

Suffolk Health and Wellbeing Board

A committee of Suffolk County Council

Minutes of the meeting of the **Suffolk Health and Wellbeing Board** held on 19 November 2015 at 9:30 am in the Conference Room East/West, West Suffolk House, Bury St Edmunds

Present:

Suffolk County Council (SCC):

Councillor Alan Murray (**Chairman**)

Councillor Tony Goldson, Cabinet Member for Health

Councillor Beccy Hopfensperger, Cabinet Member for Adult Care

Councillor Gordon Jones, Cabinet Member for Children's Services

Anna McCreadie, Corporate Director for Adult and Community Services

Tessa Lindfield, Director of Public Health

Richard Selwyn, Assistant Director Commissioning, Children and Young People's Services

Kate Gill, Director of Operations

NHS Great Yarmouth and Waveney Clinical Commissioning Group (CCG)

Dr Christopher Browning, CCG Chairman

NHS Ipswich and East Suffolk Clinical Commissioning Groups (CCG)

NHS West Suffolk and Ipswich and East Suffolk Clinical Commissioning Groups (CCGs)

Julian Herbert, Chief Officer

NHS England (East Anglia Area)

Carole Theobald

Ipswich Borough Council

Councillor Neil MacDonald

Babergh and Mid Suffolk District Councils

Councillor Nick Ridley

St Edmundsbury Borough and Forest Heath District Councils

Councillor Robin Millar

Waveney District Council/Suffolk Coastal District Council

Councillor Mary Rudd

HealthWatch Suffolk

Dr Tony Rollo

Temporary Chief Constable

Gareth Wilson

Suffolk's Voluntary and Community Sector Congress

Sharron Cozens

Suffolk's Chief Officers Leadership Team

Charlie Adan

The Chairman welcomed

Sue Miller, Norfolk and Suffolk Foundation Trust

Dr Stephen Dunn, Chief Executive, West Suffolk NHS Trust

Lisa Nobes, Interim Director of Nursing, Ipswich Hospital Trust

The Chairman announced that Sharron Cozens would be retiring as Chief Executive of Age UK Suffolk in December, so this was likely to be the last Board meeting she would attend as a representative of the Suffolk Voluntary and Community Sector Congress. The meeting recorded its thanks for Ms Cozens' contribution to the work of the Board.

26. **Public Participation Session**

There were no applications to speak in the Public Participation Session.

27. **Apologies for Absence and Substitutions**

Apologies for absence were received from: Deborah Cadman; Sue Cook (substituted by Richard Selwyn); Andy Evans (substituted by Kate Gill); Councillor Steve Gallant (substituted by Councillor Mary Rudd); Tim Passmore; Douglas Paxton (substituted by Gareth Wilson); Dr Mark Shenton; and Dr John Stammers.

28. **Declarations of Interest and Dispensations**

There were no declarations of interest or dispensations.

29. **Minutes of the Previous Meeting**

The minutes of the meeting held on 10 September 2015 were confirmed as a correct record and signed by the Chairman.

30. **A strategy to address poverty 2015 - 2020**

- a) Charlie Adan introduced a report at Agenda Item 5, providing feedback from a consultation on the development of a strategy to address poverty in the county, and setting out the proposed next steps. She explained that the County Council had a statutory duty to produce a strategy to address child poverty, but that the Health and Wellbeing Board had recommended that the strategy should be broadened to also include poverty among adults.
- b) Sarah Nivison, Financial Inclusion Manager, and Alison Manning, Strategic Lead, Early Years and Childcare Service (both of Suffolk County Council) gave a presentation relating to the report. They outlined the feedback from the consultation and explained how it had influenced the final recommendations to the Board.
- c) In the ensuing discussion, the following were among the points raised:
 - Several Board members welcomed the report. They expressed their support for the strategy, and were pleased that it recognised the problem of rural poverty. They drew attention to specific areas for consideration by the Poverty Steering Group, including: measuring the success of the strategy; tackling fuel poverty; providing pathways through work so that people had an opportunity to progress from relatively low level to higher value jobs; and addressing any data protection issues which might make it difficult for organisations to alert each other to individual cases of poverty.
 - However, some Board members expressed concern that only 11.14% of respondents to the consultation thought that

the strategy would do enough to address poverty in Suffolk. It was suggested that the strategy was insufficiently detailed and lacking in ambition.

- The Board heard that the document was intended to provide a high level strategy. It was considered important to obtain the Board's support for a drive to embed the strategic aims and resulting actions within all the member organisations. One of the ways in which the Board was being asked to demonstrate its support was by authorising the use of its logo, together with a strapline saying "working together to reduce poverty". The need for a more detailed action plan was acknowledged. It was envisaged that this would be developed by the Poverty Steering Group and the resulting actions would be monitored within the Board's refreshed Joint Health and Wellbeing Strategy.
- Councillor Millar expressed a willingness to assist in the further development of a detailed action plan, and it was confirmed that the Steering Group would welcome his input.

