SUNDERLAND HEALTH AND WELLBEING BOARD

AGENDA

Meeting to be held in the Civic Centre (Committee Room No. 1) on Friday 22 November 2013 at 12.00noon

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

Contact: **Gillian Kelly, Principal Governance Services Officer Tel: 0191 561 1041**
Email: **gillian.kelly@sunderland.gov.uk**

Information contained within this agenda can be made available in other languages and formats.

8. **NHS England Call to Action** 51

Report of the Sunderland Clinical Commissioning Group (copy attached).

9. **Area Health Pilots – Men's Cancer** 77

Report of the Head of Scrutiny and Area Arrangements (copy attached).

10. **Health and Wellbeing Board Development Session and Forward Plan** 85

Report of the Head of Strategy, Policy and Performance (copy attached).

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

The next meeting of the Board will take place on Friday 24 January 2014 at 12.00noon

ELAINE WAUGH
Head of Law and Governance

Civic Centre
Sunderland

13 November 2013

Item No. 3

SUNDERLAND HEALTH AND WELLBEING BOARD

Held in Committee Room 1, Sunderland Civic Centre on Friday 20 September 2013

MINUTES

Present: -

Councillor Mel Speding (in the Chair)	-	Sunderland City Council
Councillor Pat Smith	-	Sunderland City Council
Councillor John Wiper	-	Sunderland City Council
Dave Gallagher	-	Chief Officer, Sunderland CCG
Nonnie Crawford	-	Director of Public Health
Dr Gerry McBride	-	Sunderland Clinical Commissioning Group
Liz Greer	-	HealthWatch

In Attendance:

Mike Lowe	-	Head of Performance Management, Office of the Chief Executive, Sunderland City Council
Karen Brown	-	Scrutiny Officer, Sunderland City Council
Julie Walker	-	Gentoo
Claire Mansfield	-	NLGN (Observer)
Alex Fernandes	-	NLGN (Observer)
Councillor Ronnie Davison	-	Sunderland City Council
Liz Highmore	-	
Stuart Cuthbertson	-	Office of the Chief Executive, Sunderland City Council
Karen Graham	-	Office of the Chief Executive, Sunderland City Council
Gillian Kelly	-	Governance Services, Sunderland City Council

HW22. Apologies

Apologies for absence were received from Councillor Watson, Neil Revely, Ken Bremner and Christine Keen.

HW23. Minutes

The minutes of the meeting of the Health and Wellbeing Board held on 26 July 2013 were agreed as a correct record.

HW24. Feedback from Advisory Boards

Adults Partnership Board

Karen Graham informed the Board that the Adults Partnership Board had met on 20 September 2013 and the main items considered had been: -

- Health and Wellbeing Board Agenda
- The NHS belongs to the People: A Call to Action
- 'Fit as a Fiddle' Evaluation Report
- World Health Organisation (WHO) European Health City Phase VI Network 2014/2018
- New Horizons
- Performance Reporting for the Health and Wellbeing Board
- Scrutiny – Health Protocol and Review Topics

It was highlighted that Sunderland was one of 105 cities participating in the WHO European Healthy City Network and that one of the themes of Phase VI would be the economic case for health promotion and prevention.

With regard to the item on New Horizons, Dr McBride advised that the CCG had been working with mental health provider NTW and there had been radical changes in the delivery of planned services. There had been significant numbers of individuals admitted to psychiatric hospital after referrals and it was believed that this was due to reconfigured services. The service was delivering what was needed and was being responsive and it was highlighted that NTW had asked to come to a future meeting of the Adults Partnership Board to update partners on the changes. Board Members commented that it was encouraging to hear such positive news on this issue.

Children's Trust

Councillor Smith informed the Board that the Children's Trust had met on 17 September 2013 and the main items considered had been: -

- Domestic Violence Health Needs Assessment
- Health and Wellbeing Board Agenda
- School Nursing Provision in Sunderland
- Children and Young People's Plan Refresh
- Health and Wellbeing Outcomes Reporting

It was highlighted that the Trust had proposed that the Health and Wellbeing Board should receive a presentation on the Children and Young People's Plan refresh as part of the wider consultation on the plan.

Dave Gallagher commented that the CCG currently did not have a clinical lead for children but was hoping to identify an individual in the near future and would communicate that to Trust partners as soon as this was determined. It was

recognised that important work was going on and the CCG needed to link with the Trust.

With reference to the Domestic Violence Health Needs Assessment, it was reiterated that Safer Sunderland Partnership would have oversight of the recommendations but that any issues would be reported to the Health and Wellbeing Board by exception.

Accordingly the Board RESOLVED: -

(i) that the information be noted; and

(ii) that the Board receive a presentation on the Children and Young People's Plan refresh at a future meeting.

HW25. Health and Wellbeing LGA Peer Review Challenge

The Assistant Chief Executive, Sunderland City Council, submitted a report informing the Board of the intention to hold an LGA peer challenge on Health and Wellbeing in 2014.

An offer has been made from the Local Government Association (LGA) to hold a peer challenge on health and wellbeing, the purpose of the challenge being to support councils, their health and wellbeing boards and health partners in implementing their new statutory responsibilities. The challenge would focus on three areas in particular: -

- establishment of effective health and wellbeing boards
- operation of the public health function to councils
- establishment of an effective local HealthWatch organisation

The peer challenge would focus on a set of headline questions which were then discussed and tailored in the context of each council. A draft expression of interest from Sunderland for the peer challenge was attached as Appendix 1 to the report. Sunderland had outlined the benefits of the peer challenge to be: -

- To provide an external "critical friend" challenge and an opportunity for reflection
- An independent view on the depth of understanding and how well embedded and integrated the current agenda is
- Considering the extent of joint commissioning to date and support in moving forward around alternative service delivery modelling
- Assisting the Health and Wellbeing Board and partners in understanding and using customer insight to manage demand and improve customer experience.

Councillor Speding commented that he had always found the benefits of a peer review were to look at the direction of travel, the outcomes and goals. In the past, these reviews had been carried out by the IDeA but had now transferred to the LGA.

Liz Greer noted that HealthWatch would have liked to have seen HealthWatch represented within the review team. It was a new role for the LGA and learning

would travel both ways and Mike Lowe stated that the Council had always welcomed peer challenge as a powerful tool but part of it was about getting the right peers involved in the review. The Council would be hosting a Corporate Peer Challenge in November and an Adult Social Care Peer Challenge in the future.

The Board RESOLVED to support a Sunderland Health and Wellbeing Peer Review for late 2013/2014.

HW26. NHS belongs to the People – A Call to Action

Dave Gallagher, Chief Officer, Sunderland Clinical Commissioning Group (CCG) delivered a presentation to the Board on 'The NHS belongs to the People: A Call to Action'.

The CCG was now in the second year of its five year commissioning plan and was revisiting the strategic objectives of the plan and considering the priorities for the next few years. The current strategic objectives were: -

- Play an active role in the delivery of the health and wellbeing strategy
- Every practice to optimise screening and early identification opportunities
- Integrated tiered approach to mental health across the whole healthcare system
- Integrated urgent care response, easily accessible at the appropriate level
- Improve quality of care for long term conditions across the whole system
- Provide more planned care closer to home
- Facilitate every practice to systematically improve the quality of prescribing adhering to evidence based guidelines
- Encourage every practice to operate to agreed standards and pathways – working collaboratively with partners.

There would be a series of engagement events held to consider the priorities for the plan and members of the Health and Wellbeing Board had been invited to the public and stakeholder session taking place on 26 September 2013. Member practices had attended an event on 18 September and the plan would also be discussed at the NHS Provider Forum meeting on 24 October 2013.

Regarding how the public and stakeholders would be made aware of the engagement event taking place on 26 September, Dave advised that this was being publicised through various practice groups, through HealthWatch and to stakeholders to disseminate out to their partners. He asked that people contact the CCG if they were aware of any specific groups being omitted from the publicity.

Board Members were asked if they felt that this was the right approach. The CCG was conscious that these methods had been used many times before and there were ongoing discussions about how this could be done differently. There was also recognition of the need to do this in a different way for children and young people.

RESOLVED that the information be noted.

HW27. Health and Wellbeing Outcomes Reporting

The Head of Strategy and Performance, Sunderland City Council, submitted a report updating the Health and Wellbeing Board on the proposals for performance reporting of the Health and Wellbeing outcomes in Sunderland and to note the next steps for the future development of performance management arrangements.

Mike Lowe, Head of Performance and Improvement, reminded Board members that a development session held in June had considered how the Health and Wellbeing Strategy should be delivered and performance managed. It had been agreed that 80% of the activity within the strategy would be carried out as business as usual by the Board's partner organisations and should be monitored and performance managed through reporting against the Public Health Outcomes Framework, NHS Outcomes Framework and the Social Care Outcomes Framework and reported to the Children's Trust and the Adults Partnership Board.

It had been proposed that reports would come to the Board on an exception basis and reporting the outcomes framework would be framed around the issues from the Health and Wellbeing Strategy. The action planning stage of the Health and Wellbeing Strategy was in development and the final set of indicators was to be agreed, the potential indicators drawn from the three outcomes frameworks were set out in the appendix to the report. The framework grouped together performance measures and indicators under each objective of the Health and Wellbeing Strategy. It was recognised that there was still work to do on aligning these indicators to develop an appropriate structure to reflect the scope and scale of activity. Further reports would be brought to the Board over the next few months.

Nonnie Crawford highlighted that as all the partners represented around the table had indicators of their own, then the Health and Wellbeing Board might want to consider a different approach to reflect that the Board was trying to do something bigger than the sum of individual organisations' work. Nonnie made reference to the Warwick-Edinburgh mental wellbeing scale as an evidence based method of assessing the impact of the Health and Wellbeing Strategy on residents of Sunderland.

Karen Graham commented that the Board had raised issues about assurances and that the reporting mechanism had to take account of the bottom line, consider if the system was working well and what it was providing assurance on. It was agreed that the Board would still need to see detail on outcomes to be able to judge if objectives were being achieved. Nonnie added that with regard to issues such as near misses on contracts, the Health and Wellbeing Board would not have the time or ability to drive standards up and this would be a good focus for a future development session.

The framework for reporting Health and Wellbeing outcomes in Sunderland was one part of the system and reflected a traditional performance management approach, other elements would require more discussion and refinement. It was suggested that the Board may want to receive quarterly updates on improvements which were being made and that this might also be an appropriate subject for the forthcoming peer review.

Following discussion, the Board RESOLVED that the progress with reporting of Health and Wellbeing Outcomes in Sunderland and the steps outlined for the future development of performance management arrangements be noted.

HW28. Health and Wellbeing Board Forward Plan and Advisory Group Topics

The Executive Director of People Services submitted a report setting out the proposed forward plan for the agenda items for the Board and the three advisory groups of the Board.

The forward plan was attached as an appendix to the report and outlined the current agenda topics. The topics were fluid and could be amended, in consultation with the Chair, as the year progressed.

The Board had previously agreed to task the three advisory groups with a set of topics to investigate and then report back to the Board. It was proposed that the advisory groups be tasked with supporting the development of the Action Plan for the Health and Wellbeing Strategy over the six month period from October to March. A report would be taken to the next meeting of each of the advisory groups to outline the planning process.

The NHS Provider Forum would also be tasked with examining in greater detail the topics of Health and Social Care integration and the NHS Call to Action: The NHS belongs to the People.

Nonnie Crawford highlighted that the forward plan should reflect that the advisory groups would take charge of the Joint Strategic Needs Assessment (JSNA) topics and profiles in their area.

It was confirmed that the topics on the forward plan were those which required sign off by the Health and Wellbeing Board by a certain date and partners should get in touch with Karen Graham if they had additional items to be included on the Board agenda. There was an issue to resolve about what the Board wanted to see and how it would be reported and this had been due to be discussed at a development session but other topics had taken precedence. It was suggested that at a future Board meeting there be a more detailed discussion on the work programme for the Health and Wellbeing Board.

The Board RESOLVED that: -

(i) the forward plan as attached to the report be noted; and

(ii) the topics for the advisory groups over the next six months be agreed.

HW29. Policy Review: Public Engagement in Health Services – Scope of Review

The Public Health, Wellness and Culture Scrutiny Panel submitted a report to the Board detailing the policy review which was being undertaken on public engagement in health services.

The Health and Wellbeing Board had previously been informed that the Scrutiny Committee had commissioned the Public Health, Wellness and Culture Scrutiny Panel to carry out a policy review entitled 'Public Engagement in the Health Service – Are we listening?'. The aim of the work was to review the readiness of services to build the culture, infrastructure and the processes needed to ensure that patients and the public (including seldom heard groups) were involved as partners in decision taking.

The Scrutiny Panel were aware that they were considering this at the same time as other organisations were looking at their engagement strategies and one of the objectives of the review was to look at the core elements of engagement with the intention of developing a collaborative framework. The review would look at the influence of engagement practices and how coordinated principles could be developed which provided value for money and better use of resources.

The work was forward looking and intended to produce overarching principles for public engagement. Discussions had already been held with HealthWatch and partners would all be spoken to individually.

