

Suffolk Health and Wellbeing Board

A committee of Suffolk County Council

Minutes of the meeting of the **Suffolk Health and Wellbeing Board** held on 10 March 2016 at 9:30 am in the Conference Room, Riverside, Lowestoft

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 Tessa Lindfield, Director of Public Health Sue Cook, Director for Children and Young People's Services Dr John Stammers, CCG Chairman
NHS Great Yarmouth and Waveney Clinical Commissioning Group (CCG)	Andy Evans, Chief Executive
NHS Great Yarmouth and Waveney Clinical Commissioning Group (CCG)	Dr Christopher Browning, CCG Chairman
NHS West Suffolk Clinical Commissioning Groups (CCG)	Dr Mark Shenton, CCG Chairman
NHS Ipswich and East Suffolk Clinical Commissioning Group (CCG)	Councillor Steve Gallant
Suffolk Coastal District Council and Waveney District Council	Councillor Nick Ridley
Babergh and Mid Suffolk District Councils	Councillor Robin Millar
Forest Heath District and St Edmundsbury Borough Councils	Andy Yacoub
Healthwatch Suffolk	Tim Passmore
Police and Crime Commissioner	Gareth Wilson
Chief Constable	Nicola Bradford
Suffolk's Voluntary and Community Sector Congress	

The Chairman welcomed representatives of 'providers', guests and observers as follows:

*Barbara Buckley, Medical Director, Ipswich Hospital Trust
Sue Watkinson, Director of Operations, James Paget Hospital Trust
Mark Hardingham, Chief Fire Officer
John Lewis, Assistant Director, Adult and Community Services*

The Chairman congratulated the Director and the officers of Children and Young People's Services, together with all partner organisations, on the fact that Suffolk's

Children's Services had achieved an overall effectiveness rating of "Good" as a result of a recent Ofsted inspection. (Further details were included in the Information Bulletin at Agenda Item 12.)

He also congratulated members and partner organisations on the following achievements:

- *The Sole Bay Health Centre, Southwold, had achieved an overall "Outstanding" rating from the Care Quality Commission.*
- *West Suffolk CCG had won a national award for collaboration at the NHS Leadership Awards for their multi-agency work to support care home residents and their families.*
- *Councillor Robin Millar, who represented Forest Heath District and St Edmundsbury Borough Council on the Board, had recently been elected to the County Council.*

Members noted with regret that Anna McCreddie, Director of Adult and Community Services, was not present due to sickness. This would have been her last meeting as a Board member, as she had resigned her post. The Chairman paid tribute to the important role she had played in shaping partnership work in Suffolk, and the meeting recorded its thanks to her for her very significant contribution to the work of the Board.

53. Public Participation Session

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

54. Apologies for Absence and Substitutions

Apologies for absence were received from: Charlie Adan, Deborah Cadman; Julian Herbert; Councillor Neil MacDonald, Anna McCreddie; Tony Rollo (substituted by Andy Jacoub); and Carole Theobald.

55. Declarations of Interest and Dispensations

There were no declarations of interest or dispensations.

56. Minutes of the Previous Meeting

The minutes of the meeting held on 28 January 2016 were confirmed as a correct record and signed by the Chairman, subject to an amendment to Minute No. 45 (b), sixth bullet point, so that the first sentence should read:

"At the invitation of the Chairman, Councillor Terry Clements spoke about the need to understand the pathways service users might follow, and to enlist the support of the voluntary sector in providing better signposting to help people understand the way in which an active life style could promote mental health."

57. Lowestoft Out of Hospital Team

- a) Andy Evans introduced Debbie Coe, Team Manager, and Jason Peek, Area Allocations Co-ordinator, who gave a presentation about the work of the Lowestoft Out of Hospital Team.
- b) In the ensuing discussion, the following were among the points noted:
 - Members praised the work of the Out of Hospital Team and supported the aims of the initiative, which were: to provide rapid response crisis intervention; to keep people at home; to provide access to beds with care; and to facilitate early discharge from hospital.

- A member expressed the view that statistics for admissions to the James Paget Hospital in Gorleston and the Patrick Stead Hospital in Halesworth suggested the closure of community hospitals was premature. However, other members pointed out that: the Great Yarmouth and Waveney CCG was only two-thirds of the way through its system change, and therefore it was too early to judge the full effects; and the changes were being made in the context of an increase in the ageing population.
- The Board noted that the new ways of working introduced by the Out of Hospital Team were not primarily driven by the need to save money. Nevertheless, a rigorous Treasury model of how to estimate savings in this area supported the approach.
- It was intended to extend the principles of the Lowestoft Out of Hospital Team work to other areas of Great Yarmouth and Waveney. Learning from the initial work included: there was a need to introduce more social care and more mental health care into the services offered; and that arrangements would need to be varied across the area according to the size and nature of the communities concerned.
- There could be further opportunities to involve the charitable sector and the Suffolk Fire Service in assisting the Out of Hospital Team.

