

SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 23 January 2015

MINUTES

Present: -

Councillor Mel Speding (in the Chair)	-	Sunderland City Council
Councillor Shirley Leadbitter	-	Sunderland City Council
Councillor Graeme Miller	-	Sunderland City Council
Councillor Pat Smith	-	Sunderland City Council
Neil Revely	-	Executive Director of People Services
Dave Gallagher	-	Chief Officer, Sunderland CCG
Dr Ian Pattison	-	Chair, Sunderland CCG
Dr Gerry McBride	-	Sunderland Clinical Commissioning Group
Gillian Gibson	-	Acting Director of Public Health
Ken Bremner	-	Sunderland Partnership
Kevin Morris	-	Healthwatch Sunderland

In Attendance:

Councillor Ronny Davison	-	Sunderland City Council
Julie Hodson	-	Gentoo Living
Kath Bailey	-	Locum Consultant in Public Health, Sunderland City Council
Sharon Lowes	-	Intelligence Lead, Sunderland City Council
Graeme Atkinson	-	Intelligence Lead, Sunderland City Council
Karen Graham	-	Office of the Chief Executive, Sunderland City Council
Gillian Kelly	-	Governance Services, Sunderland City Council

HW39. Apologies

Apologies for absence were received from Councillors Kelly and Watson and Christine Keen.

HW40. Declarations of Interest

There were no declarations of interest.

HW41. Minutes

The minutes of the meeting of the Health and Wellbeing Board held on 28 November 2014 were agreed as a correct record.

HW42. Feedback from Advisory Boards

Adults Partnership Board

Councillor Miller informed the Board that the Adults Partnership Board had met on 6 January 2015 and the main issues considered had been: -

- Alcohol Update
- Pharmaceutical Needs Assessment
- Care Act

Councillor Miller explained that the Adults Partnership Board had decided not to agree to the recommendation of the Alcohol Update report to establish a strategic alcohol steering group in the city as it was felt that there was little benefit in setting up another strategic group and this issue could be picked up in other partnerships.

Gillian Gibson advised that a North East declaration on alcohol was being developed by the Directors of Public Health and the Association of North East Councils (ANEC) and this may come to the Health and Wellbeing Board in due course.

The Executive Director of People Services stated that what was apparent was that there were some major costs to all parts of the city as a result of alcohol use, not just hospitals. Alcohol was an issue which straddled all areas and this had led the Adults Partnership Board to recommend that this should be dealt with as a citywide issue.

With regard to the Pharmaceutical Needs Assessment (PNA), Kath Bailey clarified that the work undertaken with pharmacies in the run up to Christmas had been a survey and not the formal consultation. This consultation had been opened earlier in January and would run for 60 days. Kevin Morris added that there were two consultations, one for the general public and the other for pharmacies themselves.

Kevin Morris also highlighted that Healthwatch had met with officers to discuss how they might be involved in the consultation on the Care Act.

Having considered the recommendations of the Adults Partnership Board, it was: -

RESOLVED that: -

- (i) alcohol be included in the emerging list of Health and Wellbeing Board priorities;
- (ii) the Health and Wellbeing Board use any powers available to lobby for minimum unit pricing regionally and nationally; and

- (iii) the Health and Wellbeing Board make representation to other strategic partnerships to ensure that alcohol issues were owned by all partnerships, as part of an 'asks and offers' process.

NHS Provider Forum

Ken Bremner informed the Board that the Provider Forum had met on 8 January 2015 and the main issues discussed had been: -

- Manpower
- Engagement Event
- Health and Wellbeing Board Assurance

Councillor Speding commented that the discussion around manpower had been extremely important and the group had looked at mechanisms for this to be brought to the attention of all boards.

It was suggested that Karen Graham liaise with the policy leads for the Economic and Education Leadership Boards. Karen highlighted that the Economic Leadership Board's Sector Growth Result Group had health skills within its remit and she would request that this was raised at the group.

Dave Gallagher asked if the Provider Forum had held a discussion about engagement with smaller services such as GPs and optometrists and Karen stated that the first engagement event would be large scale but this would help to get an idea about future events and the sectors to be targeted.

RESOLVED that: -

- (i) the feedback from the Provider Forum be noted; and
- (ii) the issue of manpower be taken to the Education and Economic Leadership Boards.

HW43. Update from the Integration and Transformation Board

The Board were informed that the Integration and Transformation Board had met on 6 January 2015.

