

# SUNDERLAND HEALTH AND WELLBEING BOARD

## AGENDA

**Meeting to be held in the Civic Centre (Committee Room No. 1) on Friday 19 September 2014 at 12.00noon**

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

ITEM	PAGE
1. Apologies for Absence	
2. Declarations of Interest	
3. Minutes of the Meeting of the Board held on 25 July 2014 (attached).	1
4. Feedback from Advisory Boards <ul style="list-style-type: none"><li>Adults Partnership Board (attached).</li></ul>	13
5. Update from the Integration and Transformation Board (including Accelerated Solutions Event update)  Notes from the Integration Board meeting held on 21 August 2014 attached	15
6. NHS England 0-5 Transfer Programme  Vision Document attached.	25
7. Peer Review – Implementation Plan Update  Joint report of the Assistant Chief Executive and the Head of Strategy and Performance (attached).	29
8. Intelligence Hub Update  A verbal report will be provided.	-

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

- 9. WHO Healthy Cities** 41
- Report of the Executive Director of People Services (attached).
- 10. Health and Wellbeing Strategy – Communications Workshop** 45
- Joint report of the Executive Director of People Services and the Head of Strategy and Performance, Sunderland City Council (attached).
- 11. Health and Wellbeing Board Development Session and Forward Plan** 47
- Report of the Head of Strategy, Policy and Performance Management (copy attached).
- 12. Date and Time of the Next Meeting**
- The next meeting of the Board will be held on Friday 28 November 2014 at 12noon

ELAINE WAUGH  
Head of Law and Governance

Civic Centre  
Sunderland

11 September 2014

## SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 25 July 2014

### MINUTES

#### Present: -

Councillor Mel Speding (in the Chair)	-	Sunderland City Council
Councillor Graeme Miller	-	Sunderland City Council
Councillor Pat Smith	-	Sunderland City Council
Dave Gallagher	-	Chief Officer, Sunderland CCG
Maureen Crawford	-	Director of Public Health
Dr Ian Pattison	-	Sunderland CCG
Dr Gerry McBride	-	Sunderland CCG
Ken Bremner	-	Sunderland Partnership
Kevin Morris	-	Healthwatch Sunderland

#### In Attendance:

Councillor Ronny Davison	-	Sunderland City Council
Councillor Tom Martin	-	Sunderland City Council
Fiona Brown	-	Chief Operating Officer, People Services
Mukarrom Hussain	-	Local Pharmaceutical Committee
Claire Richardson	-	Local Pharmaceutical Committee
Jane Hibberd	-	Head of Strategy and Policy for People and Neighbourhoods, Sunderland City Council
Julie Parker-Walton	-	Public Health Lead, Sunderland City Council
Karen Brown	-	Scrutiny Officer, Sunderland City Council
Gillian Kelly	-	Governance Services, Sunderland City Council

#### HW1. Apologies

Apologies for absence were received from Councillors Kelly, Leadbitter, Watson and Neil Revely, Christine Keen and Karen Graham.

#### HW2. Declarations of Interest

There were no declarations of interest.

### **HW3. Minutes**

The minutes of the meeting of the Health and Wellbeing Board held on 16 May 2014 were agreed as a correct record, subject to an amendment to show that the minutes would be signed by Councillor Speding as he had chaired the meeting.

### **HW4. Feedback from Advisory Boards**

#### **Adults Partnership Board**

Councillor Miller informed the Board that the Adults Partnership Board had met on 8 July 2014 and the main issues considered had been: -

- Review of the Partnership and Sub Groups
- 'Making it Real for Carers'
- People Services and Safeguarding Peer Challenge
- Fire Related Deaths in Vulnerable Adults
- Safeguarding Adults Partnership Board Update

Councillor Miller highlighted that the meeting had been somewhat curtailed by there being a number of other meetings taking place before and after the Adults Partnership Board but this situation would be avoided in the future.

#### **NHS Provider Forum**

Councillor Speding informed the Board that the NHS Provider Forum had met on 8 July 2014 and the main issues considered had been: -

- Recruitment of GPs
- Finance
- Better Care Fund
- Six Monthly Broader Provider Engagement

The Board was asked to consider any items which it would like the Provider Forum to look at over the next six months.

Dr McBride highlighted that patients admitted to hospital in Sunderland were offered an assessment for psychiatric treatment and it was suggested that something similar could be done to offer smoking cessation treatment to patients. Dr McBride suggested that this was something which providers could discuss and Councillor Speding said that this would be added to the agenda for the Provider Forum.

Councillor Smith informed the Board that the last meeting of the Children's Trust had been cancelled and it was intended to have discussions over the summer to determine the best way to move forward with the Trust.

The Board RESOLVED that the information be noted.

## **HW5. The Role of Pharmacies in Health**

Mukarrom Hussain and Claire Richardson of Sunderland Local Pharmaceutical Committee were in attendance at the meeting to deliver a presentation on Community Pharmacy and Health and Wellbeing in Sunderland.

In the UK, pharmacists were regulated by the General Pharmaceutical Council (GPC) and operated three tiers of services; essential, advanced and locally commissioned 'enhanced' services. Essential services included: -

- Dispensing
- Repeat dispensing scheme
- Disposal of unwanted medicines
- Promotion of healthy lifestyles
- Support for self-care
- Signposting appropriate services
- Clinical governance

Approximately six million prescriptions were dispensed by pharmacies in Sunderland on an annual basis and advanced services such as medicine use reviews and new medicines service were able to be delivered with high quality but a low cost.

Locally commissioned services could be commissioned under the national contract by the NHS England area team but could also be commissioned by a local authority, clinical commissioning group or other agency. Locally commissioned services included needle and syringe exchanges, smoking cessation, out of hours provision, sexual health and weight management.

It was highlighted that pharmacies in the city made a vital contribution to the Health and Wellbeing Strategy particularly objective 2 – 'children and young people to have the best start' and objective 3 – 'everyone to take responsibility for their own health'. Mukarrom also highlighted new ways of working such as the organisation Counted For having a substance misuse clinic room situated in a pharmacy and emphasised the need for a more integrated approach to health care. Pharmacists had increased their contribution to health and wellbeing and had made good progress in offering smoking cessation and substance misuse treatment.

It was felt that pharmacies were an untapped resource and Claire outlined some of the key features which supported the health and wellbeing agenda including their availability in local communities and longer opening hours. Pharmacies also provided signposting to other services and provided opportunities for interventions. There were a large number of pharmacies who wanted to offer enhanced services and the Local Pharmaceutical Committee would be very happy to help with the forthcoming pharmaceutical needs assessment. The Committee was also re-writing its strategy and wanted to knit this together with the CCG and really make a difference.

Councillor Speding enquired about 'distance selling' and Claire explained that this referred to internet pharmacies which offered dispensing through online GPs or electronic prescriptions. When potential abuse of this system was queried, it was

stated that very limited medication could be provided through this service and it was generally private patients who used this system.

Ken Bremner asked how integrated the local pharmacies felt they were with hospitals and providers and Claire said that they had struggled to get into those sectors and would like to improve communications. Pharmacists could now carry out a medicines review for people leaving hospital.

Dr Pattison referred to the issues around the safety of medicine in care homes and Claire advised that if a pharmacist provided medicines for the home, they would visit at least once, and possibly twice, a year. An audit of what the provider needed to do would be part of the contract and was focused on the appropriate training of staff and clinical governance being correct.

Nonnie Crawford enquired if each care home had a contract with a pharmacy and Claire said that this was the case but they did have the ability to access services from other providers. Pharmacies provided equipment to care homes as part of the contract, including medicine trays and fridges.

Ken Bremner asked if it was felt that it would be better to have more locally commissioned services and Claire commented that the national framework did tend to move slowly.

In response to a question from Councillor Martin, Claire highlighted that pharmacy technicians were qualified to NVQ Level 3 and Fiona Brown advised that all workers in care homes were qualified to NVQ level. Councillor Martin had also commented on the difficulties which may be experienced by patients with learning disabilities on their discharge from hospital and Fiona noted that these patients should have a passport which goes with them so that professionals were aware of their levels of understanding.

Dr McBride endorsed the message from the Local Pharmaceutical Committee and commented that he, and his colleagues, felt that pharmacies were an underused service in relation to minor ailments. He was also particularly interested in the care home medicines review. Dave Gallagher noted that the Provider Forum would identify how the Local Pharmaceutical Committee could link in.

The issue of recruitment and retention of pharmacists was raised and Claire stated that there was a glut of pharmacists at the present time. Dr Pattison stated that all health professionals were becoming aware of an increasing challenge in the clinical workforce and the CCG was working closely with the University of Sunderland and the Pharmacy School to look at planning and innovation, which included enhancing the clinical skills of pharmacists.

Julie Parker-Walton expressed surprise that not all pharmacies were offering a smoking cessation service but commended the work which had been done by pharmacies as part of the initiative.

Kevin Morris asked if there specific objectives for increasing the utilisation of services and whether Healthwatch could help with strategies for getting the message

out to the community. Claire advised that the strategy was currently being reviewed and was well advertised and promoted, but the Committee was open to any suggestions and would be happy to discuss this with Healthwatch. One of the targets was for pharmacies to increase their input in relation to asthma and Chronic Obstructive Pulmonary Disease (COPD).

Councillor Speding thanked Mukarrom and Claire for their presentation and suggested that they be invited back to a future meeting to outline how their strategy and services were developing.

RESOLVED that the presentation be noted.

## **HW6. Sunderland Tobacco Alliance Update**

Julie Parker-Walton, Public Health Lead, was in attendance to present an update from the Sunderland Tobacco Alliance on the CLeaR review, the consultation on standardised tobacco packaging and the Making Smoking History in the North East Partnership.