58. **Joint Health and Wellbeing Strategy (JHWS) – priorities for action**

- a) Tessa Lindfield introduced a report at Agenda Item 6, proposing a mechanism for the Board to focus on the delivery of a small number of priorities in 2016/17, yet still be confident that the system was delivering the JHWS outcomes as part of core business. She explained that since the report had been circulated to the Board there had been further developments with regard to the Sustainability and Transformation Plans (STPs) being produced by the NHS (referred to in the report at Agenda Item 9), therefore there was a need to amend the recommendations set out in the report.
- b) Sara Blake, Head of Localities and Partnerships, Public Health, gave a presentation to enable the Board to: agree action planning and reporting arrangements for the refreshed JHWS; and respond to initial feedback from a recent “Health in All Policies (HiAP)” peer review (referred to in the Information Bulletin at Agenda Item 12).
- c) In the ensuing discussion, the following were among the points noted:
 - The HiAP review had recommended fewer priorities and indicators, and greater emphasis on the wider determinants of health, such as housing, employment and education. It had also recommended that the Board should focus more of its attention on the cross-cutting themes of health and care integration, addressing inequalities, embedding the prevention of ill health and developing stronger, resilient communities.
 - The CCGs were now required to produce STPs. These would in effect be action plans for the cross-cutting themes. For Ipswich and

East and West Suffolk, the vision of the STP was the same as that of the JHWS, and the Suffolk Health and Wellbeing Board would oversee its delivery. The Waveney area would be included in a Norfolk and Waveney STP, and it was acknowledged that there would need to be strong links with the STP for Ipswich and East and West Suffolk.

- It was suggested that for each of the four JHWS Outcomes there should be a sub-partnership group, which should be responsible for ensuring that action was being taken to achieve the Outcome. The sub-partnership group should bring key issues to the Board only when strategic intervention was required, for example if problems needed to be unblocked.
- The view was expressed that the sustainability of the NHS in Suffolk was dependent on the JHWS because of the importance of prevention in reducing demand for services. Members recognised that they would need to address the difficult question of how to bring about changes to behaviours which in themselves were non-clinical and yet had a profound effect on the health of the public.
- There was general support for a small number of priorities explained in plain English, so that they could be communicated clearly to the residents of Suffolk.
- The Voluntary Sector Congress fully supported the suggestion that the Board should focus more of its attention on the wider determinants of health, particularly prevention. The Congress did not consider that at present the public sector in Suffolk was making best use of available voluntary sector resources. This view was echoed by other members of the Board.

Decision: The Board agreed:

- i) That it supported in principle the alignment of the Sustainability and Transformation Plans and the Joint Health and Wellbeing Strategy.
- ii) That the Board's main roles should be to enable better partnership working across the public system in Suffolk and to unblock problems at a strategic level.
- iii) That the role of overseeing the delivery of the Joint Health and Wellbeing Strategy Outcomes should be devolved to the Board's sub-partnership groups. The Board would maintain a 'light touch' oversight of these groups.
- iv) That the Board should focus on a limited number of issues which would particularly benefit from Board leadership and oversight. These should be capable of being explained simply.
- v) That officers should continue to develop the approach outlined above and bring to the Board at its meeting on 12 May 2016:
 - Further details about the Sustainability and Transformation Plans for Suffolk and how they would be aligned with the Joint Health and Wellbeing Strategy.

- Firm proposals for a limited number of actions which the Board should focus on in the future, explained in simple terms and supported by concise evidence.
 - Proposals as to how the Board would maintain oversight of Joint Health and Wellbeing Strategy delivery in a light touch manner.
- vi) That subsequently the Board should review its membership and that of the Programme Office.

Reason for Decision:

The alignment of the STPs and the JHWS was seen as offering great potential to create a plan which could be owned by the whole of the public sector system in Suffolk, and against which partner organisations could hold each other to account.

Members considered that allowing the Board's sub-partnership groups to oversee the detailed delivery of the wider JHWS outcomes would allow the Board to concentrate on its strategic role whilst giving it confidence that the wider JHWS outcomes would be delivered as part of the core business of partners.

Members recognised that focussing on a limited number of priorities at any one time would be in accordance with the recommendations of the recent Health in All Policies peer review, and would enable the Board to communicate a clear and relatively simple message to the residents of Suffolk.

It was acknowledged that refining the role of the Board and focussing on a small number of priorities could mean that the current membership of the Board and the Programme Office became inappropriate. Therefore it was agreed to review this issue at a later date.

Alternative options: None considered.

Declarations of interest: None declared.

Dispensations: None noted.

