

## SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 19 September 2014

### MINUTES

**Present: -**

|                                       |   |                                       |
|---------------------------------------|---|---------------------------------------|
| Councillor Mel Speding (in the Chair) | - | Sunderland City Council               |
| Councillor Shirley Leadbitter         | - | Sunderland City Council               |
| Councillor Graeme Miller              | - | Sunderland City Council               |
| Councillor Pat Smith                  | - | Sunderland City Council               |
| Neil Revely                           | - | Executive Director of People Services |
| Dave Gallagher                        | - | Chief Officer, Sunderland CCG         |
| Dr Ian Pattison                       | - | Sunderland CCG                        |
| Kevin Morris                          | - | Healthwatch Sunderland                |

**In Attendance:**

|                          |   |  |
|--------------------------|---|--|
| Councillor Ronny Davison | - | Sunderland City Council                                    |
| Claire Bradford          | - | NHS Local Team   |
| Jane Johnston            | - | NHS Local Team   |
| Sarah Reed               | - | Assistant Chief Executive, Sunderland City Council         |
| Kath Bailey              | - | Locum Consultant in Public Health, Sunderland City Council |
| Sharon Lowes             | - | Intelligence Lead, Sunderland City Council                 |
| Graeme Atkinson          | - | Intelligence Lead, Sunderland City Council                 |
| Karen Graham             | - | Office of the Chief Executive, Sunderland City Council     |
| Gillian Kelly            | - | Governance Services, Sunderland City Council               |

**HW14. Apologies**

Apologies for absence were received from Councillors Kelly and Watson and Nonnie Crawford, Ken Bremner and Christine Keen.

**HW15. Declarations of Interest**

There were no declarations of interest.

## **HW16. Minutes**

The minutes of the meeting of the Health and Wellbeing Board held on 25 July 2014 were agreed as a correct record.

## **HW17. Feedback from Advisory Boards**

### **Adults Partnership Board**

Councillor Speding informed the Board that the Adults Partnership Board had met on 9 September 2014 and the main issues considered had been: -

- Joint Workshop for Adults Partnership Board, Children's Trust and NHS Provider Forum
- Health and Wellbeing Board Agenda
- Sunderland Care and Support Company
- Winterbourne View Update
- Domestic Violence Needs Update
- Care Act: The Local Response
- Behaviour Change Workshop

Karen Graham advised that with regard to the domestic violence needs update, the Adults Partnership Board had agreed to establish a task and finish group which would include members of the Health and Wellbeing Board, providers and representatives from the Safer Sunderland Partnership.

The Board RESOLVED that the information be noted.

## **HW18. Update from the Integration and Transformation Board (including Accelerated Solutions Event update)**

The Board were informed that the Integration and Transformation Board had met on the 21 August 2014 and the main issues discussed had been: -

- Governance
- Better Care Fund
- Follow up to ASE Event

The Better Care Fund plan had been through the fast track process and had received assurance with support. Officers had now been mandated to get on and implement the actions in the plan. Sunderland's Better Care Fund plan was one of five looked at early and all the other areas were in the same position. Plans were being submitted from other areas of the country on 19 September.

Neil Revely wished to record thanks to all the organisations who had been involved in the development of the plan and noted Sunderland's was the largest Better Care

Fund to be established in the country. A Government minister had visited Sunderland to congratulate the team on the day of the announcement but now the work would really start.

Dave Gallagher advised that the follow up to the Accelerated Solutions Event (ASE) would now take place in early December and referred the Board to appendix 1 to the minutes of the Integration Board which showed how the work streams were being brought forward.

Dave highlighted that as the Better Care Fund had been signed off and £168m would be shared between the two statutory bodies of the Council and the Clinical Commissioning Group (CCG), discussions had begun around enhancing governance arrangements. Proposals for governance were shown at appendix 2 and would include input from elected Members, the CCG, executive GPs and lay members. Neil added that 'Integration' was one of the key things which the Health and Wellbeing Board was overseeing and that the Better Care Fund was a subset of the whole integration agenda.