Julie provided the context to the work of the Tobacco Alliance and reported that in Sunderland, smoking prevalence had fallen from 29.7% to 23.4% over three years. This compared to 19.5% nationally. There was no national data available for young people, but in the North East, the average age for starting smoking was 15 years old. Sunderland had reduced smoking in pregnancy from 23.4% to 18.6% over the past five years, although this had increased to 19.9% this year was in comparison with the national average figure of 12%.

Sunderland Tobacco Alliance had undertaken a voluntary peer assessment visit in March 2014 called CLeaR. CLeaR was an improvement model providing local government and partners with a structured, evidence based approach to achieving excellence in tackling tobacco harm. The review had congratulated the Alliance on the work it had done but suggested some opportunities for development through:

- Setting a longer term vision for reducing smoking prevalence
- Engaging with a broader range of strategic leaders for tackling tobacco harm across the City
- Strengthening the Alliance with clinical leadership through the CCG, GPs and secondary care
- Engaging clinical champions in prioritising tackling smoking across the NHS particularly within City Hospitals and across secondary and primary care.

Julie advised that the draft regulations for standardised packaging had been published and the consultation period would end on 7 August 2014. The introduction of standardised packaging was aimed at stopping young people from smoking and it was noted that the tobacco industry was keen to recruit new smokers so all partners needed to work together and deal with the issue regionally as well as locally. Julie highlighted that comments made by young people during a consultation exercise with a local school in 2012 would form part of the response and that she was happy to draft this and circulate to Members.

The Making Smoking History in the North East Partnership had a strategic aim to reduce tobacco related harm and reduce smoking to below 5% by 2025. It was recognised that this was an ambitious target and there were still high smoking rates within the North East's priority groups. It was also noted that there had been a slight rise in smoking prevalence this year.

Members of the Board noted that this target of 5% was an extremely big ask, but Nonnie Crawford explained that this was a way of keeping up the momentum for smoking cessation initiatives. She also referred to the patterns in lung cancer diagnoses, with the rates for men going down but increasing for women.

Dr Pattison commented that the CCG had endorsed the aims of the Making Smoking History in the North East Partnership and he referred to the huge growth in electronic cigarettes and that there was no evidence to show if these were helpful to those trying to give up smoking. Nonnie Crawford stated that expert opinion was divided on this but evidence was just beginning to show that e-cigarettes could have a beneficial effect.

Julie Parker-Walton advised that some licensed e-cigarette products were being made available in a few months and efforts were being made to curtail advertising for electronic cigarettes. There was no evidence as yet that e-cigarettes were a route in to smoking.

Councillor Speding referred to recent reports on the huge level of illicit cigarette sales and that this black market economy had to be changed through enforcement and legislation. It was noted that HMRC were carrying out work on this and Julie advised that Trading Standards officers were part of the Tobacco Alliance. All partners needed to be on board to change culture and behaviour around smoking and tobacco.

The Health and Wellbeing Board RESOLVED that: -

- (i) opportunities for development identified through the CLear review be supported;
- (ii) the Board support and submit a response to the standardised packaging consultation; and
- (iii) the aspirational aim for a 5% adult smoking rate by 2025 be supported.

#### **HW7. Update from the Integration and Transformation Board**

The Board were informed that the Integration and Transformation Board had met on the 2 July 2014 and the main issues discussed had been: -

- Accelerated Solutions Event
- Better Care Fund
- Children's Services



- WHO Healthy Cities

Dave Gallagher reported that the Accelerated Solutions Event (ASE) had been held on 5 and 6 June 2014 and a great deal of work was being carried out to progress the ideas raised at the event. A commitment had been made to have a follow up event in September or October to provide feedback on the progress that had been made and to develop further work.

In relation to the Better Care Fund, Sunderland had been recognised as one of the better applications and was one of a group of 14 or 15 areas which was being asked to fast track their applications to be held up as examples of good practice. Sunderland had received very positive feedback and had also had the opportunity to see what other applications had received.

There was recognition from the group of the need to fully integrate Children's Services with the work which the Integration and Transformation Board was doing. Councillor Smith stated that she fully supported this proposal and Dave said that this was a major piece of work and a timeline would be developed for it.

Having received the notes of the last Integration and Transformation board meeting, it was: -

RESOLVED that the update be noted.

## **HW8. Healthwatch Update**

Kevin Morris submitted a report updating on the Board on the activity carried out by Healthwatch in the first quarter of 2014.

There had been a turnover of staff in the organisation but it was recruiting vigorously and two new members of staff had been recruited to support community engagement activity in line with the work plan. Events and communication had already been in place to publicise the existence of Healthwatch and responses to these were being monitored to identify themes coming forward. The organisation was also working to look at how design and user activity could be embedded in public services.

Healthwatch had developed its workplan, which could be circulated to Board Members, and were responding to Healthwatch England and the Care Quality Commission (CQC), who were asking local Healthwatch to consult with their membership on a number of issues.

There was a big challenge to increase the flow of information and Healthwatch was talking to the CCG, hospitals and the Council about how this could be improved and Healthwatch board members were now sitting on a number of other bodies. Monitoring and evaluation systems had been developed for commissioned services so that there would be some form of protocol for capturing explicit information.

Moving into quarter two, the Healthwatch workplan was evolving in line with patient and member feedback and a detailed and specific Action Plan was being created which would be the focus of activity for the remainder of the year.

RESOLVED that the update be noted.

## **HW9. Sunderland Health and Social Care System Strategic Plan**

The Board received a report updating them with an update on the development of the five year strategic plan for the Sunderland Health and Social Care System.

This was not a CCG plan but a unit of planning for the NHS which had been predicated on conversations about the joint strategic needs assessment (JSNA) and the two year CCG operational plan would sit within the five year strategic plan. The plans would ensure integration between providers and commissioners and focus on the vision which had been agreed by partners.

NHS England had identified that high quality, sustainable health and care systems in England would have the following characteristics: -

- A completely new approach to ensuring that citizens were fully included in all aspects of service design and change and that patients were fully empowered in their own care;
- Wider primary care, provided at scale;
- A modern model of integrated care;
- Access to the highest quality urgent and emergency care;
- A step change in the productivity of elective care; and
- Specialised services concentrated in centres of excellence.

The strategic plan was focused around these six characteristics highlighting both examples of good practice currently in place as well as key programmes of work. Through the sharing of organisational plans, it has been possible to identify financial savings required across the system, which would be in the region of £175m over the next five years. There was an opportunity to do double running with non-recurrent services, new infrastructure would be developed over the first two years and then new services would be brought in. Sunderland CCG was in a fortunate financial position and would undertake a phased drawn down of the financial surplus reported by the CCG in 2014/2015 in order to finance change effectively.

The most recent version of the Sunderland Health and Social Care System Strategic Plan was appended to the report and the next steps were outlined as: -

- Receive Health and Wellbeing Board feedback on the content of the strategic plan;
- Receive further partner and provider feedback on the strategic plan and key initiatives within this;
- Agree further key programmes of work to be funded via the operational; resilience and planning process and amend the plan to reflect these;

- Assess the impact of the local authority efficiencies to be made from the local authority contribution to the pooled Better Care Fund and agree the risk sharing arrangements for the pool;
- Further develop the vision for each of the six characteristics;
- Further review of the financial savings in the latter three years of the plan for those organisations currently not outlined in the table in the report; and
- The final version of the strategic plan would be submitted in autumn 2014.

Ken Bremner commented that the Academic Science Network had a target to increase research and development in primary care and GP innovation and suggested that this should be woven into the plan somewhere. He also raised the issue of workforce planning and the gaps in the delivery mechanism post 2016/2017 and felt that this was an area that partners may want to do more work on.

Dave agreed that this was a well-made point and the Transformation Board would look at these risks at its next meeting. Dr Pattison stated that GP retention was a citywide problem and this was a similar position in the social care system. The Provider Forum was also going to look at workforce issues as it was vital to plan for what organisations wanted to do in the future.

Nonnie Crawford added that this was an area which was linked to the work of the Economic Leadership Board, Business Improvement District and Sunderland VIBE and that all of these organisations were concerned with retaining skilled professionals in the city.

Dr Pattison stated that this was a particular issue when there was a gap in CCG funding and some GP practices were having funding stripped out and with recruitment and retentions being a problem, there was a risk that some practices could become financially non-viable.

Councillor Speding asked about the seven day services referred to in the plan and Dave advised that these were not intended to be 24/7 but available seven days a week where appropriate and needed.

RESOLVED that the update be noted.

## **HW10. Care Act: The Local Response**

The Executive Director of People Service submitted a report providing the Board with brief details of the scope of the Care Act and developing the local response to the significant changes and challenges that the Act poses. Fiona Brown, Chief Operating Officer, People Services, was in attendance to talk to the report.

The Care Act received Royal Assent on 14 May and its provisions update and extend obligations for the Council, Health Services and for a range of other organisations. The Act was split into five parts which covered Care and Support, Care Standards, Care Standards, Health and Health and Social Care (Integration Fund).

The Department of Health had issued draft Statutory Guidance and Regulations as part of a major consultation exercise linked to Part 1 of the Act and organisations had been asked to respond to the 84 consultation questions by 15 August. An initial overview of the response and key questions were attached as an appendix to the report.

People Services had established a combined Programme Implementation Board (PIB) to oversee development and the response to both the Care and Children and Families Act. The intention was to have full project plans and a Care Act Programme Plan in place by the end of July and the main priority projects concerned engagement and performance and data. As part of this, a number of Care Act workshops had been held and this would be rolled out to partners. Work was also being undertaken to build on existing intelligence to identify the potential demands and costs of the Act in order to plan for resource requirements.

It was commented that there was a huge amount of guidance on the Care Act but it did not state what could be counted as an actual 'cost'.

Ken Bremner asked how the Programme Board would be accountable and Kevin Morris queried the role of the Community and Voluntary Sector on the group. Fiona Brown advised that the line of accountability for the Programme Board fed through the Executive Director of People Services and Councillor Miller as portfolio holder to the Cabinet. Consideration had been given to whether the engagement activity would pick up the voluntary and community sector. Alan Caddick was leading on this matter and a meeting to discuss this was taking place during the next week.

