

SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 15 January 2016

MINUTES

Present: -

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

In Attendance:

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

HW49. Apologies

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

HW50. Declarations of Interest

There were no declarations of interest.

HW51. Minutes

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

HW52. Feedback from Advisory Boards

Adults Partnership Board

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

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

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

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

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

RESOLVED that the update be noted.

HW53. Update from the Health and Social Care Integration Board

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

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

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

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

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

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

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

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

RESOLVED that the update be noted.

HW54. Welfare Reform

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

RESOLVED that the information be noted.

HW55. Action on Supporting Suicide Prevention

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

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

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

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

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

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

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

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

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

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

Having fully considered the report, the Board: -

RESOLVED that the contents have the report be noted.

HW56. The Health of Sunderland

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

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

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

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

The key challenges arising from the report were: -

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

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

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

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

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

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

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

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

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

RESOLVED that the information contained in the presentation be noted.

HW57. Active Sunderland Board – Quarterly Update

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

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

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

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

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

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

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

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

RESOLVED that the update be noted.

HW58. Health and Wellbeing Forward Plan and Board Timetable

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

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

The Board RESOLVED that: -

- (i) consideration be given to topics for in depth closed partnership sessions for 2016/2017; and
- (ii) the forward plan be noted and requests for any additional topics be passed to Karen Graham.

HW59. Date and Time of Next Meeting

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

(Signed) P WATSON
 Chair

