

SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 28 November 2014

MINUTES

Present: -

Councillor Mel Speding (in the Chair)	-	Sunderland City Council
Councillor Pat Smith	-	Sunderland City Council
Neil Revely	-	Executive Director of People Services
Dave Gallagher	-	Chief Officer, Sunderland CCG
Maureen Crawford	-	Director of Public Health
Ken Bremner	-	Sunderland Partnership
Kevin Morris	-	Healthwatch Sunderland

In Attendance:

Councillor Ronny Davison	-	Sunderland City Council
Alderman Mark Greenfield	-	
Alan Patchett	-	Age UK
Liz Highmore	-	DIAG
Gillian Gibson	-	Consultant in Public Health, Sunderland City Council
Kath Bailey	-	Locum Consultant in Public Health, Sunderland City Council
Alan Caddick	-	Head of Housing Support and Community Living, Sunderland City Council
Usha Jacob	-	Performance and Information Manager, Sunderland City Council
Karen Graham	-	Office of the Chief Executive, Sunderland City Council
Gillian Kelly	-	Governance Services, Sunderland City Council

HW26. Apologies

Apologies for absence were received from Councillors Kelly, Leadbitter, Miller and Watson and Christine Keen and Dr Pattison.

HW27. Declarations of Interest

There were no declarations of interest.

HW28. Minutes

The minutes of the meeting of the Health and Wellbeing Board held on 19 September 2014 were agreed as a correct record.

HW29. Feedback from Advisory Boards

Adults Partnership Board

Karen Graham informed the Board that the Adults Partnership Board had met on 4 November 2014 and the main issues considered had been: -

- Strengthening Families
- Tobacco Alliance update
- Age Friendly Cities
- Mental Health Trailblazer
- Affordable Warmth update

A joint meeting had also been held with the members of the Children's Trust on 24 November and they had agreed that there was a need to review the advisory group structures of the Health and Wellbeing Board. It was intended to look at what the Board required of its advisory groups and the potential for alternative structures and reporting mechanisms. Another joint session would be scheduled for early in the New Year.

RESOLVED that the information be noted.

NHS Provider Forum

Ken Bremner informed the Board that the Provider Forum had met on 5 November 2014 and the main issues discussed had been: -

- ASE Event Follow Up
- Better Care Fund
- Role and Membership of the Provider Forum
- Manpower
- Engagement Event
- Health and Wellbeing Board Assurance

Councillor Speding commented that the main point of interest at the meeting had been around manpower and resources and discussions on the number of GPs and their retention. Dave Gallagher noted that it was great to have Philip Foster as a member to represent care providers and that it was good to see that the Sunderland GP Alliance was largely up and running. He also highlighted the importance of manpower as an issue moving forward and supported the need to receive assurance from providers that they were playing a role in delivering the Health and Wellbeing Strategy.

Councillor Speding referred to the Durham GP Alliance and asked how partners could ensure good coverage of cross border issues. Ken Bremner advised that City Hospitals Sunderland was represented on the Durham Health and Wellbeing Board and that Sunderland residents were accessing services provided by Durham health trusts. He commented that this was a discussion for lead partners and that it may be useful for the two health and wellbeing boards to have a conversation on this.

Kevin Morris stated that Healthwatch were currently looking at the different ways in which providers engaged and Ken said that this would be placed on the agenda for the next Provider Forum.

Neil Revely reported that he had attended a round table discussion at the Cabinet Office recently which had focused on integration but the key thing which had come out of the conversation was workforce. The challenge on this was in line with the transformation agenda, for example looking at how the system would be managed if there were less GPs available and the impact if the system was successfully transformed. The Cabinet Office were challenging NHS England on this type of issue.

Ken Bremner commented that there was no lack of willingness to transform but it was about aligning services so there was not a 'feast or famine' situation. Dave Gallagher noted that work was underway in various health services to design a workforce for the future.

Karen Graham highlighted that workforce was an issue which would come up through the course of the agenda and that this was something that was broader than the remit of the Health and Wellbeing Board and included the Economic Leadership Board and Education Skills Group. Karen proposed that a joint session take place with the Economic Leadership Board in the future to look at recruitment and retention and noted that the health sector was identified as a growth sector in the Economic Masterplan.

