

## **Suffolk Health and Wellbeing Board**

*A committee of Suffolk County Council*

**Minutes** of the meeting of the **Suffolk Health and Wellbeing Board** held on 26 January 2017 at 9:30 am in the Elisabeth Room, Endeavour House, Ipswich

Present:

Suffolk County Council (SCC):	Councillor Tony Goldson, Cabinet Member for Health ( <b>Chairman</b> )
	Councillor Beccy Hopfensperger, Cabinet Member for Adult Care
	Councillor Stephen Burroughes, Member with Special Responsibility for Children in Care
	Deborah Cadman, Chief Executive
	Abdul Razaq, Director of Public Health
	Sue Cook, Corporate Director for Children and Adult Services
NHS Great Yarmouth and Waveney Clinical Commissioning Group (CCG)	Dr John Stammers, CCG Chairman
NHS West Suffolk Clinical Commissioning Groups (CCG)	Dr Christopher Browning, CCG Chairman
NHS Ipswich and East Suffolk Clinical Commissioning Group (CCG)	Dr Mark Shenton, CCG Chairman
NHS Ipswich and East and West Suffolk Clinical Commissioning Groups (CCGs)	Dr Ed Garratt, CCGs Chief Officer
Ipswich Borough Council	Councillor Neil MacDonald
Suffolk Coastal District Council and Waveney 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	Fiona Ellis
Suffolk Constabulary	Rachel Kearton
Suffolk's Voluntary and Community Sector Congress	Nicola Bradford
Suffolk's Chief Officers Leadership Team	Ian Gallin

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

*Councillor Sarah Adams, Vice-Chairman of the Health Scrutiny Committee*

*Councillor Steve Gallant, Suffolk Coastal District Council*

*Mark Hardingham, Chief Fire Officer*

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

*Zillah Turner, Head of Operations, NHS England*

41. **Public Participation Session**

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

42. **Apologies for Absence and Substitutions**

Apologies for absence were received from Cath Byford, Councillor Gordon Jones (substituted by Councillor Stephen Burroughes), Tim Passmore, Tony Rollo (substituted by Fiona Ellis), Carole Theobald and Gareth Wilson (substituted by Rachel Kearton).

43. **Declarations of Interest and Dispensations**

There were no declarations of interest or dispensations.

44. **Minutes of the Previous Meeting**

The minutes of the meeting held on 17 November 2016 were confirmed as a correct record and signed by the Chairman.

45. **Chairman's Announcements**

The Chairman drew attention to the following recent developments:

- a) Alison Armstrong would be leaving her Norfolk and Suffolk Foundation Trust (NSFT) post as Director of Operations for Suffolk. She had begun working for the NSFT in January 2015 and had been praised for her work helping the Trust move out of special measures by improving services and working closely with colleagues across the NHS. She had been a regular attendee at Board meetings where her contributions to the discussions had been greatly valued.
- b) David Wright would be resigning as Chairman of the Board of Directors of the James Paget Hospital Trust. He had been appointed Chairman in June 2012 and since then had overseen a programme of continuous improvement at the hospital. He would stand down on 30 April 2017, having helped guide the hospital to achieve a rating of "Good" by the Care Quality Commission (CQC), with standards of care being highlighted as strong across the board.
- c) Alan Burns had recently taken over the chairmanship of the Suffolk and North East Essex Sustainability and Transformation Plan (STP) steering group. He had spent 21 years as a health authority Chief Executive in East Anglia and the East Midlands with a final position as Chief Executive of Trent Strategic Health Authority (SHA) and Norfolk, Suffolk and Cambridgeshire SHA. He had also held a number of national roles involving primary care, commissioning, and emergency preparedness. Since retiring Mr Burns had spent his time coaching senior managers, mostly in the public sector both in the UK and abroad. He had been appointed Chair of Hinchingsbrooke Hospital Trust in April 2015 and successfully steered the hospital from being in special measures to a CQC rating of good. He had resigned from this post to become Chair of Princess Alexandra Hospital Harlow from 1 December 2016.
- d) Tina Hines had taken on a new role within the County Council as Strategic Commissioning Lead for Corporate Parenting. She had been a Programme Office Member and the Outcome 1 Lead for several years, and the Board thanked her for her hard work in that role.

