SUNDERLAND SHADOW HEALTH AND WELLBEING BOARD

AGENDA

Meeting to be held in the Civic Centre (Committee Room No. 1) on Friday 25 January 2013 at 12.00noon

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

ITEM		PAGE
1.	**Introductions and Apologies**	
2.	**Minutes of the Meeting of the Board held on 16 November 2012** (attached).	1
3.	**Feedback from Advisory Boards** • **Adults Partnership Board** (verbal update). • **Children's Trust** (verbal update).	-
4.	**Sunderland Clinical Commissioning Group Commissioning Intentions 2013/2014** Report attached.	11
5.	**Director of Public Health Update** Verbal report	-
6.	**Systems and Risks for PCT Transfer** Verbal report.	-
7.	**Transforming Health and Wellbeing through Integrated Wellness Services** Joint report of Community Services, Sunderland City Council and Sunderland PCT (attached).	25

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

8. **Transition from Shadow to Full Health and Wellbeing Board and Health and Wellbeing Strategy** 41

Draft Cabinet report from the Executive Director of Health, Housing and Adults Services (attached).

9. **Health and Wellbeing Board Development Session – the Broader Determinants of Health** 59

Report attached.

10. **Date and Time of the Next Meeting**

The next meeting will be held on Friday 22 March 2013 at 11.00am.

ELAINE WAUGH
Head of Law and Governance

Civic Centre
Sunderland

17 January 2013

Item No. 2

SUNDERLAND SHADOW HEALTH AND WELLBEING BOARD

Held in Committee Room 1, Sunderland Civic Centre on Friday 16 November 2012

MINUTES

Present: -

Councillor Paul Watson (Chair)	-	Sunderland City Council
Councillor Graeme Miller	-	Sunderland City Council
Councillor Pat Smith	-	Sunderland City Council
Councillor Mel Speding	-	Sunderland City Council
Councillor John Wiper	-	Sunderland City Council
Neil Revely	-	Executive Director, Health, Housing and Adult Services
Keith Moore	-	Executive Director, Children's Services
Dave Gallagher	-	Chief Officer, Sunderland CCG
Nonnie Crawford	-	Director of Public Health
Sue Winfield	-	Chair of Sunderland TPCT
Dr Gerry McBride	-	Sunderland Clinical Commissioning Group
Michael McNulty	-	Sunderland LINk

In Attendance:

Councillor Peter Walker	-	Sunderland City Council
Gillian Gibson	-	Sunderland TPCT
Petrina Smith	-	North East Ambulance Service
Jan van Wagtendonk	-	Chair of Sunderland Safeguarding Children Board
Ailsa Nokes	-	NHS, South of Tyne and Wear
Jean Carter	-	Deputy Executive Director, Health, Housing and Adult Services
Lorraine Hughes	-	Health Lead, Children's Services
Victoria French	-	Assistant Head of Community Services, Sunderland City Council
Karen Graham	-	Office of the Chief Executive, Sunderland City Council
Gillian Warnes	-	Governance Services, Sunderland City Council

HW40. Apologies

Apologies for absence were received from Councillor Kelly and Dr Pattison.

HW41. Minutes

The minutes of the meeting held on 14 September 2012 were agreed as a correct record.

HW42. Feedback from Advisory Boards

Adults Partnership Board

Neil Revely informed the Board that the Adults Partnership Board had met on 30 October 2012 and the main items considered had been: -

- The Forward Plan update
- Adult Safeguarding Development Plan
- Intermediate Care Strategic Direction
- Accelerating the Bigger Picture
- Local Accounts
- Health and Wellbeing Board agenda
- Dementia Commissioning Group – Update
- 50+ and Age Friendly City – Update
- Carers Strategy – Final Draft

Neil reported that three nominations had been received for the position of Vice Chair and the Partnership Board had appointed Councillor Speding. The membership of the group had been refreshed and a provider GP was now attending and had made a significant contribution to the work of the Partnership Board.

Children's Trust

Councillor Smith reported that the Children's Trust had not met since the last Health and Wellbeing Board meeting, however Members were informed of work which was going on outside the Trust meetings, specifically the development of the Children's Trust Advisory Network (CTAN), the Children and Young People's Plan and cross-cutting priorities.

RESOLVED that the information be noted.

HW43. Clinical Commissioning Update

Dr McBride updated the Board on the latest developments regarding the Clinical Commissioning Group (CCG). The site visit for authorisation had taken place on 1 November 2012 and the feedback received had been good. There were only three red lights remaining on the implementation plan and the CCG was on track for authorisation.

It was intended that the final report would be shared with stakeholders, initial comments had been made and it was expected that the report would be received within the next week.

Neil Revely highlighted that this was now an opportunity to look at the interconnections between the CCG and other parts of the system and officers would look to embed joint working as work moved towards the final stages of the Human Resources process.

RESOLVED that the Clinical Commissioning Group update be noted.

HW44. Development of the Strategic Direction for Intermediate Care in Sunderland 2012 – 2015

The Board received a report informing them of the development of the Strategic Direction for Intermediate Care in Sunderland.

The Strategic Direction had been developed in response to, and influenced by a range of national health and social care policies and strategies, and had been developed jointly by the local authority, Primary Care Trust, Clinical Commissioning Group, Intermediate Care Partnership and partners from the Sunderland Intermediate Care Strategy Group.

Attention was drawn to the current Intermediate Care Services map illustrated in the report and the future model with an overarching emphasis on delivering care closer to home. It was explained that intermediate care was classified as being a step down from hospital care where a patient was not yet able to return home, or an alternative treatment which would prevent a hospital admission.

The services for intermediate care were not as joined up as they could have been and there were also various definitions of what was provided. It had been beneficial to bring all partners together in the work. The new direction would move to a hub model which would make access more coherent.

Ailsa Nokes provided further information on how the hub model would operate and advised that there would be two pathways into the hub. An assessment of need would be carried out by a range of community professionals and then a referral would be made to the hub. The second pathway would be as a result of hospital discharges where the patient had been assessed by the hospital team. The staff at the hub would provide a multidisciplinary approach and offer a brokerage and co-ordination service. The model for Intermediate Care Services was one of a number of elements in the strategy which set out a shift to a more preventative model of care.

The suitability of a patient for a community bed would be determined by the whole picture of the individual, such as if they live on their own and if the condition could be managed at home. The judgement would be made based on the situation and risk factors, rather than just the diagnosis.

Sue Winfield highlighted that the hub could be situated in any location as it was perfuming a function for individuals in any area of the city. The hub was an integral part of the strategy to help people make the best use of facilities and the professionals involved were just getting to grips with the system themselves.

The hub includes staff from the local authority, community health services and mental health services. Sue suggested that it might be useful for members of the Board to visit the hub to see the system in operation.

With regard to the staff working through the hub, Ailsa advised that the staffing had increased since the hub was established and more funding had been secured to run the service seven days a week, 8am till 8pm.

Neil Revely added that the hub would enable more people to be able to carry out assessments and would deal with the current situation and highlight if there were any gaps in the system. Intermediate care could be a complex system for all professionals but those in the hub would be best placed to tap into available resources and the hub would respond to requests within two hours. It was proposed that this be a topic for a future development session for the Board.

RESOLVED that the Strategic Direction for Intermediate Care in Sunderland 2012-2015 be received and noted.

HW45. PCT Transition Assurance

Sue Winfield provided a verbal update as the Vice-Chair of NHS South of Tyne and Wear and as the lead for Sunderland. The key elements to be assured of were: -

- Ensuring continued delivery of safe, quality, services;
- Department of Health targets continuing to be met;
- Support for those taking over statutory responsibilities;
- Handling responsibilities as employers.

The PCT Cluster Board received regular reports about these aspects of the transition and would have a final meeting in March 2013. A large amount of activity was delegated to the CCG and the Board had its own assurance processes with regard to their activity which showed that it was meeting targets and had sound financial performance.

The PCT was working with the Local Area Team as an interface and there were regular meetings at executive level. The Local Area Team was the local face of the National Commissioning Board and as well as the South and North of Tyne clusters, this now took in the Cumbria region. A permanent Director for the Local Area Team was yet to be appointed.

Handover documents were being prepared and each receiver organisation would receive one. The final versions were to be cleared by the Strategic Health Authority in December and it was highlighted that the functions of the Sunderland PCT would be transferred to six different organisations. The handover documents were intended to try and protect organisational knowledge and the Sunderland CCG had endeavoured to create a management structure which would assist with this part of the process.

There was a major process being undertaken with relation to matching staff into the new health structures. It was recognised that this was not easy for the people involved and it was the intention that all staff would know their position by December.

With regard to the Local Area Teams, it was outlined that these would commission primary care and performance manage CCG commissioning.

It was noted that there had been some concern that the National Commissioning Board had not been very successful in appointing staff and this would lead to CCGs playing catch up. However, there was confidence that the strong partnerships within Sunderland would enable the transition to be managed smoothly.

It was important for the Health and Wellbeing Board to be sighted on issues as they arose, to make sure things were happening and to identify any functions which may fall between gaps. Sue added that as part of the change and transition plan, the PCT Cluster Board did regularly review a risk log and register and there would be opportunities to take these issues forward during meetings to be held to consider the quality handover document.

It was suggested that it might be useful to have a diagram showing what the system would look like and what services would be included following transition. This would be a valuable reference document for the Shadow Health and Wellbeing Board.

RESOLVED that the update on the PCT Transition Assurance be noted.

HW46. Health and Wellbeing Strategy – Progress and Forward Plan

The Board received a report providing an update on the progress to date and further detail on the process of engagement and participation in the Health and Wellbeing Strategy.

At the meeting in September the Board had approved the high level Health and Wellbeing Strategy and a forward plan for further development. It was proposed that to develop broad acceptance of the strategy, it be taken for formal comment and sign off to the Boards and management organisations of partners throughout the whole health and social care system. The list of organisations to be included in this sign off was outlined within the report.

In addition, further engagement and consultation sessions had been scheduled throughout November and December with Area Boards and Committees, the Children's Trust Advisory Network and Stay Health/Healthy Lifestyles Partnerships. A great deal of work had been done on engagement in the last year and it was felt to be an appropriate time to ensure that organisations had ownership of the strategy and saw delivery of its aims as part of their core business.

Work was in progress to develop strategic objectives into actions and following the completion of this, a report would be brought to the Board on the performance management framework for the Health and Wellbeing Strategy.

The Board RESOLVED that: -

(i) the approach to engaging organisations and individuals in the strategy be noted; and

(ii) a future report on actions and performance management be received.