The Health and Wellbeing Board were asked to inform the Executive Director of People Services if they required any further information on the Care Act and to confirm that they wanted to submit a formal response to the Department of Health consultation exercise.

It was therefore RESOLVED that: -

- (i) the contents of the report and appendices be noted;
- (ii) the Board receive quarterly updates on the Care Act; and
- (iii) a formal response to the Department of Health consultation exercise be submitted.

#### **HW11. Adults Peer Challenge**

The Executive Director of People Services submitted a report setting out the outcome of the Local Government Association (LGA) Peer Challenge which took place in March 2014.

The Peer Challenge team had spent four days in Sunderland undertaking an assessment of the progress and potential relating to the ambition and vision of the

People Services Directorate and the plans for safeguarding vulnerable adults and the effectiveness of the newly developed model for adult safeguarding.

The Peer Challenge team had reported its key findings and highlighted areas for consideration and an action plan had been developed based on this feedback. The action plan was attached as an appendix to the report and the Chief Operating Officer, People Services, confirmed that all actions which had a target date of April or May 2014 had been completed.

RESOLVED that the update on the Adults Peer Challenge be noted.

#### **HW12. Health and Wellbeing Board Development Session and Forward Plan**

The Head of Strategy and Performance submitted a report informing the Board of the detail and scope of the next development session and the forward plan.

The next development session would be focused on safeguarding and would take place on Friday 10 October 2014. The date for the session on making the links between health and housing was still to be confirmed.

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) details of the next development session be noted;
- (ii) the forward plan be noted and requests for any additional topics passed to Karen Graham; and
- (iii) the timetable be noted.

#### **HW13. Date and Time of Next Meeting**

The next meeting of the Board will be held on Friday 19 September 2014 at 12noon

(Signed) M SPEDING  
In the Chair



**SUNDERLAND HEALTH AND WELLBEING BOARD**

**19 September 2014**

**FEEDBACK FROM THE ADULTS PARTNERSHIP BOARD**

**Report of the Chair of the Adults Partnership Board**

The Adults Partnership Board met on Tuesday 9<sup>th</sup> September, 2014 and was chaired by Cllr Speding.

**3. Matters Arising**

KG reported following the last meeting the workshop had had to be postponed and would be taking place in October/November when it would be looking at the terms of reference and the role of the Adults Board/Children's Trust/NHS Provider Forum in relation to the Health & Wellbeing Board. Following Item 5, Fire Related Deaths, Alan Patchett (AP) noted that funding had become available for the printing of posters and leaflets highlighting the dangers of fires in the home.

**4. Health & Wellbeing Board Agenda**

KG provided details of the agenda items for the next Health & Wellbeing Board, to be held on Friday 19<sup>th</sup> September 2014.

**5. Sunderland Care & Support Company**

Philip Foster gave an update on the Sunderland Care and Support Company. PF reported that Sunderland Care & Support Company is a local authority trading company owned by Sunderland City Council with a £33m business and over 7000 customers and 1200 employees. The company is made up of three divisions, Reablement and Intermediate Care, Prevention and Equipment and Supported Living. PF reported the company would be running a 50 place apprenticeship programme every year in partnership with Sunderland College, which is one of the largest in the City, with everyone on the programme achieving NVQ levels 2/3. PF noted the achievements of the Company so far including the appointment of 150 new employees, the smooth transition to trading company and new business development.

**6. Winterbourne View Update**

Alan McCormack provided an update on the progress of the review carried out in December 2012. AMcC reported following the review of the 11 people in Sunderland within the WV category, 5 have now been discharged. The actions taken by Sunderland to bring together a Project Board has been recognised as an example of good practice and the NHS have commissioned Pricewaterhouse Coopers to undertake a case study of Sunderland that will appear on the NHS England website. AMcM gave details of the 11 questions that could be asked by Health and Wellbeing Board members and Sunderland's current position against each one. Neil Revely commended the work carried out and asked that a further update could come to a future meeting.

## **7. Domestic Violence Needs Assessment Update**

Kath Bailey gave an update on the progress of the recommendations agreed in August 2013 to address domestic violence within the City. KB noted the progress against the recommendations and recommended the establishment of a task and finish group to progress additional actions. The task and finish group will develop a clear integrated multi agency care pathway for domestic violence to ensure agencies are clear on the correct referral routes for both early identification and intervention as well as survival and recovery. AP noted the importance to include domestic violence against older people.

The recommendations of the report were agreed under the proviso that the membership of the task and finish group be broadened to include safer Sunderland representatives, providers and that Glen Wilson as the author of the original needs assessment be invited to attend.

## **8. Care Act : The Local Response**

Graham King gave an update on the scope of the Care Act and the governance structures being established in Sunderland including the Programme Implementation Board (PIB). The Care Act is in five parts – care and support, care standards, health, health and social care (integration fund) and general.

GK gave a brief overview on each of the five sections and noted the intensive work that would need to be carried out from October to April 2015, the impact on social care and what would need to be put in place.

NR noted some of the partner organisations already have representatives on the other boards and are involved in carrying out some of the work. GK noted the extent of the work involved and that the membership of the working groups would be reviewed. GK requested the Board could take on a more proactive role around co-production especially focussing on the engagement workstream.

The Board agreed to take a lead role in engagement and to receive quarterly updates on progress.

## **9. Behaviour Change Workshop**

Stuart Cuthbertson presented a report to invite members of the Board to a workshop that has been convened to help progress the Health and Wellbeing Strategy. This workshop will set the tone and direction for future social marketing and behaviour change strategies. The workshop will be facilitated by Dr. Henry Kippin, Ben Lucas and Warren Hatter and will take place on the 20<sup>th</sup> October between 1pm and 5pm at the Software Centre and all members of the Board are invited. SC noted that this will be the first in a series of workshops and will play a key role in taking forward the HWBS

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

The date for the next meeting is Tuesday 4<sup>th</sup> November, 2014 at 2.30pm in Committee Room 1



**INTEGRATION BOARD**  
**Minutes of the meeting held**  
**4.30pm on 21<sup>st</sup> August, 2014**  
**Sunderland CCG**

**Present**

David Gallagher (DG)  
Karen Graham (KG)  
Nonnie Crawford (NC)  
Neil Revely (NR)  
Debbie Burnicle (DB)  
Sarah Reed (SR)  
Alison Greener (minutes)

**ACTION****1. Apologies for Absence**

Apologies received from Fiona Brown.

**2. Minutes of the Last Meeting**

The minutes of the last meeting held on 2<sup>nd</sup> July were approved as an accurate record and will be sent as final to the Health & Wellbeing Board.

**3. Matters Arising**

DG circulated the grid of work mapped to existing groups for comment. See appendix 1 for an updated grid which will be shared with feedback to this group.

**WHO Healthy Cities**

KG stated that an expression of interest was submitted and that the deadline is July 2015. The first conference is in October in Athens and attendance needs to be confirmed.

**ACTION: KG/NR to confirm attendance at Athens event in October**

**KG/NR**

It was agreed that this issue, and any further WHO issues will be raised at the Health and Wellbeing Board

**4. Governance**

DG suggested that, as the BCF plan was now almost complete and due to the sums of money involved and the need to maintain statutory accountability for them, there was a need to strengthen the governance arrangements for integration and the BCF.

He had circulated a draft arrangement, proposing to build upon the current integration board and add in other CCG and Council colleagues. For the CCG this would be an elected GP executive, the chief finance officer and a lay member. In so doing it would enable better governing body grip of issues relating to the BCF and integration.

For the council he proposed the additional inclusion of the treasurer and an elected member / portfolio holder.

This would prevent multiple conversations needing to take place.

Following discussion the proposal was agreed and DG agreed to develop a paper proposing this to the Health and Wellbeing Board.

**ACTION: DG to produce paper incorporating the outcomes of the discussion.**

DG

There was then discussion about structures “beneath” the integration board, including the role and place of the Provider Forum and the need to avoid duplication.

DB suggested that the Transformation Board be an advisory board to the Health & Wellbeing Board as the same or similar issues are discussed there as in the Provider Forum, with the same organisations represented. This requires further consideration.

## 5. **Better Care Fund Update**

The first week in September the Sunderland BCF plan will go through the fast track assurance process to test the plan and the national process.

There is a webinar on the 4<sup>th</sup> September, hosted in Sunderland for the NE with Price Waterhouse Cooper and it would be advantageous to have council input. DB will send out an email with more detail.

**ACTION: DB to email details to colleagues regarding the webinar with PWC on the 4<sup>th</sup> September (Fiona, Graham, Lennie and David May) and to copy in Neil Revely. (Post meeting note – completed)**

DB

DB spoke to a paper she tabled informing the group of the outcome of the discussion between SCC and CCG about how to manage immediate pressures on the pooled fund. There is now an

understanding of each other's position and how it can be worked through. As part of this it was useful to have a better understanding about how joint efficiencies will be planned and delivered.

DB stated that an impact analysis will need to be carried out but there were some obvious areas where joint efficiencies still can be put in place. A series of meetings will need to be undertaken to carry this out. This work needs to be treated as a priority to resolve any misunderstanding around finances and required savings.

**ACTION: DB to share the paper electronically**

**DB**

It was agreed that joint discussion about proposed cuts will have greater impact. DB stated that there are CCG monies that can be used non recurrently and DG added that CCG funding being contributed to the BCF was net of any efficiencies already made. The finance leads were working together to agree some principles / guidelines for the fund but this had been delayed due to holidays.

A potentially outstanding issue is the national 3.5% targeted reduction in emergency admissions when the Sunderland plan is to achieve 1%. The feeling is to continue as planned. DB stated that as exemplars, testing assurance of plans will be undertaken before it rolls out to everyone else and will be discussed at a telecom tomorrow.