- e) The Chairman congratulated Deborah Cadman on being placed 38th in a list of the top 100 most influential people in Local Government. The list covered members, officers and politicians and was an indication of where the Local Government Chronicle (LGC) believed power to lie. The judges had particularly noted Deborah's influence in the Society of Local Authority Chief Executives & Senior Managers, especially on advancing the role of women.
- f) The County Council as a whole had been shortlisted for five LGC Awards. The awards took place in London in March each year, showcasing the work of council staff who helped their communities in new and innovative ways in times of uncertainty. The nominations were for:
- Suffolk's 'Twos Count Here' Project (which provided quality early learning for two year olds)
  - 'Signs of Safety and Wellbeing in Suffolk' – a whole system implementation
  - Suffolk's Most Active County Partnership – Partnership of the Year
  - Digital Council of the Year; and
  - Matt Woor, Suffolk County Council's Social Media Channel Manager, had been nominated for the Rising Star Award.
- g) Two years previously West Suffolk Clinical Commissioning Group (CCG) had been ranked 209<sup>th</sup> out of 211 CCGs with regard to community diabetes care, but it had recently been ranked 81<sup>st</sup> out of 209 CCGs. In addition, the CCG had been ranked 1<sup>st</sup> for early cancer diagnosis and 1<sup>st</sup> for on-year cancer survival rates.
- h) The Ipswich and East Suffolk CCG had recently won an NHS East of England Leadership Award 2016 in the category "Outstanding Team Achievement".
- i) The Ipswich and East Suffolk and West Suffolk CCGs had recently launched the enhanced Suffolk Wellbeing Service, helping people living with common mental health conditions including stress and depression.
- j) Great Yarmouth and Waveney CCG had recently been presented with a national award from Eclipse for its use of computer software which ensured that patients received effective medicines in safe doses.
- k) Beccles Hospital would reopen on 1 April 2017, following an extensive £1.65 million renovation. Minsmere Ward would be an intermediate care unit with 20 beds. Patients would be able to receive intense rehabilitation and full support to return to an independent life. The ward would also meet dementia-friendly standards.
- l) The Voluntary and Community Sector (VCS) and Community Action Suffolk had secured £1.67 million from Lottery/EU funding to help young people's employability in Suffolk. Community Action Suffolk was the lead organisation, working alongside nine VCS organisations.
- m) Following Teresa Howarth's project update to the Board at its meeting on 17 November 2016, Warm Homes Healthy People had begun

working with the operations centre at Ipswich Hospital, and this collaboration was working well. It was now hoped to replicate this collaboration at the West Suffolk and James Paget Hospitals.

46. **Devolution Update**

Deborah Cadman gave a verbal update about devolution, reminding everyone that it had not proved possible to progress the proposal for a devolution deal for Norfolk and Suffolk. Nevertheless, each Suffolk authority had confirmed its commitment to devolution as a means of delivering accelerated growth in the local economy.

The government was currently considering a devolved model for non-metropolitan boroughs, and had indicated that after May 2017 it would wish to engage in further discussions with Suffolk. The Suffolk authorities were clear that they should pursue a devolution model based on sustainable accelerated economic growth. The county needed strong, vibrant communities, and health and wellbeing would be a critical part of the offer made to the government.

