

## **SUNDERLAND HEALTH AND WELLBEING BOARD**

**Friday 24 July 2015**

### **MINUTES**

**Present: -**

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

**In Attendance:**

Liz Highmore	-	DIAG
John Mooney	-	University of Sunderland
Victoria French	-	Assistant Head of Community Services, Sport and Leisure
Karen Graham	-	Office of the Chief Executive, Sunderland City Council
Gillian Kelly	-	Governance Services, Sunderland City Council

**HW14. Apologies**

Apologies for absence were received from Councillors Kelly, Leadbitter and Miller and Kevin Morris and Dr McBride.

**HW15. Declarations of Interest**

There were no declarations of interest.

**HW16. Minutes**

The minutes of the meeting of the Health and Wellbeing Board held on 29 May 2015 were agreed as a correct record.

## **HW17. Feedback from Advisory Boards**

### **Adults Partnership Board**

Karen Graham informed the Board that the Adults Partnership Board had met on 7 July 2015 and the main issues concerned had been: -

- Health and Wellbeing Board Peer Challenge Feedback
- Winter Monies Evaluation
- Age Friendly Update

Dave Gallagher highlighted that the winter monies project was part of a wider CCG sponsored scheme which was being looked at for next year.

RESOLVED that: -

- (i) the Health and Wellbeing Board receive an annual report from the Adults Partnership Board; and
- (ii) opportunities for continuation funding for the winter health programme, particularly through social prescribing, be explored.

### **NHS Provider Forum**

Ken Bremner informed the Board that the NHS Provider Forum had met on 1 July 2015 and the main issues concerned had been the engagement event and Vanguard status.

Ken highlighted that there had been some confusion about the different initiatives which were going on and where partners should be in relation to these. It was planned to hold an additional engagement event later in the year to provide information about funding and gathering views on policy changes.

With regard to the Vanguard status, Dave Gallagher advised that this was a delivery mechanism and the Sunderland Integrated Community Services Provider Board was a subset of that work. He commented that there would be some merit in looking at the plethora of different structures in place and the Chair added that there was a need to have an understanding of what was happening.

The Chair also highlighted the devolution agreement in Manchester and queried whether partners would be interested in that sort of arrangement in the North East. Ken noted that the role that health services were to play in the devolution set up was not really clear and the powers may not be as local as was originally envisaged.

Neil Revely commented that the engagement and link to communication needed to be broader across the city and that messages had to be transmitted as a system. Groups such as the Provider Board, the Transformation Board, CCG and the Integration Board needed to be aligned.

Ken advised that the Provider Forum had discussed the metrics that the Health and Wellbeing Board should be looking for and Karen Graham added that she was

carrying out a mapping exercise for the Integration Board with the aim of clarifying where everything was positioned within the system. This work would be brought back to the Health and Wellbeing Board and its advisory groups.

Gillian Gibson highlighted that the 'All Together Sunderland' approach had been adopted but there was not a lot of structure and process around this at the moment. Neil noted that this approach would avoid duplicating work and help the overarching communications across the city to be better coordinated and to have a single strategic approach as far as possible.

It was suggested that Phil Spooner could be invited to one of the Board development sessions and for communication leads to be involved to explain what they wanted from the All Together Sunderland approach. Ken advised that this had been the impetus behind the Provider Forum's proposal for a Chief Executive level meeting, to enable them to have an oversight of the system which had been created.

Accordingly the Board RESOLVED that: -

- (i) the dissemination and development role identified in the development session in relation to the policy changes arising from the Better Care Fund and the Care Act be addressed by the Health and Wellbeing Board;
- (ii) reports be received from the Integrated Community Services Provider Board on the benefits from the Vanguard status; and
- (iii) it be noted that a Chief Executive level meeting was to be arranged to consider risk and structures in relation to the Vanguard and to receive an update on the discussions.

#### **HW18. Update from the Health and Social Care Integration Board**

Dr Pattison advised that the Health and Social Care Integration Board had met on 25 June 2015 and highlighted that the minutes of the previous meeting which had taken place on 14 May were attached for the information of Board members.