HW47. Safeguarding Children

Jan van Wagtendonk, Independent Chair of the Sunderland Safeguarding Children Board (SSCB), delivered a presentation to the Health and Wellbeing Board on the work of SSCB.

Sunderland Safeguarding Children Board was established in 2004 and is the key statutory mechanism for agreeing how relevant organisations will co-operate to safeguard and promote the welfare of children in Sunderland. The statutory functions of the SSCB include: -

- Developing local policies and procedures as specified in regulations for how different organisations will work together to safeguard and promote the welfare of children;
- Undertaking a Serious Case Review where abuse or neglect of a child is know or suspected, a child has died or been seriously harmed;
- Monitoring and evaluating the effectiveness of what is done by partners individually and collectively to safeguard and promote the welfare of children and advise them on ways to improve;
- Assessing whether Board partners are fulfilling their statutory obligations under section 11 of the Children Act 2004 and asking Board partners to self evaluate; and
- Producing and publishing an annual report on the effectiveness of safeguarding and promoting the welfare of children in the local area.

Jan provided an overview of the achievements for the SSCB and its sub-committees during the period 2009-2011 and gave some of the facts and figures illustrating the current position. He also described some of the challenges for the future and highlighted that under current draft guidance, the SSCB would present an Annual Report to the Health and Wellbeing Board.

The relationship between SSCB and the Health and Wellbeing Board would require further definition as the SSCB had to be able to retain its separate identity and voice no matter which structures surrounded it.

It was queried how the SSCB could identify how many children had been 'saved' through intervention and Jan reported that this was done thorough audits of serious incidents and case files, looking at what could have been done and using this in training. There was still work to be done around speaking to young people and improving engagement. The SSCB also had to be mindful of current Government priorities on sexual exploitation and historic abuse.

The Chair expressed concern about the blame culture which could exist when a case of a very serious nature became public knowledge. Jan commented that the press could always find scapegoats but it was the role of the local Safeguarding Children Board to build a system which would safeguard the majority of children.

Sue Winfield highlighted that the Children's Trust received regular reports from the SSCB and it was important to be aware of the good governance of all processes. She also emphasised the need for the SSCB to have the necessary independence to voice any concerns they had. This was something which featured in the recent Munro report which had also stated that social workers were caught up in targets which did not measure the effectiveness of the work for children. Sunderland was looking to develop procedures which would address this point.

It was confirmed that the SSCB considered the safety of children mentally as well as physically and as a body, had concerns about the resourcing of CAMHS and personal health education in schools.

Having thanked Jan for his presentation, it was: -

RESOLVED that the information be received and noted.

HW48. Review of Health Visiting Services

The Children's Trust submitted a report in response to the request of the Health and Wellbeing Board to consider the delivery of Health Visiting services.

Lorraine Hughes, Health Lead, informed the Board that the Health Visiting Service was currently commissioned by NHS South of Tyne and Wear and a regional service specification had been developed, to be implemented incrementally between 2012/2013 to 2014/2015 in line with the new National Health Visitor Model.

The service specification had been agreed at regional level but was now with providers to be signed off. The service was provided through South Tyneside

Foundation Trust but from 2015, commissioning would return to local authorities.

The development of the service specification had been developed through an Early Implementer Stakeholder Group and separate discussions had been held with representatives from the CCG. It had been previously highlighted at the Board, that there were concerns from GPs about communication with health visitors and there was a section within the specification which noted the need for close working and regular contact, including: -

- Face to face meetings to share information, concerns regarding vulnerable families, to make referrals and agree proposed provision for care of families with additional needs, meetings to share information when safeguarding concerns have been identified and meetings to share information where children have been identified as having a complex health need;
- Ongoing communication to ensure the GP and Health Visitor are sharing information on families appropriately and effectively to improve outcomes;
- The Health Visitor will be an active participant in relevant regular practice team meetings; and
- The Health Visitor will record information electronically in the practice information system for each child.

The Board was asked to consider how it would wish to monitor the implementation of the new service specification and it was suggested that this might be done through the Children's Trust and a that a further report could be brought back to the Board within the next six to twelve months.

It was queried which route people could take if they had a complaint about the Health Visiting Service and Lorraine advised that at the present time, representations could be made to another health visitor, someone senior in the service or the Primary Care Trust. However, in the future, this would sit with the CCG.

The protocols for information sharing and safeguarding were of paramount importance and there were detailed, clear procedures which partners were expected to adhere to. It was noted that the SSCB could be asked to revisit the new service specification to ensure that the system met all the required safeguarding protocols.

The Board RESOLVED that: -

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

(ii) the Children's Trust review the implementation of the revised Health Visitor service specification and report back to the Board after a period of six to 12 months.

HW49. Transforming Health and Wellbeing through Integrating Wellness Services

This item was deferred to the next meeting of the Shadow Health and Wellbeing Board.

HW50. HealthWatch and NHS Complaints Advocacy Update

The Board received a report on the development of Healthwatch and NHS Complaints Advocacy.

Healthwatch England was launched on 1 October 2012 and the complete network including local Healthwatch organisations would be launched on 1 April 2013. The commissioning and procurement for local Healthwatch had begun. Consultation had taken place with interested providers and the intention was to award the contract in January 2013.

Eleven local authorities were undertaking a collaborative approach to the commissioning of a complaints advocacy service and had worked together to develop the service specification and tender process. It was planned to award the contract in December 2012 for a start date of April 2013.

RESOLVED that the information be noted.

HW51. Risk and Resilience – Public Health Protection

Tricia Cresswell, Deputy Medical Director of the Strategic Health Authority outlined the future plans for Public Health protection.

Health protection services are currently delivered by many agencies in what is quite a complex system, but had been in operation for a relatively long period of time with strong relationships between the bodies involved. The role of the Health Protection Agency was to be very much the same from 1 April 2013 with Public Health England having a local centre and the NHS Commissioning Board commanding an overall response as the PCT and Strategic Health Authority do now. The Hospital and Ambulance Trusts would stay as they are.

The planning function for Public Health protection would be co-ordinated by a new body, the Local Health Resilience Partnership and the local plan would inform the national version.

There were a number of outstanding issues including the role of the Director of Public Health and local authorities in relation to public health emergencies and the need for Health and Wellbeing Boards to decide how they would receive reports on incidents and how emergency preparedness priorities would be developed on an annual basis.

There would be a challenge on maintaining staffing and delivery would be a struggle. At the present time there was no national incident guidance and there was also some confusion around the totality of health protection arrangements.

The Board RESOLVED that the information be noted and requested that Tricia present a further update on the position before the end of March 2013.

It was highlighted that Seasonal Flu Plan would shortly be available and would be circulated to members of the Board for their information.

HW52. Health and Wellbeing Board Development Plan

A report was submitted presenting details of the development programme for the Board until March 2013.

It was noted that the next session scheduled for Thursday 6 December 2012 at 10.00am would be based around the integration of urgent and intermediate care, as discussed earlier in the meeting.

The Board RESOLVED that: -

(i) the thematic/problem solving topics identified in the plan be agreed;

(ii) the providers identified in the plan be agreed; and

(iii) any additional topics which the Board feel would be beneficial to form part of the development programme be forwarded to Karen Graham.

HW53. Date and Time of Next Meeting

The next meeting will be held on **Friday 25 January 2013** at **12.00noon** in Committee Room 1, Sunderland Civic Centre.

Sunderland CCG Commissioning Intentions 2013/14

1. Purpose of the Report

- To present the current list of commissioning intentions to be circulated to providers (Appendix A) subject to any changes required within the national planning guidance;

- To provide an overview of the commissioning intentions process developed in accordance with the SCCG Governing Body;

- To outline the wider planning process of which the commissioning intentions are a part;

- To set out next steps for Sunderland CCG.

2. Background

Commissioning Intentions indicate to service providers how we intend to shape the healthcare system for the people of Sunderland during 2013/14.

As part of the development of the CCG 5 year commissioning plan, a draft list of commissioning intentions was initially developed. This process now builds upon these draft intentions to produce a final list of our intentions for 2013/14.

3. Commissioning Intentions 2013- 2014

In order to build upon the draft commissioning intentions for 2013/14, a local process for SCCG was developed and agreed by the SCCG Governing Body. This process has been informed by the high level Commissioning Intentions timetable for the North East which has been developed by South of Tyne and Wear NHS Business Delivery Team.

The first stage of the local process was to draw upon the information we already had which involved:

- Further review of draft intentions by Strategic / Programme Leads;
- Health and Wellbeing Board Strategic priorities;
- Practice suggestions from QP work in 2012;
- Recommendations from the ECIST report;
- Accelerating the bigger picture priorities;
- Insights we already have from LINKS;
- Feedback from the engagement undertaken regarding the commissioning plan;
- Insights from CHSFT regarding their priorities;
- Feedback from the LEB.

Sunderland CCG Commissioning Intentions 2013/14

This work produced a revised long list of intentions which was then circulated for comment to:

- Sunderland CCG Executive;
- Clinical Leads for discussion within Clinical groups;
- Locality Managers to share with the Practices and patient forums.

At this point we also communicated with our key stakeholders, including Sunderland City Council LA, to ask what their priorities were for 2013/14. From which we received a positive response with the following common themes from stakeholders:

- Pleased to be asked for their comments;
- Willing and keen to work with the CCG;
- Noted they had the same objectives such as supporting people at home and more services in the community.

The outcome of this was a long list of intentions which took into account the views of patients, practices, providers, Local Authority, CCG Executive, PCT programme leads and Clinical Leads.

The next stage was to prioritize this long list. Two prioritization sessions were held on the 13th & 27th November 2012. Executive leads, Clinical leads & relevant Strategic leads were asked to undertake an initial assessment of each of the proposed intentions in order that an informed assessment against each proposal could be made. These sessions also considered any relevant intelligence from the high level commissioning intentions process in relation to areas such as tariff arrangements, CQUIN and specialized commissioning. The outcome of these sessions was agreement in principle of initiatives to progress in 2013/14 noting the following:

- The majority were seen as high priorities;
- The need to undertake activity/finance impact analysis to inform QIPP plans;
- The need to sense check affordability including determining what will need recurring or non recurring monies;
- The need for the activity/finance analysis to inform the ranking/staggering of the intentions;
- The need to effectively communicate the final list to Locality Managers to share with Localities for any final comment before the Governing Body approve the intentions;
- The need to share the list of intentions with the Health and Wellbeing Board;
- Consider if any further public input is possible;

- Consider where further Clinical Leads may be needed to lead the delivery of the intention as where this is not possible this will inform whether the work is deliverable.

