

SUNDERLAND HEALTH AND WELLBEING BOARD

AGENDA

Meeting to be held in the Civic Centre (Committee Room No. 1) on Friday 24 May 2013 at 12.00noon

A buffet lunch will be available at the start of the meeting.

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1. Apologies for Absence	
2. Minutes of the Meeting of the Shadow Board held on 22 March 2013 (attached).	1
3. Feedback from Advisory Boards <ul style="list-style-type: none">• Adults Partnership Board (attached)• Children's Trust (attached).	13
4. Clinical Commissioning Group Prospectus Verbal report.	-
5. New Member Introductions <ul style="list-style-type: none">• Christine Keen, NHS England Area Team – Cumbria, Northumberland and Tyne and Wear• Liz Greer – HealthWatch in Sunderland• Ken Bremner – Local Strategic Partnership	-
6. Operation of Health and Wellbeing Board Advisory Groups Report of the Executive Director of Health, Housing and Adult Services (attached).	19
7. Refreshing the Joint Strategic Needs Assessment (JSNA) Joint report of the Director of Public Health and Head of Strategy, Policy and Performance Management (attached).	25

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Joint report of the Executive Director of Children's Services and Director of Programmes at Groundwork North East (attached).

9. Board Development Session – 'System Leader or Talking Shop' 37

Report of the Head of Strategy, Policy and Performance (attached).

10. Date and Time of the Next Meeting

The next meeting of the Board will take place on Friday 26 July 2013 at 12.00noon

ELAINE WAUGH
Head of Law and Governance

Civic Centre
Sunderland

16 May 2013

SUNDERLAND SHADOW HEALTH AND WELLBEING BOARD

Held in Committee Room 2, Sunderland Civic Centre
on Friday 22 March 2013

MINUTES

Present: -

Councillor Paul Watson (Chair)	-	Sunderland City Council
Councillor Graeme Miller	-	Sunderland City Council
Councillor Pat Smith	-	Sunderland City Council
Councillor John Wiper	-	Sunderland City Council
Keith Moore	-	Executive Director, Children's Services
Dave Gallagher	-	Chief Officer, Sunderland CCG
Nonnie Crawford	-	Director of Public Health
Sue Winfield	-	Chair of Sunderland TPCT
Dr Ian Pattison	-	Sunderland Clinical Commissioning Group

In Attendance:

Fiona Brown	-	Head of Transactional Services, Sunderland City Council
Rhiannon Hood	-	Assistant Head of Law and Governance, Sunderland City Council
Lindsay Gibbins	-	Gentoo
Julie Walker	-	Gentoo
Karen Graham	-	Office of the Chief Executive, Sunderland City Council
Gillian Kelly	-	Governance Services, Sunderland City Council

HW64. Apologies

Apologies for absence were received from Councillor Speding, Councillor Kelly, Neil Revely and Dr McBride.

HW65. Minutes

The minutes of the meeting of held on 25 January 2013 were agreed as a correct record.

HW66. Feedback from Advisory Boards

Adults Partnership Board

Councillor Miller informed the Board that the Adults Partnership Board had met on 5 March 2013 and the main items considered had been: -

- Health and Adult Social Care Outcomes Frameworks
- Welfare Reform
- Strengthening Families and Whole Family Approach
- Partnership Working and Partnership Arrangements for Mental Health Services in Sunderland

Councillor Miller also highlighted that the Adults Partnership Board would be looking at the Francis Report at its next meeting and also an item on Joint Safeguarding, which was deferred from the March meeting.

Children's Trust

Councillor Smith informed the Board that the Children's Trust had met on 28 February 2013 and the main items considered had been: -

- Local HealthWatch
- Young Inspectors
- Children's Trust Advisory Network (CTAN)
- Looked After Commissioning Strategy
- Disabled Children Update
- Measles Vaccination Catch-up

Councillor Smith asked the Executive Director of Children's Services to provide an update on the adoption inspection and Keith Moore was pleased to report that the outcome of the inspection had been good. There were four categories considered as part of the inspection and three of these were rated 'good' with one being 'outstanding'. On this occasion, the Council had failed to meet one narrow performance measure set by the Government, however Ofsted had recognised the reasons for this and the report was still hugely positive.

Keith explained that Sunderland had a high number of children who achieved adoption, including more difficult to place children, and this could mean that timescales for the process were longer than for other local authorities.

The final inspection report would be published at the beginning of April.

RESOLVED that the information be noted.

HW67. Sunderland Clinical Commissioning Group Update

Dave Gallagher presented a report to the Board updating them on the Clinical Commissioning Group (CCG) planning process for 2013/2014, providing further detail in relation to the selection of local priorities and setting out the next steps for the Sunderland CCG.

Dave reported that appointments had been made to all senior posts at the CCG and a full Governing Body was in place, which would include the Director of Public Health and the Executive Director of Health, Housing and Adult Services. The majority of staffing posts had also been filled and the handover process with the PCT was currently taking place. Dave expressed his thanks to the PCT and all partners for helping the CCG to get to where it needed to be in time for April.

Turning to the report, the Board were informed that the next year of the five year commissioning plan would be predicated on the planning process for 2013/2014 and there was a read across from the joint strategic needs analysis to the CCG plans.