Dr Pattison outlined the seven pools which made up the Better Care Fund: -

- Pool 1 - Community Integrated Teams, including Recovery at Home
- Pool 2 - Mental Health Community Services
- Pool 3 - Carers Services
- Pool 4 - Learning Disability Services
- Pool 5 - Community Packages (including CHC)
- Pool 6 - Equipment Services
- Pool 7 - Disabled Facility Grant

It was noted that the benefits of working more closely together had already been seen with regard to community packages and partners were confident that they would get what they wanted to be delivered. There was a total of over £150m spread over the seven pools and there was a need to capture the reporting on each pool. Neil added that there had been discussions about how services were or could be

integrated in general terms, not in relation to the Better Care Fund, and how this could achieve better outcomes for the city.

The Chair asked if there was some disjointedness with the work and Dr Pattison stated that this was more about getting to know each other. There was a willingness to come together but there had been some practical issues between the local authority and the CCG such as different contracting periods and procedures. It was noted that there had been a focus on finance in the early days of the Better Care Fund but it was the intention to bring performance and monitoring into this. Dr Pattison also said that he hoped to see more real financial information coming through, not just projections.

RESOLVED that the feedback from the Health and Social Care Integration Board be noted.

## **HW19. Health and Wellbeing Peer Review**

The Assistant Chief Executive submitted a report advising of the outcome of the Local Government Association Health and Wellbeing Peer Review follow up which took place in April 2015.

The original peer review had taken place in March 2014 and presented a number of recommendations from which an implementation plan had been prepared and was brought to the Health and Wellbeing Board on a six monthly basis. The peer review team had returned in April 2015 to take stock of progress against the plan and had considered a number of topics including health and social care integration, the role of the Board's advisory groups and the role of the Council's Public Health team.

The letter from the team providing feedback was attached as an Appendix to the report and the main issues arising were as follows: -

- In terms of integration, the Accelerated Solutions Event was impressive but more needed to be done to communicate to the health sector the progress being made in respect of integrated commissioning and integrated locality working. The Board should be clear about the outcomes of integration and articulate these to local people and further relationships with providers need to be reviewed based on the impact of the Better Care Fund and the Vanguard to ensure that the best was made of future opportunities.
- The future role of the Adults Partnership Board and Children's Trust needed to be considered.
- The Board should ensure that a coherent set of action plans be developed for their recently agreed priorities and that these were implemented quickly.
- The Public Health team was in a transition period due to the departure of the Director of Public Health and this afforded the opportunity to strengthen the team and the role of public health more generally.
- In terms of community engagement, there was evidence of strong relationships and lots of activity at local level, however there was an opportunity to join up activity across partners and make best use of diminishing resources.

Karen Graham advised that she was working with Gillian Gibson to develop action plans quickly to make sure that the momentum was there. With regard to the role of advisory groups, there was an opportunity to look more closely at the role of the Adults Partnership Board and Children's Trust and how they could be working more actively. There was an event to be held for the Children's Trust in August and a report would be presented to the Adults Partnership Board in September. It was highlighted that there was a need to make sure that the Health and Wellbeing Board did not forget about health inequalities and prevention.

The Board RESOLVED that: -

- (i) a revised action plan be developed based on the overall findings of the LGA Peer Review; and
- (ii) six monthly updates on progress against the action plan be received.

## **HW20. Active Sunderland Board**

The Executive Director of People Services submitted a report advising the Health and Wellbeing Board of the establishment of the Active Sunderland Board, whose aim it would be to drive forward participation levels in physical activity and sport.

In November 2014, a direction of travel was agreed for the city with regard to a joined up approach to improve levels of physical activity and a move towards an increasingly active Sunderland. The new approach aims: -

- to impact on the greatest number of people (children and adults)
- to enable children and young people to have the best start in life
- to support people in families and communities that are benefitting least from the opportunities that being active brings
- to provide access to all our infrastructure, green and blue space as well as sport and leisure facilities, including pathways to sporting excellence.

The approach would provide a clear direction and identify a new joined up approach to an Active Sunderland; develop shared priority outcomes for partners and city residents; create 'All together an Active Sunderland' – a city where everyone is as active as they can be; and target a reduction in levels of inactivity.

Victoria French, Assistant Head of Community Services, was in attendance to present the report. She advised that a new strategic group was to be established called the Active Sunderland Board and that this group would provide the necessary leadership to empower a thriving city partnership, where enabling people to be physically active would become everyone's business. The priorities of the Board would be aligned to the Health and Wellbeing Board's priority of reducing inactivity.