**6. Follow up to ASE Event**

Follow up to the ASE Event will take place sometime in the Autumn – most likely towards the end of November. Hopefully by planning this now and agreeing a date early will encourage more involvement e.g. GPs. We will contact the Stadium of Light to see what their availability is which could dictate the date that this takes place.

**ACTION: A date for the follow up event to be secured**

**DG**

NR stated that the State of the City debate takes place on the 31<sup>st</sup> October and SR asked if some of the cardboard cut outs from the ASE event could be used there. This was agreed.

DG has had a conversation with Cap Gemini who are interested in any follow up work

**ACTION: DG to explore with Cap Gemini**

**DG**

It was suggested to invite local people. DG stated that there could be a marketplace arrangement for the day where there would be a degree of listening, to discuss what has happened since the last event, but that there will be some encouragement as to how to plan going forward.

It was agreed to form a small group to plan and arrange the event.

**ACTION: DG to instigate**

**DG**

**7. Any Other Business**

KG stated that at the Provider Forum an update on the BCF could be made.

**6. Date and time of next meeting**

Thursday 23<sup>rd</sup> September 2014 at 4pm. Venue to be confirmed

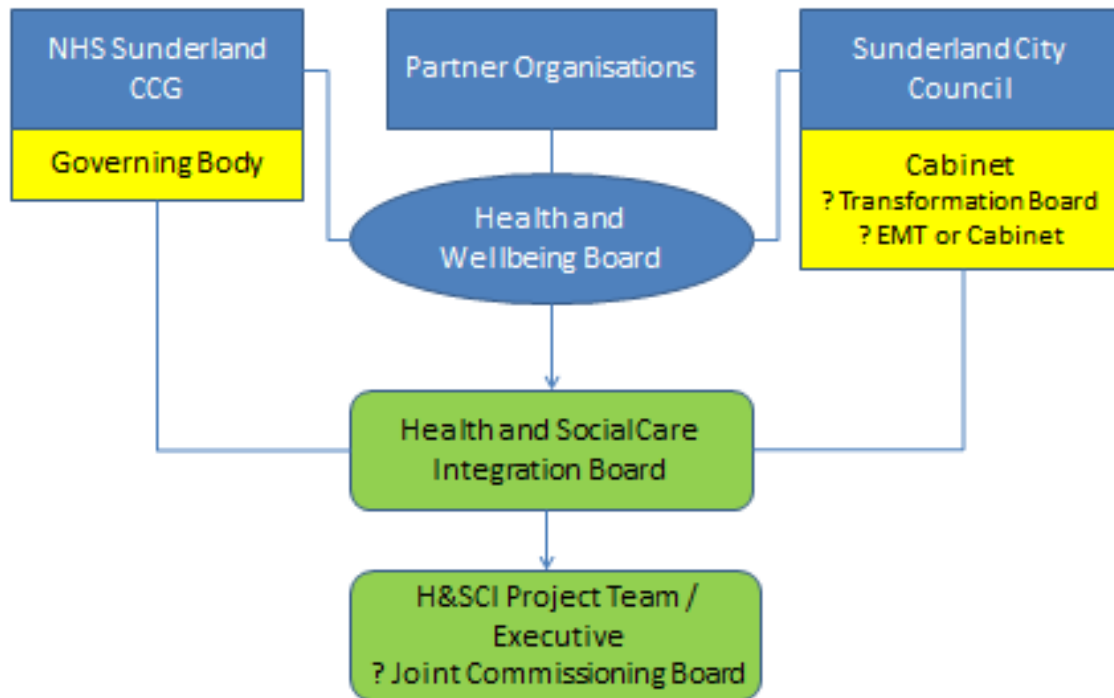
## Appendix 1

Action	Group	Lead / Owner	Comments/Action
Publish the model	Integration Board	DG	DB took this to the OOH Board and it is part of the Strategic Plan. Tweaks need to be made using OOH Board feedback. When published in September, it will be made more widely available following the ASE follow up event.
Commissioning delivery models	Joint commissioning board	Ian Holliday (SCCG) Graham King (LA)	
Integrated teams	Out of hospital board	Debbie Burnicle (SCCG) Fiona Brown (LA)	
Intelligence hub	Intelligence hub Health Early Adopter Group	Scott Watson (SCCG) Sharon Lowes (LA)	SR stated that proof of concept is being undertaken and it will be forwarded to T&D.
Data information sharing and potentially an information strategy	Informatics group	Scott Watson (SCCG) Sharon Lowes (LA)	
Community connectors	Pilot Steering Group in East Health Champions	Charlotte Burnham Gillian Gibson	East Locality are currently piloting Community Connectors. NC suggested that the Adult Partnership Board should take over once the pilot is finished.
Engagement and comms	Health and Wellbeing Strategy Implementation Group	Neil Revely	The first stage of the workshop is scheduled for 20 <sup>th</sup> October with the focus on behaviour change and there is an outline plan for the event with more from the ASE event being included.

**Clinical Commissioning Group**

Self-help and early intervention	As per community connectors	}	Both connected and part of Engagement/Comms work
Cultures and behaviours, including leadership of these	Integration board		
Follow up to ASE Event	Integration Board	David Gallagher Neil Revely	Discussed separately as an agenda item.

DRAFT FOR DISCUSSION ONLY



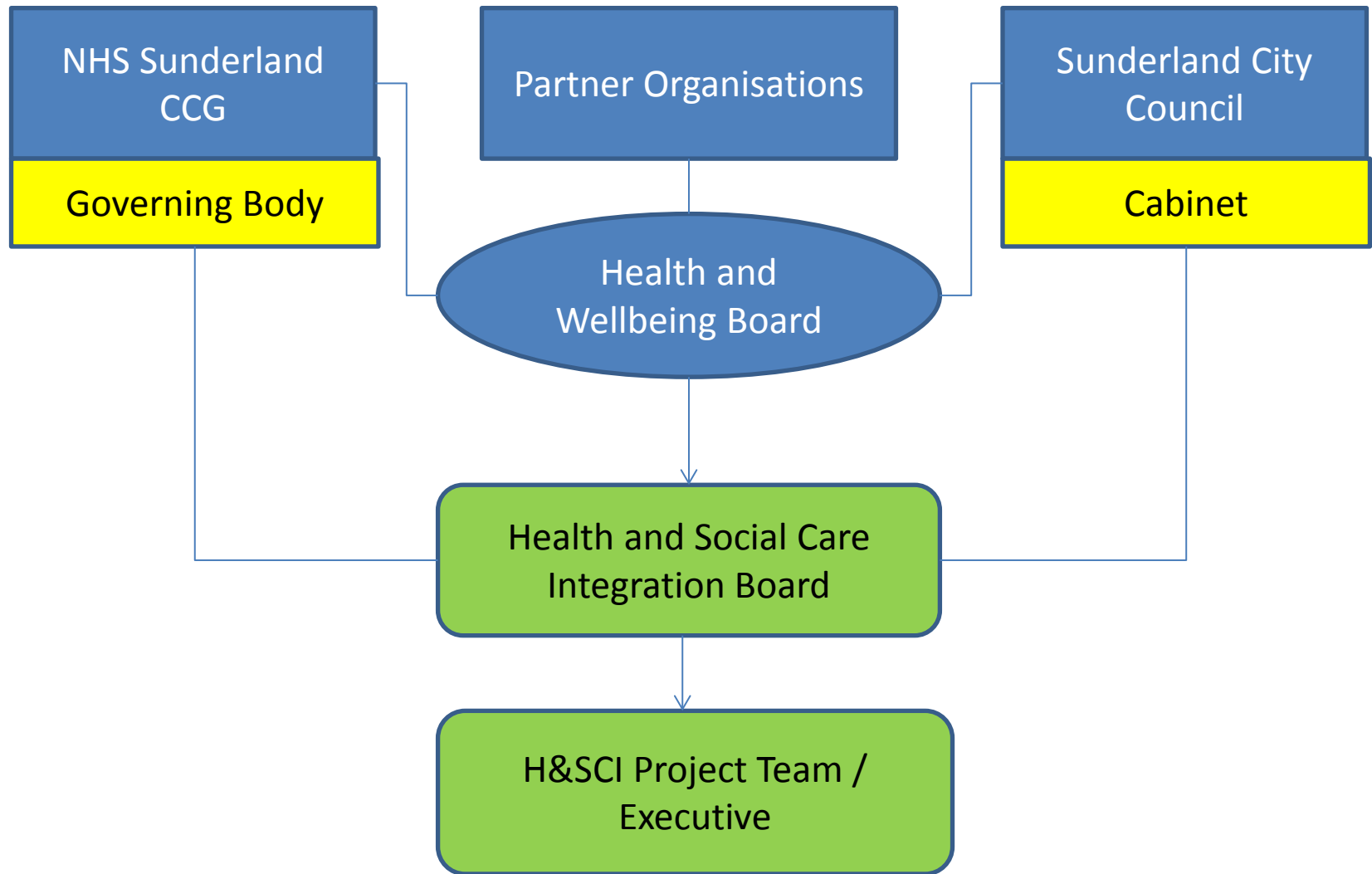
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Health and Social Care Integration Board	
Governing Body	Cabinet / EMT
GP Chair / executive Chief Officer Chief Finance Officer Director of C,P & R Lay member	Dir of People's Services Asst CEO? Treasurer Chief Operating Officer Portfolio Holder





DRAFT FOR DISCUSSION ONLY



Health and Social Care Integration Board	
CCG Governing Body	Sunderland City Council Cabinet
GP Chair / executive Chief Officer Chief Finance Officer Director of Commissioning, Planning & Reform Lay member	Vice Chair of HWB Assistant CEO Treasurer Chief Operating Officer (People's Directorate) Policy Lead for Health
Director of People's Services Director of Public Health	

# Healthy Child

## 0-5 Transfer Programme

### Vision document

22 August 2014



# NHS England 0-5 Transfer Programme

- NHS England will ensure the safe transfer of commissioning responsibilities for 0-5 year old children's public health services from NHS England to Local Authorities on 1 October 2015
- Work is on-going in a number of areas across NHS England to deliver ensure the safe transfer of commissioning responsibilities. The transfer will be delivered through 4 work-streams each led by an NHS England expert and oversee by the NHS England 0-5 Transfer Programme:
  1. Finance & Contracting
  2. Workforce
  3. Information & IT
  4. Communication & Engagement
- The programmes of work align with the externally led areas of work which form the overall Healthy Child Programme delivered in partnership with the Department of Health, Public Health England and the Local Government Association.