Councillor Speding asked for clarification on scrutiny responsibilities and it was explained that the Scrutiny Committee had a statutory role with regard to health and decisions made by the Council's Cabinet and was able to have a more informal relationship with the Board.

Councillor Smith asked how young people would be engaged with the review and highlighted that the Youth State of the City debate was a resource which the Council could utilise more to gain the views of young people. Karen Brown stated that existing communications mechanisms would be used to consult young people.

Liz Greer noted that from a HealthWatch perspective, they had found the approach to the review very positive and were keen to support this work moving forward.

It was commented that the objectives referred to seldom heard groups and this could be an opportunity to explore the Equality Delivery System (EDS). It was highlighted that it was for each partner to determine their approach to EDS and it was for the Board to look at the breadth of engagement across all agencies.

The Board RESOLVED that the scope of the review into public engagement in health services be noted.

HW30. Health and Wellbeing Board Development Session and Closed Board Meetings

The Head of Strategy and Performance submitted a report informing the Board of the detail and scope of the next development session and providing an update on closed Board sessions.

The next development session would take place on Friday 25 October 2013 at 12.00noon and, following on from the production of the media and statutory consultation protocol, would start to examine the engagement of the public and patients. The session would be facilitated by HealthWatch Sunderland and would also discuss how the discussion could link in to the scrutiny review.

Board members had taken part in a closed Board session on 30 August 2013 which looked at health and social care integration. The second of these sessions, focusing on the next steps, would take place on Monday 21 October 2013 from 5.00pm to 8.00pm.

RESOLVED that the details of the sessions be noted.

HW31. Date and Time of Next Meeting

The next meeting would take place on Friday 22 November 2013 at 12.00noon.

(Signed) M SPEDING
Chair

Item No. 4a

SUNDERLAND HEALTH AND WELLBEING BOARD 22 November 2013

FEEDBACK FROM SUNDERLAND ADULTS PARTNERSHIP BOARD

Report of the Chair of the Adults Partnership Board

The Adults Partnership Board met on the 5th November, 2013

ITEM

3. Matters Arising

Karen Graham reported we are still waiting for a reply from NHS England with regard to the discrepancies between Newcastle and Sunderland for pharmacy contracts. An update will be given to the Board at the next meeting.

4. Health & Wellbeing Board Agenda

Karen Graham provided details of the agenda items for the next Health & Wellbeing Board, to be held on Friday 22nd November, 2013.

5. Voluntary Organisations Supporting Health & Wellbeing in Sunderland

This item was deferred until the next meeting.

6. The Principle Community Pathways (PCP) Project

Elizabeth Moody and Stewart Jake gave a presentation on the Principle Community Pathways Project. The aim of the project is to provide effective evidence based interventions that meet service user needs. The single access system in place ensures users are referred to the right service and placed on the right pathway without any delays, and offers more joined up local care and efficient systems and processes. The new pathways will be implemented in Sunderland and South Tyneside by April 2014. They have been designed with partners, service users and carers over the summer months and offer more collaboration.

NTW are working with Sunderland City Council and partners to :

- Consider how we can align with the 5 Sunderland localities;
- Consider how to integrate services including;
  Linking up single points of access;
  Establishing shared information systems
  Developing processes to support Joint Assessment and Review to take place
  Streamlining access to community support e.g. benefits and housing advice

Discussions were held around how the Voluntary/Community Sector would fit in and how the project would stack up financially. The Chair agreed to receive more details on the project early next year.

7. Health & Wellbeing Strategy and JSNA Process Paper

Stuart Cuthbertson presented a report advising the imminent development of the HWB Strategy Action Plan, the on-going Joint Strategic Needs Assessment refresh and the opportunities available to engage in both pieces of work. The HWB Strategy was published in April 2013 and since then APB members have been contributing to the action planning process. The next step for the Strategy will drawing up actions for the six objectives. Each of the Objectives is being led by a Sponsor and Lead. The Objective Leads will be developing their action plans in consultation with partners over the coming months.

As a result of the NHS restructure the Council must now produce the JSNA with the local Clinical Commissioning Group (CCG). This year it has been decided to pursue a light touch refresh of the current 27 JSNA profiles. The refresh is being undertaken by Profile Authors who have the relevant expertise in the subject areas. The introduction of a new process in 2014 will allow a more detailed review of the profiles to be undertaken. The Board were asked to note the report and consider the opportunities to engage in both processes.

8. Tobacco Alliance

Julie Parker-Walton and Liz Parkes provided an update on the progress made on the Sunderland Tobacco Alliance Action Plan. The health outcomes in Sunderland are generally poor when compared with the national picture, and smoking remains the single biggest preventable cause of premature deaths. The alliance is currently completing a self-assessment questionnaire and voluntary peer assessment called CLeaR. A new delivery model for stop smoking support has been designed and implemented in Sunderland. It was noted that a new approach to the management of client referrals has been developed called a 'Central Hub'. The aim of the Hub is to provide a timely response to all stop smoking enquiries and ensures the client's needs are matched to the most appropriate providers. Details were provided on the new models of delivery to help stop smoking; Stop Smoking Service delivered by Active Intervention (AI); Increasing levels of Brief Intervention Advice; St. Chad's Tobacco Project, Vending Machines; Fire Safety; Point of Sales and Illicit Tobacco – Keep it Out Campaign. Other campaigns include Smokefree Families; Operation Smoke Storm; Plain Packaging Consultation and Responsible Retailers Award Scheme. In line with the new delivery for stop smoking support, new models have also been designed for pregnant women; Florence and BabyClear.

The Local Government Declaration on Tobacco Control includes a number of specific commitments to enable local authorities to take leadership on tobacco, many of which are already in place through the Sunderland Tobacco Alliance. The Sunderland Tobacco Alliance would value the input of the Adult's Partnership Board in identifying priorities and actions to support the delivery of the 13/14 Tobacco Action Plan for Sunderland. The Board was very happy with the report and agreed to receive future updates.

9. Date and Time of Next Meeting

The next meeting will be held on Tuesday 7th January, 2014 at 2.30pm in Committee Room 1

Item No. 4b

SUNDERLAND HEALTH AND WELLBEING BOARD 22 November 2013

FEEDBACK FROM THE SUNDERLAND NHS PROVIDERS FORUM

Report of the Chair of the NHS Providers Forum

The first meeting of the Sunderland NHS Provider Forum was on the 24th October.

Present were – Cllr Speding (chair), Ken Bremner (CHS), Neil Revely (SCC), Caroline Wold (NTW), Helen Ray (STFT) and Roger Ford (LMC).

Apologies were received from Simon Featherstone (NEAS)

Dave Gallagher, Debbie Burnicle, Lynsey Caizley and Ian Pattison from Sunderland CCG also attended to provide presentations.

NHS Call to Action

A presentation form Dave Gallagher highlighted the CCG forward plan and the implications of the NHS Call to Action. Need to balance aspirations with resources and differentiate between needs and wants. Need to have an honest conversation with the public.

A radical approach is needed if things are to change – need to make courageous decisions. Need to bring all the organisations radical plans together to ensure that they are joined up and to avoid unintended consequences.

It was proposed that the CCG programme boards (with additional members) be the focus of the discussion of priorities

Health and Social Care Integration Fund

All sections of the H&SC system are feeling heat in terms of budget cuts and the need to transform. The provider forum has a key role of helping understand the impact of change on the acute sector.

The forum agreed on the need to focus on the patient and the services that wrap around them as opposed to the budget – this might end up being more that the minimum £24 million which is Sunderland's share of the fund.

The group questioned whether the budget is pooled commissioning or pooled provider budget. NR highlighted that there may need to be national legislation to allow for pooled commissioning but if we locally want a provider pool, then although not a pre requisite of the funding, this is possible and should be explored. Examples of this working in practice include the Council commissioning of the extra care programme where the strategic commission was put out and providers left to come

together to work out how to deliver and the Care Coordination Programme Board which looks at people centred coordinated care in localities with the CCG as an enabler.

Another possibility is pooled staff and resources rather than pooled funds – to aid experiential learning – this will allow new community based approaches to be tested to ensure that they do realise savings without massive workforce implications. In Sunderland there is some flexibility in the short term to run parallel systems to test the safety of new services before cutting the original.

Query about links into GP practices – at the minute having 53 individual practices has made this relationship a hard one – but the integration agenda gives an interesting opportunity for GPs and the CCG is also bringing practices together – and it's the start of galvanisation of many practices. Practices need ownership and influence then will engage in collaborative partnerships.

Next provider forum – members only meeting to discuss terms of reference and the group's role and remit around strategic level advice, unblocking and system leadership.

Item No. 5

SUNDERLAND HEALTH AND WELLBEING BOARD 22 November 2013

THE TRANSFER OF FUNDING FROM HEALTH TO SOCIAL CARE IN 2013/14

Joint report of the Chief Officer Sunderland Clinical Commissioning Group and the Executive Director of People Services

1. PURPOSE OF REPORT

The purpose of the report is to outline how the adult social care funding for 2013/14 transferred from NHS England to Sunderland City Council will be used, the arrangements that will be established to monitor the funding and to seek agreement to these proposals.

2. BACKGROUND

2.1 Previously, funding to support adult social care was received by PCTs and then transferred to Local Authorities via an agreement under Section 256 of the 2006 NHS Act. The funding must be used to support adult social care services which also have a health benefit.

2.2 Since the abolition of PCTs in March 2013, the new arrangements that have been implemented for the health transfer of funding to local authorities in 2013/14 are that NHS England will enter into an agreement with local authorities and will administer the funding via the NHS England Area Teams. Funding from NHS England will only be transferred to local authorities once the Section 256 agreement has been signed.

2.3 NHS England will ensure that the local authority agrees with its health partners how the funding is best used within social care and the outcomes expected from this investment. Health and Well-being Boards will be the forum for discussions between the Area Teams, CCGs and local authorities on how the funding should be spent

3. CURRENT POSITION

3.1 Sunderland health transfer to social care in 2013/14 will be £5,611,337 which it is proposed will be allocated for the provision of the services attached as Appendix 1.

3.2 Within 2012/13, the monies transferred supported the Council in meeting the increased demands placed on adult social care services within Sunderland. There have been increased admissions to care homes, alongside the need to support more complex needs within people's own homes.

3.3 There has been a need to look to alternative service delivery options to meet the increased activity relating to hospital discharges, which require social care support; hence the introduction of the Time to Think Model in 2011/12 – with increased availability of service within 2012/13.

3.4 Within 2013/14, demand continues in relation to admissions to Care Homes 255 admissions since 1 April 2013. 159 of the admissions relate to placements that support EMI needs and the distribution of admissions across the market supply is as follows: 32% to Gold homes, 19% to Silver, 15% to Bronze, 30% to Standard and 5% not in Sunderland. This has a direct consequence on the budget required to meet the needs, as fees are based on quality levels and care types.

3.5 Since April 2013, there has been a 20% increase in the home care hours delivered, with the latest information from October 2013 showing 32,322 hours of home care being delivered per week. As the levels of need continue to increase in terms of complexity, the demand continues to rise.

4. Governance Arrangements

4.1 It is proposed that the governance arrangements to monitor the funding transfer for 13/14 will be via the Joint Commissioning Programme Board. The Board meets on a monthly basis and is accountable for delivery of the overarching joint commissioning programme and provides strategic leadership and direction, overseeing progress across all of its component projects.

4.2 As part of the national process for securing agreement to the health transfer in 2013/14, it was agreed that the proposals required agreement by the CCG prior to presentation to the Health and Wellbeing Board. It is a national condition of transfer that the proposals are agreed by the Health and Well Being Board.

5. RECOMMENDATIONS

The Sunderland Health and Wellbeing Board is requested to consider and agree the use of the health transfer of funds as outlined in Appendix 1.