Dave Gallagher reported that the Board had discussed the governance paper which had been considered by the Health and Wellbeing Board at its last meeting. This was moving forward and the new governance structure was being developed.

The NHS Five Year Forward View had provided an opportunity to look at models of care and there were various conversations taking place in the CCG and at other boards. It was intended for Sunderland to become a vanguard site for this initiative and it was felt that on balance, this opportunity should be taken as long as it was in line with the direction of travel. Further information had been expected in January but had not been received as yet.

The Integration and Transformation Board had felt that this would give an opportunity for further integration and would help to move further and faster with national support. A tentative expression of interest was to be submitted in February.

A report had been completed on the follow up to the Accelerated Solutions Event in June 2014. It had been pleasing to note that there was recognition that progress was being made and the report would be signed off and sent to all Health and Wellbeing Board Members and participants in the follow up event.

RESOLVED that the update be noted.

HW44. The Transfer of Funding from Health to Social Care in 2014/2015

The Executive Director of People Services and the Chief Officer, Sunderland Clinical Commissioning Group submitted a joint report outlining how adult social care funding for 2014/2015, transferred from NHS England to Sunderland City Council, would be used and the arrangements established to monitor the funding.

Board Members were reminded that in the past, funding to support adult social care had been transferred from PCTs to local authorities via an agreement under Section 256 of the 2006 NHS Act. Following the abolition of PCTs, new arrangements had been implemented which involved NHS England entering into an agreement with local authorities and administering the funding through NHS England Area Teams. A condition of the transfer of funds was for the Local Authority to agree with health partners how funding would best be used and for the Health and Wellbeing Board to approve the proposals prior to submission to NHS England.

The proposed health transfer to social care for 2014/2015 would be £7,185,647 and the allocation of funds to services was outlined in Appendix 1 to the report. These monies had been used in 2014/2015 to support the Council in meeting the increased demands placed on adult social care services within Sunderland and signalled early integration and positive working.

Dave Gallagher highlighted that it was unusual to agree the transfer for 2014/2015 in January of this year but there were systems being put in place for this to be agreed at the beginning of the financial year in future.

Ken Bremner asked if there was a requirement for this to be externally audited and was advised that this would be covered by the audits of each organisation and there would be an audit trail for both parts of the system.

Ken also expressed some concern about retrospectively approving the transfer of funds without definite figures being available. Dave Gallagher stated that numbers had been agreed by the teams going forward and this would be signed off as part of the Better Care Fund next year. Neil Revely added that the funding was ring-fenced and the process was almost a passporting exercise. The services funded through this transfer would not have been provided had it not been for this arrangement.

It was also noted that the transfer was for just over £7m for 2014/2015 but would be incorporated in the £160m Better Care Fund next year. This was a transition phase but the concerns about timing were noted and would be addressed for the future.

RESOLVED that the use of the health transfer of funds as outlined in Appendix 1 be agreed.

HW45. Sunderland Pharmaceutical Needs Assessment (PNA)

The Acting Director of Public Health submitted a report providing information on the Pharmaceutical Needs Assessment which was required to be carried out for Sunderland.

Kath Bailey, Locum Consultant in Public Health, advised that the statutory responsibility for the production of Pharmaceutical Needs Assessments had transferred from Public Health to local authorities on 1 April 2013 and the process was controlled by Regulations which stated that an updated assessment must be agreed and published by 1 April 2015.

The number and location of pharmacies was determined by NHS England and they had to balance the current provision with commercial viability. NHS England, through its Area Team would use the Pharmaceutical Needs Assessment (PNA) document to decide whether additional pharmacies were needed to fill any gaps in essential services and to ensure that these decisions were based on robust and relevant information. The PNA would also be used to:

- help commissioners to commission services from community pharmacists to meet local need;
- support commissioning of high quality pharmaceutical services;
- ensure that community pharmacy services were commissioned to reflect the health needs identified in the Joint Strategic Needs Assessment (JSNA) and the ambitions set out in the joint Health and Wellbeing Strategy; and
- facilitate opportunities for pharmacists to make a significant contribution to the health of the population of Sunderland.

The PNA would map health needs and current services to make sure that there were no gaps in essential services in order that the Health and Wellbeing Board could be assured that the City's residents had good access to community pharmacy services.