Neil Revely added that recruitment needs for sectors such as advanced manufacturing were well understood through regional bodies but health recruitment was only really understood within the sector itself and Ken Bremner agreed that much health planning was done within the vacuum of the health service. It was also noted that not having appropriate health services would adversely affect Sunderland as an economically attractive location and the boards needed to work together on this.

The members of the Provider Forum had felt that the group was starting to work in the way which had been intended when it was established and there was added value in getting the provider voice.

Councillor Speding asked if the forum could be used as an investigatory body and Neil confirmed that this was part of the forum's terms of reference as well as it being an autonomous body.

Nonnie Crawford commented that it was excellent to see NHS providers being involved but it was important not to lose other providers, transport for example. It was important to reap the benefit of other providers from the independent and

statutory sector. Ken replied that the provider engagement event would be the first step towards achieving this.

RESOLVED that: -

- (i) the feedback from the Provider Forum be noted;
- (ii) it be noted that the Health and Wellbeing Board can suggest topics to be investigated by the Provider Forum;
- (iii) the providers' concern over manpower issues be noted; and
- (iv) a further report on assurance be received from providers.

HW30. Update from the Integration and Transformation Board (including Accelerated Solutions Event update)

The Board were informed that the Integration and Transformation Board had met on 5 November 2014 and the main issues discussed had been: -

- Partnership Board Integrated Teams
- Better Care Fund
- Integrated Commissioning
- Follow up Accelerated Solutions Event
- Governance paper

Dave Gallagher reported that the integration agenda was making progress and it was hoped that the Better Care Fund plan would be fully assured during the next week so that partners could get on and deliver the plan. Work was ongoing with NHS England to close off any outstanding issues.

The Health and Wellbeing Board had previously been made aware that a 'beefed up' approach to the governance of the Better Care Fund was being considered and the draft terms of reference for the Health and Social Services Integration Board were presented to the Board for approval. The new Integration Board was intended to be bigger, stronger and more inclusive and its purpose was to oversee the development and delivery of plans for the integration of health and social care in Sunderland.

Neil Revely advised that the structure being proposed was similar to that being adopted by other authorities and was in line with good practice.

Regarding the link between the Integration Board and the Health and Wellbeing Board, the Integration Board was a formal sub-committee of the Health and Wellbeing Board but had a different function to the advisory groups as it was overseeing £170m of funding and had to meet statutory functions on behalf of the Board.

Having considered the report, the Board RESOLVED that: -

- (i) the update from the Integration and Transformation Board be noted; and

- (ii) the draft terms of reference for the Health and Social Services Integration Board be approved.

HW31. Health and Wellbeing Performance and Assurance

The Executive Director of People Services submitted a report which provided a number of elements of performance data, including performance against outcomes and case study evidence of progression against the Health and Wellbeing Strategy.

Neil Revely advised that it was agreed some time ago to bring forward a report to provide a general oversight and assurance on the whole system. Partners working in health and social care across the city were held to account by various outcomes framework and this report was intended to pull together all aspects of performance, organised by strategic objective to generate an understanding of what was happening across the system.

Performance related to the Public Health Outcomes Framework, the Adult Social Care Outcomes Framework and the NHS Outcomes Framework was included within the report with red, amber or green ratings and direction of travel. There was a narrative description of key areas of underperformance and also a description of key innovative actions taken under each of the six objectives.

Usha Jacob, Performance and Information Manager, was in attendance to talk to the report. Usha explained that there were some outcomes which were red or amber but were showing a positive direction of travel, however there were six outcomes which were red and now showing an improvement, namely: -

- Percentage of adults physically active
- Falls and injuries in people aged 65 and over
- Life expectancy at 75
- Emergency readmissions within 30 days of discharge
- Unnecessary admissions for acute conditions
- Breast cancer screening coverage

It was highlighted that since the report had been produced, there had been an improvement in breast cancer screening so that the Sunderland rate was more in line with the national average. Emergency readmissions had shown an improvement from the figures recorded at the end of 2013/2014.

Councillor Speding commented that there was tremendous amount of information included in the report and queried what the Board should do if indicators were rated red but were moving in the right direction. Ken Bremner stated that he felt this depended on how significant the indicators were and expressed a preference for a focus on the issues which were most important for the Health and Wellbeing Board.

