

SUNDERLAND HEALTH AND WELLBEING BOARD

Held in Committee Room 1, Sunderland Civic Centre
on Friday 20 September 2013

MINUTES

Present: -

Councillor Mel Speding (in the Chair)	-	Sunderland City Council
Councillor Pat Smith	-	Sunderland City Council
Councillor John Wiper	-	Sunderland City Council
Dave Gallagher	-	Chief Officer, Sunderland CCG
Nonnie Crawford	-	Director of Public Health
Dr Gerry McBride	-	Sunderland Clinical Commissioning Group
Liz Greer	-	HealthWatch

In Attendance:

Mike Lowe	-	Head of Performance Management, Office of the Chief Executive, Sunderland City Council
Karen Brown	-	Scrutiny Officer, Sunderland City Council
Julie Walker	-	Gentoo
Claire Mansfield	-	NLGN (Observer)
Alex Fernandes	-	NLGN (Observer)
Councillor Ronnie Davison	-	Sunderland City Council
Liz Highmore	-	
Stuart Cuthbertson	-	Office of the Chief Executive, Sunderland City Council
Karen Graham	-	Office of the Chief Executive, Sunderland City Council
Gillian Kelly	-	Governance Services, Sunderland City Council

HW22. Apologies

Apologies for absence were received from Councillor Watson, Neil Revely, Ken Bremner and Christine Keen.

HW23. Minutes

The minutes of the meeting of the Health and Wellbeing Board held on 26 July 2013 were agreed as a correct record.

HW24. Feedback from Advisory Boards

Adults Partnership Board

Karen Graham informed the Board that the Adults Partnership Board had met on 20 September 2013 and the main items considered had been: -

- Health and Wellbeing Board Agenda
- The NHS belongs to the People: A Call to Action
- 'Fit as a Fiddle' Evaluation Report
- World Health Organisation (WHO) European Health City Phase VI Network 2014/2018
- New Horizons
- Performance Reporting for the Health and Wellbeing Board
- Scrutiny – Health Protocol and Review Topics

It was highlighted that Sunderland was one of 105 cities participating in the WHO European Healthy City Network and that one of the themes of Phase VI would be the economic case for health promotion and prevention.

With regard to the item on New Horizons, Dr McBride advised that the CCG had been working with mental health provider NTW and there had been radical changes in the delivery of planned services. There had been significant numbers of individuals admitted to psychiatric hospital after referrals and it was believed that this was due to reconfigured services. The service was delivering what was needed and was being responsive and it was highlighted that NTW had asked to come to a future meeting of the Adults Partnership Board to update partners on the changes. Board Members commented that it was encouraging to hear such positive news on this issue.

Children's Trust

Councillor Smith informed the Board that the Children's Trust had met on 17 September 2013 and the main items considered had been: -

- Domestic Violence Health Needs Assessment
- Health and Wellbeing Board Agenda
- School Nursing Provision in Sunderland
- Children and Young People's Plan Refresh
- Health and Wellbeing Outcomes Reporting

It was highlighted that the Trust had proposed that the Health and Wellbeing Board should receive a presentation on the Children and Young People's Plan refresh as part of the wider consultation on the plan.

Dave Gallagher commented that the CCG currently did not have a clinical lead for children but was hoping to identify an individual in the near future and would communicate that to Trust partners as soon as this was determined. It was

recognised that important work was going on and the CCG needed to link with the Trust.

With reference to the Domestic Violence Health Needs Assessment, it was reiterated that Safer Sunderland Partnership would have oversight of the recommendations but that any issues would be reported to the Health and Wellbeing Board by exception.

Accordingly the Board RESOLVED: -

- (i) that the information be noted; and
- (ii) that the Board receive a presentation on the Children and Young People's Plan refresh at a future meeting.

HW25. Health and Wellbeing LGA Peer Review Challenge

The Assistant Chief Executive, Sunderland City Council, submitted a report informing the Board of the intention to hold an LGA peer challenge on Health and Wellbeing in 2014.

An offer has been made from the Local Government Association (LGA) to hold a peer challenge on health and wellbeing, the purpose of the challenge being to support councils, their health and wellbeing boards and health partners in implementing their new statutory responsibilities. The challenge would focus on three areas in particular: -

- establishment of effective health and wellbeing boards
- operation of the public health function to councils
- establishment of an effective local HealthWatch organisation

The peer challenge would focus on a set of headline questions which were then discussed and tailored in the context of each council. A draft expression of interest from Sunderland for the peer challenge was attached as Appendix 1 to the report. Sunderland had outlined the benefits of the peer challenge to be: -

- To provide an external "critical friend" challenge and an opportunity for reflection
- An independent view on the depth of understanding and how well embedded and integrated the current agenda is
- Considering the extent of joint commissioning to date and support in moving forward around alternative service delivery modelling
- Assisting the Health and Wellbeing Board and partners in understanding and using customer insight to manage demand and improve customer experience.