59. **The Time is Now: A prevention strategy for Suffolk to reduce demand in the health and care sector by improving health : 2016 - 2021**

- a) Tessa Lindfield introduced a report at Agenda Item 7, setting out a strategy and action plan aiming to decrease demand in the health and care sector in the short and medium term by improving healthy life expectancy.
- b) Amanda Jones, Assistant Director of Public Health presented the strategy and action plan. She explained that they had been developed by a multi-agency group using the evidence base contained in the 2015 Annual Report of the Director of Public Health and built on in a recent Health and Wellbeing Board workshop session. The strategy did not include mental health or child health, nor those interventions that would take more than five to ten years to impact on health.

- c) Copies of a final version of the Strategy and Action Plan were available at the meeting, and it was intended that in due course an “easy read” version would be made available online.
- d) In discussion of this item, the following were among the points raised by members:
- Amendments to the strategy and action plan were suggested as follows:
 - the early detection of cancer should be included in Priority 1;
 - the detection and management of Chronic Obstructive Pulmonary Diseases (COPD) should be included in the action plan;
 - there should be greater emphasis on the importance of strengthening the role played by families in preventing ill health, promoting wellbeing and increasing community resilience.
 - Most of the interventions outlined in the report had a positive return on investment, but as demand and demographic pressures were rising, might not lead to any monetary saving. Some entailed no extra cost and would be implemented at an early stage. In other cases, whilst the system as a whole would benefit from a proposed action, there would be a cost to one of the partners. Members expressed concerns about how the necessary resources were to be found.
 - Members acknowledged that there was an inherent difficulty in attempting to transform the system when there was no new money available in the public sector. However, some potential existing sources of funding were suggested, such as the Transformation Challenge Award, the STP transformation fund, and methods of introducing outside capital.
 - The Voluntary Sector Congress was aware of examples of interventions already underway which matched the priorities outlined in the report but which were no longer being funded. They considered there was a risk that resources could be lost which would be expensive to reinstate.

Decision: The Board:

- i) Subject to the amendments set out in (ii) below, agreed the strategy (to be named “The Time is Now”) as set out in Appendix A to the report at Agenda Item 7, with the following three priorities:

- Priority 1: Improve early detection and treatment of hypertensions, atrial fibrillation, chronic obstructive pulmonary disease, diabetes and “frailty”
 - Priority 2: Improve direct and indirect support to those who wish to change their lifestyle
 - Priority 3: Create Community and Personal Capacity and enhance Community and Personal Resilience.
- ii) Agreed that the following amendments should be made to the strategy and action plan set out in Appendix A to Agenda Item 7:
- a. improving the early detection of cancer should be included in Priority 1;
 - b. the detection and management of Chronic Obstructive Pulmonary Diseases (COPD) should be part of the year 1 and 2 action plan;
 - c. there should be greater emphasis on the importance of strengthening the role played by families in preventing ill health, promoting wellbeing and increasing community resilience.
- iii) Agreed the 2016-2018 action plan as set out in Appendix A to Agenda Item 7 with the amendments set out in (ii) above.
- iv) Agreed to provide leadership for delivery across the system.
- v) Agreed that the “cross-cutting” leads for prevention (Board members and officers) would coordinate overall delivery and report progress to the Board.
- vi) Agreed that there would be Board level support to the officer leads who would coordinate multi-agency delivery of the three priority areas in the action plan. The officer leadership was agreed as follows:
- Priority 1: Jep Ronoh, Consultant in Public Health, Public Health Suffolk
 - Priority 2: Lynda Bradford, Head of Health Improvement (adult), Public Health Suffolk
 - Priority 3: Davina Howes, Head of Families and Communities, Forest Heath District and St Edmundsbury Borough Councils
- The specific Board level support to the officer leads would be agreed at a later date.
- vii) That officers would report back to the Board on any strategic problems encountered in implementing the plans.

Reason for Decision:

The Board considered that the actions agreed would commit the system to working towards delivery of the prevention strategy and the embedding of evidence based approaches to decrease demand in the health and care sector by improving health. Members were broadly content with the strategy and actions, but they wished to see greater emphasis on the early

detection of cancer, the detection and management of COPD and support for the family because of their significant impact on health and wellbeing.

Members recognised that there was still a considerable amount of work to be done to develop a financial modelling plan for the implementation of the prevention strategy. Lead agencies would need to be responsible for co-ordinating financial plans.

Alternative options: None considered.

Declarations of interest: None declared.

Dispensations: None noted.

60. **Update on aspiring to a tobacco-free Suffolk**

Councillor Tony Goldson, Chairman of the Tobacco Control Alliance, introduced a report at Agenda Item 8, providing an update on progress made since the Board had endorsed the Aspiration to a Tobacco Free Suffolk on 26 March 2015. Mary Orhewere, Consultant in Public Health, presented the report and answered members' questions.