47. **Suffolk Minds Matter – Annual Public Health Report 2016**

- a) At Agenda Item 7 the Board received a paper about the Suffolk Annual Public Health Report 2016. Copies of the Annual Report were made available at the meeting.
- b) Members watched a short film “Suffolk Minds Matter” available at: <https://www.youtube.com/watch?v=enVn1iM3yWg&sns=em> which highlighted some of the actions being taken to improve mental health across the county. The Director of Public Health and Anna Crispe, Head of Knowledge and Intelligence, expanded on the points made in the film and answered members’ questions. The Board noted that there was a detailed [evidence base](#) supporting the Annual Report.
- c) In the ensuing discussion, the following were among the points noted:
  - Members were aware that 93% of expenditure on mental health was on adults, but most mental health problems developed by the age of 18, therefore there was a need for earlier intervention. The Board recognised that there was still much work to do to address this inequality.
  - One of the key strands of plans to transform the emotional health and wellbeing of children was providing training for frontline staff to enable them to feel confident about identifying and responding to young people who might be developing mental health problems. This training was going well and the response from staff had been very positive.
  - At a meeting on 19 January 2017 the Health Scrutiny Committee and the Education and Children’s Services Scrutiny Committee had considered progress with the implementation of “*Emotional Wellbeing 2020*” a year after its publication, and had investigated how schools were engaging with the delivery of emotional health and wellbeing services to children and young people in the county. Concern had been expressed about a lack of progress in developing a single point of access for child and adolescent mental

health referrals in Suffolk. It was confirmed that this problem had been brought to the attention of the Children's Trust Board, who had found that a major barrier was the lack of suitable property. The County Council and the Norfolk and Suffolk Foundation Trust were working hard to resolve the problem.

- Many people accepted that there was a need to reduce the medicalisation of emotional ill health, by focussing on measures such as physical activity, social interaction and healthy eating. However, there was not a great deal of robust evidence to support this approach, and further work would be needed to consider how to evaluate the impact of 'social prescribing'. The view was expressed that in making decisions about funding non-medical interventions, partners would sometimes need to be bold and accept an element of doubt about the eventual impact.
- Charities in the Voluntary and Community Sector (VCS) were witnessing an increase in the number of clients with mental health issues, partly because people sometimes preferred to turn to a voluntary organisation before approaching a GP. Therefore the VCS welcomed a renewed focus on early intervention, and urged the need for information to be shared with non-professionals where appropriate.
- District and borough councils had an important role to play in improving the emotional wellbeing of Suffolk residents, for example through supporting befriending schemes.
- A comment was made that the recommendation in the Annual Report relating to suicide was currently worded as a target rather than a recommendation.

**Decision:** The Board welcomed the report and agreed to take the opportunity to read it after the meeting either in hard copy or [online](#).

**Reason for Decision:**

The Board recognised that mental ill health could affect anyone at any age, and the burden of mental ill health was great. Members considered it vital to embody the parity of esteem programme and promote good mental health across the county in order to increase resilience and emotional wellbeing.

**Alternative options:** None considered.

**Declarations of interest:** None declared.

**Dispensations:** None noted.

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

- a) John Stammers gave a verbal update on the Norfolk and Waveney STP, which was based around the principles of providing care closer to home and avoiding hospital admissions where possible. The three large hospitals in the area were having discussions about how they could work together, with particular reference to acute services, cardiology, dermatology and cancer care. It had recently been agreed that Great Yarmouth and Waveney with the James Paget Hospital should be viewed as a separate system within a larger whole. Within that area there would be a large element of local commissioning.
- b) Ed Garratt gave a verbal update on the Suffolk and North East Essex STP. He emphasised that the STP did not represent a new contractual arrangement. Its purpose was to improve planning. At the heart of the discussions there was a drive to manage demand by making better use of resources. It was not primarily aimed at reducing the number of hospitals or beds in the area, rather the parties involved were considering ways to improve in particular: community resilience; the acute configuration; and collaboration. Their aim was to build on existing organisational frameworks, rather than creating a need for new meetings. They were currently bidding for funding relating to: psychiatric liaison services; learning disabilities; diabetes; and cancer.
- c) It was agreed that written updates on the STPs would be provided in time for the next Board meeting on 23 March 2017.