November 2013

Priority	Proposal title	Proposal outline	Proposal requirements	Health and Wellbeing Outcomes (linked to JSNA priorities)	NHS Outcome Framework 13/14	12/13	13/14	Provider	Impact if NHS Monies were not available
R1	Increased demand on Disabled Facilities Grant	Additional budget to fund DFGs, which provide structural alterations in people's homes to enable independent living	Monies to fund increased demand and to reduce waiting times for those people who require structural alterations	Supporting People to live independently Reducing or preventing hospital admissions	Health related quality of life for people with LTCs. Improving functional ability in people with LTCs. Reducing the incidence of avoidable harm	£200k	£300k	Council	Increased waiting lists and inability to meet need
R2	Capacity within Home Care Service	Increased demand in services to support people to continue living in their own homes	Additional monies to fund the increased pressure on services to enable people to live at home	Supporting People to live independently Reducing or preventing hospital admissions	Health related quality of life for people with LTCs. Improving functional ability in people with LTCs. Reduce time spent in hospital for people with LTCs.	£1.285m	£1.777m	Independent Sector Providers	Increased waiting times for packages of care Delayed discharges Potential for 'rationing' hours

Priority	Proposal title	Proposal outline	Proposal requirements	Health and Wellbeing Outcomes (linked to JSNA priorities)	NHS Outcome Framework 13/14	12/13	13/14	Provider	Impact if NHS Monies were not available
R3	Capacity within Community Equipment Service	Continued demand pressure across the range of prescribing.	Continued Additional monies to fund demand within Community Equipment Service	Supporting People to live independently Reducing or preventing hospital admissions	Health related quality of life for people with LTCs. Improving functional ability in people with LTCs. Reduce time spent in hospital for people with LTCs.	£113k	£113k	Council	Increased waiting times for equipment
R4	Day Services for people with learning disabilities	Demand pressure on Fulwell Day Centre – day care for people with learning disabilities and people with mental health needs	Continued Additional monies to support ongoing activities at Fulwell Day Service	Supporting People to live independently Social Isolation	Health related quality of life for people with LTCs Improving functional ability in people with LTCs Enhancing quality of life for carers.	£156k	£156k	Council	Reduced provision by 11% for people who require day care

Priority	Proposal title	Proposal outline	Proposal requirements	Health and Wellbeing Outcomes (linked to JSNA priorities)	NHS Outcome Framework 13/14	12/13	13/14	Provider	Impact if NHS Monies were not available
R5	Extra Care Schemes	Continued funding for care and support service within extra care schemes across city	Funding existing schemes at Woodridge Gardens (Washington), Bramble Hollow (Hetton), Beckwith Mews (Silksworth), Cherrytree Gardens (Houghton) due to increased care and support needs of people living in the schemes. Funding to support the new extra care developments coming on line in late 13/14 – Dovecote Road	Supporting People to live independently Social Isolation Supported Accommodation	Health related quality of life for people with LTCs. Improving functional ability in people with LTCs. Reduce time spent in hospital for people with LTCs.	£698k	£948K	Housing 21 and Gentoo	Reduced provision impacting on needs Potential for deterioration in individuals requiring hospital admissions etc
R6	Time to Think Beds	Increased opportunities for 'time to think'/reablement focus for those people who have been in hospital and are potentially in need of permanent care	Block purchasing of beds within Independent Sector to support the discharge process	Reducing or preventing hospital admissions Care Closer to Home	Health related quality of life for people with LTCs. Improving functional ability in people with LTCs. Reduce time spent in hospital for people with LTCs.	£170k	£735k	Independent Providers	Delayed discharges Spot purchasing of beds by CHS

Priority	Proposal title	Proposal outline	Proposal requirements	Health and Wellbeing Outcomes (linked to JSNA priorities)	NHS Outcome Framework 13/14	12/13	13/14	Provider	Impact if NHS Monies were not available
R7	Handyperson Scheme	Continued demand on service	Continued monies to fund increased activity within Handyperson Service	Supporting People to live independently Social Isolation Supported Accommodation Reducing or preventing hospital admissions	Ensuring people feel supported to manage their condition Reducing the incidence of avoidable harm	£82k	£82k	Voluntary Provider	Service would not be available, as current funding does not meet demand
R8	Pressures on social care service for people living within LD residential Homes	Financial pressures within service	Continued monies to support increased social care needs across LD residential homes	Supporting People to live independently Social Isolation Supported Accommodation	Health related quality of life for people with LTCs Improving functional ability in people with LTCs Enhancing quality of life for carers.	£400k	£400k	Council and LA Controlled Company	Reduction in levels of service provision

Priority	Proposal title	Proposal outline	Proposal requirements	Health and Wellbeing Outcomes (linked to JSNA priorities)	NHS Outcome Framework 13/14	12/13	13/14	Provider	Impact if NHS Monies were not available
R9	Care Homes for Older People	Increased admissions to care – managing demand	Additional monies to support the increased financial pressure due to increased admissions to care homes	Supported Accommodation Care Closer to Home	Health related quality of life for people with LTCs. Improving functional ability in people with LTCs. Reduce time spent in hospital for people with LTCs.	£1m	£1m	Independent Sector	Increased overspend within budget Delayed processes due to need to 'ration' admissions per week .
R10	Pressures on Support Service for people using Direct Payments	Increased demand on current service	Additional monies to support the increased demand	Supporting People to live independently Social Isolation	Health related quality of life for people with LTCs. Improving functional ability in people with LTCs.	£50k	£100k	Voluntary Sector Provider	Reduced levels of service
			TOTAL			**£4.154m**	**£5.611m**		

Item No. 6

SUNDERLAND HEALTH AND WELLBEING BOARD 22 November 2013

HEALTH AND SOCIAL CARE INTEGRATION (INCLUDING THE INTRODUCTION OF AN INTEGRATION TRANSFORMATION FUND)

Joint report of the Chief Officer Sunderland Clinical Commissioning Group and the Executive Director of People Services

1. PURPOSE OF REPORT

1.1 Sunderland Health and Well Being Strategy will deliver the "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."

1.2 One of the key elements of the strategy is Joint Working – shaping and managing cost effective interventions through integrated services.

1.3 There is a recognition nationally and locally that the public, clients and patients do not always experience good quality, joined up health and social care services., Often they have to try and navigate around a complex system which inevitably leads to health and health care seeking behaviours which create additional pressures on the system with no added benefit to patients or clients.

1.4 The purpose of the report is to set out a vision for the integration of Health and Social Care in Sunderland to address these issues and to set out how we will develop plans for the Integration Transformation Fund (ITF) to support our vision.

2. BACKGROUND

2.1 The Health Act and the Care Bill both set out the policy context in relation to the vision for integration. The system of health and social care is under more pressure than ever before. People may be living for longer, but often they are living with several complex conditions that need constant care and attention, conditions like diabetes, asthma or heart disease. And this is not only about older people – children born with complex conditions are now living to adulthood, while those with learning disabilities and other groups have lifelong needs. All these people need continuous care and support, and the right systems and resource to enable that.

2.2 The Health and Social Care Act 2012 introduced the requirement for Health and Well Being Boards (HWBB) with the primary aim of improving health and wellbeing of their local population and reduce health inequalities. HWBB are responsible for developing Health and Well Being Strategies for their respective areas, driving the integration agenda to ensure local needs are

understood, priorities are agreed and care and support services are working in a joined-up way.

2.3 At a local level, one of the 3 core goals of NHS Sunderland Clinical Commissioning Group is to integrate health and social care to help deliver its overall vision of *Better Health for Sunderland* and this has been supported through local engagement with patients, public and elected members. This goal is shared by the City Council, as it is recognised that integration will improve the lives of vulnerable people in Sunderland.

2.4 The June 2013 Spending Round announced the establishment of a Integration Transformation Fund from 2015/16, designed to further drive the Integration Agenda.

2.5 The fund is intended to be a catalyst to improve services and achieve value for money through organisations agreeing a joint vision of how integrated care will improve outcomes for local people and achieve efficiencies. It will require commitment among partners for accelerated change.

Vision for Integration in Sunderland

2.6 Within Sunderland, a significant amount of work has been progressed to create the conditions for integration and alignment of resources at various levels across the city. There is a strong track record of aligning resources towards certain targeted client groups, key outcomes and also at an area or neighbourhood level to better meet local needs (both formally and informally) and developing local responsive services.

2.7 Building upon the work that has been progressed, the vision for integration in Sunderland lies in transforming the way health and social care works together.

2.8 The vision is to ensure that local people have easy and appropriate access to health and social care solutions which are easy to use and avoid duplication. By doing this we will work with citizens, patients, and carers, as well as those who can support those solutions, including health and social care providers to change behaviours to ensure appropriate care, in the right place at the right time.

The new system will consist of truly integrated multi-agency working so that local health and social care systems work as a whole to respond to the needs of local people. It will support people to be in control and central to the planning of their care so they receive a service that is right for them.

Integrated services will be bring together social care and primary/community health resources into co-located, community focussed, multi-disciplinary teams, linking seamlessly into hospital based and other more specialised services (vertical integration).

2.9 This will be supported by:

- Integrated working between health and social care to assess people's needs
- Integrated working to plan and manage care to ensure continuity
- Anticipatory case finding, supporting a prevention model
- A single engagement process for the people of Sunderland to influence and inform service development
- Integrated IT systems allowing information to be shared amongst those who need it, including the individuals themselves
- Working differently to nurture community resilience

System Design

2.10 Integration of health and social care for the benefit of the individual will require a redesign of the system. As outlined earlier, work has been progressed and the following sets out the key work streams that will need to be further developed:

- Development of an overall operating model with clear pathways for local people through health and social care but with clear links to other integrated city and locality based services that act to prevent and reduce dependency of intensive services and taking a wider community and family based approach

- Development of an operating model for each of the five areas of the city (supporting the overall model) based on health and social care providers working as integrated locality teams and vertically integrated with hospital and other more specialised services

- Development of fully integrated client and patient-centred commissioning arrangements across health and social care and a joined up way of engaging and working better with key service providers and their staff.

- Joining up of shared intelligence building on work already started around predictive modelling and more effective monitoring of people's life courses through the development of an Intelligence Hub.

- Developing a more user focussed way of working across the board in Sunderland aligning to the key design principles – wider engagement and participation activities and demand management/changing behaviours

2.11 The outcomes Sunderland wants to achieve from integrated working include:

- Supporting people to live at home
- Reducing number of people admitted to long term residential/ nursing care.
- Improving the diagnosis rate for dementia
- Increasing the number of people diagnosed with depression being referred for psychological therapies

- Reducing unplanned hospitalisation for chronic ambulatory care sensitive conditions
- Reducing emergency admissions for acute conditions that should not usually require hospital admissions
- Reducing emergency readmissions within 30 days of discharge
- Improving patient experience by reducing waiting times in A&E.
- Improving quality of life for vulnerable families and their communities
- Supporting carers in a co-ordinated manner
- Greater trust in and satisfaction with the public sector and service providers
- Generating the required efficiencies

Planning and Implementing Integration

2.12 As the funding challenges continue, the integration agenda sets the context for achieving significant efficiencies for health and social care system as a whole. However, this can only be achieved if resources are used appropriately and people are diverted from costly and intensive services (hospital and residential/nursing care) to locality integrated systems, which support people to achieve outcomes through delivery of care and support in communities.

2.13 Integration at a locality level therefore needs to focus in the first instance on the cohort of people that are currently cared for in hospital but could be safely cared for at home or in a community setting, if the right integrated services were available.

2.14 Without this focus, efficiencies will not be released and outcomes for individuals will not be achieved as intended through the integration agenda.

3. CURRENT POSITION AND PROGRESS

3.1 NHS Sunderland CCG and The People Directorate in Sunderland City Council have been working on joining up commissioning support resources to enable staff in both organisations to commission services on behalf of both parties where it makes sense to do so e.g. continuing health care

3.2 Building on the Health and Well Being Strategy and the CCG's Commissioning Plan, a number of major transformational programmes in Sunderland are underway, all being developed and delivered with key partners including relevant service providers.

3.3 Many of these are designed to provide care closer to home and reduce the demand on hospital services for mental and physical illness and injury to improve care and to enable a shift of resources from the hospital setting to the community.

3.4 These programmes are managed through four programme boards consisting of key stakeholders. These are the Unscheduled Care Board, Prevention and

Planned Care Programme Board, the Mental Health and Learning Disabilities Board and a Joint Commissioning Board

3.5 Work programmes include:

Preventing people from dying prematurely

Decreasing potential years of life lost from causes amenable to health care

- Musculoskeletal programme
- Reducing procedures of limited clinical value

Enhancing the quality of life for people with long term conditions

Reduce unplanned hospitalisation for chronic ambulatory care sensitive conditions

- Person centred coordinated care in Localities in Sunderland to address the current fragmentation and multitude of community services
- Telehealth
- Reviewing acute pathways including length of stay for diabetes
- Implementation of rehabilitation pathways

Increase the number of people with depression referred for psychological therapies receiving it

- Further development of primary care mental health services
- Physical health checks for those with severe mental health and learning disabilities

Supporting people to live independently

Reduce admissions to long term care

- Development of Time to Think pathway for people who are discharged from hospital and potentially require long term care
- Further development of Extra Care Schemes across the City of Sunderland Council
- Review care and support at home solutions

Helping people recover from episodes of ill health following injury

Reduce emergency admissions for acute conditions that should not usually require hospital admission

- Development of a range of ambulatory care pathways
- Implementing the review of minor injuries unit and urgent care integrated service including a review of Out of Hours GP services
- Further development of children's and young peoples' mental health services
- Exploring innovative options for same day access to GP services
- Community and urgent care pathways in mental health including mental health liaison in acute hospitals

Reduce emergency readmissions within 30 days of discharge from hospital

- Improving the quality of health care in Care Homes
- Development of intermediate care hub including admission avoidance and early supported discharge.

4. PROPOSED WAY FORWARD

4.1 The HWBB should oversee the delivery of the vision. To enable this the role and membership of the existing Joint Commissioning Programme Board should be reviewed and rebadged as the HWB Integration Programme Board. The Board would be supported by a Joint Commissioning unit and the HWB's NHS Provider Advisory Board.

4.2 Arrangements will be developed to ensure co-ordination of the integration programme with regular reporting into the Health and Wellbeing Board and into its constituent statutory organisations. Current work programmes will be reviewed against the integration plan and prioritised accordingly. Gaps can be identified and new workstreams added where/if necessary.