Following formal stakeholder engagement with the local authority, we also met with local authority representatives from both Adult Services and Child Services to discuss the following:

- SCCG Commissioning Intentions;
- Potential issues in relation to commissioning intentions for those responsibilities transferring to Sunderland City Council;
- The best way to conclude engagement with the Health and Wellbeing Board in relation to commissioning intentions noting that the document will be published prior to the formal Health and Wellbeing Board on 25th January 2013.

Following approval of the SCCG Commissioning Intentions by the SCCG Governing Body, the list was also circulated to local authority representatives.

Refreshed Clear and Credible Plan for 13/14

Developing the Commissioning Intentions and circulating them to Providers in early January is the first step in the annual refresh of the 5 year Strategic Plan (CCP). Once the high level intentions are agreed and the activity/cost impact analysis has been undertaken to inform the ranking/staggering, work needs to progress on agreeing the more detailed work programmes/plans. These programmes of work will need to take account of the best way to deliver the commissioning intentions within both the available monies for commissioning and the available management resources.

A first draft of our revised Plan for 2013/14 needs to be with the SHA/NCB on the 25th January. The requirements of which are detailed in the recent publication of the national planning guidance, Everyone Counts: Planning for patients 2013/14 and outlined below:

- Plan on a page including:
  - (i) key elements of transformational change;
  - (ii) key risks; and
  - (iii) Confirmation that national requirements will be met;
- Trajectories on relevant measures in section 2 plus three local priorities;
- Activity plans – summary at commissioner level;
- Financial information.

Sunderland CCG Commissioning Intentions 2013/14

This guidance is currently being reviewed by Sunderland CCG in order to understand the requirements outlined, including the identification of any additional nationally prescribed initiatives which need to be included within our commissioning intentions for 2013/14.

The final refreshed CCG Plan is required by the SHA/NCB by 5th April 2013.

Next Steps

In setting out the next steps we have taken into account what were considered important principles in moving forward the commissioning intentions:

- Outcome Driven;
- Deliverable;
- Achievable;
- Cost Effective;
- Equitable.

These principles will also guide the revised annual plan and work programmes for our staff.

The next steps also illustrate that developing the annual high level commissioning intentions for Providers is the first step in a planning process required to enable annual delivery of the SCCG 5 year Strategic Plan.

Next Steps:

1. Assess the impact of any national 'must dos' for 2013/14, communicated by the DH;
2. Circulate the intentions to Providers /Stakeholders early January with a covering letter explaining how their comments have been taken into account;
3. Full impact assessments wherever possible of the final list of intentions to be undertaken considering finance and activity implications. This will lead to an initial ranking/staggering of the intentions to inform the first draft of the refreshed CCP or annual operational plan by mid January 2013;
4. Negotiate and conclude the contracts by early March 2013 taking the above steps into account;
5. Complete the final annual operational plan by 5th April 2013;
6. Robust operational plans for 2013-14 will be developed for each Work Programme;
7. Agree a monitoring programme to ensure delivery is on track.

Sunderland CCG Commissioning Intentions 2013/14

Recommendations:

The Health and Wellbeing Board is asked to:

- Note the final list of Commissioning Intentions including the outcomes from further work with Localities;
- Note the requirements for CCG's outlined within the national guidance 'Everyone Counts: Planning for patients 2013/14'.
- Note the CCG Planning Process.

20th December 2012.

Appendix A

The table below details the list of initiatives which have been prioritised as a commissioning intention for Sunderland CCG in 2013/14:

Objective	Action
Integrated **urgent care** response, easily accessible at the appropriate level	Align urgent care services to the 111 operational model
	Explore the development of an urgent care transport strategy to support the implementation of 111
	Explore the development of an urgent care hub in City Hospitals Sunderland
	Continued implementation of pathway for acutely sick and injured children
	Implement new pathway for headaches
	Explore innovative ways of offering same day access
	Implement review of MIU/walk in centres including hours of operation.
	Implement new DVT Pathway
	Changes to NEAS Contracting Arrangements i.e. National Tariffs indicated by PBR Guidance
	Provision of care close to or in patients homes
	Primary eyecare Assessment and Referral Service (PEARS)

	Implement Emergency Care Intensive Support Team (ECIST) Review recommendations
	Work with the Urgent Care Team to review their guidelines on admissions for COPD patients
Improve quality of care for **long term conditions** across the whole system	Implement a revised pulmonary rehabilitation pathway and service specification
	Implement cardiac rehabilitation service specification and review access to heart failure rehabilitation
	Implement standards and recommendations from SOTW Rehabilitation Strategy
	Revised service model for Diabetes intermediate service and modernisation of secondary services
	Specialist Community Nursing and Community Matrons review
	Ongoing implementation plan including the treatment room review and District Nursing services review
	Commission Community Arrhythmia service
	Commission Community Traumatic Brain Injury Service
	Continue to develop models for integrated community teams across health and social care (including the intermediate care hub)
	Commission a community model to support care homes and housebound patients
	Commission self management for individuals with long term conditions

	Work to develop single practice relationships with individual care homes
	Address gaps in weekend support in community services and social care for early discharge / admission avoidance
	Increase the use of telehealth to help in the management of patients with long term conditions
	Explore opportunities to increase access to psychological therapies within long term condition patient pathways
	Explore opportunities to reduce hospital admissions and provide care closer to home through redesign of pathways for individuals with long term neurological conditions
	Continue to review and evaluate community bed based services to prevent admissions to hospital and long term care
	Revise pathways for referral to rapid access chest pain clinic to make use of the new calcium scoring test
	Scope implications of testing for Familial Hyperlipidadmia
	Work with providers to develop mechanisms to fast track patients for gallstone surgery if they are admitted while waiting for the procedure
Facilitate every practice to systematically improve the quality of **prescribing** adhering to evidence based guidelines	Commission pharmacist support for nursing and residential homes across Sunderland
	Review discharge/prescribing in secondary care
	Work collaboratively with Community Pharmacy to improve MM
	Review the provision of the Minor Ailments Service within Sunderland.

	Review the supply mechanism for Gluten free foods.
	Continue to engage in the procurement process for sip feeds.
	Review utilisation of Script Switch
	SCCG will fund NICE approved drugs / TAGs and will work with providers & stakeholders to ensure that appropriate protocols / pathways are in place to enable patients to access NICE approved drugs / TAGs.
	Work in collaboration with the NHS Commissioning Board LAT Controlled Drug Accountable Officer to ensure that the CCG meets any statutory requirements for the safer management of controlled drugs
Provide more **planned care** closer to home	Ensure implementation of friends and family test
	Review of endoscopy capacity in light of service changes
	Reduce the number of procedures of limited clinical value
	Explore further alternative surgical pathways ie: joint injections (including community approach / inter-practice referrals)
	Explore variation in outpatient referrals in order to reduce outpatient first and follow up attendances where appropriate.
	Review and rationalise access across community services
	To promote improved management and maximise appropriate referrals, thus reducing variation among GPs and practices around the management of Rheumatological problems
	To commission an escape knee service - Enabling self-management and rehabilitation / exercise for Arthritic knee pain.

	Explore feasibility of increased GP access to diagnostic tests for non obstetric ultrasound and MRI
	Review of MSK CATS Intermediate Care Service.
	Management of Back Pain including use of Back Book / STaRT Back programme
	Review national guidance re: commissioning services for maternity and newborn
	Develop a community based ENT service (including micro suction)
	Re-invigorate the community dermatology model
	Develop a ring pessary service in practice (with inter-practice referrals)
Integrated tiered approach to **Mental Health** across the whole healthcare system	Continued CCG Leadership of whole system Model of Care Programme, delivering services that: • Are safe: • Are built on best practice: • Are service user and carer focused: • Support social inclusion: • Work in Partnerships: • Are local, timely and equitable: • Are efficient and cost effective:
	Ensure that vulnerable people with Learning Disabilities and/or Mental Health problems receive safe, appropriate high quality care
	Enhance the physical health of people with severe mental illness
	Enhance the physical health of people with learning disabilities

	Implementation of Mental Health PbR through Care Pathways and Packages Project delivering - Agreed Pathways of Care and associated Care Packages - Agreed Quality and Outcome Measures - Agreed Costing Methodology
	Further development of Primary Care MH Services including further development of IAPT services and evaluation of practice based counselling services.
	Continued use of contractual incentives to drive service transformation with NTW to include: - Consolidation of Initial Response Team and Crisis response - Improved timely Access to Treatment services - Improved communication across MH System
	Continued commissioner support and engagement to NTW PRIDE project delivering new build and reconfigured inpatient environments at Monkwearmouth in 2013 and Ryhope in 2014
	Review current and establish robust future joint commissioning arrangements with Local Authority in relation to mental health and learning disability
	Implement recommendations emerging from current evaluation of mental health needs presenting in A&E
	Further develop Children and Young Persons MH Services consolidating the reprovisioned Tier 3 service and recommissioning Tier 2 services. Develop seamless transitions between youth and adult pathways (ADHD, ASD, eating disorders, emerging PD).
	Continue to implement the national dementia strategy with the Local Authority & primary care - case finding, effective interventions & anti psychotic prescribing.
	Explore option of integrated service linking district nursing/liaison CPN and medical input operating in residential/nursing homes.
	Repatriation of out of area placements
	Scope potential pilot schemes to provide frequent attenders (at primary care, MIUs and A&E) with psychological support as appropriate

Sunderland CCG Commissioning Intentions 2013/14

Play an active role in the delivery of the **Health and Wellbeing Strategy** Every practice to optimise **screening** and **early identification** opportunities	Evaluate integrated approach to identifying and meeting the needs of vulnerable patients (e.g: older people) working with other providers/agencies (e.g: social care) pilot.
	Review joint commissioning arrangements with local authority including: Continued implementation of the carers strategy; Dementia Strategy; Community equipment; Implement lead commissioning arrangements for continuing healthcare with LA; Implement revised statutory obligations in respect of the mental health capacity act; Review grant funding arrangements; Services for children with disabilities and complex health needs in line with Special Educational Needs and Disabilities, Children and Young People's Continuing Care and Short Break Guidance; Services for C&YP and families in special circumstances eg: LAC, YOS, Troubled families. Training in Care Homes
	Safeguarding - Ensure all children in care are supported to be healthy - Review of LAC specification
	Safeguarding - Ensure all Providers discharge their safeguarding functions effectively
	Review the funding allocated to STFT in relation to safeguarding
	Review current contract with STFT re: Continuing Health Care
	Consider the findings of the review of speech and language therapy services, to inform new models of commissioning / delivery
with partners	Develop guidelines for the management of benign prostatic hyperplasia in primary care
	Review vasectomy referrals to secondary care and promote community clinic (and put on Choose and Book)
	dysfunction and Lower Urinary Tract symptoms)

	Develop guidelines for the management of dizziness and tinnitus in primary care
	Use of Curb 65 score in primary care as risk assessment before admission to hospital in cases of pneumonia
	Increase uptake of LVSD Treatment
	Locality based education campaign - make patients more aware of costs of using A&E and provide them with information about alternatives
	Develop inter-practice referral arrangements for sexual health services (ie: coil fitting)
	Develop pipelle guidelines and training/education for practices and arrangements for inter-practice referrals

Item No. 7

SUNDERLAND SHADOW HEALTH AND WELLBEING BOARD **25 January 2013**

Transforming Health and Wellbeing through Integrating Wellness Services

1. Purpose of the report

The Shadow Health and Wellbeing Board discussed the role of community resilience in transforming health and wellbeing in the City at its meeting in May. More integrated service delivery, based on a community resilience model building on local assets, was identified as a key opportunity to take this forward. This paper outlines the developing work stream to deliver this objective. Members of the board are asked to consider the contents of this paper and provide comments and/or approval in relation to the strategic direction and principles of this approach.