The Board needed to know that it could access all of the detailed information but it was agreed that the Board's priorities and the headline data had to be extracted from this wealth of information.

Councillor Smith referred to the child poverty figures and stated that these were different depending on which document you looked at. She noted that those within the report seemed out of date and possibly reflected the position a few years ago. Councillor Speding said that the data would be on a rolling programme and could only be as up to date as the system would allow.

Karen Graham advised that there had been discussions taking place about how to present the information and this was a work in progress. Officers were looking at how to make this more interactive and to include more narrative. The creation of a more user friendly document was a target for the next year.

The Board would also have to determine the frequency of reports so that improvement could be observed. It was also noted that the Board should not be complacent and if there were not demanding targets set, then there was no incentive to work towards them.

Dave Gallagher echoed earlier comments about focusing on the really important elements of the strategy and felt that the missing piece of work was the distillation of outcomes into the half a dozen or so indicators which the Board wanted to measure itself against. Nonnie Crawford suggested that Gillian Gibson and Kath Bailey work with Usha on the performance reporting for the next Board meeting.

Neil Revely highlighted that because Sunderland's Health and Wellbeing Strategy was different to others, it was as much about how partners were doing things as the outcomes. The Board needed to have the knowledge of these issues so it could decide what it would focus on over the next 12 to 18 months. He supported the idea of an interactive resource which would provide the background and the narrative to the data but there needed to be a process to agree the top five or six things which the Board wanted to target and receive regular updates on.

The Board RESOLVED that: -

- (i) the performance against outcome figures be received and noted;
- (ii) the Health and Wellbeing Strategy Objective actions be received; and
- (iii) the next steps as outlined in the report be agreed.

HW32. Due North: Report of the Independent Inquiry on Health Equity for the North

The Director of Public Health submitted a report providing a briefing to the Board on 'Due North: the Report of the Independent Inquiry on Health Equity for the North'.

Kath Bailey was in attendance to talk to the report and advised that Due North was the report of an inquiry which built on the Marmot Review and focused on the following three themes: -

- a fair start for children
- the economy and welfare
- democratic and community empowerment

The report provided additional evidence of the actions and the scale of the work required to tackle the underlying determinants of health and set out four high level recommendations: -

- tackle poverty and economic inequality within the North and between the North of England and the rest of England
- promote healthy development in early childhood
- share power over resources across the North and increase the influence that the public has on how resources are used to determinants of health
- strengthen the role of the health sector in promoting health equity

The report summarised the work which was being done in Sunderland as the recommendation themes within the report were not new and there was already a lot of activity going on. The current progress was outlined at Appendix 2 of the report and the Board was also being asked to provide feedback on the recommendations by 8 December 2014.

Public Health England was asking for responses to specific questions and this gave an opportunity to consider what was done in Sunderland and also how Sunderland's voice would play into discussions both regionally and nationally. Kath advised that some general feedback would be provided by the deadline but it was felt that it would be better to consider the recommendations in full in a workshop context.

Nonnie Crawford stated that the report was to make the Health and Wellbeing Board aware of the high level recommendations and suggested that this also be taken to the Economic and Education Leadership Boards. Ken Bremner highlighted that the progress being made by the Sector Growth Result Group had been reported at the last meeting of the Economic Leadership Board, however health issues specifically had not really been drafted into this yet.

Councillor Speding referred to ANEC and their links with Public Health initiatives and stated that a report to the Board at some point in the future about the economic impact on health would give an extra dimension to the process. There was an issue about interconnectivity, it was assumed that the Economic Leadership Board created wealth, but what it was not clear what it expected the Health and Wellbeing Board to deliver.

It was highlighted that the North East Local Enterprise Partnership was economically driven but had also recognised education and skills as a big issue in the region. Councillor Speding noted that the Economic Leadership Board had identified lack of skills as a problem and that the wealth and health of the workforce had always been a key theme.

There was a need for the three lead bodies in this area to share intelligence on this but it was also about challenging each other as well as looking at where they intersected. The Health and Wellbeing Board stood with equal weight and value to

the other boards and it was about how there could be a cross conversation and a joint focus.

