

## Suffolk Health and Wellbeing Board

*A committee of Suffolk County Council*

**Minutes** of the meeting of the **Suffolk Health and Wellbeing Board** held on 17 November 2016 at 9:30 am in the Elisabeth Room, Endeavour House, Ipswich

Present:

Suffolk County Council (SCC):

Councillor Tony Goldson, Cabinet Member for Health (**Chairman**)

Councillor Beccy Hopfensperger, Cabinet Member for Adult Care

Deborah Cadman, Chief Executive

Abdul Razaq, Director of Public Health

Tina Hines, Head of Commissioning and Partnerships, Children and Young People

Dr Mark Shenton, CCG Chairman

NHS Ipswich and East Suffolk Clinical Commissioning Group (CCG)

Dr Chris Browning

NHS West Suffolk Clinical Commissioning Group (CCG)

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

Dr Ed Garratt, CCGs Chief Officer

Ipswich Borough Council

Councillor Neil MacDonald

Waveney and Suffolk Coastal District Council

Councillor Mary Rudd

Babergh and Mid Suffolk District Councils

Councillor Diana Kearsley

Forest Heath District and St Edmundsbury Borough Councils

Councillor Robin Millar

Healthwatch Suffolk

Dr Tony Rollo

Suffolk's Voluntary and Community Sector Congress

Nicola Bradford

NHS England

Carole Theobald

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

*Alison Armstrong, Norfolk and Suffolk Foundation Trust*

*Mark Hardingham, Chief Fire Officer*

*Richard Jones, Trust Secretary and Head of Governance, West Suffolk NHS Foundation Trust*

*Neil Moloney, Deputy Chief Executive, Ipswich Hospital Trust*

*Councillor Michael Ladd, Chairman of the Health Scrutiny Committee*

*Members of the Learning Disability Partnership*

28. **Public Participation Session**

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

29. **Apologies for Absence and Substitutions**

Apologies for absence were received from: Cath Byford; Sue Cook (substituted by Tina Hines); Ian Gallin; Tim Passmore; John Stammers; and Gareth Wilson. The Board noted that Councillor Goldson had been temporarily called away. In his absence, the Vice-Chairman, Ed Garratt, took the chair.

30. **Declarations of Interest and Dispensations**

There were no declarations of interest or dispensations.

31. **Minutes of the Previous Meeting**

The minutes of the meeting held on 8 September 2016 were confirmed as a correct record and signed by the Chairman.

32. **Chairman's Announcements**

**a) Norfolk and Suffolk Foundation Trust (NSFT)**

The Board was very pleased to note that the Care Quality Commission (CQC) had recently published its inspection report into the services of the NSFT and its overall rating had positively moved from 'Inadequate' to 'Requires Improvement'. The CQC had also recommended to the regulator, NHS Improvement (NHSI), that special measures be removed and the NHSI had agreed to that. The Board agreed that this was a testament to the hard work of the staff at NSFT.

**b) Feedback from 'Suffolk Lives Matter'**

The annual Health and Wellbeing Board conference on 6 October 2016 had focused on the shared aim to reduce suicide in Suffolk. The event had launched the new Suffolk Lives Matter strategy and had included speakers who were national and local experts.

The Board heard that feedback after the conference had been predominantly positive, with delegates praising the open attitude expressed toward such a sensitive topic and the constructive willingness to take action together. Particular feedback had included the quality of the speakers, and there had been offers of support to achieve the priorities.

Since the conference there had been a community conversation event in Lowestoft, with a further meeting taking place on 17 November 2016 in Kesgrave, to share insight from the accompanying focus groups and wider aims of the strategy. A third event would be held in Newmarket on 29 November 2016.

**c) Suffolk Primary Care**

A group of 14 GP surgeries had joined together across the county to form the Suffolk Primary Care partnership. This would involve surgeries in Ipswich, Stowmarket, Felixstowe, Leiston and Newmarket

working in closer collaboration. At first they would share administrative duties to reduce duplication, but it was hoped that in the longer term the federation would foster new models of care delivery.

33. **Joint Learning Disability Strategy – Year 2**

- a) The Board considered a report at Agenda Item 6, providing an update on the implementation of the Joint Learning Disability Strategy. The report was presented on behalf of the Learning Disability Partnership by Karl Butler, Champion of the Work and Purpose Workstream and Mark Conquer, Champion of the Information, Advice and Advocacy Workstream. They described the work which had been done through co-production over the previous six months. At the end of their talk they received a round of applause for their excellent presentation.
- b) In the discussion that followed, the following points were raised:
- Board Members expressed a willingness to help people with learning disabilities to find work. They heard that the Partnership was hoping to develop guidance for potential employers.
  - The Board warmly welcomed the fact that the work was co-produced and recognised the importance of adopting an approach which focussed on people's strengths and assets.
  - It was acknowledged that further work needed to be done to establish a baseline against which progress could be measured.

**Decision:** The Board agreed:

- i) To support the priorities identified for year two of the strategy implementation, as summarised in paragraph 9 of the report at Agenda Item 6.
- ii) To support and promote co-production and to arrange a specific development session on co-production for the Board.