5. THE INTEGRATION TRANSFORMATION FUND

5.1 We should use the frameworks being established as a result of the fund being created to support the implementation of our vision for integration.

5.2 The fund is to be established In 2015/16 and allocated to local areas where it will be put into pooled budgets under joint governance between CCGs and local authorities. A condition of accessing the money is that CCGs and local authorities must jointly agree plans for how the money will be spent. Health and Wellbeing Boards will sign off the initial plan for their area by 15 February 2013.

5.3 The National guidance issued in a joint letter from the Local Government Association and NHS England in October 2013 recognises that the

> *"£3.8bn pool brings together NHS and Local Government resources that are already committed to existing core activity. (The requirements of the fund are likely to significantly exceed existing pooled budget arrangements). Councils and CCGs will, therefore, have to redirect funds from these activities to shared programmes that deliver better outcomes for individuals."*

Health and Wellbeing Boards are therefore encouraged to extend the scope of the plan and pooled budgets.

5.4 The plan for 2015/16 needs to start in 2014 and form part of a five year strategy for health and care.

5.5 Part of the ITF will be linked to performance and further information is awaited on this aspect. Related performance measures are likely to include:

- Delayed transfers of care
- Emergency admissions
- Effectiveness of reablement
- Admissions to residential and nursing care
- Patient and service user experience.

5.6 A template has been provided to assist with the development of the ITF Plan and national conditions have been defined to include:

- Plans to be jointly agreed
- Protection for social care services
- 7 day services at weekends
- Improved data sharing including being specifically based on the NHS number
- Joint approach to assessment and care planning
- Agreement on the impact of changes in the acute sector.

5.7 The national fund equates to £3.8bn pooled budget which is likely to mean £24m for Sunderland and will be created from:

Core NHS funding and funding composed of:

- Carers Breaks
- CCG Reablement funding
- Capital funding e.g. Disabled Facilities Grant
- Existing transfer from health to social care
- Additional transfer from the NHS to social care

5.8 Sunderland health transfer to social care in 2013/14 will be £5,611,337 allocated specifically for the provision of a range of agreed services.

5.9 Sunderland is likely to be allocated an additional £1.26m of the additional transfer from the NHS to social care in 2014/15 and the full £24m for the ITF from 2015/16.

5.10 While further national guidance is promised in December 2103, it is essential that work continues to progress and indeed is accelerated where necessary to gain the momentum necessary for success.

6. RECOMMENDATIONS

The Health and Wellbeing Board is asked to agree:

6.1 to the vision for integration

6.2 the establishment of an Integration Programme Board

6.3 that the Board establishes an overall Integration Plan and reviews and co-ordinates the various current activity as outlined in section 4 of this report

6.4 to the establishment of the Joint Commissioning Unit

6.5 the Commissioning Unit develops the ITF Plan (outlined in Appendix 1)

6.6 that a further report is received in January setting out progress and presents a draft ITF plan

7. AUTHORS

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November 2013

Appendix 1
Process For Developing the Joint Plan to Access The Integration Transformation Fund

Action	**Lead**	**Timescale**
Circulate the proposals for a joint commissioning unit for consideration/agreement between the CO (CCG) and Executive Director(LA) with the aim of operating in shadow form ASAP	Executive Director People Services/ Chief Officer CCG	**ASAP**
Build on the mapping of the 13/14 health transfer to social care to include all other services supported by the current budgets which will move into the ITF	Lead Officer for integrated health and social care in the joint commissioning unit.	**November 2103**
Present full current spend against proposed ITF to the joint meeting of CCG Directors and LA Head of Integrated Commissioning	Lead Commissioners, Sunderland City Council & Clinical Commissioning Group	**11th November 2013**
Set out Joint Priorities for transformational change from both CCG and LA for discussion at the November Joint Commissioning Programme Board	Lead Officers, Sunderland City Council & Clinical Commissioning Group	**11th November 2013**
Development Session for the Joint Commissioning Programme Board and the Unscheduled Care Programme Board (including the Area Team and Providers) to review the potential joint priorities *and compare to the list of* existing spend/services under the ITF and conclude the scope of the ITF Plan.	Lead Commissioners, Sunderland City Council & Clinical Commissioning Group	**December 2013 – date tbc**
Compile detail required to complete the IFT Template linked to the agreed joint priorities/joint schemes	Lead Officers, Sunderland City Council & Clinical Commissioning Group	**January 2014**
Submit the joint Plan	HWBB	**15th February 2014**.

NOTE: Update the Health and Wellbeing Board at its formal bi monthly meetings and the bi monthly HWBB Development Sessions so that the HWBB are aware of progress and are able to comment from November 2013. Draft plan to be presented at its January meeting and sign off the final plan at its February Development meeting.

Item No. 7

SUNDERLAND HEALTH AND WELLBEING BOARD 25 November 2013

WINTER PREPAREDNESS AND ASSURANCE UPDATE 2013/14

Report of David Gallagher, Chief Officer NHS Sunderland CCG

1. Purpose of the Report

To provide an update on the work carried out by the Sunderland Unscheduled Care Board on the review of provider winter plans in respect of preparing the whole system for winter 2013/14.

2. Background

Each year, winter brings a number of challenges that affect the NHS around service delivery. Increased urgent activity, flow of patients through the urgent and intermediate care system, severe weather, Norovirus and festive holidays all place increased pressure on the health and social care system and often coincide, which significantly increases the burden on services.

In order to mitigate the risks and pressures, providers are required to produce a Winter Plan to ensure proactive management of patient pathways during times of pressure e.g. maintaining flow, facilitating safe and timely discharge and, for acute providers, make efficient use of inpatient capacity.

As this is the first winter for the new commissioning system, with new relationships and newly formed Urgent/Unscheduled Care Boards, it is important that the whole health system is prepared for winter in 2013/14.

NHS England Area Teams have been asked to facilitate the winter planning process across health communities by working in partnership with CCGs, providers and local authorities to ensure that reporting and escalation processes are robust. As part of this process, the Unscheduled Care Programme Board is required to review winter plans and provide system wide assurance to the Area Team regarding integrity of plans and processes.

3. Assurance Process

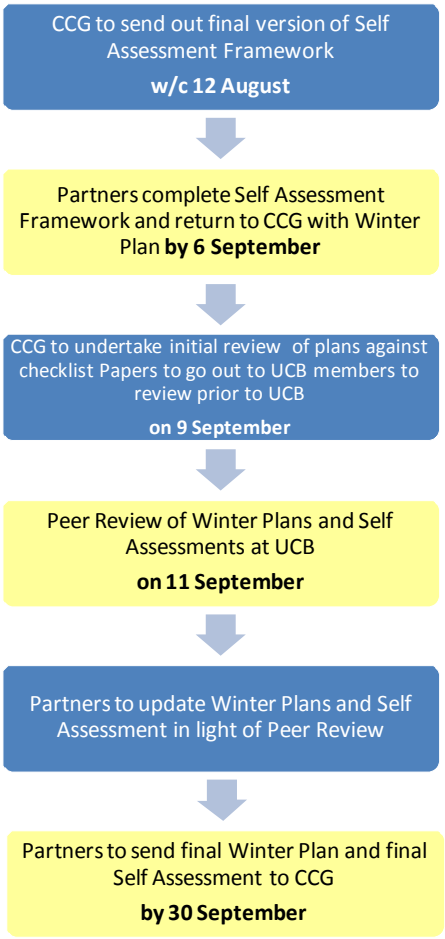
Area Teams are asked to facilitate an assurance process of Urgent/Unscheduled Care Boards in respect of winter preparedness and complete an assurance template. Once Area Teams have collated the assurance from each Board, the Regional Team is responsible for providing a regional overview which is aimed to provide assurance to the National Support Team. A national timetable has been shared which is as follows:

Date	Action	Responsible
30 August 13	Final Winter Checklist shared with CCGs / Urgent Care Boards	NHS England North
30 August 13	Final Assurance Template agreed with Area Teams	NHS England North
	Resilience Table top exercises to be completed	CCG / Area Teams
30 September 13	Winter Capacity and escalation plans signed off by Urgent Care Boards	CCG
	Refreshed UCB Assurance	CCG / Area Team
15 October 2013	Area Team Peer Review of Assurance Process	Area Team & ECIST
18 October 13	Winter Capacity and escalation plans agreed with area teams	Area Teams
21 October 13	Final Area Team Assurance Template to Region	Area Teams
1 November 13	Moderation of Assurance Plans Complete?	NHS England North
November 13	Winter Assurance shared with NHS England Centre	NHS England North

A range of checklists and supporting documentation were provided by NHS England to allow Urgent/Unscheduled Care Boards to review winter plans against set criteria. These checklists were not mandatory for CCGs, but it was agreed by the Sunderland Unscheduled Care Programme Board (UCPB) that these should be used in order to assess winter plans and to ensure consistency so that system wide assurance can be gained.

Due to national timescales (detailed above), a local timetable was produced to ensure that the UCPB could carry out the peer review of winter plans and provide system wide assurance by 30th September 2013.Due to the timing of the national process, Providers highlighted very early on that only draft winter plans could be shared, as plans still had to be ratified by respective Executive/Governing Bodies.

The local timetable was agreed and is as follows:



Consequently, Providers were asked to share draft winter plans and complete the self-assessment checklist. This submission would be used to produce a consolidated checklist which would inform the UCPB of any risks across the healthcare system.

The following providers shared winter plans and completed the self-assessment checklist:

- City Hospitals Sunderland NHS Foundation Trust (CHS)
- South Tyneside NHS Foundation Trust (Community Services) (STFT)
- Northumberland, Tyne and Wear NHS Foundation Trust (NTW)
- Sunderland City Council
- North East Ambulance Service NHS Foundation Trust (NEAS)
- Primecare
- Gateshead Health NHS Foundation Trust(in relation to the Intermediate Care Assessment and Rehabilitation Unit (ICAR) at Houghton Primary Care Centre)

An extraordinary UCPB was called to allow providers and board members to peer review each organisation's winter plan and self-assessment checklist. This process

allowed Providers to detail the content of their respective plans and allowed partner agencies to seek clarity regarding any issues/interdependencies identified. Consequently the UCPB was able to provide "qualified" assurance with regard to the content and integrity of all key stakeholder plans.

The completed provider checklist can be found in Appendix One for all the organisations identified above.

4. Peer Review Process

After peer review of winter plans and the self assessment checklists, a number of specific gaps were identified and subsequent Provider actions were agreed to mitigate them. A narrative of the peer review for each provider can be found in Appendix Two, along with provider specific actions.

As part of the overall assurance process, the UCPB was also required to produce an additional checklist for the Area Team, detailed below is the checklist for "system-wide" assurance;

Area for Assurance	Example Criteria	Status	Comments
Review	Reviewed and learnt lessons from Winter 2012/13	Assured	All winter plans detail lessons learnt from winter 2012/13. Providers have reported that a number of kaizen's have taken place to develop system wide improvement
Risk Management	Identification of risks and mitigating actions	Assured	Peer review of Winter Plans complete and number of actions agreed. Winter Funds process in place to review bids and fund specific gaps in service
Governance	Identification of individuals	Assured	

	responsible for overseeing operational response to surge and winter pressures		
Partnership Working	Stakeholder identification and clear roles in UCB and stakeholder alignment	Assured	Unscheduled Care Board in place with agreed ToR
Safety	Do plans uphold recommendations in Francis report and understand when patient safety can be compromised and identifying mitigating actions	Assured	
Monitoring and Communication	Named executive leads for each organisation for escalation and are there good communication plans including metrics across the system to monitor pressures	Assured	All winter plans detail operational leads and levels of escalation
Plan Alignment	Has peer review taken place and are plans aligned?	Assured	Detailed peer review process and checklists completed by members of the UCB Gaps clearly identified and actions ongoing to mitigate risks
Demand and Capacity Analysis	Detailed analysis of previous winters taken place and predictive modelling techniques in place. Planned activity profiling.	Assured	Winter plans detail analysis and providers have demonstrated use of predictive modelling across the health economy to identify points of surge, high risk patients and need

			to re-profile elective activity etc
Escalation	Are there system wide triggers and a consistent approach across all stakeholders? Agreed process for de-escalation and clarity around stakeholders role in the system	Assured	Sunderland City Council and CHS aligned in terms of triggers and escalation.
Finance	Have organisations agreed contingency funds for additional pressures and has local analysis taken place on previously funded winter schemes. Use of the 70/30 marginal rate monies.	Assured	70/30 marginal rate not applicable for Sunderland. Winter Funds in place and process for agreeing schemes in place.
Links to Other Policies	Are links to other policies up to date and have they been tested and are in use? Plans such as cold weather, flu vaccinations and contingency plans.	Assured	Detailed peer review process and checklists completed by members of the UCB

In terms of providing additional rigour to the assurance process "up the chain" a desktop exercise was convened across the North East. This exercise brought together Providers in relevant "footprints" (e.g. Sunderland, South Tyneside and Durham) to test out escalation processes and the inter-agency response to "surge" scenarios. This exercise provided additional assurance that the agreed plans dovetailed and also formed the basis of some additional actions to further improve resilience.