# 0-5 Transfer Programme on a page

	Narrative
<b>Major Programme:</b>	<p><u>Transfer of 0-5s public health services commissioning</u></p> <p>The responsibility for the commissioning of some elements of the 0-5 Healthy Child programme, as defined under the Section 7A agreement and GP contract 2006 NHS Act, is transferring out of NHS England to Local Authorities by 1/10/15</p>
<b>Organisational objective:</b>	<p>To ensure the safe transfer of commissioning responsibilities for 0-5 year old children's public health services from NHS England to Local Authorities on 1 October 2015. This includes:</p> <ul style="list-style-type: none"> <li>• Health visiting services (universal and targeted services)</li> <li>• Family Nurse Partnership services (targeted service for teenage mothers)</li> </ul>
<b>Commitments:</b>	<p>NHS England will work with partners in DH, Local Government and Public Health England to ensure the safe transfer takes place on 1 October 2015.</p> <p>The 0-5 transfer Programme will ensure continuity of service commissioning for health visiting services and family nurse partnership services. The programme's objectives are to:</p> <ul style="list-style-type: none"> <li>• identify and confirm the detail (including contracts, cost, service lines, staffing) of those services within the scope of the programme which are currently commissioned by NHS England and will transfer to Local Authorities</li> <li>• ensure preparedness for the transfer of commissioning responsibilities from NHS England to Local Authorities including <ul style="list-style-type: none"> <li>i) transparent sharing of information between health and local government partners for the benefit of the transfer programme</li> <li>iii) development, preparation and handover of optimal, fit for purpose contracts that are within the scope of the programme</li> <li>iii) working to ensure that contracts meet the aspirations of the Local Authorities they will transfer to wherever possible</li> </ul> </li> <li>• work with the Department of Health to develop, confirm and implement mechanisms by which transfer of the commissioning of services from NHS England to Local Authorities will take place</li> <li>• work with partners to resolve issues that could adversely impact on the programme, escalating within programme governance processes when required ensure a comprehensive stakeholder and staff communications and management plan, paying particular attention to NHS England staff affected by change.</li> <li>• monitor and assure NHS England and partners including the Department of Health of safe transfer</li> </ul> <p>Commissioning responsibilities Child Health Information Services (including Child Health Information Systems, and Child Health Record Departments) and Child health surveillance (6-8 week GP check) will remain with NHS England.</p>

# Responsibilities and organisation with 0-5 Transfer Programme

17/05/2024

Workstreams / Subgroups	Description of Role	Ownership / Lead	Reporting Line
<b>NHS England-led</b>			
Workforce & Legal	<ul style="list-style-type: none"> <li>Identification and management of commissioning staff affected at Area Team and NSC levels</li> <li>Engagement and consultation to reduce impact of uncertainty for clinical staff</li> <li>Lead national consultation and partnership working with NHS England trades unions</li> <li>Establish joint workgroup with LGA and LAs to address joint issues</li> </ul>	Sheree Axon and Sandra Skelly (NHS England)	NHS England 0-5 Healthy Child Transfer Sender Board
Finance & Contracting	<ul style="list-style-type: none"> <li>Support of detailed financial evaluation and planning going forward</li> <li>Local governance of transfer activities, and decisions around when to escalate into the more formal contract negotiation process</li> <li>Development of agreed contracting approach, and delivery of contractual transfer</li> <li>Assessment of services to support ensure sustainability, and review the progress of novation of contracts</li> <li>Assurance of local negotiations, and to escalate where appropriate</li> <li>Unpicking existing Area Team contracts (size and value) to ensure accurate transfer</li> </ul>	John Wild and Alistair Hill (NHS England)	NHS England 0-5 Healthy Child Transfer Sender Board
Information & IT	<ul style="list-style-type: none"> <li>Assessment of data requirements of Area Teams and LAs; the data reports required by LAs; and the commissioning data required to support delivery and evidence of delivery of the Public Health Outcomes Framework</li> </ul>	Tracey Grainger (NHS England)	NHS England 0-5 Healthy Child Transfer Sender Board
Communications & Engagement	<ul style="list-style-type: none"> <li>Planning and delivering stakeholder management approach relating to NHS England activities</li> </ul>	Shelley Sullivan (NHS England)	NHS England 0-5 Healthy Child Transfer Sender Board
<b>Externally-led</b>			
Preparedness	<ul style="list-style-type: none"> <li>Overall readiness of stakeholders to deliver the transfer in a timely and safe manner</li> </ul>	LGA, PHA and NHS England (no DH involvement)	Task and Finish Programme Board
Mandation	<ul style="list-style-type: none"> <li>Review of overall mandation issues, in keeping with policy directives</li> <li>Identification of those services contracted currently which will form part of the required approach of Local Authorities, and the mechanisms for enabling this</li> </ul>	Gill Donnachie (DH)	Task and Finish Programme Board
Finance and Contracting	<ul style="list-style-type: none"> <li>Management of overall contract negotiation timeframe, and quality assurance</li> </ul>	Ed Jewell (DH)	Task and Finish Programme Board
Information	<ul style="list-style-type: none"> <li>Confirmation of IT protocols and requirements, and quality assurance</li> </ul>	Helen Duncan (PHE)	Task and Finish Programme Board
Communications	<ul style="list-style-type: none"> <li>Planning and delivery of overall communications approach, involving all participant stakeholders and external parties</li> </ul>	DH led	Task and Finish Programme Board

**SUNDERLAND HEALTH AND WELLBEING BOARD**

**19 September 2014**

**PEER REVIEW – IMPLEMENTATION PLAN UPDATE**

**Report of the Assistant Chief Executive and the Head of Strategy and Performance**

**1. Purpose of Report**

The purpose of the Report is to update the Board about the progress made addressing the Health and Wellbeing Peer Challenge implementation plan.

**2. Background**

In February 2014 partners across the Sunderland health and wellbeing system were the subject of a Local Government Association (LGA) Health and Wellbeing Peer Challenge. The Peer Challenge is part of an LGA developed system improvement programme that is based on the principles of sector led improvement – Sunderland volunteered to undertake the challenge.

In May 2014 the Board received a report advising it of the outcome of the Peer Challenge including a proposed implementation plan that was to be used to address the findings of the Peer team. The Board agreed to receive 6 monthly updates on progress against the implementation plan.

**3. Progress against the Implementation Plan**

Overall the LGA report was positive and identified a number of opportunities to strengthen the good work already happening across the system. These opportunities form the basis of the implementation plan and the 15 individual actions it comprises address four key questions, these are:

- a) Is there a clear and appropriate approach to improving the health and wellbeing of local residents underpinned by accountability to the public?
- b) Is the Health & Wellbeing Board (HWBB) at the heart of an effective governance system? Does leadership work well across the local system?
- c) Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?
- d) Are there effective arrangements for evaluating impacts of the health and wellbeing strategy?

The implementation actions were allocated to Board members and senior officers within the Council and CCG. Appendix 1 details the progress made against each action to date.

#### **4. Recommendations**

The HWBB is recommended to note the Implementation Plan.



## Appendix 1

### a) Is there a clear and appropriate approach to improving the health and wellbeing of local residents underpinned by accountability to the public?

ID	Improvement Actions	Lead	Timescale for completion
A1	Develop a strong and compelling narrative to underpin the Health and Wellbeing Strategy (HWBS) and promote this widely within the council and partner organisations.	Neil Revely	November 2014
<p><b>Progress to date</b></p> <p>A series of workshops and events have taken place either explicitly linked to developing the narrative or for related purposes where the outputs will be used to help build the narrative, these include:</p> <p>Accelerated Solutions Event – over 100 participants from organisations across health, Council and the voluntary sector set out the future journey for health and social care.</p> <p>Better Care Fund (BCF) Development – various sessions have supported the development of a vision for integrated working within a pathway focusing on prevention, early intervention and ‘out of hospital’ healthcare.</p> <p>Integrated Wellness Services – engagement and consultation events leading to a new model for integrated wellness services.</p> <p>CCG / Council Communications Group – monthly meeting.</p> <p>City Council People Directorate – Communications workshops alongside 3 year transformational plan.</p>			
<p><b>Action to be taken prior to completion</b></p> <p>Further events planned leading to a draft narrative to be presented to the Health and Well Being Board in November:</p> <ul style="list-style-type: none"> <li>- Workshop developing the City approach to Increasingly Active Sunderland (16 October)</li> <li>- Behaviour Change Workshop (20 October) with support from Collaborate CIC and Dr Henry Kippen and Ben Lucas</li> <li>- Workshop to collect the outputs from the events / workshops / meetings to produce narrative and any required draft action plan (October)</li> <li>- Accelerated Solutions Event follow up (November).</li> </ul>			