Neil Revely highlighted the debate about how carers' issues could be prioritised in the same way as flexible working for parents had been in the past. This could be a key ask for the Economic Leadership Board in the context of healthy employers and a healthy workplace.

Karen Graham commented that there had previously been an exercise led by the Sunderland Partnership about the 'asks' and offers for the three boards and that this might be a good time to revisit the work.

The Health and Wellbeing Board RESOLVED: -

- (i) that the high level recommendations made by the Due North report be noted;
- (ii) that feedback be provided about the findings from the rapid mapping and sense check set out in Appendix 2;
- (iii) that they will provide feedback about the top three issues which should be prioritised for early action within the delivery plan for the Health and Wellbeing Strategy;
- (iv) that they will provide feedback on the usefulness and/or practicality of the recommendations, based on the questions on the template at Appendix 3; and
- (v) that they are content for further discussions to take place, within the local strategic partnership and key partner organisations.

HW33. Age Friendly Cities

The Executive Director of People Services and the Director of Age UK, Sunderland submitted a joint report, advising the Board about the plans of partners to progress Sunderland's application to become an Age Friendly City.

Sunderland's demography had changed considerably over the last fifty years and the population of people aged 60 and over was projected to increase from 24% in 2012 to 31.2% in 2037. As the population was ageing, age related health problems would become of increasing concern in the city.

The World Health Organisation (WHO) Age Friendly City Programme had been established to foster the exchange of experience and mutual learning between cities and communities worldwide. The Network provides partners with the opportunity to prepare an effective local policy approach for responding to population ageing.

Work was currently ongoing to refresh baseline data which shows the activity taking place in Sunderland which contributes to the Age Friendly City domains, as well as the city's 50+ Strategy, in order that the Council can submit an application, on behalf of partners, for Sunderland to be given Age Friendly status.

It was felt that Age Friendly status would have a positive and beneficial impact on all of Sunderland's citizens and would help promote this as an issue for other boards and organisations around the city. Age UK Sunderland and the Council would continue to lead the work to become an All Age Friendly City and this would be monitored by the Adults Partnership Board.

RESOLVED that the intention to pursue Age Friendly City status be supported and the next steps set out in section 5 of the report be agreed.

HW34. NHS Five Year Forward View

The Chief Officer of Sunderland CCG submitted a report providing an overview of the key points outlined in the Five Year Forward View published by NHS England in October 2014.

The purpose of the Five Year Forward View was to articulate why change was needed, what the change might look like and how it could be achieved. Dave Gallagher highlighted that the report recognised workforce issues and key economic drivers and also placed emphasis on matters such as stronger partnerships with the community and voluntary sector, different ways of commissioning services and a modern workforce.

The report mapped out where Sunderland was in relation to the requirements of the Five Year Forward View and noted that there was a lot of resonance between the national and local plans. The report was presented for information and for the Board to note the key elements of congruence between Sunderland and the national picture as detailed in section 4 of the report.

Neil Revely commented that it was useful to see the information presented in this way but suggested that this led to a 'so what' question. Sunderland was meeting the Forward View requirement but it had to be considered whether this was having any impact. Dave Gallagher advised that strategic plans would be refreshed as a result of the NHS Forward View but he was pleased to note that the direction of travel was aligned and there was not a great deal of dissonance between Sunderland and the national position.

Having considered the report, the Board RESOLVED that: -

- (i) the key points of the NHS England Five Year Forward View be noted;
- (ii) it be noted how the current and planned work fitted within the Five Year Forward View; and
- (iii) the additional work necessary, including ensuring all local NHS organisations meet the recommendations outlined in this report, be supported.

HW35. Affordable Warmth and Excess Winter Deaths – Progress Update

The Head of Housing Support and Community Living submitted a report providing an update on the Affordable Warmth Steering Group.

Alan Caddick was in attendance to present the report and advised that Affordable Warmth Steering Group had been established and had agreed its terms of reference. A 'Task and Finish Group' had been set up to develop the Affordable Warmth Strategy and Plan and this would be available in draft by the end of December 2014.

The group had been successful in securing funding from the CCG to work with GP surgeries on a flu jab campaign and from Age UK to help keep people warm and safe over the winter and prevent hospital admissions. It was proposed to combine money from the Council's Hardship Fund with the Age UK funds in order to make a real difference to affordable warmth and fuel poverty in the city.

