

SUNDERLAND SHADOW HEALTH AND WELLBEING BOARD

**Held in Committee Room 1, Sunderland Civic Centre
on Friday 25 January 2013**

MINUTES

Present: -

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

In Attendance:

Gillian Gibson	- Sunderland TPCT
Petrina Smith	- North East Ambulance Service
Mike Lowthian	- Sunderland LINK
Alan Patchett	- Age UK Sunderland
Eibhlin Inglesby	- Sunderland Carers' Centre
Caroline Gill	- Sunderland Carers' Centre
Aissa Rice	- Sunderland Carers' Centre
Julie Walker	- Gentoo
Lorraine Hughes	- Health Lead, Children's Services
Victoria French	- Assistant Head of Community Services, Sunderland City Council
Karen Graham	- Office of the Chief Executive, Sunderland City Council
Gillian Warnes	- Governance Services, Sunderland City Council

HW54. Apologies

Apologies for absence were received from Councillor Watson, Councillor Kelly, Dr McBride and Michael McNulty.

HW55. Minutes

The minutes of the meeting held on 16 November 2012 were agreed as a correct record.

HW43. Clinical Commissioning Update

The Sunderland CCG had been authorised as of this week. There was one outstanding condition with regard to the governing body of the CCG but this will be resolved once the successful candidate is in post.

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

It was noted that the Board had taken the opportunity to visit the Intermediate Care hub as part of their last development session and had viewed the rehab unit situated at the hub.

HW56. Sunderland Clinical Commissioning Group Commissioning Intentions 2013/2014

Dave Gallagher presented a report which detailed the current list of commissioning intentions to be circulated to providers, provided an overview of the commissioning intentions process, outlined the wider planning process and the next steps for the Sunderland Clinical Commissioning Group (CCG).

The report outlined the process, which built upon the draft commissioning intentions in the Five Year Commissioning Plan, for producing a final list of commissioning intentions for 2013/2014. The development of the commissioning intentions was the first step in the annual refresh of the five year Strategic Plan. There had been some public discussion on the plan and emerging ideas had been shared with a draft document having been provided to the NHS Commissioning Board.

The national planning guidance required CCGs to consider the key elements of transformational change, key risks and their obligations to meet the NHS Constitution. The CCG had determined its important principles in moving forward the commissioning intentions as: outcomes driven, deliverable, achievable, cost effective and equitable. Early priorities to consider had been identified as emergency readmissions within 30 days, prescribing spend by head of population and Chronic Obstructive Pulmonary Disease (COPD).

The next steps for the process were outlined as follows: -

- Assess the impact of any national 'must dos' for 2013/2014, communicated by the Department of Health;
- Circulate the intentions to Providers/Stakeholders early January with a covering letter explaining how their comments have been taken into account;

- Full impact assessments wherever possible of the final list of intentions to be undertaken considering finance and activity implications;
- Negotiate and conclude contracts by early March 2013 taking the above steps into account;
- Complete the final operational plan by 5 April 2013;
- Robust operational plans for 2013/2014 will be developed for each Work Programme;
- Agree a monitoring programme to ensure delivery is on track.

It was noted that, even at this early stage, there was a clear read through from the Health and Wellbeing Strategy to the commissioning intentions and there would be a further opportunities to join these up in the next year.

Neil Revely queried what framework was likely to be in place through the NHS Commissioning Board in the future and how they would influence or offer guidance. Dave Gallagher highlighted that there was a suite of guidance documents called 'Everything Counts' which could be made available to the Board but at this stage work was around understanding the direction and what the CCG wanted to achieve. The CCG would not commission all services and other organisations would be involved. This was a joined up approach which had to be done in the right way.

Keith Moore said that he would be interested to see how issues would be assessed using a family/community approach and was pleased to note the commitment to safeguarding. Sue Winfield added that from a public perspective, the commissioning intentions and priorities had been discussed in a range of settings and that rather than just being designed by the CCG, the intentions had been tested by citizens.

Having considered the report, the Board: -

RESOLVED that: -

- (i) the final list of Commissioning Intentions including the outcomes from further work with Localities be noted;
- (ii) the requirements for CCGs outlined within the national guidance 'Everyone Counts: Planning for Patients 2013/2014 be noted; and
- (iii) the CCG Planning Process be noted.

