanism by which targets would be agreed and if met, how funding would be pumped back into the CCG budget.

The presentation summarised the current position with the Better Care Fund and explained that the current proposal was to make the total health and local authority spend on 'out of hospital care' £168.5m for 2015/2016. The submission had been well received and it was commented that there was a clear vision but the metrics were too ambitious and governance arrangements needed to be strengthened. There was a huge issue nationally with workforce implications and there was a lot of work to do in getting employees and universities up to speed.

Liz Highmore noted that there was a lack of commitment to equality and diversity set out within the plan and asked if that was because it was assumed. She also commented on the plan to reduce growth in GP referrals and said that overall early diagnosis and referral was better. She also asked how GPs could be encouraged to follow best practice.

Dave stated that at this moment the plan was about commissioning but gave assurance that equality and diversity was part of the delivery process. The aim to reduce growth in referrals was more around the appropriateness of GP referrals and that these did not always have to be to hospitals. From the end of April 2014, all GPs would be using the same information system which would help to refine the referral process.

It was not possible to tell GP practices what to do but the CCG worked with and influenced them and the emerging GP Federation would also promote best practice. GPs were involved in commissioning through the CCG.

With regard to reducing the number of procedures with limited clinical value, Councillor Wiper asked if that could be expanded upon and Dave advised that these were procedures which were not going to have an impact on a person's life in a meaningful way.

RESOLVED that the presentation be noted.

HW62. Dates and Times of Next Meeting

The following schedule of meetings for 2014/2015 was noted: -

Friday 16 May 2014 at 12noon
Friday 25 July 2014 at 12noon
Friday 19 September 2014 at 12noon
Friday 28 November 2014 at 12noon
Friday 23 January 2015 at 12noon
Friday 20 March 2015 at 12noon.

(Signed) P WATSON
 Chair