49. **Update on A&E and Delayed Transfers of Care system task force work**

- a) At Agenda Item 9 the Board considered a report outlining a system-wide 'task force' approach being taken to address challenges in urgent care in Ipswich and East and West Suffolk. The paper was introduced by Ed Garratt and presented by Richard Watson, Chief Redesign Officer, Ipswich & East and West Suffolk Clinical Commissioning Groups (CCGs).
- b) Members were very pleased to hear about the excellent progress being made and their comments included the following:
  - The success of the new approach was largely due to the fostering of good relationships between the agencies involved. This had been achieved through taking time to understand each other's problems and adopting a culture of not attributing blame. The dedication and hard work of the staff was at the heart of the improvements made. Their willingness to be self-critical, together with the impartiality of the leadership, had contributed to the effectiveness of the new measures.
  - The aims must now be to sustain the improvement and to replicate this successful joint working in other "wicked" areas by encouraging senior leaders to give their staff the freedom to find solutions collaboratively.

- The agencies involved now fully understood the need to look beyond their own narrow budgetary pressures and consider the most efficient use of resources across the whole system. The recent formation of “alliances” (as referred to in Minute No. 50 below) had encouraged this more system-wide approach.
- The Voluntary and Community Sector welcomed the new approach and urged the need to consider how community groups could become more involved, for example by supporting those leaving hospital and helping to prevent re-admissions.
- Whilst acknowledging that excellent progress had been made, the Board noted that there was more work to be done to minimise problems caused by delays in providing medication and transport for patients ready for discharge from hospital.

**Decision:** The Board:

- Noted the content of the report at Agenda Item 9.
- Confirmed that work undertaken supported the Board’s priority that people in Suffolk should live long, fulfilling and healthy lives and to see a narrowing of the health inequalities between the county’s affluent and poorer areas.
- Requested an update on A&E and Delayed Transfer of Care System Taskforce work at its meeting on 13 July 2017.

**Reason for Decision:**

Members recognised that the work underway on the two taskforces described in the paper demonstrated that joint system task and finish working was an effective approach to ‘wicked’ system issues. It required the full support of those partner organisations involved and also the ability for their representatives to be empowered to take decisions including those of a budgetary nature.

**Alternative options:** None considered.

**Declarations of interest:** None declared.

**Dispensations:** None noted.

50. **Update on Suffolk NHS Community Services procurement**

- At Agenda Item 10 the Board considered a report setting out the current position with regard to the procurement of community services in Ipswich and East and West Suffolk. Ed Garratt introduced the paper, which was presented by Jane Garnett, Clinical Commissioning Group (CCG) Procurement Lead.
- The following were among the points noted:
  - The Community Services contract currently held by West Suffolk NHS Foundation Trust was due to end on 31 October 2017. In order to re-procure these services, the Ipswich & East and West Suffolk CCGs had decided to work with local providers instead of going out to a wider market. This was a relatively unusual approach to take, and great care was being taken to ensure that all the necessary legal requirements were being met.

- The re-procurement offered an excellent opportunity to put into effect the Suffolk Health and Care Review with the aim of integrating health and care services based around 13 localities in Ipswich and East and West Suffolk. The County Council, as both a commissioner and a provider, was keen to be part of the new “alliance” working.
- In Waveney a “most capable provider” model was currently being used. Nevertheless, it was envisaged that the way adult and community services were provided in that area would be similar to the approach being adopted for the “alliance” way of working.
- It was anticipated that, if this procurement exercise proved as beneficial as expected, the same approach would be adopted for the commissioning of other services in the county.

**Decision:** The Board agreed:

- To note the current position with regard to the procurement of community services in Ipswich and East and West Suffolk.
- To support the progression of the alliances through gateway 1 to start detailed negotiations around vision, service delivery and contracts; which would culminate in a mutually agreed delivery plan; innovation plan and an agreed service contract which once ratified could be moved towards signature.
- To request an update on the procurement of Suffolk NHS Community Services at its meeting on 13 July 2017.

**Reason for Decision:**

The Board recognised that the new approach to the procurement of the community contract would make a significant contribution to the integration of care in Suffolk, one of the cross-cutting themes of the Board’s Joint Health and Wellbeing Strategy, underpinned by the Suffolk Health and Care review.