5. Escalation and Reporting

There are two complimentary escalation frameworks in place within the Sunderland Health Economy. The first is for health and social care as a whole (i.e. the North East Escalation Protocol (NEEP)) which is in use across the region. The second is local to Sunderland and is aimed at providing additional intelligence from across Primary Care to support other frontline services in their planning for surge.

Appendix 3 details the escalation frameworks for the North East and Primary Care in Sunderland.

The North East Commissioning Support Unit (NECS) will be providing operational winter management support throughout winter to ensure coordination across the health economy. NECS will coordinate the reporting of daily SitRep information, facilitating teleconferencing between providers, CCGs and Area Teams and will also liaising with providers to ensure compliance with winter plans and winter escalation frameworks. They will also monitor system wide surge and escalation and facilitate discussions with stakeholders including the CCG throughout periods of escalation and de-escalation.

Foundation Trusts are statutorily responsible for submitting a daily SitRep nationally which will be reported each weekday for the previous day. Daily SitRep commences 4th November 2013 with the first report being available 5th November 2013 with the following information reported:

- A&E Closures
- A&E Diverts
- Trolley Waits
- Cancelled Operations
- Critical Care Transfers
- Ambulance Delays
- Bed Availability and Occupancy
- Number of beds closed due to D&V
- Delayed discharges

As well as daily SitRep, providers will also be reporting a NEEP level and both of these will be made available to stakeholders via a secure website. Generic organisation accounts have been requested and are in the process of being created in order to facilitate discussions between providers and stakeholders.

Teleconferencing will take place at different points during escalation with weekly calls taking place between Providers, CCGs and the Area Team on a weekly basis during NEEP levels 1 and 2. The regional escalation plan dictates that if providers are at NEEP 3, CCGs are required to have daily teleconferences with the Area Team.

There are no formal reporting requirements of non foundation trusts but other stakeholders such as Local Authorities are encouraged to report by exception during times or pressure. Winter 2013 will see for the first time in Sunderland the reporting of pressures in Primary Care via a Local Enhanced Service (LES) using the escalation levels detailed previously. Each day, a report will be produced at Locality

and CCG level such that the CCG and wider health economy may understand the pressures that are being experienced in primary care and where possible, prepare for them accordingly.

6. Winter Pressures Fund

During the winter preparedness assurance and peer review process, providers were asked to provide the details of any services which could be funded from the winter pressures fund which could make an impact during winter 2013/14. Due to the tight timescales a pragmatic review process was put in place in order to ensure that schemes could be mobilised quickly. Bids totalling £2.4m (including funding of Pallion) were approved via the CCG Executive in October were as follows:

Organisation	Proposal
South Tyneside NHS FT	Ambulatory care - urgent care team to work across divisions as appropriate
South Tyneside NHS FT	Expansion of specialist palliative care OOH nursing services across the patient pathway to facilitate face to face 7 day assessment
City Hospitals Sunderland NHS FT	Bid 1 - To provide therapy services to winter escalation beds. 15 beds on D40 & 15 beds on C32 Bid 2 – To provide a weekend Physiotherapy service
City Hospitals Sunderland NHS FT	Bid 1 - Additional pharmacy staff to support discharges over the weekend Bid 2 – To provide therapy provision to the escalation beds
City Hospitals Sunderland NHS FT	REM/ Patient access & discharge. Increase capacity of the FCNU as part of CHS winter plan
City Hospitals Sunderland NHS FT	Escalation bed nursing resource – to provide additional bed capacity to meet surge demand
City Hospitals Sunderland NHS FT	Provide 2 social workers on Saturday and Sunday to bring forward MSW assessment and facilitate weekend discharge.
East Locality (Sunderland	Provide GP OOH service – Increase access to primary care in

CCG)	the East locality to: • Reduce emergency admissions • Support the achievement of A&E 4 hour waits • Reduce emergency readmissions
North East Ambulance Service NHS FT	Additional Double Crewed Stretcher vehicle for winter
North East Ambulance Service NHS FT	Additional single crewed multi purpose vehicle for winter
North East Ambulance Service NHS FT	Dedicated End of Life Care and Mental Health Transport
North East Ambulance Service NHS FT	Injury and Illness Pathways (Green Man) – Refresh of the injuries and illness pathways and aligning with the Directory of Services to maximise the use of alternative pathways in Sunderland
North East Ambulance Service NHS FT	Medical Advisory Service to allow paramedics attending the scene of emergency incidents to hold video consultations with GPs via mobile communication devices
Sunderland CCG	Primary Care Daily Sitrep Reporting – Local Enhanced Service to provide a daily Sitrep position for each practice such that the CCG and wider health economy may understand pressures in primary care and potential impact on other services.

Various work streams relating to the development and implementation of Pallion were also funded via the Winter Fund.

7. Conclusion and Recommendations

In Summary, the Sunderland UCPB has undertaken a robust and detailed peer review process of winter plans and has agreed to fund a number of schemes which will come on line during winter to help manage surge. Therefore, the Sunderland UCPB can provide full assurance around the preparedness of the urgent care system in Sunderland to manage winter and surge.

The Health and Wellbeing Board is asked to note the contents of this paper.

Appendix 1

Completed Self Assessment – Provider Specific

	Assurance Check	Acute Y/N	Community Y/N	LA Y/N	Ambulance Y/N	OOH Y/N	MH Y/N	ICAR Y/N
Review	Has the organisation reviewed last winter and incorporated any lessons learned into the 13/14 winter plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Business Continuity	Are risks to business continuity over the winter period clearly identified with mitigating actions in place?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Are robust arrangements in place to cover the Christmas/New year period?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Are there contingency plans are in place to maintain performance of services during extreme weather?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Are there contingency plans are in place to address staff shortages relating to outbreaks in infection or related to poor weather (e.g. school closures, transport disruption)?	Yes	Yes	Yes	No	Yes	Yes	Yes
	Does the organisation have a coordinated pro-active campaign for flu vaccination of staff with arrangements in place to ensure high uptake?	Yes	Yes	Yes	Yes	No	Yes	Yes
Capacity & Demand	Has expected service capacity and demand been reviewed using predictive tools and systems?	Yes	Yes	Yes	Yes	Yes	No	Yes
	Are planned levels of capacity is sufficient to meet forecast demand for the winter period?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Is there sufficient overall capacity for both average local winter increases in activity and higher than usual winter increases in activity?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Has elective activity been profiled across the week in line with expected A&E peaks? (e.g not front loaded at the start of the week)	Yes	Yes	Yes	No	Yes	No	No
Demand management	Do residents in Care Homes have care plans and are there agreed processes in place to avoid admissions?	No	Yes	Yes	No	No	Yes	No
	Has adequate training and support is provided to Care Home staff around looking after patients with flu, and infectious diseases (e.g. norovirus)?	No	Yes	Yes	No	No	Yes	No
	Have vulnerable people been identified and is support available to look after them in their own home?	No	Yes	Yes	No		Yes	No
	Have high risk patients for admission been identified in the community and are support services in place to provide treatment outside of hospital (e.g. respiratory patients)?	No	Yes	No	No		No	No
	Are effective arrangements in place to liaise with and support Care Homes to avoid hospital admissions?	No	Yes	Yes	No	Yes	No	No
	Are arrangements are in place to support patients using home oxygen?	Yes	Yes	No	No	Yes	No	Yes
	Are there robust plans are in place to ensure at risk patient groups receive flu vaccinations?	No	Yes	Yes	No	No	Yes	No
Flex Capacity	Are contingency plans in place to flex capacity/staffing as required to meet peaks and troughs of unscheduled demand?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Are arrangements in place to ensure the availability of additional staffing resources that can work flexibly across disciplines to	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Do plans include flex for diagnostic services and the reporting of results?	Yes	Yes	Yes	No	No	No	No
	Is rapid response available in A&Es 24/7 to support mental health patients?	Yes	No	Yes	No	No	Yes	No
	Is there enhanced out of hours cover during winter?	Yes		Yes	Yes	Yes	No	No
	Is there a defined process to coordinate patient discharge across partners?	Yes	Yes	Yes	No	No	Yes	Yes
	Is appropriate/timely support for the discharge of patients from hospital available?	Yes	Yes	Yes	Yes	No	Yes	Yes
	Are plans in place to allow the discharge of patients over the weekend and festive holiday period?	Yes	Yes	Yes	Yes	No	Yes	Yes
	Are protocols in place to ensure rapid turnaround of ambulances at hospital sites? (for emergencies coming in and discharges home)	Yes	Yes	No	Yes	No	No	No
	Is there an agreed mechanism between health and social care for the quick resolution of any issues arising from agreeing care packages?	Yes	No	Yes	No	No	Yes	Yes
	Have discharge transport arrangements been agreed with each hospital?	Yes	No	No	No	No	Yes	Yes
Escalation	Have escalation trigger levels, actions and responsibilities been clearly defined?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Have escalation trigger levels, actions and responsibilities been shared with key clinical and managerial staff within the organisation and partners, and is there a common understanding of what they entail?	Yes		Yes	Yes	Yes	Yes	Yes
Monitoring and Communication	Are there internal communication plans to ensure staff and the public are fully informed on the preparations for winter?	Yes	Yes	Yes	Yes	No	Yes	Yes
	Are there defined metric to monitor pressure levels and clear communication routes to share this information both internally and with partner organisations?	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Please note that any items flagged as No or are unanswered are either not applicable and/or actions have been included within the original document to mitigate risks.

Appendix 2

Peer Review of Winter Plans and Checklist

Provider	Assurance Check	Response	Other Comments	Actions
CHS NHS FT	• Has the expected service capacity and demand been reviewed using predictive tools and systems • Extra clarity around additional beds needed as measures in place to minimise the need for additional beds in community and need to encourage use of Intermediate Care Assessment and Rehabilitation Unit • Further work needs to be done around Pallion and need to review operational plan • Query around original assessment of use of Risk Stratification tools. AH stated that this is being used but not included within the checklist and will be updated • No reference to the Readmissions Avoidance Team which is being worked through now. Likely that this team will bring significant benefits and need to reference it within the winter plan to provide greater assurance	• The modelling has been done as part of CHS Business continuity planning	• CCG need to fully understand rationale for the need to open additional beds in Farmborough Court, , given recent initiatives and other resources in the community • Panel requires assurance around acute beds • Need to remember there is additional capacity in Intermediate Care Assessment and Rehabilitation Unit and discussions have already taken place regarding the potential for ICAR to flex capacity	• Anna Hargrave to make amendments to checklist and plan updating the CCG accordingly • Outputs of RPIW need to be shared
STFT	• Is there enhanced out of hours cover during winter • Have escalation trigger	• Internal session to conclude	• Narrative required for the capacity	• Marie Herring to amend

	levels, actions and responsibilities been shared with key clinical and managerial staff within the organisation and partners, and is there a common understanding of what they entail	plans 19.09.13	and demand • Need narrative regarding care homes in Sunderland • A meeting is planned outside of this meeting to discuss urgent care provision during reconfiguration of services (CHS/Pallion/ Primecare/Grindon Lane) • Historically STFT have never been in a situation to escalate thus using their winter plan	paper/checklist and update CCG according ly
Sunderl and City Council	• Has the expected service capacity and demand been reviewed using predictive tools and systems • Has elective activity been profiled across the week in line with expected A&E peaks? • Are there robust plans in place to ensure at risk patient groups receive flu vaccination	• No capacity and demand tool used however policies and procedures are in place and are flexible • Triggers and surge in place • CHS & LA to agree forms of words re: predictive rush and elective activity • 111 will trigger any issues with primary care capacity • Outputs of RPIW needs	• Looking at implementing 'weekly snapshot' • Social worker on site during the week and weekends, otherwise on call as usual	• Dave Young to amend checklist and update CCG according ly

		to be shared • Flu campaign to clients and providers		
NEAS NHS FT	• Are risks to business continuity over winter period clearly identified with mitigating actions in place • Are robust arrangements in place to cover the Christmas/ New Year period • Are there contingency plans in place to maintain performance of services during extreme weather • Are there contingency plans are in place to address staff shortages relating to outbreaks in infection or related to poor weather • Has elective activity been profiled across the week in line with expected A&E peaks • Do residents in Care Homes have plans and are there agreed processes in place to avoid admissions • Has adequate training and support provided to Care Homes staff around looking after patients with flu and infectious diseases • Have vulnerable people been identified and is support available to look after them in their own home • Have high risk patients for admission been identified in the community and are support services in place to provide treatment outside of hospital • Are effective	• Need update on version 8 on winter Plan • Business plan is 'light' but is under review next week • Elective activity – N/A • Care home training successful (QRG) • Safeguarding process in place and is currently under review	• Defined process to coordinate patient transport • NEAS staff trained to request care plans • Refresh 'Green Man' (ICAR/Pallion/ Socal Care Services/CHS 'on call' consultant) • Special notes for vulnerable patients • Social Service problems with transport for mental health patients. Social Service Staff tied up with patient until transport arrives • CHS establishing 'on cal' consultant for NEAS crews – Link into ambulatory care • Wider discussions are needed re: 'Place of safety' • Require something 'non-	• Jo Baxter to update plan and checklist, updating CCG according ly

	arrangements in place to liaise with and support Care Homes to avoid hospital admissions • Are arrangements in place to support patients using home oxygen • Are there robust plans in place to ensure at risk patient groups receive flu vaccination • Do plans include flex for diagnostic services and the reporting of results • Is rapid response available in A&E 24/7 to support mental health patients • Is there a defined process to coordinate patient discharge across partners • Is there agreed mechanism between health and social care for the quick resolution of any issues arising from agreeing care packages • Have discharge treatment arrangements been agreed with each hospital		recurrently' to get over winter • Transport issues across the board • Discussions with NEAS and police • Provider to have adequate transport arrangements in place – surge activity	
GP OOH	• Have vulnerable people been identified and is support available to look after them in their own home • Have high risk patients for admission been identified in the community and are support services in place to provide treatment outside of hospital	• Safeguarding policies are in place	• Primecare ongoing problems with ICE system. Responding to blood results with no patient contact details (telephone number). Communication with the FT is used as an alternative source of patient information. • Primecare good working	• No actions for Primecare, plan complete.