Decision: The Board agreed:

- i) To note the progress made towards a tobacco free Suffolk and endorse the actions planned.
- ii) To support particular focus on reducing pregnant smokers.

Reason for Decision:

The Board recognised that significant progress had been made in many areas. For example, the Tobacco Control Alliance had been re-established, there had been a successful prosecution of a pub landlord who had allowed smoking in designated smoke-free places, and progress had been made in protecting people from second hand smoke.

However, members were aware that across Suffolk an average of one in ten pregnant women was a smoker. They acknowledged that this statistic reflected the national picture, but agreed that a concerted effort was required to reduce the proportion of pregnant smokers.

Alternative options: None considered.

Declarations of interest: None declared.

Dispensations: None noted.

61. **Suffolk System Transformation Programmes**

- a) At Agenda Item 9 the Board considered a report providing an overview of the activity currently underway to deliver integrated health and care in Suffolk. Andy Evans spoke briefly about the Sustainability and Transformation Plans which had already been discussed in some detail in relation to Agenda Item 6 (see Minute No. 58 above).
- b) Jo Cowley, Programme Manager, Health and Social Care Integration, gave a presentation about the Better Care Fund.

- c) The following were among the points noted with regard to this item:
- The 2015/16 Better Care Fund Plan had included an element of payment for performance, but the required performance had not been achieved. Officers were asked to research whether any area in the country had been successful in obtaining payment for performance, and if so, how they had achieved this.
 - The 2016/17 Better Care Fund Plan was due to be submitted to the Government by 25 April 2016, and at its meeting on 28 January the Board had agreed to delegate authority for its final approval. (Minute No. 47 refers.) The draft submission would be circulated to all Board members for comment.

Decision: In relation to the Report at Agenda Item 9, the Board:

- i) Noted the development of the Better Care Fund 2016/17 and engagement with key partners.
- ii) Noted the quarter 3 return for the Better Care Fund 2015/16.
- iii) Noted an update from the Suffolk Workforce Forum.
- iv) Agreed that the Board's Terms of Reference should be amended to include the following:

“To have responsibility for the oversight and agreement of the Better Care Fund Plan in Suffolk.”

Reason for Decision:

Members recognised that the Health and Wellbeing Board played an important part in the leadership of integrated care in Suffolk. The Board had responsibility for agreeing and overseeing the Better Care Fund for Suffolk, but this was not reflected in its current Terms of Reference.

Alternative options: None considered.

Declarations of interest: None declared.

Dispensations: None noted.

62. **Personal Health Budgets – Local Offer**

- a) Jan Thomas, Chief Contracts Officer, Ipswich & East and West Suffolk CCGs, presented a report at Agenda Item 10, setting out the approach being adopted by those CCGs in order to develop the local offer for Personal Health Budgets in and beyond continuing healthcare.
- b) Andy Evans presented a paper which was circulated at the meeting, setting out the way in which the Great Yarmouth and Waveney CCG proposed to roll out Personal Health Budgets to a population wider than NHS Continuing Healthcare patients.
- c) In the ensuing discussion, the following were among the points noted:
 - The Board welcomed the proposals outlined, but members were aware that some of the patients involved would have very complex needs, and there would be many practical difficulties to overcome.

- Members were pleased to learn that in developing their proposals, the CCGs were committed to co-creating the local offer with service users. The CCGs confirmed that they were keen to learn from the experience of others. The Board noted that Adult and Community Services already had experience of offering personal budgets, and Healthwatch could provide access to learning from other authorities. Members agreed that it was important to take the opportunity to align the new arrangements with personal budgets for children, such as those with Special Educational Needs.

Decision: The Board agreed:

- To support the approaches set out in the paper at Agenda Item 10 and in the paper tabled by the Great Yarmouth and Waveney Clinical Commissioning Group.
- To align the clinical commissioning groups' work plans with the Joint Health and Wellbeing Strategy 2016 – 2020.

Reason for Decision:

The Board was satisfied with the way in which the Suffolk clinical commissioning groups proposed to develop mechanisms for giving Suffolk residents more direct control over the care they received from the NHS through the option of having a Personal Health Budget or an Integrated Personal Budget.

Alternative options: None considered.

Declarations of interest: None declared.

Dispensations: None noted.

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

The Board received an update on the Safe and Strong Communities Group at Agenda Item 11d.

64. **Information Bulletin**

The Board received an Information Bulletin at Agenda Item 12.

65. **Urgent Business**

There was no urgent business.

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

The Board noted:

- the dates, venues and topics for future meetings as set out on the agenda sheet; and
- that the next Board meeting would take place on Thursday, 12 May 2016 at Endeavour House, Ipswich.

The meeting closed at 12:52 pm.