Councillor Speding commented that he had always found the benefits of a peer review were to look at the direction of travel, the outcomes and goals. In the past, these reviews had been carried out by the IDeA but had now transferred to the LGA.

Liz Greer noted that HealthWatch would have liked to have seen HealthWatch represented within the review team. It was a new role for the LGA and learning

would travel both ways and Mike Lowe stated that the Council had always welcomed peer challenge as a powerful tool but part of it was about getting the right peers involved in the review. The Council would be hosting a Corporate Peer Challenge in November and an Adult Social Care Peer Challenge in the future.

The Board RESOLVED to support a Sunderland Health and Wellbeing Peer Review for late 2013/2014.

HW26. NHS belongs to the People – A Call to Action

Dave Gallagher, Chief Officer, Sunderland Clinical Commissioning Group (CCG) delivered a presentation to the Board on 'The NHS belongs to the People: A Call to Action'.

The CCG was now in the second year of its five year commissioning plan and was revisiting the strategic objectives of the plan and considering the priorities for the next few years. The current strategic objectives were: -

- Play an active role in the delivery of the health and wellbeing strategy
- Every practice to optimise screening and early identification opportunities
- Integrated tiered approach to mental health across the whole healthcare system
- Integrated urgent care response, easily accessible at the appropriate level
- Improve quality of care for long term conditions across the whole system
- Provide more planned care closer to home
- Facilitate every practice to systematically improve the quality of prescribing adhering to evidence based guidelines
- Encourage every practice to operate to agreed standards and pathways – working collaboratively with partners.

There would be a series of engagement events held to consider the priorities for the plan and members of the Health and Wellbeing Board had been invited to the public and stakeholder session taking place on 26 September 2013. Member practices had attended an event on 18 September and the plan would also be discussed at the NHS Provider Forum meeting on 24 October 2013.

Regarding how the public and stakeholders would be made aware of the engagement event taking place on 26 September, Dave advised that this was being publicised through various practice groups, through HealthWatch and to stakeholders to disseminate out to their partners. He asked that people contact the CCG if they were aware of any specific groups being omitted from the publicity.

Board Members were asked if they felt that this was the right approach. The CCG was conscious that these methods had been used many times before and there were ongoing discussions about how this could be done differently. There was also recognition of the need to do this in a different way for children and young people.

RESOLVED that the information be noted.

HW27. Health and Wellbeing Outcomes Reporting

The Head of Strategy and Performance, Sunderland City Council, submitted a report updating the Health and Wellbeing Board on the proposals for performance reporting of the Health and Wellbeing outcomes in Sunderland and to note the next steps for the future development of performance management arrangements.

Mike Lowe, Head of Performance and Improvement, reminded Board members that a development session held in June had considered how the Health and Wellbeing Strategy should be delivered and performance managed. It had been agreed that 80% of the activity within the strategy would be carried out as business as usual by the Board's partner organisations and should be monitored and performance managed through reporting against the Public Health Outcomes Framework, NHS Outcomes Framework and the Social Care Outcomes Framework and reported to the Children's Trust and the Adults Partnership Board.

It had been proposed that reports would come to the Board on an exception basis and reporting the outcomes framework would be framed around the issues from the Health and Wellbeing Strategy. The action planning stage of the Health and Wellbeing Strategy was in development and the final set of indicators was to be agreed, the potential indicators drawn from the three outcomes frameworks were set out in the appendix to the report. The framework grouped together performance measures and indicators under each objective of the Health and Wellbeing Strategy. It was recognised that there was still work to do on aligning these indicators to develop an appropriate structure to reflect the scope and scale of activity. Further reports would be brought to the Board over the next few months.

Nonnie Crawford highlighted that as all the partners represented around the table had indicators of their own, then the Health and Wellbeing Board might want to consider a different approach to reflect that the Board was trying to do something bigger than the sum of individual organisations' work. Nonnie made reference to the Warwick-Edinburgh mental wellbeing scale as an evidence based method of assessing the impact of the Health and Wellbeing Strategy on residents of Sunderland.

Karen Graham commented that the Board had raised issues about assurances and that the reporting mechanism had to take account of the bottom line, consider if the system was working well and what it was providing assurance on. It was agreed that the Board would still need to see detail on outcomes to be able to judge if objectives were being achieved. Nonnie added that with regard to issues such as near misses on contracts, the Health and Wellbeing Board would not have the time or ability to drive standards up and this would be a good focus for a future development session.