			relationships with STFT	
NTW	• Is there enhanced out of hours cover during winter • Have discharge transport arrangements been agreed with each hospital	• On call systems invoke additional staffing as appropriate if required as part of contingency planning • Transport arrangements not applicable – would use taxi's	• Nothing specific commissioned for patient transport • 'Clinical Hub' – fast response may be required but not necessarily requires a paramedic	•
ICAR	• Has adequate training and support is provided to Care Home staff looking after patients with flu, and infectious diseases • Have vulnerable people been identified and is support available to look after them in their own home • Have high risk patients for admission been identified in the community and are support services in place to provide treatment outside of hospital • Are there robust plans in place to ensure at risk patient groups receive flu vaccinations • Do plans include flex for diagnostic services and the reporting of results	• The 'reds' have been declared as non-applicable – therefore change to green		No actions from checklist; still awaiting GHFT winter plan overall

Appendix 3

North East and Primary Care Escalation Framework

Health and Social Care

North East Escalation Plan (NEEP) Framework		
Level	**Trigger**	**Description**
NEEP 1	Normal Service (White)	NHS organisations are operating at 'normal service'.
NEEP 2	Concern (Green)	Evidence of increasing activity or poor weather which is challenging services.
NEEP 3	Pressure (Amber)	- Activity is placing real pressure on organisations. - Deterioration in weather conditions.
NEEP 4	Severe Pressure (Red)	- Evidence of significantly increased activity which is placing severe pressure on services. - Actions taken at NEEP level 3 have not reduced pressure. - Extended period of severe weather.
NEEP 5	Critical (Purple)	- Extreme activity within the North East is having a critical impact on NHS services across the region. - Actions taken at NEEP level 4 have not reduced pressure on organisations. - Severe weather disruption.
NEEP 6	Potential Service Failure (Black)	The impact of very significantly increased activity is placing severe pressure on organisations.

Primary Care

Level	Trigger	Description
Normal (1)	Normal Service	- No pressure - Meeting targets - Routine planned clinics
Green (2)	Concern	- Normal for season - Available appointments - Flu incidence although normal seasonal rate
Amber (3)	Pressure	- Increased number of requests for appointments beyond expectation for season but practice coping - 25% increased number of request for home visits and/or for urgent appointments - Flu incidence above normal seasonal rate
Red (4)	Severe Pressure	- Demand outstripping availability of appointments - Reduced services available due to staff shortages - 50% increased number of request for home visits and/or for urgent appointments

		- Flu rates exceptional
Purple (5)	Critical	- Unable to meet demand
Black (6)	Potential Service Failure	- Unable to provide service

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Sunderland CCG

Our journey so far….

2012/13-2016/17

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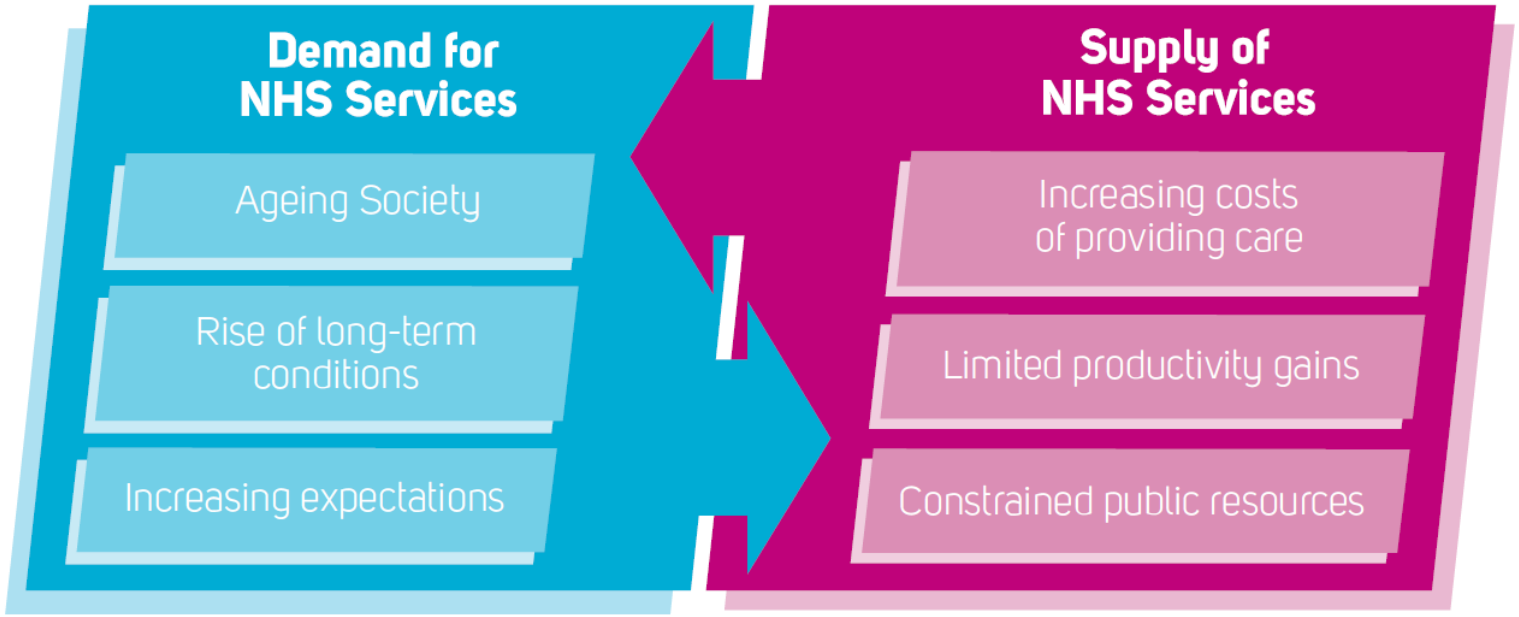
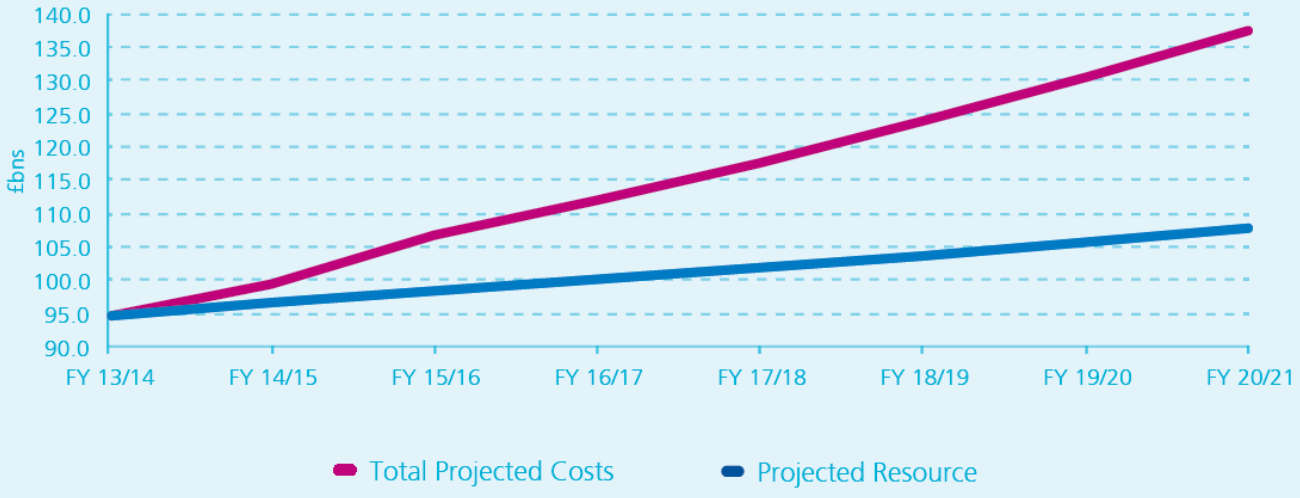
Introduction

- 5 year plan from 2012-2017
- NHS Call to Action
- Now in 2nd year of Plan – revisiting our strategic objectives – your views
- Update on how far we have come and where we are now
- Challenges ahead
- Priorities for 14/15 & 15/16 – your views

Future pressures on the health service



Projected resource vs. Projected spending requirements



Source: NHS England

Fundamental Review of Allocations Policy
2013/14 Allocations & Indicative Targets

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CCG	13/14 Allocation £.000	13/14 Target £.000	D.F.T £.000	D.F.T %.	13/14 £ Head	13/14 Target per Head	Target Share of National Cake
South East Hants	210,343	244,570	(34,227)	(13.99%)	1.006	1.170	
Dorset	896,682	964,520	(67,838)	(7.03%)	1.169	1.258	
Gateshead	280,751	259,441	21,310	8.21%	1.361	1.257	
Newcastle N & E	170,135	165,320	4,815	2.91%	1.133	1.101	
Newcastle West	179,457	168,994	10,463	6.19%	1.377	1.296	
South Tyneside	222,276	203,122	19,154	9.43%	1.438	1.314	
Sunderland	**408,290**	**366,602**	**41,688**	**11.37%**	**1.434**	**1.288**	**0.578%**
North Tyneside	281,507	269,568	11,939	4.43%	1.309	1.254	
Cumbria	692,122	629,787	62,335	9.90%	1.317	1.199	
Northumberland	409,740	402,645	7,095	1.76%	1.275	1.253	0.635%
West London	329,236	240,485	88,751	36.91%	1.461	1.067	

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CPM BEST BET! With P.O.C.	PLANNING ASSUMPTIONS FOR CCG 3/5 YEAR FINANCIAL STRATEGIES				
VER 20	2013/14 %	2014/15 %	2015/16 %	2016/17 %	2017/18 %
CCG Allocation Uplifts	**2.30**	**2.00**	**1.50**	**1.50**	**1.50**
PACE OF CHANGE ADJ		-1.50	-1.00	-1.00	-1.00
TARIFF					
General Uplift	2.84	2.40	2.75	2.75	2.75
CQUIN Increase	0.00	0.00	0.00	0.00	0.00
Tariff Efficiency	-4.00	-4.00	-4.00	-4.00	-4.00
Net Tariff Impact	**-1.16**	**-1.60**	**-1.25**	**-1.25**	**-1.25**
Prescribing Uplift	4.00	4.00	4.00	4.00	4.00
Prescribing Efficiency	-4.00	-4.00	-4.00	-4.00	-4.00
Net Prescribing Impact	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

<-------within current CSR-------> <-- new SR----> <-----New Gov to Decide----------->

We are aware the new Government agreed to honour the existing spending commitments for the NHS outlined within the last Comprensive Spending Review (CSR). There is 1 more year left of the CSR i.e. 2014/15. The published plans for the CSR have NHS growth 2.7% in 14/15. As a consequence of this I have factored an assumed 2% average growth for 14/15 however this is shown as being reduced by 1.5% due to Sunderlands DFT on the new PBRA formula. The new SR gives health a 1.94% increase hence an assumption of average CCG growth of 1.5% mitigated by Sunderlands DFT. Allocations from 16/17

onwards will be for the new Gov to decide however an assumed health increase of 1.5% is factored into the plan.Tariff / efficiency for 14/15 is based upon the NHS Eng / Monitor consultation notice with similar levels fatored into remaining years.