The Chair commented that the proposed governance arrangements were set out in a brief, succinct diagram and that the Health and Wellbeing Board had always been focused on getting people into the right place. Councillor Miller noted that this was a good starting point to an essential piece of work.

The Chair queried if there was a political dimension to this arrangement and how this would feed through to the Health and Wellbeing Board. Neil advised that the proposal was for an elected Member to represent the Council and a non-executive member to represent the CCG. Neil stated that he, Dave Gallagher and the relevant elected Member would provide a conduit from the Health and Social Care Integration Board to the Health and Wellbeing Board.

RESOLVED that the update be noted.

## **HW19. NHS England 0-5 Transfer Programme**

Claire Bradford of the NHS England Area Team was in attendance to present to the Board on the NHS England 0-5 Transfer Programme.

The commissioning responsibilities for 0-5 year old children's public health services would transfer from NHS England to Local Authorities on 1 October 2015 and NHS England were responsible for ensuring the safe transfer of the responsibilities whilst aiming to improve outcomes for children and families.

The 0-5 Healthy Child Programme was delivered in partnership with the Department of Health, Public Health England and the Local Government Association and the services which would transfer to the Local Authority included the commissioning of health visiting services and family nurse partnership services.

The Healthy Child Programme was a multi-disciplinary programme involving a large number of services targeted at improving outcomes for children from before birth to

the age of 19 (and older for children with special educational needs). It was an evidence based programme with universal and targeted interventions.

Claire highlighted that the Health Visitor call to action was currently ongoing through organisations across the North East, and Sunderland was part of the early implementer scheme for modernisation. There was a lot of national interest in the expansion of numbers of health visitors and this was on track in the North East.

Following the transfer of Public Health commissioning to local authorities in April 2014, NHS England had been working with Sunderland on the informal co-commissioning of services for 0-5 year olds and also on joint priorities. This had been working very well and efforts were now being made to have the right structures in place for a mid-year transfer of responsibilities.

The Section 7A agreement, which would set out the elements of the 0-5 Healthy Child Programme which were to be commissioned by the local authority, would be updated for 2015 and would be shared with the Health and Wellbeing Board.

A financial process was also being undertaken to identify the value of the contract which was currently being provided by South Tyneside Hospitals across Gateshead, South Tyneside and Sunderland. A mandate had been agreed through the LGA for five key checks as part of the Healthy Child Programme but the number of health visitors was not agreed and the family health programme had not been mandated.

The Chair asked what the practical effects of the changes would be, as maternity was sitting within one area and health visiting in another. He queried how this would fit together and what would be the advantages for local people.

Claire Bradford stated that the Healthy Child Programme was designed to run from before birth and having one body commission these services made sense. This would also enable local authorities to look at the whole contribution services were making to the city and to ensure that these services did not chop and change.

Neil Revely highlighted that, because of the commitment which the Health and Wellbeing Board had to integrate, this was another opportunity and was part of the objective to achieve a 'Better Start in Life'. He said that this was seen as a further opportunity to design whole new systems but shared concerns about the transition and wanted any disruption to be as minimal as possible.

Kath Bailey stated that it was the commissioning responsibilities rather than the health visiting staff who were transferring and the local authority would only receive the mandate for the universal elements of the programme. She asked if there had been any further guidance on the process and Claire Bradford advised that there was a regional LGA meeting taking place on Monday which may address some of the queries which were being raised.

Dr Pattison commented that GPs feel that there had been a disconnect between general practice and the health visiting service and colleagues saw this service as being second only to the district nursing service. He asked if the health visiting service specification had been shared with the CCG, as it would be interesting to try

and align this with the GP plans, and if there was a real increase in the number of health visitors.

Jane Johnston advised that the target was to have 180 WTE health visitors over the south of Tyne area and there were 176 currently in post, with student health visitors being counted in November and ten to begin training shortly. The initiative was also about reducing the caseloads of individual health visitors and understanding the work of health visiting across health and social care. She highlighted that GP practices should have a named health visitor and regular contact.