Membership of the Active Sunderland Board would include local authority representatives from the Council's Cabinet, Sport and Leisure and Education services, Tyne and Wear Sport, Sunderland AFC Foundation, Sunderland Cultural Partnership, Everyone Active, Sunderland AFC, Sunderland College, Sunderland University, Public Health and the NHS - NTW. It was recommended that the

reporting arrangements for the Active Sunderland Board should be through the Health and Wellbeing Board.

An initial workshop had been convened to commence development of the Board and to seek partner's views and Neil Revely commented that all sessions with partners had been vibrant and that there was strong buy-in across the city and from national bodies such as Sport England. As a Community Leadership Council, it was the authority's role to stimulate and facilitate active citizens, and a fairly broad consensus had been reached which would give vibrancy to plans to create active citizens.

Liz Highmore commented that DIAG had received a presentation from an officer from sport and leisure but it had not been clear what provision was available for disabled people in the city. Victoria stated that there was a lot on offer but it was not always easy for customers to access this information. This issue would be picked up at the Active Sunderland Board as partners could help ensure that facilities were publicised to all groups.

Dave Gallagher stated that it was good to see mental wellness involved in this approach through NTW but highlighted the need to be joined up in the commissioning of services. Victoria referred to scientific evidence about the impact of activity on health and Neil added that it had been found that young people had an additional 8% attainment in Maths and English if they were active, linking Active Sunderland to the Education and Skills Strategy. He stated that there would be a strategic commissioning and community leadership approach to how this was driven forward.

Victoria highlighted that discussions with schools were now based on attainment and conversations were ongoing about how the excellent facilities in schools could be made available to the wider community. This was moving in the right direction and support would be provided on issues such as pricing strategy.

Neil noted that there would be discussions about the frequency of the reporting from the Active Sunderland Board to the Health and Wellbeing Board as the proposed quarterly arrangement would not fit with the existing Board timetable.

Having considered the report, the Board RESOLVED that: -

- (i) the content of the report be noted for information;
- (ii) the Active Sunderland Board and its membership be formally established; and
- (iii) regular updates be received from the Active Sunderland Board.

## **HW21. Update on Health Harms of Alcohol and Licensing Policy Consultation**

The Acting Director of Public Health submitted a report providing the Board Members with an update on the hidden harms of alcohol in Sunderland and to make Members

aware of the Statement of Licensing Policy consultation which was open until 16 August 2015.

Gillian Gibson reminded Board Members that Sunderland had signed up the Alcohol Declaration and had previously discussed issues in the city which were related to excessive alcohol consumption and the costs which resulted from alcohol related problems. There was now an opportunity to look at the Council's licensing policy as this was currently under review and open to comments from partners until 16 August 2015.

Gillian introduced John Mooney, Senior Lecturer in Public Health from the University of Sunderland who was working with the Public Health team in the local authority. John delivered a presentation to the Board on the options around Local Alcohol Policy and examples of good practice in Statements of Licensing Policy.

John advised that the rationale for a pro-active approach to alcohol licensing in Sunderland was due to the very high rates of hospital admissions for alcohol related disease, the substantial cost burden across the NHS, crime and licensing, social services and the workplace, the five Public Health outcomes related to alcohol harms and an opportunity to reduce consumption by acting through the licensing process to influence price and availability. The four licensing objectives were: -

- The prevention of crime and disorder
- The maintenance of public safety
- The prevention of public nuisance
- The protection of children from harm

Three licensing policy options were outlined to the Board; Cumulative Impact Policy, Reducing the Strength Programme and specified/ agreed licensing conditions. John highlighted that other local authorities had dealt with challenges in a number of ways including more creative use of licensing objectives to accommodate a health perspective, collaboration with police partners in embracing the wider concept of alcohol harms and using in-house legal expertise to deal with resistance from the industry lobby.

Suggested ways forward for the Statement of Licensing Policy were: -

- Use of the Statement of Licensing Policy to commit to exploring ways of tackling adverse drinking environments and licensing practices;
- Arrange for ease of information exchange between police, NHS and local council Public Health Teams; and
- Emphasise the potential health and economic benefits of a more pro-active approach to excess availability, in both on trade and off trade sectors.

The Chair noted that currently local authorities tended to remove personal licenses rather than premise licenses and that this was not effective. John Mooney advised that in other areas, Police did undertake compulsory reviews of premises so that a challenge to a license would apply whoever held the license.