Decision: The Board agreed:

- i) To adopt the strategy at Annex A of the report at Agenda Item 5 and to recommend the strategy to all organisations, asking them to adopt all the strategic aims and actions with the amendments as outlined in Annex B.
- ii) To approve a proposal to enable Partnership organisations to use the Health and Wellbeing logo to demonstrate their commitment to working together with partners to tackle poverty in Suffolk.
- iii) To approve the integration of Strategic Actions 2 and 3 (Annex B) into existing Health and Wellbeing strategy cross-cutting themes and action plans for monitoring purposes, whilst acknowledging that further work was needed to tailor the actions to the specific needs of Suffolk.
- iv) To review progress on an annual basis through existing processes.
- v) To approve the publication of the strategy in December 2015.
- vi) To ask the Poverty Steering Group to undertake further analysis in relation to the scepticism expressed by consultees about whether the strategy would do enough to address poverty in Suffolk, and to report back to the Board.

Reason for Decision: Members recognised that generally there was strong support for the strategy, and that having a poverty strategy would underpin the work of the Health and Wellbeing Board. If basic needs could be met, individuals were much more likely to be healthy. The Board accepted that it would have a key role in helping to galvanise actions to address poverty across Suffolk.

Members considered that further work was needed to identify the different factors contributing to poverty in different communities across the county, such as large urban areas, market towns or villages. They also recognised that it was important for the Board to understand why many

respondents to the consultation doubted whether the strategy would have sufficient impact, and to consider what could be done to address this scepticism.

Alternative options: None considered.

Declarations of interest: None declared.

Dispensations: None noted.

31. **Suffolk Volunteering Strategy 2016 - 2021**

- a) Sharron Cozens introduced a report at Agenda Item 6, and explained that the Suffolk Volunteering Strategy had been created following discussions between Suffolk County Council and Community Action Suffolk, in recognition of the need for a strategic focus to offer an integrated approach to supporting and enabling volunteering across sectors and services.
- b) Janice Banks, Interim Chief Executive, Christine Abraham, Deputy Chief Executive, both of Community Action Suffolk, gave a presentation about the strategy, the aim of which was to foster a co-ordinated approach to volunteering in the county. They confirmed that as many organisations as possible had been invited to be involved in producing the strategy and that over 30 organisations had taken up the invitation. Four key objectives had been identified, as set out in the draft Strategy:
1. Raising the profile of volunteering in Suffolk
 2. Supporting people to volunteer and be more engaged with their community
 3. Engaging employers and business leaders in providing and promoting volunteering opportunities
 4. Delivering enhanced services and opportunities across Suffolk which build social capital and local capacity
- c) In the ensuing discussion, the following were among the points noted:
- Board members welcomed the Strategy and emphasised the need to be bold in considering innovative models of volunteering, including seeking out good practice from abroad.
 - It was agreed that the offer to volunteers needed to be exciting and motivating. The importance of finding new ways of communicating with young people was stressed, as was the need to ensure that potential volunteers were not discouraged by over-long induction processes.
 - Members wished to see greater emphasis placed on the benefits of volunteering, in terms of keeping individual volunteers healthy, active and connected to their communities.

Decision: The Board agreed:

- a) To adopt the Suffolk Volunteering Strategy 2016 – 2021 as set out in the report at Agenda Item 6.
- b) To support closer integration of volunteering across the Board's strategies and priorities.
- c) At an individual Health and Wellbeing Board member level, to give a commitment to integrate volunteering across their own and partner organisations.
- d) That Health and Wellbeing Board partners would support Community Action Suffolk in developing an Action Plan to deliver the Strategy across Suffolk.
- e) To support partners to take an integrated approach to action planning to maximise availability and impact of volunteering in Suffolk.

Reason for Decision: Members recognised that the Strategy would support the Health and Wellbeing Board's objective of building community resilience, and create the opportunity to build strong neighbourhood networks in Suffolk, enabling the vision of the Board for people in Suffolk to live healthier, happier lives.

The Board also anticipated that the Strategy and action plan would bring together a partnership of key agencies to work together to maximise: volunteering opportunities; the resources that enabled volunteering; the benefits for Suffolk residents; and the services needed by Suffolk residents.

Alternative options: None considered.

Declarations of interest: None declared.

Dispensations: None noted.