ID	Improvement Actions	Lead	Timescale for completion
A2	Increase the pace of the HWBS's implementation plan and ensure this includes important milestones and outcomes that will demonstrate progress.	Neil Revely	November 2014
<p><b>Progress to date</b></p> <p>Initial progress against each objective has been made and reported to the Health and Wellbeing Board in May 2014. Elements of the strategy will also be progressed through the various Peer Challenge improvement actions (of which this is one). A core feature of the HWBS is the assets based approach to improving health and the need to empower local people so that they can take responsibility for their health. A significant piece of work is underway involving the HWBB and its advisory groups that will explore how this can be achieved.</p> <p>The HWBB will receive an annual Assurance Report that will demonstrate to them that all partners are delivering their core services in line with the strategy and highlight any issues. The report will also detail additional action taken to address the strategy objectives and the difference it is making. An Annual Statement will also be produced that summarises the progress and any concerns expressed in the Assurance Report.</p>			
<p><b>Action to be taken prior to completion</b></p> <p>Various Peer Challenge improvement actions will be completed during 2014 and through to May 2015. The first communications/behaviour change workshop to explore how individual responsibility for health can be re-established will take place on the 20<sup>th</sup> October 2014.</p> <p>The Annual Statement and Assurance Report will be taken to be the HWBB in Autumn 2014.</p>			

ID	Improvement Actions	Lead	Timescale for completion
A3	<p>Articulate and communicate what the Health and Social Care 'system' will look like in the next 5-10 years including:</p> <ul style="list-style-type: none"> <li>• a "road map" with clear deliverables for integration &amp; transformation</li> <li>• a workforce plan</li> <li>• Primary Care commissioning plan.</li> </ul>	Neil Revely & Dave Gallagher	November 2014
<p><b>Progress to date</b></p> <p>An accelerated solutions (ASE) event in June helped form the approach to designing the system. A draft model was developed and is being shared with stakeholders with a view to agreeing and taking it forward.</p> <p>The action plan from the event is being developed and key actions have been delegated to existing groups or, where these don't already exist, to newly formed ones.</p> <p>Key deliverables and milestones are being agreed by aligning individual plans from provider organisations with those of the City Council and CCG.</p> <p>The CCG transformation board has begun to look at workforce risks and implications with key stakeholders and discussions with / input from Health Education North East is planned.</p> <p>As part of the above, discussion is underway with NHS England and the Local Medical Committee regarding primary care workforce planning.</p>			

Discussion is underway with NHS England regarding primary care commissioning, including opportunities for co-commissioning with the CCG where this is currently the responsibility of Area Team.

**Action to be taken prior to completion**

Work which is underway between City Council and CCG colleagues to identify and share financial risks and issue (particularly in relation to the BCF) will be completed in September 2014.

Transformation Board discussion re aligning planning and associated milestones – September 2014.

CCG development session on primary care commissioning and a strategy for primary care in Sunderland – September 2014.

Follow up to ASE event to share progress and plan / inform next steps – November 2014.

ID	Improvement Actions	Lead	Timescale for completion
A4	Ensure there is a more systematic approach to embedding health and wellness into the core of council and partners services, to fully utilise the potential of the system.	Ken Bremner (LSP Chair)	November 2014
<p><b>Progress to date</b></p> <p>Building on its core values the Council has identified three strategic priorities: the Economy; Health; and Education and skills, acknowledging the inherent links between the three and the opportunities and life chances available to local people. This new focus will inform the council's service planning and delivery.</p> <p>The Accelerated Solutions Event in June 2014 facilitated a wider discussion across all stakeholders in health and social integration about how to work more effectively with residents and clients.</p> <p>A new city wide workstream is in development 'All Together Sunderland'.</p>			
<p><b>Action to be taken prior to completion</b></p> <p>Follow up to ASE event to share progress and plan / inform next steps – November 2014.</p> <p>'All Together Sunderland' approach underway to better engage and co-produce new ways of working with partners and the public', first wave of open conversations being planned and intelligence gathered will be added to the evidence base to inform decisions – from Nov 2014.</p>			

ID	Improvement Actions	Lead	Timescale for completion
A5	Use Public Health expertise to create strong evidence based commissioning that incorporates the co-design and co-production of interventions with local communities.	Nonnie Crawford	May 2015
<p><b>Progress to date</b></p> <p>The Public Health team have been instrumental in developing commissioning plans for the Integrated Wellness Model (details of which can be found below in A6 below). Development of this model was</p>			

supported by Public Health staff with expertise in reviewing current provision, addressing health needs assessment, finding evidence about different models, seeking public and user engagement and feeding those responses into development. Co-design and co-production is central to public health ways of working.

Additionally work with the Area Committee People and Place Boards over green space and enhancing approaches to increasing activity locally are based on co-design with Community Leaders and community participation.

The appointment of a permanent consultant post will enhance the capacity of Public Health to offer support around evidence base to the intelligence hub, the Council and the CCG.

#### **Action to be taken prior to completion**

Evaluation plans to assess how successful these approaches have been will be in place by December 2014, though implementation will be on-going.

ID	Improvement Actions	Lead	Timescale for completion
A6	<p>Develop greater understanding around the behavioural and cultural issues that underlie why people do not make changes or access services, ensuring that:</p> <ul style="list-style-type: none"> <li>evidence drawn from data is aligned with effective solutions</li> <li>there is a robust process for sharing intelligence around health and wellbeing with the public</li> <li>that public intelligence is added to the evidence base to inform decisions</li> <li>the JSNA is underpinned with a stronger user perspective.</li> </ul>	Sarah Reed / Liz St Louis / Nonnie Crawford / Kevin Morris	May 2015

#### **Progress to date**

- Through the accelerated Science Environment event in June 2014 there was a wider discussion across all stakeholders in health and social integration about how to work more effectively with residents and clients. The focus remains on the core equality priorities and ensuring that specific needs are understood and reviewed.  
  
A new city wide workstream is in development 'All Together Sunderland'
  - A specialist partner has been appointed to develop and deliver an intelligence hub for the city. This will enable a far richer understanding of customer and communities, their needs and patterns of behaviour and provide the ability and capability to aggregate and analyse data to ensure evidence based decision and the provision of effective solutions.
  - As part of the working up of commissioning plans for the Integrated Wellness model there has been significant engagement with local people, both previous service users and non-users. Every effort has been made to ensure that those with greatest need have been able to input into these processes. There have also been engagement workshops with elected Members, voluntary and community sector representatives and service providers. This information has then been analysed and is being directly included in to the service specifications for the new model.
- It is debatable whether we have yet achieved 'robust' processes for sharing intelligence around

health and wellbeing and these do need to be multiple processes using a range of social media to account for the differing ways in which individuals and families access information. Every effort is being made to ensure that advertising, websites, text and online approaches (as well as radio/newspaper/etc) are used coherently

- Public intelligence whether collected / received by the Council, Healthwatch and providers has certainly informed decision making as identified in the workup for procurement of integrated commissioning
- The JSNA will be due a refresh in the coming year and all contributors will be asked to ensure the user voice is more clearly demonstrated in its production.

#### **Action to be taken prior to completion**

##### **1. Workshop at Health and Wellbeing Development session – October 2014**

- Range of ‘conversations’ will commence – November 2014 – February 2015 looking at what works with local residents.

##### **2. Delivery of ‘Admission to and Re-admission to Hospital’ early adopter project aligned to the implementation of the intelligence hub – Mar 2015**

- Delivery of an ‘Information Governance Strategy’ aligned to the implementation of the intelligence hub – May 2015
- ‘All Together Sunderland’ approach underway to better engage and co-produce new ways of working with partners and the public’, first wave of open conversations being planned and intelligence gathered will be added to the evidence base to inform decisions – Mar 2015

##### **3. Evaluation of the procurement and implementation of the Integrated Wellness Model should include assessment of the areas above.**

- By December 2014 we will have an evaluation plan which will run alongside the procurement and initiation of the Integrated Wellness Model and at three-six monthly intervals reports will be made to relevant Portfolio holders (ensuring accountability to publicly elected officials)
- As part of their involvement in the Council’s Public Health responsibilities, Communications (People and Place) will be asked to maintain their engagement with ensuring extensive and wide reaching evidence based approach to public intelligence availability locally. This will also translate into the work of the Intelligence Hub and its onward strategy as health and wellbeing intelligence is but a subset of all intelligence held locally - *action and time frame for those areas to decide*
- JSNA refresh will be planned by December 2014 and initiated by April 2015 with completion by September 2015.

**b) Is the Health & Wellbeing Board (HWBB) at the heart of an effective governance system? Does leadership work well across the local system?**

ID	Improvement Actions	Lead	Timescale for completion
B1	Strengthen the engagement of NHS providers to deliver a step change in outcomes, putting prevention and early intervention at the heart of plans.	Ken Bremner/Mel Speding	November 2014
<b>Progress to date</b> Terms of reference and membership agreed; Regular meetings timed in advance of main Health and Wellbeing meetings; Further exploration required into widening provider participation; Agenda dominated so far by better care fund and its implications - all providers have had opportunity to be involved; Provider (NHS) plans now aligned but not a copy of commissioner plans.			
<b>Action to be taken prior to completion</b> Review widening participation as an on-going theme.			

ID	Improvement Actions	Lead	Timescale for completion
B2	Review the Public Health team's leadership role to ensure it is able to leverage influence across the council in order to respond to the challenges set by the HWBB.	Sarah Reed / Nonnie Crawford	November 2014
<b>Progress to date</b> After review in the early stages of new year, there has been wider work on key priorities of the city (Economy, Health, Skills/Education) and this has supported wider engagement and influence across the agendas. Initiatives such as the Integrated Wellness Model, greenspace and increasing activity locally, as well as the focus on work based health and work on healthy travel plans are examples of this. Much of what is underway is currently limited to the significant role of place based infrastructure and services - more needs to be done to address this.  Governance across systems is a very challenging area (as all organisations have their own governance systems to follow), but a good example of a developing Governance system is that being developed across the CCG and the Council around the Integration Board and the use of the Better Care Fund.			
<b>Action to be taken prior to completion</b> The completed Integration Board Governance Framework will provide a good model for operation. Further review of core Public Health team's leadership will be reviewed in November 2014 with a view to widening its influence.			