The framework for reporting Health and Wellbeing outcomes in Sunderland was one part of the system and reflected a traditional performance management approach, other elements would require more discussion and refinement. It was suggested that the Board may want to receive quarterly updates on improvements which were being made and that this might also be an appropriate subject for the forthcoming peer review.

Following discussion, the Board RESOLVED that the progress with reporting of Health and Wellbeing Outcomes in Sunderland and the steps outlined for the future development of performance management arrangements be noted.

HW28. Health and Wellbeing Board Forward Plan and Advisory Group Topics

The Executive Director of People Services submitted a report setting out the proposed forward plan for the agenda items for the Board and the three advisory groups of the Board.

The forward plan was attached as an appendix to the report and outlined the current agenda topics. The topics were fluid and could be amended, in consultation with the Chair, as the year progressed.

The Board had previously agreed to task the three advisory groups with a set of topics to investigate and then report back to the Board. It was proposed that the advisory groups be tasked with supporting the development of the Action Plan for the Health and Wellbeing Strategy over the six month period from October to March. A report would be taken to the next meeting of each of the advisory groups to outline the planning process.

The NHS Provider Forum would also be tasked with examining in greater detail the topics of Health and Social Care integration and the NHS Call to Action: The NHS belongs to the People.

Nonnie Crawford highlighted that the forward plan should reflect that the advisory groups would take charge of the Joint Strategic Needs Assessment (JSNA) topics and profiles in their area.

It was confirmed that the topics on the forward plan were those which required sign off by the Health and Wellbeing Board by a certain date and partners should get in touch with Karen Graham if they had additional items to be included on the Board agenda. There was an issue to resolve about what the Board wanted to see and how it would be reported and this had been due to be discussed at a development session but other topics had taken precedence. It was suggested that at a future Board meeting there be a more detailed discussion on the work programme for the Health and Wellbeing Board.

The Board RESOLVED that: -

- (i) the forward plan as attached to the report be noted; and
- (ii) the topics for the advisory groups over the next six months be agreed.

HW29. Policy Review: Public Engagement in Health Services – Scope of Review

The Public Health, Wellness and Culture Scrutiny Panel submitted a report to the Board detailing the policy review which was being undertaken on public engagement in health services.

The Health and Wellbeing Board had previously been informed that the Scrutiny Committee had commissioned the Public Health, Wellness and Culture Scrutiny Panel to carry out a policy review entitled 'Public Engagement in the Health Service – Are we listening?'. The aim of the work was to review the readiness of services to build the culture, infrastructure and the processes needed to ensure that patients and the public (including seldom heard groups) were involved as partners in decision taking.

The Scrutiny Panel were aware that they were considering this at the same time as other organisations were looking at their engagement strategies and one of the objectives of the review was to look at the core elements of engagement with the intention of developing a collaborative framework. The review would look at the influence of engagement practices and how coordinated principles could be developed which provided value for money and better use of resources.

The work was forward looking and intended to produce overarching principles for public engagement. Discussions had already been held with HealthWatch and partners would all be spoken to individually.

Councillor Speding asked for clarification on scrutiny responsibilities and it was explained that the Scrutiny Committee had a statutory role with regard to health and decisions made by the Council's Cabinet and was able to have a more informal relationship with the Board.

Councillor Smith asked how young people would be engaged with the review and highlighted that the Youth State of the City debate was a resource which the Council could utilise more to gain the views of young people. Karen Brown stated that existing communications mechanisms would be used to consult young people.

Liz Greer noted that from a HealthWatch perspective, they had found the approach to the review very positive and were keen to support this work moving forward.

It was commented that the objectives referred to seldom heard groups and this could be an opportunity to explore the Equality Delivery System (EDS). It was highlighted that it was for each partner to determine their approach to EDS and it was for the Board to look at the breadth of engagement across all agencies.

The Board **RESOLVED** that the scope of the review into public engagement in health services be noted.

HW30. Health and Wellbeing Board Development Session and Closed Board Meetings

The Head of Strategy and Performance submitted a report informing the Board of the detail and scope of the next development session and providing an update on closed Board sessions.

The next development session would take place on Friday 25 October 2013 at 12.00noon and, following on from the production of the media and statutory consultation protocol, would start to examine the engagement of the public and patients. The session would be facilitated by HealthWatch Sunderland and would also discuss how the discussion could link in to the scrutiny review.

Board members had taken part in a closed Board session on 30 August 2013 which looked at health and social care integration. The second of these sessions, focusing on the next steps, would take place on Monday 21 October 2013 from 5.00pm to 8.00pm.

RESOLVED that the details of the sessions be noted.

HW31. Date and Time of Next Meeting

The next meeting would take place on Friday 22 November 2013 at 12.00noon.

(Signed) M SPEDING
Chair