2. Background and drivers for change

Health inequalities in Sunderland have been apparent for many years. Recently there has been significant investment in "staying healthy" or "wellness" programmes such as physical activity, smoking cessation, slimming on referral and alcohol programmes. These programmes have often developed in isolation from each other largely due to the funding streams that were attached to investment. In spite of significant investment in these services, however, health inequalities remain. Local analysis has demonstrated the size of the gap in life expectancy experienced in some neighbourhoods of the city with the poorest life expectancy where men, on average, live for 16 years less than in the best PCT in England. This gap in relation to life expectancy is the outcome of a lifetime of inequalities which are demonstrated through many of the measures of the public health outcomes framework.

The persistence in health inequalities, despite investment, suggests that either there are other issues leading to poor health outcomes or services are not being accessed appropriately. The Marmot Review Team (2010) identifies the strong link between health inequalities and economic deprivation. At a time of economic downturn and public spending cuts, then, the need to address such inequalities becomes more urgent. There is, however, also evidence that the services are not being accessed in relation to need. Engagement with local communities has identified that many experience barriers in identifying and accessing services. This is borne out by a number of health equity audits that have been undertaken in relation to local services.

Available evidence suggests that many people have multiple lifestyle risk patterns. The 2012 Lifestyle Survey for Sunderland found that 24% of adults aged eighteen and over who are resident in Sunderland (some

55,000 people) exhibited three or more unhealthy behaviours, rising to 27% for those living in the most disadvantaged communities. In spite of this, however, users often find it difficult to navigate between services.

Finally, as with all public services, there is a duty to ensure that the commissioning of services to address lifestyle risks achieves value for money and in this case there is a clear responsibility to maximise health outcomes within available budgets. In particular, there are benefits associated with releasing funding for "invest to save" initiatives. As part of the transfer of responsibilities to local authorities, there has been a national process to identify a formula for allocating public health budgets going forward. For Sunderland, this will result in a significant reduction in the public health budget similar to other cost savings and efficiencies being experienced elsewhere in the local authority and the wider public sector. As a result there is a need to consider the commissioning of services as part of a cost-effective model.

Because of these drivers, there is a clear need to identify new ways of delivery, consistent with the previously identified aims of increasing community resilience through improved engagement leading to co-production alongside an asset-based approach.

3. Integration in the context of wellness services

The transfer of responsibility for public health from the NHS to local authorities provides new opportunities in service delivery, albeit at a time of funding constraints. National guidance has highlighted this opportunity as follows: -

" …tailoring services to individual needs – based on a holistic approach, focusing on wellness services that address multiple needs rather than commissioning a plethora of single issue services, and using new technologies to develop services that are easier and more convenient for users" and *"…making effective and sustainable use of all resources, using evidence to help ensure these are appropriately directed to areas and groups of greatest need and represent best possible value for money for local citizens."*

Having holistic services can, therefore, be seen as a key element of integration. This builds on the understanding that people's lifestyle choices are the result of many factors and so by responding to need in a more holistic way we are more likely to be successful in supporting them to make changes that will lead to improvements in health. To date, three elements to integration of wellness services in Sunderland have been identified: -

- "One stop shops" with integrated pathways into more specialised services where required. These services and pathways will be built with communities rather than being imposed upon them;

- Integration of wellness services with other services or developments e.g. use of green space when tackling obesity;
- Integration of information, with appropriate governance, to enable improved evaluation of the impact of new approaches.

The focus of this report is largely on the first element although implementation will need to consider all three.

4. Services to be Integrated

Members of the Board will be aware that there is a range of factors that impact on health. These range from risk factors that cannot be modified such as age and ethnic origin through to lifestyle factors, community networks, living and working conditions and finally more general socio-economic and environmental conditions. This final group is often referred to as the wider determinants of health.

Historically, the PCT has commissioned a number of services to address what are considered to be some of the more easily modifiable risk factors: those relating to individual and family lifestyles. Responsibility for the commissioning of most of these services will transfer to the local authority from 1st April 2013. These services sit alongside council services that also seek to support people in making healthier lifestyle choices, notably the city's Wellness Services which primarily aim to increase levels of physical activity with consequent improvements in health.

The integrated wellness model will initially aim to integrate those services which support people in adopting healthier lifestyles. In addition, they will recognise the fundamental impact of some of the wider health determinants that are likely to be a barrier to improving health by supporting and signposting to appropriate services.

The table below shows the services to be considered for integration.

Wellness services	*Brief advice and signposting*
• Stop smoking services • Physical activity • Nutrition • Weight management • Substance misuse • Sexual health • Emotional health & wellbeing • NHS Health Checks	• Financial support – benefit and debt advice • Support into employment • Education • Housing • Community safety e.g. domestic violence
Health Trainers Health Champions	

The two columns identify the main traditional wellness services and those wider determinants that have the greatest impact on health. These are underpinned by the Health Trainer Service which currently has a more

holistic approach and Health Champions who offer brief advice and signposting for a range of lifestyle issues.

5. Principles for integrating wellness

Development of services using approaches that will strengthen community resilience means that strategy development will be formative. It is, however, critical that the strategic direction is set by agreeing principles that will underpin services across the City. A working group has developed a set of principles which aim to encapsulate the model. Leeds Metropolitan University were then commissioned to cross-check these principles against public and user views gathered in recent years in relation to a number of preventative and early intervention services. Finally, as part of a recent public engagement session in relation to the Health Trainer service, the principles were endorsed by a group of stakeholders and residents. These principles together with user and public views identified by the thematic analysis undertaken by Leeds Metropolitan University are detailed below.

Choice

By this we mean that service users should, as far as is practicable, be able to have a choice as to where and when they access services. There may also be some choice of delivery model depending on local assets. Choice can be developed through use of appropriate social marketing techniques.

The data analysed showed that service users in a range of areas would like greater choice. Service users suggested changing locations of services to increase accessibility and extending open hours to account for work and other (e.g. school) commitments. Having services delivered in community locations was also suggested.

Needs led

Services will be developed to address individual and community need including having a holistic approach that helps to address the causes of unhealthy lifestyle choices.

The thematic data showed that some groups feel that their needs are not being met. For example, the LGBT community felt that services do not meet their needs in some areas e.g. in relation to emotional support and domestic violence. The BME community highlighted issues in relation to language barriers and cultural barriers. Young people were often unaware of what services they could access, and thus were not having their needs met.

Targeted

This relates to the Marmot principle of proportionate universalism. There will be a core service available to all but more to those who are in greatest need. This might mean, for example, that some services are targeted towards those people living in neighbourhoods with the poorest life expectancy.

The data included in this area demonstrates that there needs to be targeting of services to deal with specific health problems as well as specific communities. Needs assessments included in this analysis show a variety of determinants of health, as well as specific needs in relation to communities such as BME, LGBT and young people.

Joined up

This principle is to address the current problem of fragmentation of services. It will also allow people to easily build on their successes when addressing unhealthy behaviours rather than losing the support that has helped them attain their success.

The thematic analysis also showed that partnership working is required in several ways

- To better provide services and reduce the number of points of contact
- To encourage learning from best practice in any area (local and indeed national)

Shared information (with appropriate governance)

Poor information sharing can result in fragmentation of service delivery. It also makes service evaluation extremely difficult. Improved choice without shared information could make services even more fragmented. It is, however, imperative that this principle is underpinned by the consent of users and appropriate levels of governance.

The thematic analysis showed that service users have concerns about stigma, the perceptions of them held by staff and confidentiality. Staff training can help to deal with changing perceived stigma. In addition, information sharing needs to be handled sensitively. This links into developing effective partnerships for service delivery.

Aims and outcome focused

Traditionally services have often been focused on process and throughput rather than outcomes. Service outcomes will also need to link to the public health outcomes framework to ensure that risks are shared across the system.

Whilst this was not highlighted by the thematic analysis, routine monitoring and evaluation can be used to assess how service provision is delivering the aims and outcomes of the integrated wellness model.

Life course

It is important that appropriate services are available across the life course and that they join up where appropriate for example for parents and young children and to allow for inter-generational cohesion. A key element of this will be a preventative approach that will reduce the number of people of all ages, but especially children and young people, from adopting less healthy behaviours. It is also important, however, that we do not neglect older people not only to ensure an equitable approach but also in recognition of the fact that it is often poor health in these groups that puts pressure on other parts of the system.

There are differential health needs across the life course and the thematic analysis shows that service users are concerned that these are not always recognised. For example, young people's needs are different to those of older people. Women's needs also change in relation to their reproductive health. Young men are more likely to smoke etc. Thus, services (wherever possible) should be designed to account for changing health across the life-course. Effective needs analyses should feed into the process of tailoring services appropriately across the life-course.

Local area/community of interest based approach

The importance of engagement and building on local assets has already been identified. It is proposed that this will largely be best achieved through working with area arrangements. It is, however, important to recognise that communities can be non-geographical and so for some communities it will be appropriate to have a city-wide approach.

The thematic analysis demonstrated that service users were interested in having more community located services and in capacity building. For example, the LGBT community suggested capacity building to improve engagement. BME communities also suggested working in collaboration with service providers to improve existing provision**.** Some services may also need to be increased in terms of their availability e.g. weight management services need to work with their community of interest for longer.