The review of the PNA was supported by a collaborative steering group with representation from the local authority, Sunderland CCG, Sunderland Local Pharmaceutical Committee and the Medicines Optimisation Team at the North of England Commissioning Support (NECS) Unit. The review had delivered the following conclusions: -

- Sunderland had an adequate number of pharmacies to meet the needs of patients who require prescriptions dispensed;
- there was adequate provision of essential NHS pharmaceutical services across most of Sunderland but there were recognised gaps in service in the Coalfields area on Sundays and Bank Holidays;

- The existing 100 hour pharmacies were essential to meet the needs of patients by extending access to pharmaceutical services outside core hours when other pharmacies are closed;
- The level of planned development was unlikely to require new pharmacy contracts to be issued for areas of development, due to satisfactory cover from existing pharmacies;
- There was adequate provision of existing locally commissioned services across Sunderland, although access and equality of provision could be improved for some services; and
- Community pharmacy already makes a significant contribution to the delivery of the joint Health and Wellbeing Strategy.

Overall it had been found that the city was well provided for with a higher than average number of pharmacies, a good uptake of some advanced services and locally commissioned work. Community pharmacies were making a valuable contribution but could do more and it was acknowledged that there were a small number of gaps.

Recommendations arising from the PNA were that: -

- Commissioners should take cross border issues into account and consult with relevant stakeholders when they were reviewing, commissioning or decommissioning services, to avoid or mitigate against creating inequity of provision for the local population;
- Commissioners should consider the opportunities afforded by community pharmacy enhanced services that focus on the safe and effective use of medicines and support for self-care, within the context of the current financial constraints for the health economy;
- Patterns of provision may need to be reviewed as the NHS moves towards 'seven days a week' working;
- With regard to locally commissioning services, the public health team would work with the CCG to ensure that services were commissioned to meet local health needs and that any changes would serve to improve equity, access and choice.

Councillor Speding asked about 'distance selling' and Kath advised that this was medicines which were dispensed by mail order and not on any premises.

Councillor Miller highlighted that the number of community pharmacies in Washington was low and that the Chair of the Local Pharmaceutical Committee had indicated that there was a need for more. He had also said that the locations with the fewest pharmacies tended to have more visits to Accident and Emergency departments.

Kath said that although pharmacies in Washington were very busy, they also operated with long hours and it was not felt that this was a problem as the assessment had determined that Washington had enough basic provision. If the vision for the city was to have more activity in community pharmacies, then the position would have to be re-assessed and the view may change. The Regulations require the PNA to be reviewed every three years, however it was felt that, due to changing priorities and new initiatives such as 'seven days a week', the process was likely to be revisited before the next three year period elapsed.

Ken Bremner commented that it did seem to be an inefficient use of resources to be carrying out the assessment now and that there should be some flexibility in the Regulations. Kath suggested that this issue could be fed through to NHS England.

Regarding the requirement for consultation, Kath stated that there was nothing in the Regulations which set out a requirement for public consultation but Healthwatch and local area teams had been asked to push this out to the voluntary and community sector. Existing engagement events had also been used to obtain views. Kevin Morris suggested that more involvement of the general public in the process could also be a matter to feed back to NHS England.

Neil Revely asked if there was any option to do some forward looking work which would reduce the amount of resource needed for future years and Kath said that groups had been asked to bring back commissioning intentions but information provided had been very general and not specific. She did however, feel that the process was likely to take less time on the next occasion.

Councillor Speding enquired about the consultation arrangements if a new community pharmacy was proposed and Kath advised that there was a process to be followed by NHS England and the Director of Public Health had been delegated to respond on behalf of the Health and Wellbeing Board to such consultations. Kath added that Public Health would not formally go out to look for pharmacies to fill any perceived gaps.

The Board were informed that the PNA document would be revised in light of comments from the Board and findings of the consultation with a final version being brought back to the Board in March for approval and sign off.

RESOLVED that: -

- (i) the Board's statutory role in relation to Pharmaceutical Needs Assessments and the work that has been undertaken to produce an updated document be noted;
- (ii) the conclusions of the updated Pharmaceutical Needs Assessment be noted; and
- (iii) the recommendations of the updated Pharmaceutical Needs Assessment be noted.

HW46. Sunderland's Approach to Intelligence

Sharon Lowes provided an update for the Board on the approach being adopted by Sunderland to developing the Intelligence Hub.

Board Members were reminded that the approach was not just a piece of technology but also included people and processes which would allow the city to ask the right questions, have the right data and the right skills and techniques to analyse the available intelligence.

Sharon updated Members on the use cases and reported that in relation to hospital admissions, the local authority was close to finalising a Data Sharing Agreement with the Health and Social Care Information Centre which would enable the pseudonymisation of health and social care records. This process was pseudonymisation rather than anonymisation as the system allowed you to return to the identifier and would mean that health and social care records across the city would be linked.