HW57. Feedback from Advisory Boards

Adults Partnership Board

Councillor Miller informed the Board that the Adults Partnership Board had met on 8 January 2013 and the main items considered had been: -

- Forward Plan update
- Public Health Outcome Framework
- Health and Wellbeing Strategy
- Local Account
- Learning Disability Partnership Board update
- Economic Leadership Group

Children's Trust

Councillor Smith reported that the Children's Trust had met on 10 January 2013 and the main items considered had been: -

- Combating Anti-Social Behaviour in Sunderland North
- Health and Wellbeing Strategy
- Sunderland Safeguarding Children Board
- Children's Services Announced inspection Update
- Children's Trust Advisory Network (CTAN)
- Reviewing our Approach to Child and Family Poverty

Karen Graham reported that the Health and Wellbeing Strategy had been presented to the Children's Trust Advisory Network for their views. It had been a very positive experience and a number of useful comments were received from the young people involved.

RESOLVED that the information be noted.

HW58. Director of Public Health Update

Nonnie Crawford, Director of Public Health, updated the Board on the progress of the transition of the Public Health function to the local authority.

Outside of the local authority, Public Health England (PHE) and Local Area Teams were appointing staff and PHE now had a regional director in place. There were still a few risk areas including emergency planning, risk and resilience and immunisations, vaccinations and screening.

With regard to the local transition, the shape of the staff structure was now known and it was hoped to have this in place for the week beginning 18 March 2013.

511 contracts had been reviewed before being handed over to the Commissioning Unit and quality and legacy handover documents had been drawn up to be passed to the local authority. A report on the transition had been prepared for the Council's Cabinet.

A baseline allocation of £20.6million had been made for 2013/2014, however this had been defined as being 30% over target and would be reduced after

two years. All local work on transition was going well and there was a lot of work being carried out with the CCG on the core offer.

Nonnie also advised that work would begin once again on the Joint Strategic Needs Assessment (JSNA) to refresh the document as a result of new data coming forward and to reflect more detailed equality impact assessments. The work would also look at specific areas, such as the prevalence of people aged over 18 with depression, in which Sunderland had the highest level in England.

Picking up on this issue, the Chair stated that it would be useful to see more information on this to try and identify reasons why Sunderland was so above average in this area. It was noted that, whilst mental health had to be considered as part of life course approach, the Adults Partnership Board would be able to support this work.

RESOLVED that the Public Health update be noted.

HW59. Systems and Risks for PCT Transfer

Dave Gallagher made a presentation to the Board on NHS Commissioning Responsibilities from 1 April 2013.

The presentation outlined what the system looked like at the present time, how the PCT functions had been disaggregated and what the responsibilities of the NHS Commissioning Board and Clinical Commissioning Groups would be.

Sue Winfield commented that she had found the presentation very helpful, particularly as someone involved in the process. She highlighted that from the next week, staff would begin moving to their new roles. Reporting structures were now being managed by the CCG and accountability structures would be managed through that body and the local area teams.

The statutory responsibilities would transfer from the PCT at midnight on 31 March 2013 and in the last working days there would be a final meeting of the PCT Board to approve the transfer documentation. This would have to be done in time for the Secretary of State to sign the documents and for the receiver organisations to hold meetings to formally adopt the responsibilities for the work.

Neil Revely stated that the diagrams within the presentation demonstrated that the system would become more complex and although the relevant arrangements were in place for the transfer on 1 April, there was a danger that things may get more difficult further down the line. The Health and Wellbeing Board was required to oversee this complex system.

RESOLVED that the presentation and the information be noted.

HW60. Transition from Shadow Health to Full Health and Wellbeing Board and Health and Wellbeing Strategy

The Board received a copy of a draft report to the Council's Cabinet setting out the steps necessary to transition the Shadow Health and Wellbeing Board from its current status to that of a Council Committee.

Neil Revely reported that it had been intended to take the report to the Cabinet in February but this had now been postponed to March due in part to final changes being made to the Health and Wellbeing Strategy but mainly because the regulations relating to Health and Wellbeing Boards had not yet been laid so the role and function of the Board could not be finalised. The draft report was still relevant and would be amended before being submitted to the Cabinet on 13 March 2013.

The Health and Wellbeing Strategy was currently going through its final round of iterations and was being taken to Area Committees and other partners for a final round of consultation.

Sue Winfield referred to the role and function of the Board as outlined in Appendix 2 to the report and suggested that the section on additional responsibilities should include leadership of the whole matter of the best possible health and wellbeing for Sunderland. Neil Revely stated that others were looking to the Health and Wellbeing Board to lead and he endorsed this proposal.

It was also highlighted that the delay in taking the report to Cabinet would allow for some amendments to the wording related the composition of the Board and Members were reminded that it had been agreed that the membership would be revised as the Board moved from shadow to statutory status.