32. **Annual Public Health Report 2015**

- a) Tessa Lindfield introduced a report at Agenda Item 7, providing a summary of the Annual Public Health Report 2015. (Copies of the Annual Report were available at the meeting.) She reminded members that the Annual Report 2014 had concentrated on the early years of life, and stated that the 2016 Annual Report would focus on mental health. She gave a presentation and highlighted the following key recommendations in the Annual Report:
 - That the Annual Report should form the basis of the Suffolk Health and Wellbeing Board Prevention Strategy.
 - To improve the diagnosis and management of hypertension, atrial fibrillation, diabetes and chronic obstructive pulmonary disorders.
 - To improve the momentum of the Health and Wellbeing Board tobacco and alcohol strategies.

- To continue to drive an increase in physical activity.
 - To design services for greatest population prevention impact.
- b) The Board welcomed the report and was pleased that it highlighted some relatively short term savings which could be made by focussing on key areas of prevention. Members understood why mental health issues had not been covered in detail in the Annual Report 2015. They nevertheless stressed the importance of preventing mental ill health.

Decision: The Board agreed:

- i) To use the Annual Report to inform the first stage of the Suffolk Prevention Strategy.
- ii) To commit to prevention of ill health as a priority for the Health and Wellbeing Board.
- iii) To recognise that prevention of ill health was a joint responsibility of all the members of the Health and Wellbeing Board, not just health services.
- iv) To engage with the Suffolk Prevention Strategy design process and commit to developing actions for each of their own organisations.

Reason for Decision: The Health and Wellbeing Board recognised preventing ill health was a high priority, and that including actions with an evidence base in the Suffolk Prevention Strategy would increase the Board's ability to have an impact in this area.

Alternative options: None considered.

Declarations of interest: None declared.

Dispensations: None noted.

33. **Health and Wellbeing Board Annual Report**

At Agenda Item 8, the Chairman presented the second annual report of the Health and Wellbeing Board, setting out progress and individual outcome highlights for 2014-2015. He commended the work done by officers on behalf of the Board outside its formal meetings.

Decision: The Board agreed to note the highlights achieved by the Health and Wellbeing Board during 2014-2015, as summarised within the publication at Agenda Item 8 "A year 2 report into the work of Suffolk's Health and Wellbeing Board".

Reason for Decision: Members were aware that the Health and Wellbeing Board was accountable for improving the health and wellbeing of Suffolk people and reducing health inequalities. The Board acknowledged that this publication provided a record of the its activities and progress against these aims throughout the period 2014-2015, incorporating highlights from the four outcome areas set out in the Joint Health and Wellbeing Strategy.

Alternative options: None considered.

Declarations of interest: None declared.

Dispensations: None noted.

34. **Local Safeguarding Children Board Annual Report**

- a) Ali Spalding, Local Safeguarding Children Board Manager, presented a report at Agenda Item 9, providing a summary of the Annual Report for 2014-15 of the Suffolk Local Safeguarding Children Board (LSCB). (Copies of the Annual Report were available at the meeting). She reminded members that during the year under review Sue Hadley had taken on the role of Independent Chair of the LSCB. She drew attention to the Chair's Summary on pages 3 and 4 of the annual report, and highlighted the recommendations for partner agencies on pages 5 and 6.

Decision: The Board agreed:

- i) To note the key priority objectives met by the Local Safeguarding Children Board in 2014/15.
- ii) To acknowledge the recommendations identified by the Local Safeguarding Children Board, and that actions would be discussed at a Health and Wellbeing Board Partnership meeting on 28 January 2016.

Reason for Decision: The Board was aware that "Working Together 2015" stated that 'the Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the Health and Wellbeing Board.'

The Board welcomed the Annual Report and anticipated that at its Partnership meeting on 28 January 2015 partners would have an opportunity to discuss in greater depth how they could support the LSCB, bearing in mind particularly that the newly formed Strong and Safe Communities Group for Suffolk was part of the health and wellbeing 'family'.

Alternative options: None considered.

Declarations of interest: None declared.

Dispensations: None noted.

35. **Suffolk Safeguarding Adults Board Annual Report 2014 - 15**

- a) Roy Elmer, Safeguarding Adults Board Manager, presented a report at Agenda Item 10, providing a summary of the Annual Report for 2014-15 of the Suffolk Safeguarding Adults Board (SSAB). (Copies of the Annual Report were available at the meeting). He reminded the meeting that the SSAB had become a statutory body during the year under review. He outlined the work done to update the partnership agreement and constitution, as a result of the change of status.

Decision: The Board agreed:

- i) To accept the publication of the Suffolk Safeguarding Adults Board (SSAB) Annual Report 2014-2015 and the revised SSAB Strategy for 2015-2017, amended in light of the publication of Care Act 2014 regulations.
- ii) That actions would be discussed at a Health and Wellbeing Board Partnership meeting on 28 January 2016.