**c) Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?**

ID	Improvement Actions	Lead	Timescale for completion
C1	Support the VCS to respond to health and wellbeing challenges.	Charlotte Burnham	December 2015
<p><b>Progress to date</b>  Links are already in place between Area Committees and VCS organisations via Area VCS networks.</p> <p>Supporting the Delivery of the Health and Wellbeing Strategy at a local level is a key priority for all Area Committees/People Boards and how this is achieved is determined through consultation with communities via VCS networks.</p> <p>To date a mapping exercise has been carried out in each of the 5 Areas. Each Area Committee, through its People Board and Area VCS Network, has identified services and activities that are already being delivered by VCS organisations. This information has been pulled together and is to be used as a 'community directory' which will not only help to signpost residents to those activities but will also help to determine where there are gaps and try to avoid duplication of activity.</p> <p>This will allow members to inform and influence decisions on the enhancement of activities delivered within their communities, and in some area(s) pilot an approach to utilising 'Community Connectors' who can help to signpost members of the public to relevant services and activities being delivered in their areas and over the longer term help to reduce demand on Public Sector Services.</p> <p>Additionally, as part of the process organisations were asked to identify issues and opportunities in terms of capacity to continue to deliver, especially if more residents were being signposted to them. There were a range of issues/opportunities identified which included e.g. infrastructure funding, volunteers and equipment. Area Committees have/are responding to those issues raised through identification of their own resources where possible e.g. funding one off equipment costs or enhancing activities etc. that would endeavour to reduce social isolation within communities.</p>			
<p><b>Action to be taken prior to completion</b>  <b>November 2014</b> Review of volunteering arrangements in the city to consider VCS requirements.  <b>November 2014</b> Intel Hub - identify data requirements to provide information to VCS organisations in order to support their sustainability, this might include funding opportunities, information to support bid development (local data) etc.  <b>Ongoing</b> Maintain links with VCS organisations via Area VCS Networks to continue to understand issues and consider responses. This will include input from Council, CCG colleagues and other partners where relevant.</p>			

ID	Improvement Actions	Lead	Timescale for completion
C2	At an area level map how area activity best supports the delivery of the HWB Strategy ensuring that local interventions are properly evidence based and are informed by professional judgements about what works. Ensure that there are robust evaluation approaches in place for Area based initiatives.	Charlotte Burnham	November 2014

**Progress to date**

See update provided at C1.

During this last year Area Committees and their People Boards have been involved in the reviews of both the Integrated Wellness Model and Sexual Health in the city. As further outcomes are determined members will consider how that further evidence will help to determine future interventions at a local level.

Area Committees/People Boards working with CCG Locality Teams to determine where we can work most effectively together to support joint priorities and as such support the delivery of the Health and Well Being Strategy and CCG priorities.

The Executive Director of the People Directorate has nominated a Head of Service to represent the Directorate in Area Arrangements, along with a dedicated Public Health Representative for each Area. Both attend and work alongside People Boards to add professional judgement in determining and delivering local interventions.

**Action to be taken prior to completion**

**October/November 2014** Determine evaluation processes are sufficiently robust.

**November 2014** Community Directory integrated as part of the development of the Council's Intelligence Hub.

**November 2014** consider further linkages to intelligence hub to identify information requirements to ensure interventions properly evidenced based.

**Ongoing** Continue to work with CCG Locality Teams on joint priorities. This will include the ongoing involvement of the People Directorate via the Head of Service Representative and Public Health Representative in Area Arrangements.

ID	Improvement Actions	Lead	Timescale for completion
C3	Build upon Area arrangements to co-design effective consultation methods to achieve best reach into communities.	Charlotte Burnham / Kevin Morris	November 2014

**Progress to date**

- Healthwatch Manager attended Area Committees in July 2014 to outline the organisations purpose and progress to date.
- Linkages beginning to be made between Healthwatch and Area VCS Networks.

**Action to be taken prior to completion**

End September/October 2014 Meeting Kevin Morris, Charlotte Burnham and Allison Patterson to develop proposals and agree implementation arrangements.



**d) Are there effective arrangements for evaluating impacts of the health and wellbeing strategy?**

ID	Improvement Actions	Lead	Timescale for completion
D1	Put in place and use a sound performance framework for planning future activities.	Neil Revely/Dave Gallagher	November 2014
<p><b>Progress to date</b> H&amp;SC Integration board in place.</p> <p>More robust governance arrangements being developed – to include performance measures.</p> <p>Performance indicators agreed for BCF.</p> <p>Discussions relating to A3 will inform production of timelines and performance measures.</p>			
<p><b>Action to be taken prior to completion</b> Discussion to be finalised on increasing the robustness of governance arrangements for health and social care integration through the Integration Board. A paper will need to go the HWB to finalise and agree this.</p> <p>Transformation Board discussion re aligning planning and associated milestones – September 2014</p> <p>CCG development session on primary care commissioning and a strategy for primary care in Sunderland – September 2014.</p> <p>Follow up to ASE event to share progress and plan / inform next steps – November 2014.</p>			

ID	Improvement Actions	Lead	Timescale for completion
D2	Ensure that the intelligence hub is informed by the expertise and knowledge of health partners and supports the effective delivery of the HWB Strategy.	Liz St Louis	December 2014
<p><b>Progress to date</b> Intelligence Hub featured as one of the key strands at the recent Health and Social Care Accelerated Solutions Event.</p> <p>CCG actively engaged in recent meet and greet days with new specialist intelligence partner.</p> <p>The HWBB have sponsored one of the early adopter projects, 'admission and re-admission to hospital', which is a key priority for the HWB Strategy; CCG and other NHS partners are involved with the delivery of the early adopter project.</p> <p>Early discussions around complexities of interpretation of legislation in relation to data sharing.</p>			

**Action to be taken prior to completion**

Briefings at the next meetings of the HWBB – 19<sup>th</sup> September 2014 / 28<sup>th</sup> November 2014.

Commencement of ‘admission and re-admission to hospital’ project with key partners – 1<sup>st</sup> September 2014.

Conference Call with Intelligence Strategic Partner, CCG and Council regarding information and data sharing across health and social care system – 27/8/2014.

ID	Improvement Actions	Lead	Timescale for completion
D3	Measure the impact of the re-profiling of the Public Health Budget to provide assurance that it is generating sufficient efficiencies but also gaining real effectiveness from it for the PH function.	Nonnie Crawford/ Sonia Tognarelli	November 2014
<b>Progress to date</b> Work is currently in progress to assess the impact (August/September 2014).			
<b>Action to be taken prior to completion</b> Review re-profiling in October 2014 after analysis complete.			

ID	Improvement Actions	Lead	Timescale for completion
D4	Use Public Health expertise to develop collaborations with PHE and local universities to deliver the evaluation of the HWBS.	Nonnie Crawford/Sunderland University	November 2014
<b>Progress to date</b> The HWBS action plans were brought to the HWBB in May 2014. These are being further developed through the actions within the Peer Challenge process and other workstreams such as the series of communication workshops that are planned – the first workshop is on the 20 <sup>th</sup> October 2014. There have also been early conversations with PHE and some universities to establish a monitoring framework for the strategy. As a result of this on-going work a full evaluation plan has not yet been established. An additional senior member of staff is joining the Public Health team and this will allow two consultants to establish more robust arrangements for this improvement activity.  PHE have secured the assistance of a Professor from Leeds metropolitan University to assist with Evaluation of H&WB activity across the North East Centre and we are engaged with her over evaluation of our approach to Integrated Wellness. The development of that relationship will push forward action in this area.			
<b>Action to be taken prior to completion</b> We will have an initial evaluation plan in place for elements of the H&WB strategy. These will necessarily be built upon as the actions plans develop.			

**SUNDERLAND HEALTH AND WELLBEING BOARD**

**19 September 2014**

**WHO HEALTHY CITIES**

**Report of the Executive Director of People Services**

**1.0 Purpose of the Report**

- 1.1 To update the Health and Wellbeing Board on the World Health Organisation (WHO) Healthy Cities Programme.

**2.0 Background**

- 2.1 The WHO Healthy Cities project is a global movement. It engages local governments in health development through a process of political commitment, institutional change, capacity-building, partnership-based planning and innovative projects. About 90 cities are members of the WHO European Healthy Cities Network.
- 2.2 The primary goal of the WHO European Healthy Cities Network is to put health high on the social, economic and political agenda of city governments. Health is the business of all sectors, and local governments are in a unique leadership position, with power to protect and promote their citizens' health and well-being.
- 2.3 The Healthy Cities movement promotes comprehensive and systematic policy and planning for health and emphasizes:
- the need to address inequality in health and urban poverty
  - the needs of vulnerable groups
  - participatory governance
  - the social, economic and environmental determinants of health.
- 2.4 A city joins the WHO European Healthy Cities Network based on criteria that are renewed every five years. Sunderland was designated a WHO Healthy City in 2004.
- 2.5 Each five-year phase focuses on core priority themes and is launched with a political declaration and a set of strategic goals.

**3.0 Phase VI – 2013 – 2018**

- 3.1 To address the changing health landscape, countries in the WHO European Region agreed on a new common European policy and strategy for health and well-being – Health 2020 in September 2012. This new policy was

informed by healthy city input and experience and now stands ready for implementation. The WHO European Healthy Cities Network is now being positioned as a strategic vehicle for implementing Health 2020 at the local level. Local action and the decisions of local governments can strongly influence all the public health challenges noted above as well as many of the determinants of health. Healthy city leadership is more relevant than ever.

3.2 Health 2020 puts increased emphasis on and brings new evidence on the right to health, equity, well-being and health in all policies through whole-of-government and whole of society approaches. The following two strategic goals of Health 2020 provide the overarching umbrella of Phase VI of healthy Cities

- improving health for all and reducing health inequities; and
- improving leadership and participatory governance for health.