It was noted that minimum unit pricing was one way of addressing alcohol related problems and John commented that this policy would usually impact on the off trade

and lead to a decrease in consumption, followed 18 months to two years later with a reduction in liver cirrhosis disease.

The Chair advised that he was the Alcohol Champion for the North East as part of his role as the chair of the Association of North East Councils and he felt that it was important for local authorities to work together on this as it was very difficult to run big campaigns individually. Alcohol needed to be pushed as part of the main Health and Wellbeing Strategy in the context of people making better decisions about their health.

Dr Pattison commented that as GP, he felt that the situation was getting worse and not better. Drinking culture had changed and the patients with the biggest problems were those who stayed at home drinking. He added that he would like to see alcohol treated in the same way as cigarettes and that there was a normalisation of alcohol in society.

It was suggested that licensed premises should be encouraged to improve the range and quality of the non-alcoholic drinks on offer and that prices should be lowered. It was also felt that the hard sell for alcohol in supermarkets should not be accepted and that minimum unit pricing would demonstrate to the alcohol trade that the Government was serious about tackling the problem.

Karen Graham asked if John felt that the reviewed Statement of Licensing Policy was proactive and John said that there were a few areas which could be developed including the exclusion of consideration of a late night levy or Cumulative Impact Zone. He suggested that the statement could say that the local authority was prepared to explore any initiatives to determine what was right for Sunderland.

Councillor Speding commented that it had to be the Licensing Authority which was strong and had to address the whole system. Gillian Gibson acknowledged that this would not be straightforward, and may be high risk, but if a stand was not made, and then the culture would not change.

Alcohol was a whole community issue and it was suggested that the Council's Licensing Officer could be invited to the Board to provide some ideas about what it would be possible to do under the existing licensing regulations. Neil Revely commented that he supported any recommendation which would give the licensing authority additional tools and allow the Licensing Committee to use these for the benefit of the health and wellbeing of the people of Sunderland.

Turning to the consultation on the Statement of Licensing Policy, Gillian suggested that she would pull something together on behalf of the Board which would reflect the discussions which had taken place at the meeting and the will of the Board to change things in a sensible way.

Following a full discussion, the Board RESOLVED that: -

- (i) the review of the Statement of Licensing Policy be noted; and
- (ii) any comments on the revised Statement of Licensing Policy be forwarded to Public Protection and Regulatory Services by 16 August 2015.



## **HW22. Integrated Wellness – the Live Life Well Service**

The Acting Director of Public Health submitted a report providing an update regarding the development of the Integrated Wellness Service, now known as the Live Life Well Service, in the context of Sunderland being a healthy place being identified as one of the Board's priorities.

Gillian Gibson reported that the integrated wellness model had been developed over the last two years and following a large amount of engagement work with communities, groups and stakeholders, Public Health had developed a model which was re-named the 'Live Life Well Service' and began service delivery in April 2015.

The new model would deliver an approach taking into account the health needs of the whole population whilst also being personalised to individual needs. This was a tiered approach as many people did not need services but wanted to maintain healthy choices in their lives. The Live Life Well service worked city wide and on area based priorities with a lead for each locality area and priority Public Health areas.

Gillian highlighted that the service needed to join up with work on integration and to highlight any key assets which could be promoted within the service, for example activities for disabled people. If any particular organisations wanted to make links, then Public Health could ensure that they were supported. As a new service it would learn and move on through feedback.

It was confirmed that GPs should pass on the new 0800 number for the service to patients and that it was hoped to develop an extensive marketing campaign moving forward.

The Board RESOLVED that: -

- (i) partners identify key assets within their services which the Live Life Well service could promote or work with;
- (ii) the members of the Health and Wellbeing Board identify any issues within their local organisations which the Live Life Well service could help to address; and
- (iii) feedback regarding the Live Life Well service be forwarded to Public Health in order to continue to influence the delivery of the service.

## **HW23. Health and Wellbeing Forward Plan and Board Timetable**

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

Karen Graham requested that Board Members let her know if they had any items for future meetings and advised that she had circulated a blank forward plan to the Board and asked that it be populated.

The Board RESOLVED that: -

- (i) consideration be given to topics for in depth closed partnership sessions for 2015/2016; and
- (ii) the forward plan be noted and requests for any additional topics be passed to Karen Graham.

**HW24.        Date and Time of Next Meeting**

The next meeting of the Board will be held on Friday 18 September 2015 at 12noon

(Signed)        P WATSON  
                    Chair