Cost effective

As financial pressures increase there will be major opportunity costs if best use is not made of available resources. It is therefore important that this remains a key principle for the commissioning and delivery of services.

The thematic analysis did not report findings related to cost effectiveness. However, increasing partnership working and reducing overlaps in service

provision will be useful in increasing cost effectiveness. Some service provision could be broadened in scope to address more health needs. Regularly monitoring and evaluating service delivery will help to assess cost-effectiveness.

High quality

There are three main elements of quality: safety, service standards and user experience. Any funding or integration pressures should ensure that these elements are not compromised.

Identification of current barriers to the use of services can be used to inform quality developments. For example, in some areas the need for staff training and greater sensitivity to service user needs was identified (LGBT and young people). Engaging with communities and capacity building are also useful tools in achieving quality improvements. Change management strategies should also pay attention to staff motivation and attitudes as these are important in relation to quality.

Shared goals for providers

One of the current difficulties experienced when there is an element of choice or joining up of services is that providers may compete to maximise their own outcomes at the expense of other providers or, more importantly, service users.

The need for partnership working was clearly identified by the thematic analysis. Such partnership working can be facilitated via the provision of shared goals for providers, as well as routine monitoring of the effectiveness of current partnership mechanisms.

Diversity leading to new ways of engaging

This links strongly to the choice principle but also ensures that services reach out to potential users rather than only responding to effective demand.

A key theme around communication has emerged from several data sets. Thus strategies for engaging and promoting services need to be explored and diversified. Social marketing was suggested as one mechanism to engage. Communication needs to be sensitive, and tailored to different groups as approaches for young people, BME and LGBT communities should be different. Using the internet as a communication mechanism was suggested by young people. Working within communities should be used as a strategy to engage.

Transparent

Greater transparency in commissioning services will ensure that providers will understand the process and system, and their contribution to outcomes, to enable them to work better together.

The thematic analysis did not report any findings labelled as transparent but the theme of communication was identified throughout. Transparency can be improved by changing communication methods and referral processes, identified via the thematic analysis. The suggested changes in communication and marketing of services identified by users are also important here in raising awareness of service availability, and thus increasing transparency. Changes made in relation to delivery related to rationing also need to be clearly communicated to users.

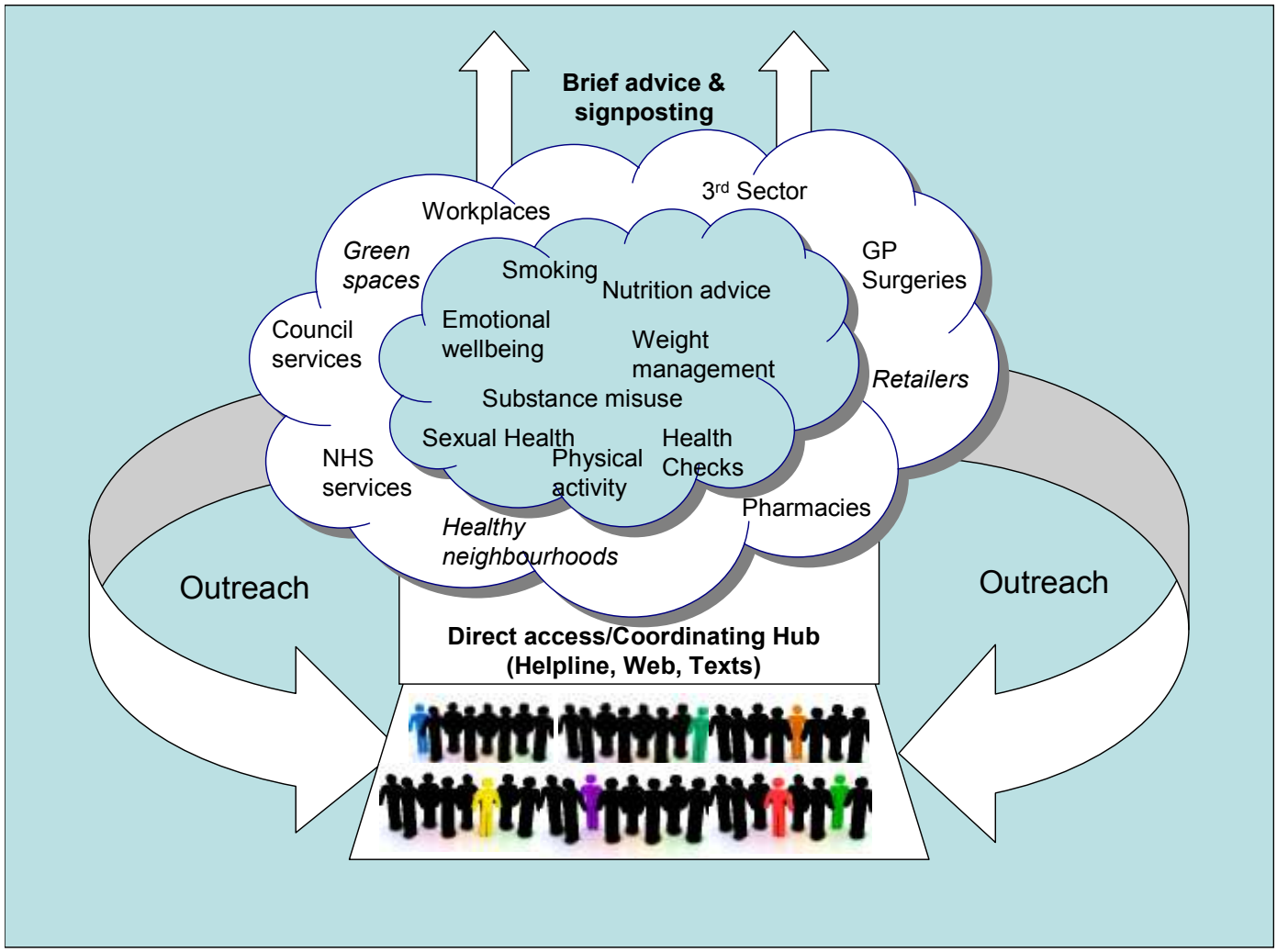
Fluidity of movement between services/interventions

This principle again relates to the difficulties experienced by users in accessing and navigating services. Fluidity will enable services to address multiple lifestyle issues and, where specialist standards means that a one stop shop is not cost effective, ensure that there are no organisational barriers to receiving help from another part of the system.

Increased partnership working can contribute to improved fluidity of movement between services, with effective sign-posting also important as part of this process. However, this needs to be achieved in a way which does not breach service user trust. Changes in delivery and referral should also be considered. For example, some service users suggested a one stop shop of community based provision, whilst others suggested a single point of referral to facilitate easier access.

Although there is a range of principles that will need to be taken forward, there are some that are key. In particular, if health outcomes are to be improved for the whole population and not just those who traditionally access services then addressing need and targeting services will be critical and this will inevitably mean that there should be some degree of choice for service users. Even more important, however, is the level of engagement with individuals, families and communities. This will run through from designing pathways, building services, service delivery and evaluation. This will be a key way in which the local health system can build individual and community resilience across the City.

Integrated Wellness Services



6. Foundations in place

Wellness services already have services and initiatives in place which provide strong foundations going forward. These are at different stages of development but offer opportunities for new ways of working.

Wellness Service

Sunderland's unique Wellness Service has continued to develop since 2005, with the primary aim to improve resident's health and well-being through the provision of physical activity opportunities, lifestyle advice and education. Since its conception Sunderland's Wellness Service has worked with a range of partners within in health promotion, sport and leisure services, adult and children's services to create a joined up approach to improving people's quality of life. This approach shifts emphasis away from focusing on illness and ill-health and instead concentrates on identifying how people can be encouraged and assisted to make themselves 'well'.

Prior to 2005 many preventative and intervention programmes were developed and delivered by Sunderland City Council (SCC) and Sunderland Teaching Primary Care Trust (STPCT) separately, and tended to be developmental, pilot based and reliant on short-term funding. To address this problem and to begin tackling health inequalities cohesively, a partnership was established in 2005 between STPCT and SCC. There was a clear recognition to have a shared vision, priorities, agendas and joint ways of working. The challenge was to be innovative and develop a new integrated service approach to meet the public health needs of our residents.

The Wellness Service was seen to be effectively supporting the integration of lifestyle change into programmes for the prevention and management of chronic diseases. It directly addressed lifestyle as a risk factor and lifestyle change as a 'treatment' to complement or compete with other treatment interventions. The key to the Wellness Service was then and continues to be now, supporting lifestyle change to prevent chronic diseases developing or worsening, and to keep people as fit and healthy as possible even when they have an established condition. A major advantage of the service is that the pathway to be embedded, from individuals participating in support programmes delivered by the Wellness Service within the facilities to the individuals becoming members and customers of the facilities when gradating from their support programme.

The Wellness Service works with both internal and external partners and partner organisations to ensure services are integrated, accessible and appropriate to the needs of those who are in greatest need of health improvements. Service development has taken place as a result of consultation, not only with existing service users to determine subtle programme changes, but more importantly with those individuals not yet engaged in physical activity to gain a greater understanding of the barriers to participation that exist. This knowledge has led to changes in service delivery that has enabled a greater impact to have been made with improved outcomes being achieved.

In 2008 SCC and STPCT were awarded Beacon status for its ground-breaking and successful work in Reducing Health Inequalities in the city's communities. The award was also in recognition of the Wellness Service's ability to deliver excellent services, demonstrating a clear vision and willingness to innovate. The programmes continue to develop to help 'close the health inequalities gap' Many of those who do not access provision are recognised as living within our areas of highest deprivation and much work still needs to be completed to ensure opportunities meet the needs of the residents.

Sunderland Health Champions

The Sunderland Health Champion programme was established in November 2010, led by the Washington Area Committee and West Area Committee, and has been delivered in line with Area Committee and Sunderland PCT priorities. The programme is overseen by Sunderland PCT and delivered in partnership with Sunderland City council and a range of third sector training providers. Health champions are community workers and volunteers as well as frontline staff as they are best placed in the heart of communities to offer support due to the long-established relationships with residents, who are comfortable talking to them. The training enables health champions to advise and signpost people to relevant services as part of their usual role.

To become a fully-fledged champion, individuals undertake five different training modules which take up to three and a half days. The modules include; understanding health improvement (level 2), emotional health and resilience, healthy money healthy you, smoking brief intervention (level 1) and alcohol brief intervention (level 2).