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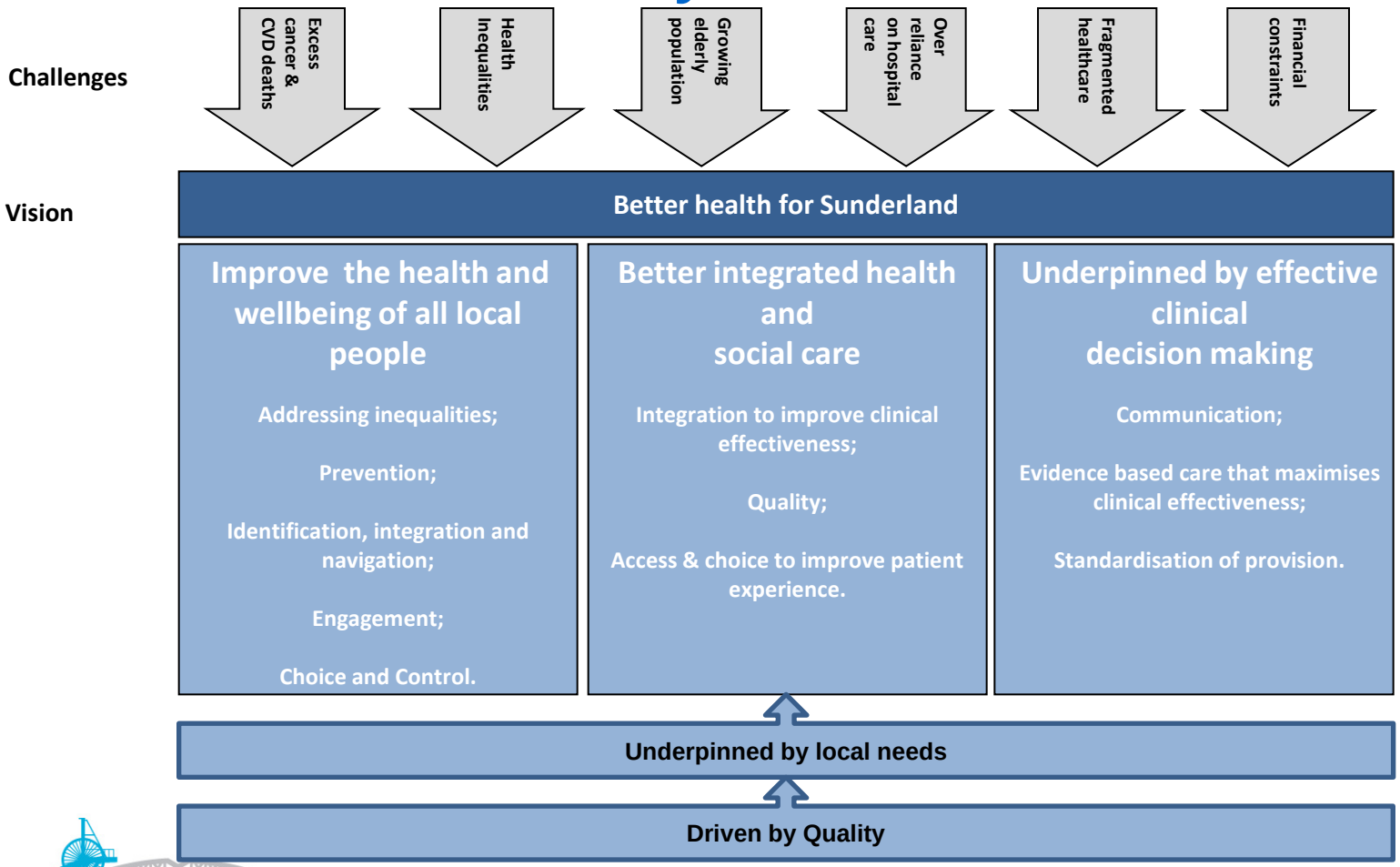
3 Goals – End state by 2016/17



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Our Strategic Objectives

Strategic Objective
Play an active role in the delivery of the health and wellbeing strategy
Every practice to optimise screening and early identification opportunities
Integrated tiered approach to mental health across the whole healthcare system
Integrated urgent care response, easily accessible at the appropriate level
Improve quality of care for long term conditions across the whole system
Provide more planned care closer to home
Facilitate every practice to systematically improve the quality of prescribing adhering to evidence based guidelines
Encourage every practice to operate to agreed standards and pathways – working collaboratively with partners

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Health and Wellbeing Strategy

Objective	Why?
Play an active role in the delivery of the health and wellbeing strategy.	Many determinants contribute to good health and well being – not only health services e.g. housing; education.

- All 6 Health and Wellbeing Strategy objectives link to what the CCG is trying to achieve;
- Two objectives are the same as CCG strategic objectives (Long Term conditions & Urgent Care);
- Work is driven through the Unscheduled care board.

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Urgent Care and Long Term Conditions

Objective	Why?
Integrated urgent care (UC) response, easily accessible at the appropriate level Improve quality of care for long term conditions (LTC) across the whole system	Higher than average Emergency Admissions (EAs) and Readmissions Higher 0-1 day length of stays for EAs and LTC Public confusion More people living longer with LTC Ageing population and over time unaffordable hospital use for people with long term conditions

Urgent Care and Long Term Conditions

Achieved so far	13/14 In Progress	Priorities going forward
	Enhanced GP service for Carers	Improve targeted services for specifically identified carers needs
Intermediate care (IC) single point of access	Extending IC single point of access	Extending IC single point of access
Public consultation on new Minor Injury Unit (MIU) and integrated A&E model	**Agreed model including GP out of hours service - undertaking procurement**	**Open Houghton MIU, Mobilise GP Led MIUs and A&E hub**
Piloted schemes to reduce emergency admissions e.g.: deep dive into mental health model in A&E	Piloted schemes to reduce emergency admissions e.g.: multi disciplinary pull hospital discharge scheme	Piloting further schemes to reduce emergency admissions
Successful GP in A&E pilot – will be part of new integrated A&E model.	Reviewing access to Primary care	? Outputs of access to primary care audit
	Agreed ambulatory care (ACP) pathway model with City Hospitals Sunderland FT(CHSFT) – need to implement	**Embed Ambulatory Care pathways**

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Urgent Care and Long Term Conditions

Achieved so far (UC/LTC)	13/14 In Progress	Priorities going forward
	Review of the intermediate care beds across the city	
	Integrated community teams in five localities	**Mobilise Integrated Teams**
	Piloting Improving healthcare in care homes in the coalfields locality – nursing and GP	Improving healthcare in care homes in all localities
	Improving Emergency admissions pathways as a result of primary care peer review e.g.: Deep vein Thrombosis, cellulitis	
		Review integration of 111 with urgent care system

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Mental Health

Objective	Why?
Integrated tiered approach to mental health across the whole healthcare system	Fragmented services Patient and referrer dissatisfaction Toxic culture Underdeveloped commissioning

Mental Health

Achieved so far	13/14 In Progress	Priorities going forward
Agreed tiered mental health model of care with all stakeholders including ageless services & points of access to pathways.	**Launch of mental health liaison in the general hospital.**	Extend mental health liaison across pathways
Delivered significant efficiencies through negotiation of contract	**Build new psychiatric hospitals – Hopewood Park & Monkwearmouth Centre for Dementia Care.**	**Mobilise new hospital and further reconfiguration of bed based services to support community developments**
		Friends and Family Test by Dec 2014
Established memory protection service	Embedding memory protection service and case finding for dementia	Development of dementia friendly community with partners.
Established psychological therapy and counselling service in primary care. (IAPT)	Further extend access to primary care mental health services for people with long term conditions.	Improve access and waiting times for primary care mental health services.
Established Initial Response Team for urgent mental health needs. Link to 111.	Further development of shared hub & call centre technology.	

Mental Health

Achieved so far	13/14 In Progress	Priorities going forward
Improved Tier 3 & Tier 4 Children & adolescent mental Health services	Improve Tier 2 (CAMHS) services	
Increased physical health checks for people with learning disabilities	**Increasing physical health checks for people with learning disabilities and severe mental health needs.**	
	Improving community mental health pathways to support better care out of hospital.	Improved community mental health pathways for all conditions.
Suicide prevention strategy and directory of wellbeing support	Extension of Health Champions training to include mental health needs.	Emotional health and wellbeing linked to public health initiative
	In light of Winterbourne View – reviewed and agreed care packages for patients out of area	

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Planned Care

Objective	Why?
Provide more planned care closer to home	Unsustainable levels of hospital activity. Patients not seen at right time or in right place Disjointed services Too much activity in hospital setting

Planned Care

Achieved so far	13/14 In Progress	Priorities going forward
	Agreed business case and procure services for people with acquired brain injury	Mobilise services for people with acquired brain injury
	Review and improve existing cardiac pathways including arrhythmia service	?
Developed and implemented 3 outpatient pathways	In process of agreeing 3 outpatient pathways for this year e.g. early arthritis, cardiology, urology	Peer review of pathways
	Developing an integrated musculoskeletal service e.g.: patients see right person, right place, first time) procure in 2014	**Procure and mobilise the integrated musculoskeletal service**
Delivered primary care in accordance with NICE (National institute for Care and Excellence) COPD(chronic obstructive pulmonary disease) standards e.g.: annual reviews	Delivered primary care in accordance with NICE COPD standards e.g. Extended COPD pulmonary rehabilitation service	Continue to increase capacity in pulmonary rehab and deliver assured spirometry
		Limited clinical value – work with localities to develop prior approval schemes
		Improved primary care response to Asthma to NICE quality standards

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Prescribing

Objective	Why?
Facilitate every practice to systematically improve the quality of prescribing adhering to evidence based guideline.	To ensure medicines used are clinically effective, safe and cost effective

Prescribing

Achieved so far	13/14 In Progress	Priorities going forward
Agreed new specification and procured new medicines management provider to ensure optimum use of medicines	**Developing the medicines management work plan for the new provider.**	**Development of more robust governance arrangements around medicines**
Increase in repeat dispensing	**Continue to increase repeat dispensing**	**Continue to increase repeat dispensing**
Rollout of prescribing guidelines	Rollout of prescribing guidelines	Monitoring of prescribing guidelines – to reduce HCAI
	Procure service to optimise medicines for vulnerable patients	Implementation of contract for vulnerable patients
	More involvement in the development of new pathways and patient safety agenda e.g. Healthcare associated infections (HCAI).	Continue involvement of prescribing in the development of new pathways and patient safety agenda
		Engagement of health care providers in CCG medicines optimisation strategy.

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Screening and Early Identification

Objective	Why?
Every Practice to optimise screening and early identification opportunities	Prevent people becoming ill wherever possible or where this cannot be prevented to initiate treatment as soon as possible

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Practice Standards

Objective	Why?
Encourage every practice to operate to agreed standards and pathways – working collaboratively with partners	To reduce variation To avoid inappropriate referrals and emergency admissions

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The NHS belongs to the people

A CALL TO ACTION

Key questions for discussion

1. Do these still feel like the right long term objectives?
2. Consider the initial priorities for 14/15 in the light of where we have come and where we want to be in 2016/17. Do you agree? Are any significant priorities missing?
3. What is the best way to engage with you?

Gateway Process

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- Process for service redesign;
- Preference to ideas which will help us to achieve our outcome aspirations;
- Two Stages – Project Brief >>>Business Case
- Reviewed at CCG Programme Board
- Contact PMO at sunccg.pmo@nhs.net

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A copy of this presentation is available on the SCCG website

www.sunderlandccg.nhs.uk/call-to-action

Item No. 9

SUNDERLAND HEALTH AND WELLBEING BOARD 22 November 2013

AREA HEALTH PILOTS - MEN'S CANCER

Report of the Head of Scrutiny and Area Arrangements

1. Purpose of the Report

1.1 To provide the Health and Well Being Board with a progress update on Health Pilots developed through Sunderland City Council's Area Committees.

2. Background

2.1 The Healthy City Investment Fund has existed for a number of years with funding being made available from both the PCT and the Council. The funding has in the past been used to make small grants available to the voluntary and community sector to support activities that are likely to have a positive impact on health outcomes.

2.2 In recognition that area based approaches to supporting the voluntary and community sector (VCS) result in a more inclusive approach, all 5 of Sunderland City Council's Area Committees agreed to both allocate and administer Healthy City Investment Fund during 2012/13 and in doing so work with Area VCS networks to develop approaches to support the halt in the decline in cancer mortality for men in Sunderland.

2.3 An allocation of £31,413 was made available to each Area Committee and projects were developed in order to:-

(a) Address the main lifestyle causes of cancer i.e. tobacco, alcohol and obesity; and to

(b) Promote awareness of the early signs and symptoms of cancer.

2.4 The Area Committees have worked alongside the Area Voluntary Community Sector (VCS) Networks in each of the 5 Regeneration Areas in the city in order to develop projects. Lead organisations and delivery partners were identified from the VCS Networks and Project Steering groups were established in each area in order to ensure the development and delivery of the projects.

3. Performance Update

3.1 All 5 Area projects were approved and delivering activity from January 2013 the following provides an update on progress in each area:-

Coalfields Well Men Partnership

3.2 To date the project has exceeded all targets. 1555 individuals have been engaged against a target of 400. There have been 17 awareness raising sessions held and a total of 1175 contacts have been made through promotional, indirect and third party contact. Nineteen individual organisations across the Coalfield area are participating in the project.

3.3 Washington Mind as the lead organisation chairs the Men's Health steering group meetings and monthly Men's Health network events and attends local area events where Men's Health promotional materials are disseminated. This includes monthly Wellbeing roadshows using Gentoo venues. Washington Mind has commissioned and organised Strategies for Crisis Intervention and Prevention (SCIP) Training at the Bethany Christian Centre, Houghton and ELCAP at Easington Lane. This training is available to frontline staff particularly those who have completed the Health Champions training to enable them to use their existing health knowledge more effectively. The target is for each participant to reach 20 contacts through their working role. This is monitored by Washington Mind.