**Reason for Decision:**

Members recognised that the Learning Disability Partnership Board had been learning about the process of co-production and working in partnership with all its stakeholders. Not only had the priorities for the next 12 months been the result of this co-production, the Learning Disability Partnership Board had also worked together to agree how to monitor and measure its impact. The Health and Wellbeing Board welcomed the proposal to take part in a development session in order to learn more about co-production and how the approach could be used in other areas.

**Alternative options:** None considered.

**Declarations of interest:** None declared.

**Dispensations:** None noted.

34. **Updates on Sustainability and Transformation Plans (STPs)**

**a) Norfolk and Waveney STP (NWSTP)**

The Board noted that the NWSTP had been submitted to NHS England as required on 21 October 2016 and feedback was expected shortly. The main themes concerned: prevention; improving acute care; and providing more care in the community by greater integration of primary, community and social care through new models of care. The NWSTP October submission and the public summary 'In Good Health' would be published on 18 November 2016. Representatives of Suffolk County Council (SCC) continued to attend the relevant programme boards and the communications and engagement work stream also had SCC representation.

**b) Suffolk and North East Essex STP**

The Board noted that it would receive an informal briefing about the Suffolk and North East Essex STP after the close of the formal meeting.

35. **Warm Homes Healthy People Update**

- a) The Board considered a report at Agenda Item 8, providing an update about Warm Homes Healthy People (WHHP), a county-wide service assisting vulnerable households living in fuel poverty, whose health could be adversely affected by living in a cold home.
- b) Councillor Robin Millar introduced the paper, which posed questions for the Board about how WHHP could be better integrated into the Joint Health and Wellbeing Strategy. Teresa Howarth, Principal Environmental Health Officer, East Suffolk and Suffolk Warm Homes Healthy People Manager, gave a presentation about the work of WHHP, citing two specific examples of cases where the service had been able to assist people living in very cold homes.
- c) In the ensuing discussion, the following were among the points noted:
  - It was difficult to identify people who could be helped by WHHP. Often the best way to contact them was through trusted individuals, such as GPs, Fire Service and Citizens Advice Bureaux staff or representatives of voluntary and community groups. Further thought should be given to ensuring that vulnerable people were being asked the right questions.
  - The Chief Fire Officer suggested that Suffolk Fire and Rescue Service might be able to help identify people who could benefit from WHHP as part of the visits carried out regularly by officers.
  - WHHP tended to work mainly with older people who lived in cold homes, but in certain circumstances families with children were also eligible for assistance. There could be opportunities for Children and Young People's Services to identify such families as part of "Make Every Contact Count".

- WHHP had been able to continue to date with a combination of local authority funding, public health support and ambitious bids to other funding sources. However, it was not clear what sources of funding would be available in the future.
- The voluntary sector was aware that vulnerable people sometimes needed help to understand how to use their heating systems.
- It was recognised that partners could do more to publicise the help available to people living in cold homes. Members expressed their support for the local “Surviving Winter” campaign.

**Decision:** The Board agreed:

- To recognise Warm Homes Healthy People as part of the Community Resilience cross-cutting theme within the Health and Wellbeing Strategy and encourage community teams to work with local areas to develop plans to identify and support vulnerable residents during winter.
- To come together to develop a more co-ordinated approach to winter planning involving WHHP in the development of escalation plans of clinical commissioning groups (CCGs), hospitals, social care and district and borough councils.
- To endorse Public Health’s commitment to support WHHP to develop a needs assessment and evidence base to ensure effective targeting of resources.
- That all parts of the Suffolk system should investigate how they could better identify and assess those most at risk of fuel poverty and increase the level of referrals to WHHP.

**Reason for Decision:**

Members were aware that a great deal of good work was undertaken as part of the WHHP partnership and that it had been successful in attracting significant sums of external funding to support Suffolk-wide initiatives. However, the Board recognised that the National Institute of Clinical Excellence framework had highlighted a number of areas for improvement.

The Board anticipated that implementation of the recommendations would: have a positive impact on vulnerable residents living in cold homes; help to further reduce fuel poverty in Suffolk as a whole; and have a positive impact on pressures on health services.

Members recognised that WHHP also supported and contributed to the Poverty Strategy which the Health and Wellbeing Board had approved in 2015.