In March 2012 Leeds Metropolitan University carried out an independent evaluation of the health champion programme. The main findings included that health champions were effective in providing information and signposting, added value within communities through their accessibility and engagement and there was a potential for health champions to be expanded across other parts of Sunderland.

Health Trainers

The Health Trainer Service was established following the publication of the Public Health White Paper *Choosing Health: Making Healthy Choices Easier* in 2004.

Sunderland Health Trainers work with those with greatest health needs from disadvantaged communities, providing personal advice and support through the development of personal health plans, and signposting to appropriate services; and bringing these individuals into more effective contact with mainstream health improvement and other local services.

The Health Trainer Service specifically:

- Works with individuals from the target population to carry out a lifestyle health risk assessment;
- Informs each individual about possible risks to health as a result of their lifestyle;

- Enables these individuals to make changes in their behaviour to achieve a positive impact on their health by providing targeted advice and/or where appropriate bringing these individuals into more effective contact with mainstream health improvement and other local services such as Specialist Stop Smoking Services, weight management, opportunities for exercise, screening and wider health and social care services as deemed appropriate by the PCT; and
- Supports key national and local public health campaigns.

Health Trainers, therefore, potentially have a vital role in offering support in relation to a range of lifestyle issues that impact on health with a focus on those areas of greatest need.

Following a service review a decision was made by NHS South of Tyne and Wear to remodel and re-procure the Sunderland Health Trainer service. As part of this process an Equality Impact Assessment (EIA) was carried out in July 2012, alongside an engagement process. The aim of the EIA was to ensure that the Sunderland Health Trainer service meets the needs of the local population to ensure none are placed at a disadvantage. The main findings included:

- Health Trainers need to engage with more men, over 65 years and different community groups/ organisations (full recommendations included by group in the full EIA)
- Service operational times may need to be extended beyond 9am to 5pm to accommodate different working patterns
- Data needs to be better recorded.

Sunderland TPCT and Sunderland City Council are currently in discussion about the best future model of the health trainer service from April 2013 in the context of more integrated wellness services.

New Technologies

Sunderland TPCT is currently developing the use of a new text messaging service to support women and family members who are trying to stop smoking during pregnancy. Tele-health technology uses a computerised system called Florence (Flo) which is free to use in the UK and accessed via a mobile phone.

Once a woman has set a quit date she will start to get personalised motivational text messages that offer support and advice with regard to stopping smoking. This personalised service also offers an opportunity to raise awareness about other health issues such as secondhand smoke, breastfeeding, healthy eating and exercise.

This system is currently under development, with an anticipated date of 1st December 2012 to go live.

7. Next Steps

The next steps in developing this work stream fall into three main components: understanding, building and using.

Understanding

As identified to the Board in May 2012, complex system theory would suggest that if we are to achieve our goals of improving health we must work with people in a way that takes account of their values or working principles and the assets available to them. This means that we need to engage in a different way with local communities. It is proposed that this should be taken forward in the following ways: -

- The 2012 Health and Lifestyle Survey should be analysed further to identify the scale of health issues not only in relation to individual unhealthy lifestyles but also to estimate the proportion of people living in Sunderland who have multiple lifestyle related health risks. This should then be used with other information to identify population groups at greatest risk.
- Engagement with local people will take place in order to understand what support will help people to start to make the changes necessary to improve their health. This will be carried out in a way that recognises the differences between different socio-demographic groups using a tool such as Mosaic to segment the population. It can also have an asset based approach by focusing on people who have made the change to a healthier way of life and understanding what helped them to make the change.
- The knowledge of local people and community assets which is held by Elected Members will also be invaluable in understanding how services can target individuals and neighbourhoods of greatest need. It is proposed that the People Boards will be used to support the understanding of local communities.

Building

Engagement will continue as new pathways are built that take account of local needs and assets.

- The People Boards will oversee the development of models within each area of the City building on the information as described above. Elected Members can act as advocates for their communities and a local focus will enable services to build on local assets and community infrastructure.
- Guidance on best practice will form the basis of what is provided but services will need to be responsive to local need and build on local assets. The organisational and practitioner development that this will require should not be underestimated.
- There will be engagement with organizations in each area but also with current service providers and practitioners who will have experience of what works. Their views will the considered as pathways are built.

- As pathways are built they will be checked out with local people to ensure that their views are reflected in new services and initiatives.
- Again, Mosaic will be used to segment the population to support choice and ensure services are responsive.

Using

Once new services are implemented, engagement will continue. Health Champions will play a vital role in offering brief advice and then signposting into services. There will be a single point of contact to improve signposting although this will not form a barrier to those wishing to access services directly. Health Trainers will be fully integrated into services and embedded in the communities they serve offering additional support to those whose needs are greatest. Services will also have a responsibility to reach out into communities rather than merely responding to referrals into the system.

The information available in relation to population segments will be used to identify what the best information or service channels are to reach high risk groups. This approach has been taken by Heart of Birmingham PCT and enables tailored messaging and communications.

Because the lifestyle choices that people make are the results of such complex systems, services will need to be evaluated constantly in order to ensure that they are achieving the required outcomes and ensure that they are delivering services in a way that makes it easier for as many as possible to make positive choices in relation to their health.

8. Risks

The approach described in this report will lead to a transformation of wellness services in the City. As with all transformations there are risks – in this case there are risks that the required improvements in health will not be achieved due to: -

- The impact of the economic downturn and welfare reforms on the emotional health and wellbeing of the population;
- The impact of a reduced budget;
- Services not being sufficiently targeted;
- Insufficient engagement from community leaders and the wider community itself.

The principles of the model have been developed to diminish these risks but they will need to be monitored as the new approach is developed. Going forward, a risk register will be developed which will identify actions to mitigate emerging risks.

9. Recommendations

It is recommended that:

- The strategic direction described in this paper and the principles underpinning the development of integrated wellness services should be endorsed;
- The Health and wellbeing Board have oversight of the development of integrated wellness services with the potential to be supported by area arrangements as defined locally.

Victoria French
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Sunderland City Council

Gillian Gibson
Consultant in Public Health
Sunderland TPCT

Julie Parker
Public Health Lead
Sunderland TPCT

6 November 2012

Item No. 8

CABINET MEETING – 13 FEBRUARY 2013

EXECUTIVE SUMMARY SHEET – PART I

Title of Report:
The Transition from Shadow to Full Health and Wellbeing Board and the Health and Wellbeing Strategy

Author(s): Report of the Director of Health Housing and Adults Services

Purpose of Report: The purpose of the report is to set out the steps necessary to transition the Sunderland Shadow Health and Wellbeing Board from Shadow status, by establishing the Board as a Council Committee and to ask Cabinet to approve the Health and Wellbeing Strategy.

Description of Decision:
Cabinet is recommended to;

I. Recommend Council to establish the Health and Wellbeing Board as a Council Committee
II. Recommend Council to approve the terms of reference of the Health and Wellbeing Board
III. Approve the Health and Wellbeing Strategy.
IV. Delegate the updating of the procedure rules to the Leader of the Council and Chief Executive on publication of the regulations.

Is the decision consistent with the Budget/Policy Framework? Yes

If not, Council approval is required to change the Budget/Policy Framework

Suggested reason(s) for Decision:

I. The establishment of the Health and Wellbeing Board as a Council Committee and the agreement of a Health and Wellbeing Strategy are requirements of the Health and Social Care Act.

Alternative options to be considered and recommended to be rejected:
There are no alternative options to be considered as this is a statutory responsibility.

Impacts considered and documented:

Equality Y **Privacy** Y **Sustainability** Y **Crime and Disorder** Y

Is this a "Key Decision" as defined in the Constitution? Yes **Is it included in the Forward Plan? Yes**	**Scrutiny Committee** Health, Housing and Adult Services Scrutiny Panel; and the Public Health, Wellness and Culture Scrutiny Panel

CABINET REPORT **13 FEBRUARY 2013**

REPORT OF EXECUTIVE DIRECTOR OF HEALTH, HOUSING AND ADULT SERVICES

The Transition from Shadow to Full Health and Wellbeing Board and the Health and Wellbeing Strategy

Health and Wellbeing Board 25th January 2013

1.0 Purpose of the Report

1.1 The purpose of the report is to set out the steps necessary to transition the Sunderland Shadow Health and Wellbeing Board from Shadow status, by establishing the Board as a Council Committee and to ask Cabinet to approve the Health and Wellbeing Strategy.

2.0 Description of the Decision (Recommendations)

2.1 Cabinet is recommended to:

- Recommend Council to establish the Health and Wellbeing Board as a Council Committee
- Recommend Council to approve the terms of reference of the Health and Wellbeing Board
- Approve the Health and Wellbeing Strategy.
- Delegate the updating of the procedure rules to the Leader of the Council and Chief Executive on publication of the regulations.

3.0 Introduction/Background

3.1 The Health and Social Care Act gives the local authority responsibility for 5 key areas of development –

- To establish a Health and Wellbeing Board
- To complete a Joint Strategic Needs Assessment
- To produce a Joint Health and Wellbeing Strategy
- To set up a local Health Watch
- To transition public health responsibilities.

3.2 The Shadow Health and Wellbeing Board has overseen the production of a Joint Strategic Needs Assessment (JSNA) and draft Health and Wellbeing Strategy, has provided a forum for discussing integrating commissioning plans with the Clinical Commissioning Group and Health and Social Care providers, and has overseen the commissioning of the local HealthWatch. This provides sound foundations for the transition into full Board to meet the requirements of the Health and Social Care Act.

3.3 It is proposed that the principles of the terms of reference for the Shadow Health and Wellbeing Board are carried forward and become the terms of reference for the Full Board, through incorporation in the Council's

constitution. However, as the national regulations have yet to be published it is proposed that the final wording be delegated to the Leader of the Council and Chief Executive to approve on publication. The draft proposed amendments are at Appendix 1.

4.0 Establishing the Health and Wellbeing Board

4.1 The Health and Social Care Act states that each local authority must establish a Health and Wellbeing Board (HWBB) for its area by April 2013. The Act states that the HWBB will be a committee of the local authority. It has a statutory minimum membership which brings together key NHS, public health and social care leaders in each local authority area to work in partnership.

4.2 In order to establish the Health and Wellbeing Board as a Council Committee, it is necessary to set out the Board's terms of reference and rules of procedure in the Council Constitution. The proposed new sections of the constitution are attached at Appendix 2

4.3 The Health and Wellbeing Board will not have a scrutiny function, which will be retained by the Health and Wellbeing Scrutiny Committee.