Dr Pattison noted that it was the informal contact which GPs found so valuable and they would appreciate more of that and not less. He was interested in the reference to locality working and if this would be aligned in the specification going forward. It was also important to highlight the role that health visitors played in safeguarding and also their work in early intervention and prevention. Claire added that Northumbria University was carrying out some work with health visitors to identify how they could work more effectively in localities.

Neil Revely commented that the discussion had confirmed that the Board was taking the right approach in focusing on integration and although the Better Care Fund had led the group to concentrate on adults initially, the next Transformation Board meeting would start to map work on children's integration.

The Chair asked how this would work practically on the ground and if local headteachers would be involved. He highlighted that the whole family approach was fundamental to the work of the Health and Wellbeing Board.

Jane Johnston advised that part of the call to action was to reduce the risk in transitions. Health visitors had good relationships with maternity services and there was a systematic process in place for handovers between them and to the school nursing service. There was to be a joint assessment of children at the age of two and half with the aim of achieving a better understanding of child development before they got to school. Health visitor involvement would start at 28 weeks of pregnancy.

Having thanked Claire for her presentation, it was: -

RESOLVED that the information be noted.

## **HW20. Peer Review – Implementation Plan Update**

The Assistant Chief Executive and Head of Strategy and Performance submitted a joint report updating the Board on the progress which had been made in addressing the Health and Wellbeing Peer Challenge implementation plan.

The peer challenge had taken place in February 2014 and a proposed implementation plan had been presented to the Health and Wellbeing Board in May 2014, where the Board had agreed to receive six monthly updates. The 15 individual actions within the plan had been allocated to Board members and senior officers

within the Council and the CCG and the lead officers had put detailed responses together.

Sarah Reed, Assistant Chief Executive, advised that there were no major issues to draw to the attention of Board members but that this would be monitored moving forward. The evidence based approach would need to be reflected within the plan and it had been agreed that an annual assurance report would be produced. Outputs and outcomes would continue to be monitored and a report from Due North would come to the next meeting of the Board.

Neil Revely commented that, in filling in your own area of responsibility within the plan, you could see what others were doing and realised that there was a lot of commonality. Dave Gallagher added that it was good to see all of this information in one place but said that care needed to be taken to make sure that some areas did not contradict each other.

RESOLVED that the Implementation Plan update be noted.

## **HW21. Intelligence Hub Update**

Sharon Lowes and Graeme Atkinson were in attendance to deliver a presentation on Sunderland's Intelligence approach.

The 'Intelligence Hub' was a new approach to using data and information which placed intelligence at the centre of everything the Council, and its partners, did and changed the way that business was done. The hub was not a stand alone being, but a dispersed model focusing on skills, techniques and tools.

The Intelligence Hub would promote an intelligence approach within the city; integrate, manage and share information; establish an information governance framework; and develop skills and capabilities.

A competitive dialogue process had taken place and this had resulted in 'Palantir' being appointed as the Strategic Partner for the project. Palantir were a global leader in data intelligence and would work with the Council to develop the approach and to deliver four user cases (rapid adopters), a single scalable framework, full skills and knowledge transfer through training and an Information Strategy.

The four 'rapid adopters' were Hospital Admissions, Strengthening Families, Flood Management and Community Clean Up. In the case of Hospital Admissions, the adoption of the Intelligence Hub was in the context of significant budget pressures and significant spend across the health and social care system. There was a requirement to understand the interventions in place and to identify the trends, patterns and themes across health and social care data.

For Strengthening Families there was a need to identify families and to understand what was working and that the right interventions were in place. The Intelligence Hub would also assist with data sharing and enable agencies to have different and appropriate levels of access to data about the same family.

The Intelligence Hub would establish Sunderland as an exemplar of an 'Intelligent City' and would create modern public services based on today's needs and anticipating future service requirements. The Hub would also help partners in the city to understand shared priorities and to direct collective resources to these.

The Chair stated that this was a new concept which had developed against the background of workforce transformation and budget cuts. The local authority had lost a significant amount of knowledge in recent years and the Intelligence Hub was a tool to redress some of that. However the Hub would fundamentally be driven by numbers rather than the ability of the local authority to carry out functions.