**Alternative options:** None considered.

**Declarations of interest:** None declared.

**Dispensations:** None noted.

*The meeting was adjourned between 11:16 and 11.26 am.*

## 51. **Strong and Resilient Communities**

- At Agenda Item 11 the Board considered a report providing an update on work to develop strong and resilient communities in Suffolk. Ian Gallin introduced the paper, which was presented by Sara Blake, Head of Localities and Partnerships, Public Health.
- In the ensuing discussion, the following were among the points noted:
  - The Safer and Stronger Communities Group (SSCG) was working well. There was good engagement across the system and local community safety partnerships were involved.
  - After discussion with the other agencies involved, it was now proposed that the SSCG would focus on domestic abuse, the

sexual exploitation of adults, youth gang violence, the 'Prevent' agenda, hate crime and data, whilst the Local Safeguarding Children Board would oversee work relating to child sexual exploitation and cyber crime (also called 'online safety').

- The Health Scrutiny Committee had agreed to approach the chairmen of the Scrutiny Committee, Education and Children's Services Scrutiny Committee and Police and Crime Panel with a proposal to establish a joint Task and Finish Group to look at the issue of child exploitation in Suffolk later in 2017. It was agreed that it would be helpful if Sara Blake and her colleagues could be involved in this.
- The district and borough councils had a very important role to play in forging community alliances. There were only limited resources available for community development, so discussions were underway about ways in which the county, district and borough councils could work together to strengthen community resilience.
- The Communities Steering Group had recognised the need to prioritise based on evidence about effective interventions. Therefore it was receiving assistance from the Data, Insight and Digital Workstream. Officers had been asked to develop an evidence and evaluation framework. It was proposed to seek approval of the final framework from the Health and Wellbeing Board Programme Office.
- It was suggested that it would be helpful if the county's community resilience profile could be given greater prominence on the Suffolk Observatory.
- The Board was aware that there was a great deal of expertise available within the Voluntary and Community Sector, and that further discussions would be needed about how to make best use of that expertise in order to help people to live well and take responsibility for improving their wellbeing.
- A new volunteering portal was being developed, providing information about opportunities for formal and informal volunteering across the county.

**Decision:** The Board agreed that it was satisfied with the proposed focus and scope of the Safer and Stronger Communities Group, and with the proposed approach to delivering the Community Resilience Programme, as outlined in Annex A to the report at Agenda Item 11.

**Reason for Decision:**

The Board was aware that strong and resilient communities was a cross cutting theme within the Joint Health and Wellbeing Strategy and members recognised that they needed to have confidence that a credible plan was in place to deliver this theme. Members confirmed that the Safer and Stronger Communities Group and the Communities Steering Group were forums which had the right focus, engagement and resources to ensure effective implementation.

**Alternative options:** None considered.

**Declarations of interest:** None declared.

**Dispensations:** None noted.

52. **The contribution of Suffolk's district and borough councils to health and wellbeing**

At Agenda Item 12 the Board considered a report focussing on some of the services provided by district and borough councils which had particularly strong links with health outcomes. The report was presented by Ian Gallin, supported by Jonathan Seed (Babergh and Mid Suffolk District Councils) and Nicole Rickard (Suffolk Coastal and Waveney District Councils).

**Decision:** The Board agreed to note the contents of the report at Agenda Item 12 and to set aside time at a future meeting for a more in-depth consideration of the contribution of the district and borough councils, together with the challenges they faced.

**Reason for Decision:**

The Board recognised that increasingly district and borough councils were taking on a "place shaping" role which involved using their powers to ensure that communities had the appropriate infrastructure framework to make them vibrant and resilient. The paper included examples of areas where these authorities could do more to influence the wider determinants of health, for example in areas such as housing, leisure and community resilience. However, members were aware that there were challenges in funding and sustaining the wider role, and these would need further consideration.

