

## **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