5.0 The Health and Wellbeing Strategy

5.1 The Health and Wellbeing Board is required to produce and adopt a joint Health and Wellbeing Strategy (HWBS) that covers NHS, social care, public health and potentially other wider health determinants such as housing by April 2013. In Sunderland the process of developing a HWBS was delegated by the Shadow Health and Wellbeing Board to a working group consisting of representatives across the Health and Social Care System and happened over a period of a year from January 2012.

5.2 The development of the HWBS comes in the context of large scale change to the way public services are being delivered and in an environment of reducing resources. Although a challenge, the changing environment also offers an opportunity to fundamentally review and improve the way agencies work with residents and communities in the future, and there is a growing recognition of existing but often untapped assets and potential within communities that can enhance and complement the public sector's offering. Consideration will need to be given to our relationship with communities and how services can be delivered in the future to make best use of all resources in order to achieve better outcomes.

5.3 In order to meet the challenges outlined above, the HWBS has been developed to take a whole systems and assets based approach to the improvement of health and wellbeing in Sunderland. The Strategic Objectives that have been set in the strategy are ambitious and challenging. To achieve them will require a considerable change in the way that services are developed, delivered and specifically how we engage with our communities to

empower them to take control over the decisions affecting their health and wellbeing.

5.4 The HWBS (attached as Appendix 3) aims to describe the three main components of an assets based approach to health and wellbeing, namely:

- Design Principles – those ways of working which must underpin all commissioning decisions and ultimately ways of working for which the Board holds responsibility – including consideration of the Clinical Commissioning Group's commissioning plans
- Assets – the core assets which can be built upon in Sunderland to impact on the health and wellbeing of residents
- Strategic Objectives – the ultimate goals of the strategy which will focus the development of high level actions and commissioning plans that will follow.

5.5 To develop the broad acceptance of the strategy further into formal approval, the HWBS is being taken to the Boards and management organisations of partners throughout the whole health and social care system for review and for them to sign up to the three elements outlined above. Cabinet are recommended to approve the Health and Wellbeing Strategy.

6.0 Reasons for the Decision

6.1 The establishment of the Health and Wellbeing Board as a Council Committee and the agreement of a Health and wellbeing Strategy are requirements of the Health and Social Care Act.

7.0 Alternative Options

7.1 There are no alternative options to be considered as this is a statutory responsibility.

8.0 Impact Analysis

Equalities – The establishment of a Health and Wellbeing Board and the approval of a HWBS will positively impact on the health and wellbeing of the residents in Sunderland as it moves to achieve the vision of Best Possible Health and Wellbeing for Sunderland….by which we mean a City where everyone is as healthy as they can be, people live longer, enjoy a good standard of wellbeing and we see a reduction in health inequalities.
Crime and Disorder – The successful implementation of the Health and wellbeing strategy will reduce the impact of bad health behaviours including drug and alcohol use which will have a significant impact on crime and disorder.

Privacy – there are no privacy impacts identified.

Sustainability – the implementation of the Health and Wellbeing strategy will provide long term and sustainable improvements around health for the people of Sunderland.

9.0 Relevant Considerations/Consultations

9.1 The shadow Health and Wellbeing Board and the Clinical Commissioning Group have both reviewed and approved the strategy as it stands.

10.0 Recommendations

10.1 Cabinet is recommended to;

- Recommend Council to establish the Health and Wellbeing Board as a Council Committee
- Recommend Council to approve the terms of reference of the Health and Wellbeing Board
- Approve the Health and Wellbeing Strategy
- Delegate the updating of the procedure rules to the Leader of the Council and Chief Executive on publication of the regulations.

11.0 Background Papers

Healthy lives, healthy people : our strategy for public health in England http://www.dh.gov.uk/health/2011/07/healthy-lives-healthy-people/	DH 2010
Health and Social Care Act 2012 http://www.dh.gov.uk/health/2012/06/act-explained/	DH 2012
Healthy lives, healthy people : improving outcomes and supporting transparency: A public health outcomes framework for England, 2013-2016 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358	DH 2012
Fair Society, Healthy Lives http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf	Professor Michael Marmot February 2010

12.0 List of Appendices

- **Appendix 1 – Sunderland Health and Wellbeing Board Procedure Rules**
- **Appendix 2 – Amendments to the Council Constitution**
- **Appendix 3 – Sunderland Health and Wellbeing Strategy**

Appendix 1

Sunderland Health and Wellbeing Board Procedure Rules

NOTE

The information required to finalise these rules is not available at present. Government has indicated that regulations will be introduced early in 2013 based on consultation feedback – it is anticipated the regulations will;

- Enable a Health and Wellbeing Board to establish sub-committees and delegate functions to them
- Provide consistency between the treatment of HWBBs as a committee and its sub-committees in relation to;
    - Modifications in respect of disqualifications (so that officers and others are not prevented from sitting on the Board)
    - The disapplication of the political proportionality requirements
    - Modifications or disapplication of voting restrictions (to give voting rights to those statutory members of the Board who are not members of the council and to additional members the council or the Board may choose to appoint to the Board)
    - The application of the standards regime (at present CCG reps are potentially excluded from discussions held by the boards if the local authority standards regime applies to board members)
    - The continued application of the transparency provisions in relation to public admission to meetings and access to papers

Appendix 2

Amendments to the Council Constitution

Article 12 – The Sunderland Health and Wellbeing Board

12.01 The Health and Wellbeing Board

The Council will appoint a Health and Wellbeing Board to be known as the Sunderland Health and Wellbeing Board to discharge the functions set out in Section 194 of the Health and Social Care Act 2012.

12.02 Composition

Membership of the Sunderland Health and Wellbeing Board will be:

Leader of the Council (Chair)
Cabinet Secretary (Vice Chair)
Health Housing and Adults Services Portfolio Holder
Public Health and Wellness Portfolio Holder
Children and Young People Portfolio Holder
Opposition Member
Executive Director of Health, Housing and Adults
Executive Director for Children's Services
Director of Public Health
Clinical Commissioning Group
Chair Clinical Commissioning Group
Member Clinical Commissioning Group
HealthWatch
HealthWatch representative (to be confirmed by HealthWatch on commissioning)
NHS CB Local Area Team
Chief Executive of the NHS CB Local Area Team (or representative)

12.03 Role of the Board

The Sunderland Health and Wellbeing Board ('the Board') will have the following statutory roles and functions under Section 194 of the Health and Social Care Act 2012:

- To assess the broad health and wellbeing needs of the local population and lead the statutory joint needs assessment (JSNA)
- To develop a joint high-level health and wellbeing strategy that spans NHS, social care, public health and potentially other wider health determinants such as housing
- To promote integration and partnership across areas through promoting joined up commissioning plans across the NHS, social care, public health and other local partners
- To support lead commissioning, integrated services and pooled budgets
- To ensure a comprehensive engagement voice is developed as part of the implementation of Health Watch.

The following will be the additional responsibilities of the board:

- To oversee significant improvement in outcomes as a result of joint planning and commissioning of services across agencies.
- To coordinate partners to improve outcomes, but recognising that it is the responsibility of the Board's constituent bodies to ensure these priorities are taken through their own governance arrangements.
- To prioritise and monitor implementation against the Objectives identified in the Health and Wellbeing Strategy and refresh as required;
- To request regular assessment of needs in the area, identify shared priorities for action and specific outcomes on the basis of those needs and to develop and comply with appropriate information sharing arrangements;
- To recommend the commissioning of services, resource allocation to achieve the outcomes and indicators the Board requires, through the prioritisation and recommendation of proposals in the constituent partners' budget setting rounds;
- To ensure that there is active user and public involvement in decision-making and developments of services;
- To ensure that all initiatives are carried out in a framework that promotes equalities and celebrates diversity;
- To ensure that activities promote a positive image of the City, the Partnership and the local community;
- To support and influence service developments and change that will enhance the general well being of the City;

12.04 Specific functions

In carrying out its role the Board may

- Establish sub-committees and task groups
- Commission and receive reports from its sub-committees and task groups to take up additional work on research of policies, service improvement and local needs;
- Invite appropriate representatives and bodies to give evidence.

SUNDERLAND'S JOINT HEALTH AND WELLBEING STRATEGY

VISION

Best Possible Health and Wellbeing for Sunderland

….by which we mean a City where everyone is as healthy as they can be, people live longer, enjoy a good standard of wellbeing and we see a reduction in health inequalities.

Faced with reducing public resources and increasing demand and expectations many current ways of delivering services are recognised as no longer appropriate. Large scale changes to the way public services are being delivered are well under way. Although challenging, the changing environment offers an opportunity to fundamentally review and improve the way agencies will work with residents and communities in the future. There is also growing recognition of existing but often untapped assets and potential within communities that can enhance and complement the public sector's offering.

Consideration will need to be given to relationships between agencies and the communities they serve and how services can be delivered in the future to make best use of all resources in order to achieve better health and wellbeing outcomes. Ultimately we want to enable and support individuals, families and communities in Sunderland to enjoy much better health and wellbeing, with less reliance on the public sector in the longer term. This involves being responsive not only to local needs but also to community strengths and exploring how these can be better harnessed to help address local needs. By building on and utilising the resources and energy of our communities, we can support people to take greater control of their lives to bring about better health and wellbeing outcomes that matter to them, their families and communities.

The Health and Wellbeing Strategy, Community Resilience Plan and the Strengthening Families approach are together aiming to achieve the transition to a new way of working and at the same time achieve improved outcomes for the people of Sunderland.

DESIGN PRINCIPLES

We have established a set of design principles that will underpin our new approach to health and wellbeing and upon which action planning and ultimately commissioning throughout the health and social care system will be built. These design principles are:

- **Strengthening community assets**

Empowering individuals, families and communities, increasing their capacity and involving them in co-producing services. This will enable residents to mobilise and build on existing community strengths and potential to help them address their own, their family's and their community's needs. This asset-based approach does not ignore needs – instead, it distinguishes between those needs that can best be met by families and friends, those best met by communities working in partnership with public services, and those that can only be met by public sector providers.

- **Prevention**

Using local intelligence and experience to identify risks to health and wellbeing effectively and to work within communities to prevent people developing problems

- **Early intervention – actively seeking to identify and tackle issues before they get worse**

We know that early intervention with children, young people and adults can reduce more complex health issues in the longer term. Identifying and tackling issues at an early stage can prevent them escalating into more problematic and complex needs.

- **Equity – providing access to excellent services dependent on need and preferences, that are also based on evaluated models and quality standards**

The conditions in which people are born, grow, live, work and age are responsible for the (avoidable) differences in peoples health. Equity in health means everyone being able to achieve their full health potential regardless of their personal circumstances. To achieve this there needs to be fair distribution of resources and opportunities for health as well as fairness in the support offered to people when they are ill.