53. **Pharmaceutical Needs Assessment (PNA) 2018**

At Agenda Item 13 the Board considered a report, setting out proposed arrangements for the development of a revised Pharmaceutical Needs Assessment for Suffolk for publication in March 2018. The paper was presented by Anna Crispe, Head of Knowledge and Intelligence, Public Health.

**Decision:** The Board agreed to delegate responsibility of the production of the 2018 Pharmaceutical Needs Assessment for Suffolk to a Steering Group led by Suffolk County Council, as set out in the report at Agenda Item 13.

**Reason for Decision:**

Members anticipated that the proposed arrangements would lead to the production of a robust, high quality and user-friendly Pharmaceutical Needs Assessment which fully complied with the Pharmaceutical Regulations. They recognised that failure to produce such an Assessment could lead to legal challenges because of the PNA's relevance to decisions about commissioning services and new pharmacy openings.

**Alternative options:** None considered.

**Declarations of interest:** None declared.

**Dispensations:** None noted.

54. **Establishing a Buurtzorg Integrated Neighbourhood Care ‘Test and Learn’ Site**

a) At Agenda Item 14 the Board considered a report providing a framework for the establishment of a ‘Test and Learn’ approach in Suffolk to investigate an innovative model of integrated health and care operated in The Netherlands known as Buurtzorg. The paper was introduced by Ed Garratt and presented by Bernadette Lawrence, Assistant Director, Adult and Community Services.

b) In the ensuing discussion the following were among the points noted:

- There was interest in setting up ‘Test and Learn’ sites in three areas of the county, but initially it had been decided to focus on one site in the West of the county. It was envisaged that the Buurtzorg approach would embed well with the Connect model already in place in some localities in West Suffolk.
- The partnership was seeking £500,000 pump priming to fund the Test and Learn approach, but this would be a maximum spend. It was not an estimate of additional cost to the system, which would be less. Funding of £200,000 had been secured from Transformation Challenge Award monies, and the partners had agreed to cover the remainder of the costs by using funding that would otherwise have been spent in the locality. If successful, the model would generate savings which could be used to fund more Buurtzorg sites.
- It was anticipated that the model would not impair or reduce other services currently offered in the ‘Test and Learn’ site. It was hoped that new or returning professionals might be attracted to the work. Clients would be able to choose whether to be part of the new approach or to receive a more traditional care package.
- The Board recognised that evaluating the ‘Test and Learn’ site would be challenging. Factors which would need to be considered included the number of GP appointments and hospital admissions required for clients in the Buurtzorg scheme.

**Decision:** The Board agreed:

- i) That the establishment of a ‘Test and Learn’ approach in West Suffolk should be pursued as set out in the report at Agenda Item 14.
- ii) To request an update on progress at its meeting on 13 July 2017.

**Reason for Decision:**

The Board considered that the results of the Buurtzorg model in The Netherlands warranted further investigation within the UK context. Members recognised that Suffolk would be 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.

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

The Board received an Information Bulletin at Agenda Item 15. Councillor Sarah Adams, Vice-Chairman of the Health Scrutiny Committee, gave an update on that Committee's activities. The Board noted:

- a) The Committee had established a Joint Task and Finish Group with members of Essex Health Overview and Scrutiny Committee to consider the Suffolk and North East Essex Sustainability and Transformation Plan. The Group would meet formally in public for the first time on 10 March 2017 at 2:00 pm at Endeavour House.
- b) At its next meeting on 14 March 2017, the Committee would consider an item on planning and funding of primary care infrastructure to support housing development and would be seeking evidence from NHS England, Clinical Commissioners, local planning authorities, and GP representatives for this review.

56. **Urgent Business**

There was no urgent business.

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

Members noted that the next Board meeting would take place at 9:30 am on Thursday 23 March 2017 at Riverside, Lowestoft. They heard that the focus would be on Mental Health and most of the topics listed on pages 4 and 5 of the agenda sheet would be deferred to a later meeting;

The meeting closed at 12:27 pm.

Chairman