3.4 Easington Lane Community Access Point (ELCAP) has taken the lead on the community engagement element of the project and using a community development approach has worked in partnership with local voluntary and community organisations via the VCS Network to engage men who would not normally participate in organised health events. This community approach was launched through the 'be loud' concert which engaged over 200 men interested and involved in Houghton Brass Band. Information packs were given out and men were encouraged to recognise and talk about the symptoms of bowel cancer. Other initiatives delivered to date include:

(a) Penshaw CA was supported to celebrate their 50th anniversary with a focus on men's health, using the community garden as a tool to engage families into healthy eating and cooking.

(b) An allotment promotion day was held at ELCAP to promote the benefits and advantages of both the physical activity of gardening, and the healthy options of using the grown produce. City Council allotments officers were on hand to give information and take names of those who would be interested in having an allotment. This links to another Coalfield area priority to improve the environment.

(c) An innovative approach to 'no smoking day' was taken, by working jointly with a men's hairdressers and a community pharmacist, based next door to each other on the Houghton Racecourse Estate. 'A Breath of Fresh Hair' gave free haircuts and free advice on smoking cessation. The City Council Street Scene team also took part by bringing a mechanical road sweeper to the estate and then showing the number of cigarette butts it had collected. This linked to the Coalfield area Love Where You Live project which is about improving and looking after the environment in your own neighbourhood. Thirteen young people signed up to the stop smoking service. As a result, Mr Singh, the pharmacist is working with

Kepier Academy who have identified issues within the school regarding young people and smoking.

(d) A community calendar for 2014 is being produced to showcase the work which has happened throughout 2013 and to give out health related messages each month during 2014.

(e) One of the successes within the project has been a skin cancer awareness programme. Factor fifty sun cream was promoted and provided at local events including “Fruity Friday” and “Strawberry and cream teas”, both using the sun cream as the ‘cream’ in their title. A wider audience such as pigeon owners, allotment holders and people playing outdoor sport were engaged.

(f) Other events and activities delivered with the assistance of the Capacity Fund are a Stoptober promotion at Houghton Co-op, Gentoo roadshows, Dubmire School family health and fun day, Kepier keeping fit, Houghton Pipe Band ‘Men and their Pipes’, Elemore banner group ‘Why & When’, Pottery for All, Burnside Dads & Kids and Bowling Weekend.

(g) The community calendar for 2014 will have messages for each of the months and will keep promoting the health message after the end of the project. ELCAP has secured a small amount of additional funding from Gentoo and East Durham Trust to establish a Men’s Cree (linked to the men’s shed project). There are 52 regular attendees at the project who will develop this further during 2014.

(h) Prostate Cancer UK has shown an interest in the project and they have agreed to provide a further £5,000 to continue the some of the work using the methods described above to get more men aware and engaged in their own health.

(i) Through the VCS Network, groups will be kept informed and updated of opportunities to become involved in further work around health improvement.

East Sunderland Health Consortia

3.5 The East Sunderland healthy consortium project was approved to run up until January 2014. The partners involved in project are FUSHIA, North East Community Solutions, North East Sports, Evolve, Sunderland MIND and Washington MIND. In addition to ‘Healthy Cities’ funding the project has also secured £65,312 of match funding.

3.6 Up until June 2013, 234 individuals have been engaged in the project. Activities delivered to date include:-

(a) Red Can (Reducing Cancer) – Delivered by Raich Carter, Fushia and Evolve.70 beneficiaries receive a free gym membership at Raich Carter in response to giving up smoking, alcohol and healthy eating to reduce obesity. Those participating can attend drop in sessions or take advantage

of the targeted work where there is a Personal Trainer and Health Advisor advice includes:-

(i) Targeting Smoking which offers specialist smoking cessation services within the centre, in group or one to one settings.

(ii) Targeting Alcohol Misuse offering specialist support via Youth Drug and Alcohol Project and FUSHIA trained staff to engage with adult male members of families who they know have connections to alcohol misuse, additionally regular health check events are to be hosted across the East.

(iii) Targeting obesity - offering full access to the Raich Carter Sports Centre (including Gym, Swim and Classes), access to health professionals offering individual advice and support (fitness plans and nutrition – subsidised healthy meals from Raich Carter Cafe) and access to GP Referral specialist provision.

(b) North East Community Solutions have been engaging with minority ethnic men living in the area to help them to change their lifestyle. The project will consist of two parts: Sport and awareness sessions and a Drop – in centre.

(c) North East Sports have launched a Dads and Lads club using 5-aside football as a tool for engaging male adults. Using sport as an intervention/participation tool.

(d) Sunderland MIND have delivered a range of different courses, which include 4Motivation courses, 4 Mind Your Mind programmes and 4 Coping with Life Courses on Anxiety. Depression, Assertiveness, Self Esteem and Anger.

(e) Certain aspects of the agreed programme have slipped and are currently under review. This includes the Grass Root Grant which was established for small groups to access to engage with the community and deliver small locally determine activity. As this has not been utilised it will be merged with the marketing budget and additional beneficiaries will be targeted.

(f) A small budget has also been identified to host a celebration event for the consortium, which will reflect on the work delivered and the impact made of the programme.

Men's Healthy Futures North

3.7 The North Project is coordinated by Washington Mind with SNCBC as a delivery partner with an essential and successful element of the project engaging with smaller VCS organisations through the development of initiatives funded through the North Capacity Funding Pot and delivered by local community groups.

3.8 To date 527 individuals have been engaged through the project, 8 awareness sessions held and 15 groups engaged. There have been 2461 indirect contacts achieved; they include individuals who will raise awareness with family members and friends. Key pieces of work delivered through the project to date include:

(a) The Ha'way man pledge project developed to encourage people to commit to specific health improvements and in doing so lead healthier lifestyles.

(b) Distribution of the Ha'way man promotional materials, cancer awareness and healthy lifestyle leaflets.

(c) Men's Health Network meetings have been held in the North and used as an opportunity to distribute monthly newsletters and promote healthy lifestyles.

(d) Promotional and engagement events have been held in Thompson Park, at Southwick Shopping Centre, Sunderland Airshow, Sunderland North Carers Centre, Sunderland University and at the Glass Centre as the starting point for Sunderland's recent Big Walk.

(e) First Clinical Contact has delivered two Strategies for Crisis Intervention and Prevention (SCIP) training sessions in the North.

(f) The Sunderland Wellbeing guide has been published which included a Men's Health Page. This was discussed and promoted via the North VCS Network.

(g) The North Capacity Funding Pot has been promoted through the North VCS Network and 12 projects have been delivered to date. Those projects include, Healthy by Nature Activities, Men in the Zone Cookery and Photography, Men's Healthy Cookery, Father and Sons Bike Project, Music Sessions, Football sessions and Snowboarding.

(h) Advice and guidance in relation to men's health been provided to individuals accessing back to work activities through SNCBC. This has been included as part of the wider advice and support package.

(i) Washington Mind host the www.wellbeinginfo.org.uk site which has a designated Men's Health area and the Men's Health Network is currently helping to develop this site further.

(j) The Men's Health Calendar for 2014 will be ready for distribution December 2013 with photos from across the North delivering the Men's Health message enabling the project to continue to promote the health messages for a further year.

Washington Well Men Partnership

3.9 The Washington Well Men Partnership Project has exceeded all targets. To date 1303individuals have been engaged, 12awareness raising sessions have been held, and over 4304'indirect' contacts have been achieved. Indirect contact includes individuals who will raise awareness with family members and friends.

3.10 Key pieces of work have included engaging Washington men through awareness sessions in the workplace, supermarkets, pubs, Gentoo housing offices, local medical centres, local bingo, local bowling alley, the Technogym at the Washington Millennium Centre and a local gym on Concord Front Street – this provided an opportunity to reach those individuals not previously engaged in health initiatives. Washington MIND Roadshows and the Men's Health Network activity has also contributed to reaching high numbers of men across the area. Work has included speaking to individuals about men's health issues and providing information, leaflets and signposting.

3.11 Targeted sessions have been held with Parent and Toddler groups, youth groups, and local football teams utilising the Washington Millennium Centre.

3.12 Cancer Research UK has joined the steering group and is sharing their experience and expertise. This has provided a large batch of information resources for the project to access which will support current activity.

3.13 The Capacity fund is available to all local organisations who can contribute to improving men's health in Washington by disseminating information, raising awareness of issues, supporting engagement with services or engaging in health based activity. The opportunity to apply for grants of up to £500 has been promoted via the VCS Network and other partner organisations. To date 9grants totalling £2237 have been awarded to projects such as 'Meet Eat and Garden', mountain biking, and 'Fit for Football'.

3.14 Washington Mind host the Men's Health Network and have coordinated the community element of the project to date we have reached more than 1300 males across Washington through our community development approach. This has included promoting the health message through Ha'way man promotional materials, cancer awareness and healthy lifestyle leaflets.

3.15 A web based campaign is shortly to be developed and an event is planned in December for all those who have been involved in the project

Tackling Men's Health in the West

3.16 Improving Men's Health in the West was a consortium approach and includes partners from, Pennywell Community Centre (lead organisation), the Tansy Centre FISCUS, Pennywell Residents Group, the Jubilee Centre, Unity, North East Community Solutions CIC, Washington Mind (on behalf of the Men's Health Network), SNCBC (on behalf of Thorney Close Action & Enterprise Centre). The partners within the consortium delivered individual projects as

well as supporting joint delivery within the consortium. To date the project has attracted £5,036 of match funding. Key pieces of work undertaken include:

(a) Smoking awareness and cessation programme's which have seen 30 men to date go through the smoking cessation programme.

(b) Delivering men's health and awareness sessions through Work Programme activity. Recruiting men involved in the Work Programme and encouraging their involvement in other activity in the area leading to healthy outcome. To date in excess of 300 men have engaged through this route.

(c) Targeted sessions for BME communities, delivering health and wellbeing sessions and sport and activity sessions. Additionally surveys have been undertaken and information gathered on health issues faced by targeted communities. Over 81 men have been engaged and 250 men surveyed. Some of the participants have gone on to join gymnasiums and activity sessions offered across the area.

(d) 30 men have participated in Cook Mechanics which provided participants with the opportunity to learn how to make healthy meals on a budget. Some participants have also gone on to engage in other Community activity including learning, education and employment activity.

(e) Health and Wealth sessions delivered in communities engaging 50+ individuals through dedicated sessions. The information used for those sessions has also been developed for a local Registered Social landlord to deliver shortened sessions to residents.

(f) Washington Mind and the Men's Health Steering Group have delivered 2 engagement events in the West. They plan to engage men from the area and divert them into funded activity to improve their health.

(g) Weekly sessions are being delivered which offer men the opportunity to meet and access healthy eating, diet, nutrition, health & wealth checks and exercise provision. 60 men have engaged with this activity to date.

4. Recommendations

4.1 The Health and Well Being Board are requested to:

(a) Accept the report as an interim update on how the projects are performing to date; and

(b) Agree to accept a future report once the projects are complete which includes an evaluation of activities and lessons learnt during the development and implementation of those projects.

Item No. 10

SUNDERLAND HEALTH AND WELLBEING BOARD 22 November 2013

HEALTH AND WELLBEING BOARD DEVELOPMENT SESSION AND FORWARD PLAN

Report of the Head of Strategy, Policy and Performance Management

1. PURPOSE OF THE REPORT

To inform the Board of the date and scope of the next development session, details of the closed sessions and the forward plan.

2. Next Development Session – Health and Social Care Integration

In line with the timetable agreed for the development of the plan for the Integration Transformation Fund, the next scheduled closed development session will be an update on the plan and discussion about the proposals contained within it.

This will replace the next planned session - Making the Links – Health and Economy.

The development session is to be held on **20th December, 12-2, Committee Room 1.**

3. HEALTH AND SOCIAL CARE INTEGRATION

Board members have also taken part in a closed Board session on the Health and Social Care Integration Fund.

Further closed Board sessions are to be arranged during the year to further discuss the topic and to debate the plan in advance of it coming to the full HWBB in January.

4. FORWARD PLAN

Health and Wellbeing Board Agenda - Forward Plan 2013 – 14			
	22nd Nov	**24th Jan**	**21st March**
Standing Items	• **Update from Advisory Groups (including 1st report of the provider forum)** • **Development Sessions Briefing**	• **Update from Advisory Groups** • **Development Sessions Briefing**	• **Update from Advisory Groups** • **Development Sessions Briefing**

Joint Working	**Funding Transfer from NHS England to social care 2013/14** **Unscheduled Care Board - winter planning** **JSNA update** **H&WB Strategy Action Planning**	**Health and Social Care Integration plan** **DPH Annual Report – Healthy City – Healthy Economy** **Autism Strategy**	**H&WB strategy – Action Plan** **HWB Forward Plan and Items for Advisory groups**
External Links	**Update on Council area health pilots (to include men's cancer, green spaces and people boards pilots)**	**Consultation on CYPP**	

5 RECOMMENDATIONS

The Board is recommended to

- note the next development session
- note the closed board session
- note the forward plan and suggest any additional topics