The Steering Group was also monitoring the progress of initiatives such as Warm Up North and Collective Switching and the impact they were having on affordable warmth and fuel poverty. With regard to Collective Switching, 80 registrations had been made in June with an average saving of £191 per customer. 195 households had registered in October and had achieved an average saving of £221. The benefits of supporting this programme were starting to be seen and the next auction would take place from 2 December 2014 to 2 February 2015. The Council would be offering help and support to register and would send out information in due course.

Karen Graham advised that the Health and Wellbeing Improvement Group could help to get the message out about Collective Switching. Kevin Morris stated that he already met with Alan Caddick to discuss how Healthwatch could help.

With regard to the trying to increase the numbers who were registering for the scheme, Alan Caddick stated that there were 30,000 registrations nationally at the last auction and Sunderland was not dissimilar to other areas.

Councillor Davison highlighted that Gentoo held a lot of data, such as detail on housing conditions, which could help information the development of the strategy. She also asked what the norm was when it came to 'excess' deaths. Kath Bailey stated that this was measured using a complicated system of comparing averages over four month sections of the year. Data was not yet available to compare this year with last year as there was a lag in the figures being produced.

Neil Revely commented that it was good to see these initiatives coming together and asked if, as locality integrated teams were developed, referral routes were being made easier for individuals.

Alan Caddick advised that an example of this would be boilers on prescription and how value could be added by looking at issues in localities using an intelligence led approach. Neil noted that this level of intelligence could come from a front line practitioner and that Gentoo were delivering this in one area of the city. However, it was also highlighted that social prescribing needed to be evaluated to show that it was an effective approach.

RESOLVED that the progress made to date be noted.

HW36. Mental Health Trailblazer

The Director of Public Health submitted a report providing information about the work undertaken by the seven local authorities in the North East Combined Authority area to develop and submit a trailblazer project aiming to support people with common mental health issues back into work and to seek support for Sunderland's ongoing participation in this work.

The expected outcomes for the trailblazer were as follows: -

- Improved health outcomes for ESA claimants with common mental health conditions;
- Better integration of mental health and employment interventions;
- Shared outputs and outcomes e.g. benefit off-flows, sustained employment and clinical recovery;
- Improved value for money through integration;
- Reduced costs for other support services; and
- Improved evidence base through robust evaluation.

A workshop had been held to develop a design model for the trailblazer and a bid was developed and submitted to the Cabinet Office on 1 October with a formal decision anticipated on 1 December 2014.

The Board was asked to support the application and to take part in a discussion about how the local element of this would work.

Liz Highmore asked if there would be potential to include disabled access to Talking Point services within the trailblazer. This would be picked up by officers.

It was noted that Sunderland Workplace Health Alliance had been established, which was supported by the Economic Leadership Board, and it was case of joining these things together on the ground.

Following consideration of the report, the Board RESOLVED that: -

- (i) the work undertaken so far on the mental health trailblazer application be noted;
- (ii) Sunderland's continued participation in this work as a means of working towards strategic goals for the city be supported;
- (iii) the development of the model for local implementation through the Mental Health Partnership Board be supported; and
- (iv) feedback on the proposed delivery model for the mental health trailblazer be provided.

HW37. Development Sessions and Forward Plan

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

It was proposed that the development sessions be framed as closed board sessions going forward and the Board were invited to suggest topics of interest. Initial suggestions had been: -

- Collective risk management and assurance
- Joint working between Economic Leadership Board and the Health and Wellbeing Board
- Integrating needs assessments

Neil Revely suggested a session on setting the top five or six priorities to be for Health and Wellbeing Strategy assurance.

Kevin Morris highlighted that there was a lot of good practice around engagement but partners were not so good at evidencing this and this might be an area to focus on at a future session. Dave Gallagher added that different parts of the city would engage on different things and that it might be useful to step back and identify some common principles for this. It was noted that this could also link to All Together Sunderland work and the State of the Area debates.

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

The Board RESOLVED that: -

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

HW38. Date and Time of Next Meeting

The next meeting of the Board will be held on Friday 23 January 2015 at 12noon

(Signed) M SPEDING
In the Chair