3.3 The core themes in WHO Healthy Cities Phase VI will be based on a local adaptation of the four priorities for policy action of the Health 2020:

- investing in health through a life-course and empowering people;
- tackling the European Region's major health challenges of infectious and non-communicable diseases;
- strengthening people-centred systems and public health capacity and emergency preparedness and surveillance; and
- creating resilient communities and supportive environments.

3.4 As the aims of Phase VI are clearly closely aligned to the Sunderland Health and Wellbeing Strategy, we have expressed an interest in being designated as a WHO Health City for Phase VI. The deadline for full submission is not until 2015 although applications are being received currently. The HWBB is requested to endorse the application.

#### **4. Healthy Cities National Network**

4.1 In addition to the international network, Sunderland is a member of the UK national healthy cities network. The first national network meeting of Phase VI was held in Newcastle in August and was attended by Cllr Speding as the lead member for Healthy Cities and Karen Graham as the policy lead for health.

4.2 The event focussed on logistics for the network and on setting terms of reference and roles for the forthcoming phase. There was also a learning session looking at theories of governance in the context of world health.

- 4.3 The next event is to be held in Autumn in Bristol and will be focussed on spatial planning, health and place and the importance of urban environments.

## **5. WHO Annual Conference – Athens**

- 5.1 One of the conditions of membership of the WHO Healthy Cities network is the attendance at the annual conference. This year the event is being held in Athens in October. Members are invited to submit abstracts for workshops and development sessions and Sunderland has submitted a proposal on a synopsis of our citywide approach to Extra Care under the theme of 'supportive environments for healthy living'.

## **6. Recommendations**

The Board is recommended to:

- Endorse the proposal to apply fully for designation as a WHO Healthy City for Phase VI
- Note the upcoming annual conference



**SUNDERLAND HEALTH AND WELLBEING BOARD**

**19 September 2014**

**SUNDERLAND HEALTH AND WELLBEING STRATEGY – COMMUNICATIONS WORKSHOP**

**Report of the Executive Director of People Services and the Head of Strategy and Performance, Sunderland City Council**

**1.0. PURPOSE OF REPORT**

- 1.1 To invite members of the Board to a workshop that has been convened to help progress the Sunderland Health and Wellbeing Strategy (HWBS).

**2.0. BACKGROUND**

- 2.1 The HWBS has been developed to take a whole systems and assets based approach to the improvement of health and wellbeing in Sunderland and the Strategic Objectives that have been set in the strategy are ambitious and challenging. To achieve them will require a considerable change in the way that services are developed, delivered and specifically how communities are engaged and empowered to take control over the decisions affecting their health and wellbeing.
- 2.2 It is important to ensure that the strategy is understood. A lack of knowledge and acceptance of the strategy will make changing attitudes and behaviours very difficult to achieve. Buy in is needed from local people as well as commissioners and providers in order to overcome any barriers to implementation and assure the strategy's success.

**3.0 Communications Workshop**

- 3.1 Care needs to be taken about how the HWBS is communicated as this will affect how subsequent messages aimed at influencing behaviours of residents, commissioners and providers are received. This poses a significant challenge, though one that is achievable through the use of social marketing, by applying behavioural science to policy design and delivery, or perhaps promoting socially and environmentally responsible living.
- 3.2 The workshop will set the tone and direction for future social marketing and behaviour change strategies that will contribute to the improved health of local people. Initial questions to be addressed at the workshop are:
- What do we mean by behaviour change?
  - What international/national best practice can we learn from?

- What behaviour change strategies have been/are being implemented in Sunderland?

3.3 The workshop will be facilitated by Dr Henry Kippin and Ben Lucas who will use their considerable experience and knowledge to help stimulate the discussion. Dr Henry Kippin is director of Collaborate CIC, a social business supporting better cross-sector working in public services. He is a visiting fellow of the UNDP Global Centre for Public Service Excellence, and at Queen Mary University of London. He was previously a partner at the RSA 2020 Public Services Hub. Ben Lucas is Chair of Public Service and Principal Partner of 2020 Public Services at the RSA. He set up the Commission on 2020 Public Services and the City Growth Commission and is a founder and Trustee of the New Local Government Network and an adviser to the Joseph Rowntree Foundation.

#### 4.0 **Next Steps**

4.1 The communications workshop will take place on the 20<sup>th</sup> October 2014 between 1pm and 5pm at the Software Centre and all members of the Health and Wellbeing Board are invited to take part – members of the Board's advisory groups have also been invited. It is anticipated that this workshop will be the first in a series and that these will play a key role in taking forward the HWBS and improving the health and wellbeing of local people.

#### 5.0 **Recommendations**

5.1 The Board is recommended to note the invitation to the communications workshop.



**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 and the forward plan.

**2. Health and Wellbeing and Safeguarding**

The partnership working session is to be held on 10<sup>th</sup> October 2014 with lunch from 11.30 for a 12.00 start. The location is Committee Room 2 of the civic centre.

The topic of the session is “How does the City get confidence from and around Childrens and Adults Safeguarding”. The session aims to take the findings of the recent People Services and Adults safeguarding peer review and to explore opportunities for strengthening links between the partnership groups.

The session has also been opened up to include invited representatives of the Childrens and Adults Safeguarding Boards.

The session will be facilitated by Anne Baxter.

Aims	Objectives
To improve understanding between the HWBB and the Childrens and Adults Safeguarding Boards of key priorities and opportunities to strengthen links.	<ol style="list-style-type: none"> <li>1. to highlight the key priorities of each Board</li> <li>2. to understand how expectations of safeguarding can be met</li> <li>3. to establish a protocol for future joint working</li> </ol>

**3. Behaviour Change Workshop**

A major element of the Health and Wellbeing Strategy is not just to influence what is delivered by also to influence how it is delivered and how the people interact with services and service providers. As this cuts across all of the 6 strategic objectives, it has been agreed to hold a behaviour change workshop to which the HWBB and all the strategic leads for the HWB Strategy are invited to shape thinking, develop a common understanding of the issue and explore best practice from elsewhere.

The session is to be held on 20th October 2014 between 1pm and 5pm at the Software Centre. It is envisaged that this will be the first in a series of session to ensure progress is made against this element of the strategy.

The session will be facilitated by Dr Henry Kippin and Ben Lucas. Dr Henry Kippin is director of Collaborate CIC, a social business supporting better cross-sector working in public services. He is a visiting fellow of the UNDP Global Centre for Public Service Excellence, and at Queen Mary University of London. He was previously a partner at the RSA 2020 Public Services Hub. Ben Lucas is Chair of Public Service and Principal Partner of 2020 Public Services at the RSA. He set up the Commission on 2020 Public Services and the City Growth Commission and is a founder and Trustee of the New Local Government Network and an adviser to the Joseph Rowntree Foundation.

#### 4. Forward Plan

<b>Health and Wellbeing Board Agenda - Forward Plan 2014 – 15</b>		
	19 <sup>th</sup> September 14	28 <sup>th</sup> November 2014
Standing Items	<ul style="list-style-type: none"> <li>• Update from Advisory Groups</li> <li>• Development Sessions Briefing</li> <li>• Integration and Transformation Board</li> </ul>	<ul style="list-style-type: none"> <li>• Update from Advisory Groups</li> <li>• Development Sessions Briefing</li> <li>• Integration and Transformation Board</li> </ul>
Joint Working	<ul style="list-style-type: none"> <li>• H&amp;WB Strategy – Behaviour Change Workshop</li> <li>• WHO Healthy Cities</li> </ul>	<ul style="list-style-type: none"> <li>• Integrated Impact Assessment – HIA of the Core Strategy (NC/VT)</li> </ul>
External Links	<ul style="list-style-type: none"> <li>• Update on APB review topic – housing and fuel poverty</li> </ul>	<ul style="list-style-type: none"> <li>• Intelligence Hub Update</li> </ul>

#### 4. Board Timetable

Attached as appendix 1 is the Board timetable showing the deadlines for agenda items, papers and the provisional times for the advisory groups.

#### 5. Recommendations

The Board is recommended to

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

## SUNDERLAND HEALTH AND WELLBEING BOARD

### MEETINGS 2014/15

Call for Agenda Items	Notification of Agenda items	Adults Partnership Board	Children's Trust	Provider Forum (tbc)	Integration Board	Deadline For Board Papers (to KG)	Chairs Briefing	Publication Deadline	Members briefing	HWBB Meeting Date
26 March (Weds)	9 April (Weds)	13 May (Tuesday)	8 May (Thurs)	7 May (Weds)	24 April (thurs)	5 May (Mon)	6 May 9-10	8 May (Thursday)	9 May (Friday)	16 May (Friday)
21 may (Weds)	4 June (Weds)	8 July (Tuesday)	9 July (Weds)	10 July (Thursday)	2 July (weds)	14 July (Mon)	15 July 9-9.30	17 July (Thursday)	18 July (Friday)	25 July (Friday)
23 July (Weds)	6 August (Weds)	9 September (Tuesday)	11 September (Thurs)	4 September (Thursday)	21 August (thurs)	8 September (Mon)	10 Sept 9-10	11 September (Thursday)	12 September (Friday)	19 September (Friday)
24 sept (Weds)	8 October (Weds)	4 November (Tuesday)	13 November (Thurs)	6 November (Thursday)	5 November (weds)	17 November (Mon)	19 Nov 2-3	20 November (Thursday)	21 November (Friday)	28 November (Friday)
3rd Dec (Weds)	17 Dec (Weds)	6 January (Tuesday)	13 January (Tues)	8 January (Thursday)	6 Jan (tues)	12 January (Mon)	13 Jan – 2-3	15 January (Thursday)	16 January (Friday)	23 January 2015 (Friday)
28 Jan (Weds)	11 February (Weds)	3 March (Tuesday)	5 March (Thursday)	5 March (Thursday)	26 Feb (thurs)	9 March (Mon)	10 March – 2-3	12 March (Thursday)	13 March (Friday)	20 March 2015 (Friday)