Reason for Decision:

Board members were aware that Suffolk County Council was the lead authority for safeguarding adults at risk of abuse in Suffolk, and were pleased to note that the Suffolk Safeguarding Adults Board had become statutory as a result of the Care Act 2014. Whilst the Health and Wellbeing Board did not have a statutory role, its members acknowledged that they had a significant part to play in safeguarding vulnerable adults in the county.

The Health and Wellbeing Board welcomed the Annual Report of the Suffolk Safeguarding Adults Board, recognising that it outlined safeguarding activity for the reporting period of 2014-2015 and that the Strategy 2015-2017 confirmed the key outcomes and associated Work Plan actions for 2015-2016 onwards.

Health and Wellbeing Board members anticipated that at their Partnership meeting on 28 January 2015 partners would have an opportunity to discuss in greater depth how they could support the work of the SSAB.

Alternative options: None considered.

Declarations of interest: None declared.

Dispensations: None noted.

36. **Reports from Scrutiny Committees and other Partnership Groups**

- a) At Agenda Item 11a the Chairman of the Health Scrutiny Committee, Councillor Michael Ladd, presented the recommendations arising from its scrutiny of the effectiveness of the Health and Wellbeing Board.

Councillor Ladd also summarised the recommendations arising from a meeting of the Great Yarmouth and Waveney Joint Health Scrutiny Committee meeting held on 13 November 2015. With regard to the "Shape of the System" consultation, the Joint Committee had commended the Great Yarmouth and Waveney CCG on the thoroughness of its consultation and recommended: that the CCG should continue to work with local communities to provide tailored models of service provision; that the CCG should continue to work closely with stakeholders on the delivery of the new model of care; and that the CCG should give an assurance that the new provision would be in place before closure of community hospital beds.

- b) At Agenda Item 11b the Board noted an update from the Integrated Care Network System Forum – Ipswich and East Suffolk.

- c) With regard to the West Suffolk System Forum, the Board heard that there had been an increase in the number of medically fit patients in West Suffolk Hospital because of delays in discharging them. It was recognised that this was a complex problem across the county.
- d) Members noted that the Great Yarmouth and Waveney System Leaders Partnership had welcomed greater collaboration on apprenticeships, and that at a meeting on 23 November 2015 it would be asked to agree a set of integrated workforce principles across the system.
- e) On behalf of Suffolk's Chief Officers Leadership Team (formerly the Suffolk Chief Executives Group), Charlie Adan reported that the first meeting of the Suffolk Strong and Safe Communities Group (SSCG) had taken place on 28 September 2015, chaired by Ian Gallin, Chief Executive of St Edmundsbury Borough and Forest Heath District Councils. The Board noted following points about that meeting:
- i) It had been attended by representatives of: District, Borough and County Councils; Clinical Commissioning Group; Public Health; Police; Youth Offending service; Police and Crime Commissioner's office; Children's Safeguarding.
 - ii) The Group had agreed that it was important that, where possible, representation should be consistent at meetings.
 - iii) Terms of reference had been agreed and four priority issues had been confirmed as being those which represented the greatest threat, harm and risk to communities in Suffolk and where the group was most at risk of being found lacking in coordination:
 - Domestic Abuse
 - Gangs and Youth Violence
 - Sexual exploitation and Trafficking
 - Cyber crime
 - iv) The SSCG sat between the Health and Wellbeing Board and the Community Safety Partnerships (CSPs) and would not be replicating or duplicating what was already happening.
 - v) Following a discussion about the amount of data (both statistical and anecdotal) which was held by various agencies it had become apparent that no one had the overall picture and this would be vital to providing a coordinated response. The next step therefore had been determined to be one of scoping and evidence gathering so that the Group could work from an agreed version of the Suffolk data.
 - vi) Working alongside the Transformation Challenge Award, the Multi-Agency Safeguarding Hub and Policy teams it was anticipated that this work could be completed by January 2016.

- v) The chair had contacted all chairs of the CSPs and had had personal discussions with them. As a result, CSPs would be represented at the meetings either by the Chair of the CSP or by a nominated lead officer.
- vi) The Group had agreed to meet again on 10 December 2015 and 25 February 2016.

37. **Information Bulletin**

The Board received an Information Bulletin at Agenda Item 12.

38. **Urgent Business**

There was no urgent business.

39. **Dates and Topics for Future Meetings**

The Board noted:

- a) the dates, venues and topics for future meetings as set out on the agenda sheet; and
- b) that the next Board meeting would take place on 28 January 2016 in the Elisabeth Room, Endeavour House, Ipswich.

The meeting closed at 12:10 pm.