**Alternative options:** None considered.

**Declarations of interest:** None declared.

**Dispensations:** None noted.

*The meeting was adjourned from 10:40 to 11:00 am. When it reconvened, Councillor Tony Goldson took the chair.*

36. **Establishing a Buurtzorg “Test and Learn” in Suffolk**

- a) The Board considered a report at Agenda Item 9, outlining an innovative model of integrated health and care operated in the Netherlands known as ‘Buurtzorg’, and inviting the Board to consider whether a ‘Test and Learn’ approach should be adopted in Suffolk.
- b) In introducing the item, Ed Garratt stated that a group of health and local government professionals had visited the Netherlands to learn more about Buurtzorg and had been very impressed with the way in which it encouraged a liberated workforce. Deborah Cadman paid tribute to the help received from Cecilia Tredget, Managing Director of the East of England Local Government Association in bringing forward the outline proposal.
- c) Rob Kirkpatrick, Social Care Manager, Adult and Community Services, presented the report and described how those who had visited the Netherlands had found the model to be proactive and needs led, with very little bureaucracy.
- d) In the ensuing discussion the following were among the points noted:
  - Board members warmly welcomed the approach. They considered it innovative and anticipated that it would empower the workforce and raise the profile of those who worked in the care industry. They expected that it would be popular with patients.
  - Members called for further information about how the model would be funded and how it would be aligned with existing initiatives such as the Crisis Action Team and Discharge to Assess. They also wished to be assured that this approach would not conflict with or duplicate the work being done by the Connect and Integrated Neighbourhood Teams or by voluntary agencies.
  - The Chairman confirmed that he had had preliminary discussions with representatives of the Great Yarmouth & Waveney CCG, who were keen to explore the issues further.
  - Members highlighted the need for rigorous evaluation if the ‘Test and Learn’ sites were approved. They heard that a social enterprise called Public World would assist with this.
  - Some concerns were expressed about whether sufficient nursing staff would be found to take part in the scheme. However, it was suggested that there was a great deal of creativity within the workforce and many people would welcome the opportunity to participate in this pioneering work.

**Decision:** The Board agreed that a business case and financial modelling for the delivery of a Buurtzorg ‘Test and Learn’ approach should be brought to its next meeting on 26 January 2017.

**Reason for Decision:**

Members considered that the results of the Buurtzorg model in the Netherlands warranted further investigation within the UK context. They welcomed the fact that Suffolk had the opportunity to become one of the pioneering areas to test whether such efficiencies and improved outcomes could be achieved within the UK system by applying this model.

**Alternative options:** None considered.

**Declarations of interest:** None declared.

**Dispensations:** None noted.

37. **Data sharing to enable the delivery of Suffolk Family Focus as a multi-agency Suffolk system transformation process**

- a) The Board considered a report at Agenda Item 10, setting out the case for a system-wide county approach to data sharing, by means of 'informed consent'.
- b) Stuart Hudson, Troubled Families Co-ordinator, presented the report. He acknowledged that over the previous two years, good progress had been made in sharing data with the Police, the Department of Work & Pensions and Education. However, he outlined the problems that still existed. He circulated to the meeting an example where the consent model had been used in a Suffolk Family Focus case with a family.
- c) In the ensuing discussion, the following points were raised:
  - Before services users gave consent to the sharing of their personal information, they needed to be reassured that it would not be used for secondary purposes.
  - To date the Local Digital Roadmap approved by the Health and Wellbeing Board had not facilitated the data sharing needed by Suffolk Family Focus.
  - The national context was that following an independent review by the National Data Guardian, Dame Fiona Caldicott, the government had carried out a consultation on proposed data security standards and the consent/opt-outs model from health and care professionals and organisations and the public. The outcome of this consultation would not be known until 2017, and the measures themselves might take some years to be put into effect.
  - GPs were currently constrained by a legal framework which meant they risked de-regulation if they breached patient confidentiality. Nevertheless, there were examples of areas where these difficulties had been overcome.

**Decision:** The Board agreed to ask Ed Garratt to have discussions with colleagues in Suffolk Family Focus, Public Health and the Suffolk clinical commissioning groups, and to bring a further paper on data sharing to the Board's meeting on 26 January 2017.

**Reason for Decision:**

The Board acknowledged that there was a need for a more co-ordinated approach to data collection in order to demonstrate sustainable outcomes for the Suffolk Family Focus programme. However, members considered that this was a complex issue which required further investigation.

**Alternative options:** None considered.

**Declarations of interest:** None declared.

**Dispensations:** None noted.

38. **Information Bulletin, including reports from Scrutiny Committees and other Partnership Groups**

- a) The Board received an Information Bulletin at Agenda Item 11.
- b) The Chairman of the Health Scrutiny Committee reported that the first meeting had taken place of a Task and Finish Group considering the Suffolk and North East Essex Sustainability and Transformation Plan.
- c) The Chairman of Ipswich & East Suffolk CCG reported that its Integrated Care Network would be carrying out a piece of work with Ipswich Hospital with the aim of reducing the number of Delayed Transfers of Care, and the CCG would be grateful for the support of all partners.
- d) In relation to item 10, the Board noted that it was proposed to bid for funds to create a Time to Change Hub hosted by the Suffolk Health and Wellbeing Board. This would focus on increasing understanding and reducing fear around talking about mental health. In view of the very short timescale for completing the application, the Board authorised the Chairman to approve the final bid on its behalf.

39. **Urgent Business**

There was no urgent business.

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

The Board noted: the dates, venues and topics for future meetings as set out on page 4 of the agenda sheet; and that the next Board meeting would take place on Thursday 26 January 2017 in Endeavour House, Ipswich.

The meeting closed at 11:55 am.

Chairman