Accordingly the Board RESOLVED that: -

- (i) the draft report on the transition from shadow to full Health and Wellbeing Board be noted; and
- (ii) the additional responsibilities of the Board be amended to include 'leadership' on the best possible health and wellbeing for Sunderland

HW61. Transforming Health and Wellbeing through Integrated Wellness Services

Gillian Gibson, Sunderland PCT and Victoria French, Community Services, Sunderland City Council, delivered a presentation to the Board on the developing workstream for integrating wellness services to transform health and wellbeing.

Health inequalities in Sunderland had been apparent for many years and despite investment in 'wellness' programmes, the inequalities have remained. It was accepted that individual circumstances had the most impact on health and there was a strong link between this and economic deprivation. Evidence also showed that many people had multiple lifestyle risk patterns with 27% of those living in the most disadvantaged communities exhibiting three or more unhealthy behaviours.

The transfer of responsibility for public health to the local authority provided new opportunities for service delivery and three elements to the integration of wellness services in Sunderland had been identified: -

- "One stop shops" with integrated pathways into more specialised services where required;
- Integration of wellness services with other services or developments, e.g. use of green space when tackling obesity;
- Integration of information, with appropriate governance, to enable improved evaluation of the impact of new approaches.

The integrated wellness model would initially aim to integrate those services which supported people in adopting healthier lifestyles such as stop smoking services, weight management, substance misuse and sexual health and would recognise the impact of wider health determinants such as housing, education and finance. This would be underpinned by the Health Trainer Service which currently had a holistic approach and Health Champions who offer brief advice and signposting for a range of issues.

The principles for integrating wellness were:

- Choice
- Needs led
- Targeted
- Joined up
- Shared information (with appropriate governance)
- Aims and outcome focused
- Life course
- Local area/community of interest based approach
- Cost effective
- High quality
- Shared goals for providers
- Diversity leading to new ways of engaging
- Transparent
- Fluidity of movement between services/interventions

Sunderland's Wellness Service was established in 2005 and provided opportunities for residents to be physically active and rather than focusing on ill health, encouraged people to make themselves 'well'. The Wellness Service works with both internal and external partners to ensure services are

integrated, accessible and appropriate to those in the greatest need of health improvements.

During 2012/2013, the service had worked with 5,000 people who had accessed services more than 44,000 times. Since the service had begun to operate it had been found that offering services Monday to Friday, 9.00am till 5.00pm did not work and also that people wished to receive services at venues other than traditional health and leisure facilities.

950 people were signed up to be health champions and 420 had completed training modules. There was a need to continue engaging with health champions and work with them in a meaningful way. This would link to the health trainers who were focused on working with people in their own environment and communities. It was necessary to get smarter in collating the information from these programmes to better assess their impact.

To move forward this work, a better understanding of the needs of local communities had to be developed through analysis of the Health and Lifestyle Survey, gaining knowledge from local people and elected Members and using the Place Boards to support this understanding. Engagement would continue as new pathways were built to take into account local needs and assets.

Once new services were implemented, they would have a responsibility to reach out into communities rather than merely responding to referrals. A number of risks had been identified with regard to the transformation of wellness services but it was felt that the model had been designed to minimise these risks. The position would be monitored as the approach was developed.

It was highlighted that there were not only health inequalities across the city but also within wards and neighbourhoods and that the Wellness Service had been designed for the whole city. Victoria French advised that there was now intelligence available which meant that as well as universal services, there was the ability to target specific work and it was hoped to refine this even further in the future.

Keith Moore commented that he was interested in the evidence arising from the service, particularly around early intervention. He emphasised the need for engagement with families and the community and an ability to measure outcomes. Sue Winfield endorsed this, noting that the strategic direction was right but querying how there could be measures of activity to confirm that the approach was working.

The Chair identified facilities such as parks as something which needed to be marketed with a clear link to prolonging life expectancy and stated that there needed to be evidence to show that the Council had enriched lives over a period of time.

Councillor Miller commended the report and commented that getting the message out was absolutely vital but also acknowledged that there was a long way to go in reaching the people in the most need.

The Shadow Health and Wellbeing Board RESOLVED that: -

- (i) the strategic direction and principles underpinning the development of integrated wellness services be endorsed; and
- (ii) the Board have oversight of the development of integrated wellness services with the potential to be supported by area arrangements as defined locally.

HW62. Health and Wellbeing Board Development Session – the Broader Determinants of Health

A report was submitted informing the Board of the scope of the next development session.

The session was due to be held on Thursday 7 February 2013 and would be hosted by Mike Grady, one of the Marmot research team, and would consider the broader social determinants of health and how partners could work together to improve life chances. Representatives from parallel partnerships would also be invited to the session.

RESOLVED that details of the development session be noted.

HW63. Date and Time of Next Meeting

The next meeting will be held on **Friday 22 March 2013 at 11.00am** in Committee Room 2, Sunderland Civic Centre.