Sarah Reed highlighted that there were issues around knowledge and intelligence and when looking at the level of data analysis, the superior evidence base within Public Health had made the Council understand that there was not the right type of performance management within the authority. Work was taking place around community connectors and capacity was being looked at in a different way. There were risks and issues which needed to be monitored throughout the process.

Councillor Smith asked if this would put right where things had things had been wrong, for example with Children's Centres and the Youth Offending Service and Sharon advised that there would be a communications plan addressing these issues.

Dave Gallagher noted that the initiative was aimed at capturing numbers but also the soft intelligence. This would be placed as a community resource to be accessed safely and securely. Neil Revely stressed that soft intelligence, such as information from local councillors, should not be underestimated. The Intelligence Hub would not solve data issues overnight but would be an additional support.

Sharon advised that discussions had begun regarding the health rapid adopter and that Palantir as the strategic partner would bring a non-local government and non-NHS perspective. The Intelligence Hub was a new way of looking at information but would not replace the human element of the process.

Having thanked Sharon and Graeme for their presentation, the Board RESOLVED that the information be noted.

## **HW22. WHO Healthy Cities**

The Executive Director of People Services submitted a report updating the Board on the World Health Organisation (WHO) Healthy Cities Programme.

Sunderland was first designated a WHO Healthy City in 2004 and cities applied for membership every five years based on renewed criteria. Each five year phase focused on core priority themes and would be launched with a political declaration and a set of strategic goals.

The core themes in WHO Healthy Cities Phase VI would be based on the local adaptation of the four priorities for policy action of Health 2020:

- investing in health through a life-course and empowering people;
- tackling the European Region's major health challenges of infectious and non-communicable diseases;
- strengthening people-centred systems and public health capacity and emergency preparedness and surveillance; and
- creating resilient communities and supportive environments.

As the aims of Phase VI were closely aligned to the Sunderland Health and Wellbeing Strategy, Sunderland had expressed an interest in being designated as a WHO Healthy City for Phase VI.

Sunderland was also a member of the Healthy Cities National Network which had held its inaugural meeting in August and was attended by Councillor Speding and Karen Graham. The next session would be held in Bristol in the Autumn and the Annual Conference for WHO Healthy Cities would take place in Athens in October.

RESOLVED that: -

- (i) the proposal to apply fully for designation as a WHO Healthy City for Phase VI be endorsed; and
- (ii) the upcoming annual conference be noted.

### **HW23. Health and Wellbeing Strategy – Communications Workshop**

The Executive Director of People Services and the Head of Strategy and Performance submitted a joint report informing Board Members of a workshop which had been convened to help progress the Sunderland Health and Wellbeing Strategy.

The workshop would set the tone and direction for future social marketing and behaviour change strategies which would contribute to the improved health of local people. The workshop would take place on Monday 20 October 2014 between 1.00pm and 5.00pm at the Software Centre and all Members of the Health and Wellbeing Board were invited to attend.

The workshop was to be facilitated by Dr Henry Kippin and Ben Lucas and it was anticipated that this workshop would be the first in a series and that these would play a key role in taking forward the Health and Wellbeing strategy and improving the health and wellbeing of local people.

RESOLVED that the invitation to the communications workshop be noted.

### **HW24. 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.



The next development session would be focused on safeguarding and would take place on Friday 10 October 2014. The topic for the session was “How does the City get confidence from and around Children and Adults Safeguarding” and would be independently facilitated by Anne Baxter.

Details of the timetable for the Board and its advisory groups and deadlines for submission of reports were also provided for information.

The Board RESOLVED that: -

- (i) details of the next development session be noted;
- (ii) the forward plan be noted and requests for any additional topics passed to Karen Graham; and
- (iii) the timetable be noted.

**HW25. Date and Time of Next Meeting**

The next meeting of the Board will be held on Friday 28 November 2014 at 12noon

(Signed) M SPEDING  
In the Chair