Health inequalities exist within Sunderland itself, and between Sunderland and England. These health inequalities are often related to obesity, alcohol related diseases and smoking rates. We know that we have particular communities where these health inequalities are most evident and we need to address this.

- **Promoting independence and self care – enabling individuals to make effective choices for themselves and their families**

The increasing emphasis on personalisation of services and of individual health and care budgets means that we must focus on creating alternative types of services that can be sustained within the community. We will continue to support our most vulnerable individuals, families and communities. Wherever possible and appropriate, our interventions will enable and re-able people to function effectively without the need for recurring agency support.

- **Joint Working – shaping and managing cost effective interventions through integrated services**

Working together to make best use of our strengths and assets so that we can provide flexible and tailored services that respond to local conditions and focus on what matters to residents to achieve more for our communities.

- **Address the factors that have a wider impact on health – education, housing, employment, environment, and address these proportionately across the social gradient**

Differences in people's health result from differences in the opportunities that people are able to take advantage of during their lives. Action on the wider impacts of health requires action across all the social determinants of health. A government commissioned independent review of health inequalities identified a number of social determinants which increase inequalities in life expectancy across the life course. The review identifies six key objectives to reduce health inequalities caused by these determinants. These are:

- Give every child the best start in life
- Enable all children, young people and adults to maximize their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Ill health prevention
- Create and develop healthy and sustainable places and communities.

To see a sustainable improvement in life expectancy for all of the population, including a reduction in inequalities, the wider determinants of health need to be addressed – this includes a major focus on achieving the best start in life to break the cycle of health inequalities.

- **Lifecourse – ensuring appropriate action throughout an individual's life with a focus on early years and families**

Intervention and support should be available throughout our lives, recognising that triggers for crisis can occur at different points in people's lives (particularly at key transition points). It is important that we set in place the foundations in early years and encourage families to play a strong role in developing their own resilience.

ASSETS

There are community and individual assets that we share and that need to be developed, nurtured and supported including:

- the practical skills, capacity and knowledge of local residents
- the passions and interests of local residents that give them energy for change
- the networks and connections – known as 'social capital' – in a community, including friendships and neighbourliness
- the effectiveness of local community and voluntary associations
- the resources of public, private and third sector organisations that are available to support a community.

There are interdependencies between these and a number of strategic assets which come together to make Sunderland unique – these should be built on where they exist and be improved and developed where they are weaker or missing. These are:

- **Strong and stable family and community relationships**

Sunderland is characterised by low movement of people – families and communities are relatively stable and as such there is potential to use local informal support networks to promote healthier choices and healthy lifestyles

- **The coast and countryside and a passion for sport and activity**

Sunderland has an attractive coast and easy-to-reach countryside and urban green spaces that provide opportunities for promoting an active lifestyle. The city's passion for sport and exercise should be nurtured and developed to ensure broader involvement with more wide reaching health impacts.

- **Potential for Sunderland's employers to offer swift access to a large proportion of the workforce and understanding of different communities**

The economy in Sunderland is characterised by a small number of large employers employing the majority of the workforce. By developing relationships with these employers we can tap into their understanding of the communities in which they operate and the people they employ to promote healthy workplaces and healthy lifestyles.

- **A vast number of contacts with residents through daily provision of a wide range of services**

Sunderland's many organisations and support groups are in touch with residents across the whole range of service delivery. Hard-wiring health improvement into these day-to-day contacts will reinforce and bring support to those people who need it so that every contact is a health contact.

- **At the leading edge of putting new technology to work in the public interest**

Sunderland is at the leading edge of using new technologies and making sure that the whole city can make best use of this resource. There exists great potential to use new technologies to enable people to take more control over their own health and wellbeing through technological solutions and by improving information sharing.

- **A huge variety of local organisations, partnerships and networks with a strong track record of effective delivery**

We are starting from a strong position whereby there has been a long history of joint working to deliver real changes. We will build on this to ensure that the achievement of better health outcomes involves individuals, communities and providers.

The following Strategic Objectives describe how we will achieve our vision for health and wellbeing. Detailed action plans will be developed for each. Each strategic objective utilises one or more of the assets and applies all of the design principles.

STRATEGIC OBJECTIVES

1. Promoting understanding between communities and organisations

- **Communities being able to understand what they can expect of service providers and what other organisations can offer**
- **Making best use of local intelligence to identify emerging risks to health and wellbeing**
- **Harnessing individuals, communities and service providers views to inform and challenge provision**
- **Understanding the strengths and diversity of our communities and reflecting this in our commissioning**

If the health of local people is to improve then we must all pull together and play our part. Relationships between agencies and local people, including patients and service users, need to be much more dynamic and enable local people to have a much greater influence on which services are provided, as well as how and when they are provided. Equally, individuals and communities need to develop an understanding of the strengths that they have and can draw upon collectively, enabling them to take control of their own health.

If we do these things then we will all have a much better understanding of our own health needs and how best we can address these, either through our own endeavours or with the help of others if we need it. This will give us confidence in ourselves and in the services that we rely upon in times of need.

2. Ensuring that children and young people have the best start in life

- **Encouraging parents and carers of children to access early years opportunities**
- **Supporting children and families throughout the whole of a child's journey, including the transition into adulthood**

Many of us understand and acknowledge the influence (directly and indirectly) that families and schools have on the development and life chances of children and young people. These two important factors can have a huge impact upon the health, education and future employment opportunities of a child or young person.

To ensure a positive future for our children and young people there needs to be effective joint working across agencies to encourage individuals and families to achieve their full potential by addressing their physical and emotional health issues. Schools in particular are in a position where they are able to support the physical and emotional development of their pupils and their immediate family.

3. Supporting and motivating everyone to take responsibility for their health and that of others

- **Encouraging people to take the first steps towards healthy lifestyles**
- **Making healthy lifestyle choices easy**
- **Promoting and sustaining interest in healthy lifestyle options**
- **Raising self-esteem, confidence and emotional health and wellbeing**

The most powerful influences upon how we behave come from our family and friends. They shape our knowledge, perspectives, experiences and preferences and as a consequence can either encourage or discourage us to lead a healthy lifestyle. It is important that we realise this affect on ourselves as well as the effect we can have on those around us. However there are also a range of options open to agencies that can help to make a healthy lifestyle an easy option, for example this can be through health education, provision within schools, mentoring programmes, as well as providing easy access to the city's natural assets such as open and green spaces. Our agencies also need to consider how they can encourage and sustain people's interest in a healthy lifestyle through local and national events, cultural activities, and through Sunderland's major employers.

4. Supporting everyone to contribute

- **Work together to get people fit for work**
- **Understanding the health barriers to employment and training, and supporting people to overcome them**
- **Actively working with local businesses to ensure a healthy workforce**
- **Supporting those who don't work to contribute in other ways**

Those of us that find ourselves unemployed will realise already the detrimental affect this can have on our health, indeed it is known that poorer health can be found amongst those who are unemployed for longest. The effects of poor health can be divided into the short-term (resulting from the immediate impact of unemployment) and the long-term more complex health impacts that can develop. The potential health and wellbeing impacts of unemployment are:

- Distress, anxiety and depression that may also impact upon other family members
- Worsening health behaviours in the form of increased smoking, increased alcohol consumption and a decrease in exercise.
- Financial problems that can reduce living standards, increase the likelihood of social isolation and lower self-esteem.

So it is important that agencies work together to build confidence and motivation and provide pathways into training and employment. But we must also work with employers so that they understand how the policies they implement can have a significant effect on both the health of their employees and their employee's families. Good health in this environment can be promoted through healthier working conditions and more flexible employment.

For those of us not in work there will be the opportunity to contribute to those communities that can benefit from our skills and talents. This will enable us to improve the lives of those around us and enable us to build community pride through a variety of volunteer roles.

5. Supporting people with long-term conditions and their carers:

- **Supporting self-management of long-term conditions**
- **Providing excellent integrated services to support those with long-term conditions and their carers**
- **Support a good death for everyone**

We realise that those people with long term conditions can be experts in their own care because they understand better than anyone the problems they encounter on a daily basis. Our agencies need to reflect on how they can work together and redesign their service provision in order to incorporate the preferences of patients and service users, as well as self-management of their condition where this is possible. We

will ensure that this approach incorporates a range of services that are reliable, consistent and maximise the quality of life for those people with long-term conditions as well as their families and carers.

6. Supporting individuals and their families to recover from ill-health and crisis:

- **Supporting individuals and families to have emotional resilience and control over their life**
- **Providing excellent integrated services to support people to recover from ill health and crisis**
- **Winning the trust of individuals and families who require support**

Any of us may find ourselves in need of support in a crisis situation. This may result from ill health or injury where we are suddenly unable to undertake everyday tasks, or where our main carer's own health and ability to carry on caring has suddenly broken down. Where this is the case our agencies will identify the best service pathways that will facilitate rehabilitation by working together through a mixture of appropriate integrated services.

Item No. 9

SUNDERLAND SHADOW HEALTH AND WELLBEING BOARD **25 January 2013**

BOARD DEVELOPMENT SESSION – THE BROADER DETERMINANTS OF HEALTH

1.0 PURPOSE OF THE REPORT

To inform the Board of the date and scope of the next development session.

1.1 THE BROADER DETERMINANTS OF HEALTH

The Shadow Health and Wellbeing Board does not operate in isolation – it works in parallel to Boards throughout the City that lead on topics which in turn impact on the health and wellbeing of residents – including crime and community safety, jobs, employment and training, children and adults.

The importance of developing a system which ensures that all partnerships are working towards the same goals.

To facilitate this, Mike Grady, one of the Marmot research team will host a session looking at the broader social determinants of health and how we can all work together to improve life chances.

The development session on **7TH February, 10am – 12 in committee Room 1**, Civic Centre and representatives from the parallel partnerships are to be invited.

The Aims and Objectives of the session are as follows.

Development Aims	Objectives/Outcomes
Influencing the wider determinants of health ○ To make the links between Health and Wellbeing and broader services & activities ○ To identify service overlap and the impact on health and wellbeing in the city ○ To establish how the Board influences decisions on wider determinants	○ Understanding wider determinants of health and how they impact on health in the city. ○ Establishing a strategy on how the Board can influence and support decisions in wider arenas

The session will be facilitated by the council's development and training team.

3.0 RECOMMENDATIONS

The Board is recommended to note the session.