This use case had been presented at the follow up to the Accelerated Solutions Event and the demonstration of what could be done with social care data was well received.

The Strengthening Families use case was aimed at identifying families who needed additional support in a more efficient way than the current approach and work was being undertaken with a range of partners to access the data to be able to do this.

The next steps for the project would be further discussions with the Health and Social Care Information Centre and the Data Management Integration Centre regarding data sharing and reviewing social care data. Strengthening Families Phase 2 was due to be launched and partners would be engaged in training.

Kevin Morris highlighted that at the Accelerated Solutions workshop, questions had been raised about safeguarding in relation to the strengthening families work. Sharon advised that this was being looked into, however the project was intended to gather information in a more efficient way but the information was not different to any data which was already being collected by a range of processes.

Dr Pattison commented that patients did worry about health data being shared and pseudonymisation meant that an individual could be traced. Sharon Lowes explained that if an issue was identified in the analysis stage then neither the Council nor the CCG had the ability to identify an individual and this would have to go through the Caldicott route to do this.

Dr Pattison stated that there had been a conversation about this issue at the Accelerated Solutions Event and it was clarified that the data was not medical records but medical information, however it was possible that an individual could choose to have all of their medical records made available.

Gillian Gibson asked if local people were being informed that this work was happening and Sharon advised that for the Strengthening Families case, people had to want to be part of that programme and the Intelligence project was still at a conceptual stage. Gillian commented that if people heard the wrong story about the project then this could be a risk and communication should start early.

It was highlighted that as part of a CCG pilot, there was the option for patients to have their records available to non CCG services. The vast majority of people were comfortable with sharing that information if the process was carried out correctly and Sharon added that the hospital admissions use case was about understanding the whole system journey across health and social care.

Councillor Speding commented that people understand a personal relationship between them and a health professional and where this relationship became part of a system it became less personal. Dr Pattison said patients would often ask who else would find something out if they told their doctor and that they may stop providing full information if they believed that it would not be secure. This would be an evolutionary process but there would have to be firm rules on what was and what was not shared.

Neil Revely stated that the debate on information sharing was a national issue and was separate from the Intelligence Hub work which was about making things that were already being done, more efficient. Gillian Gibson noted that sharing case studies on this would help to provide assurances to the public about the data which would be involved in the project.

The Board RESOLVED that the information be noted and further reports received as appropriate.

HW47. Health and Wellbeing Board Priority Setting

Gillian Gibson, Acting Director of Public Health, delivered a presentation on identifying priority health and wellbeing outcomes. The challenge was to deliver simple outcomes from an area of massive complexity and it was suggested that to do this, the Board needed to look at what worked and what could be measured. The principles of the Health and Wellbeing Strategy also had to be embedded in the approach.

By looking at the reasons 'why' there was poor health and wellbeing in Sunderland in terms of disease, risk factors and wider health determinants (set out in the Marmot report), partners could determine what they could influence directly, what they were already doing and what they could work with others to achieve. A view needed to be taken of the Board's priorities to date, the current outcomes and a commitment established by all Board Members to work together to achieve the priority outcomes.

Councillor Speding queried if the Marmot report would be the guiding principle for the priorities and Gillian stated that a focus on just the wider determinants of health was likely to see a decline in outcomes. All three elements needed to be looked at together, shifting from the short to long term, and this would work towards closing the gap.

Ken Bremner commented that this seemed to be a good structure to start with and Neil Revely noted that it would be useful to get this to a development session and to identify the top five areas for which the Board wanted to monitor performance.

RESOLVED that the information be noted.

HW48. Development Sessions and Forward Plan

The Head of Strategy and Performance submitted a report informing the Board of forthcoming development sessions and the forward plan.

Karen Graham advised that the next development session would be held on Friday 6 February 2015 and would look at setting priorities for action in line with the previous report on the agenda. This session would then set the agenda and format of advisory group meetings for the forthcoming year and provide a focus for the next annual assurance report.

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

The Board RESOLVED that: -

- (i) consideration be given to topics for in depth closed/partner sessions for 2015;
- (ii) the forward plan be noted and requests for any additional topics passed to Karen Graham; and
- (iii) the timetable be noted.

HW49. Date and Time of Next Meeting

The next meeting of the Board will be held on Friday 20 March 2015 at 12noon

(Signed) M SPEDING
In the Chair