The CCG was required to identify three local measures within the planning framework which would then provide access to further funding if targets were met. Following development sessions with the CCG Executive, Lead GPs, Locality Practice Managers and nurses, Director of Public Health and representatives from Sunderland City Council and a discussions with the Local Engagement Board, the three local measures agreed were: -

- Emergency readmissions within 30 days of discharge from hospital
- People with COPD and Medical Research Council (MRC) Dyspnoea Scale ≥ 3 referred to a pulmonary rehabilitation programme
- Repeat dispensing as a percentage of all items purchased

The CCG was in the process of signing contracts with both large and small providers and this would be complete by the end of March. The final plans would be submitted to the Commissioning Board by 5 April and the CCG Work Plan would be the main plan to take forward.

With reference to the third local measure, some of the terminology enabling prescribing costs to be compared was explained to the Members of the Board and it was noted that it was not about limiting prescribing, but about getting the best value out of what was prescribed.

The Chair asked how 'quality' would be measured in prescribing and was informed that it was about looking at evidence and results and challenging prescribers about why they were prescribing a certain drug. Locality groups would be asked about variations across areas.

Having considered the report, the Board RESOLVED that: -

- (i) the CCG planning process including submission deadlines be noted; and
- (ii) the three local priorities be noted.

HW68. NHS Institute – Update on Actions

The Executive Director of Health, Housing and Adult Services submitted a report updating the Board on the actions which had been completed and those which were outstanding following the recommendations of the NHS Institute diagnostic.

The Board had received a report in July 2012 setting out the recommendations following the NHS Institute's diagnostic on Health and Social Care systems. The Institute had made 24 recommendations for the Health and Wellbeing Board to consider, although some were the responsibility of other organisations to pursue.

The recommendations and the progress made on each of them was presented to the Board. The majority of the actions were picked up within the Health and Wellbeing Board's forward plan, however there were two recommendations around the sharing of financial information between organisations in the system which were rated as 'red'. To address this, it was planned to hold a development session for chief financial officers to go through budgetary and commissioning cycles for their organisations. This was planned for November 2013 to be in advance of the publication of budgets for 2014/2015, however this could be brought forward if deemed appropriate.

It was noted that the issue of using money between organisations could provide flexibility but it was important not to look at finance at any one specific time as it should be a consideration in all matters. Finance officers needed to have a clear understanding of the big picture issues at the current time.

It was intended for the local authority and CCG finance officers to get together at an early stage but partners were aware that the Institute report was about the whole system not just the Council and the CCG and meeting the recommendations would be a challenge.

The Board RESOLVED: -

- (i) that the report be noted; and
- (ii) that an update on actions be received in a further six months.

HW69. Transition from Shadow to Full Health and Wellbeing Board and Health and Wellbeing Strategy

The Executive Director of Health, Housing and Adult Services and the Head of Strategy, Policy and Performance submitted a joint report updating the Board on the transition of the Health and Wellbeing Board from a Shadow Board to a Council Committee and the progress of the Health and Wellbeing Strategy.

The Board had previously received a draft report on the arrangements for the transition of the Board from shadow status and since that time, the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations had come into force. These regulations had clarified the rules that would bind the Health

and Wellbeing Board and how it would differ from the running of a traditional Council Committee.

One issue which had now been resolved was the voting rights of members; ALL members (elected members, officers and partners) of the Health and Wellbeing Board would have equal voting rights unless the Council directed otherwise. The terms of reference and the Rules of Procedure for the Board had now been finalised and would form part of the report to be presented to the Council on 27 March 2013.

Within the terms of reference, the membership of the Board had been revised to include the Chair of the Sunderland Partnership and the Director of the NHS Commissioning Board Local Area Team.

The Health and Wellbeing Strategy had also been amended to reflect further comments received through consultation and was appended to the main report. In addition, the report had been revised to include the necessary delegations and statutory functions of the Director of Public Health.

RESOLVED that the contents of the report be noted.

HW70. Welfare Reform Act 2012 – Update

The Executive Director of Commercial and Corporate Services submitted a report providing an update on the work which had been completed and was ongoing in preparing the city for the impact of the Government's Welfare Reform Programme. Fiona Brown, Head of Transactional Services presented the report and outlined the main areas of work to the Board.

The Welfare Reform Programme would have the greatest impact on those who were of working age and particularly those who were sick or unemployed. As well as the changes in benefits, there was also a change in responsibilities for the Council and it was up to the local authority to make sure that customers understood and were well supported through the changes.

The welfare reform project was aimed at preparing the Council, its partners, employees and other stakeholders for the impending changes and the Welfare Reform Board had worked holistically across the city to achieve this.

A number of presentations had been made to Northumberland, Tyne and Wear NHS Foundation Trust Ward Managers and Practice Managers to explain the changes and impacts of the Governments' welfare reform programme and a GP surgery had agreed to act as a pilot and to signpost and support their clients with online tools. The Council was installing a PC in the waiting room so that patients could see how they could maximise their benefits, apply on-line for benefits and also look at properties within their price range rather than pay additional under occupancy charges.

The citywide solution was based on approaching clients in a number of ways and, as well as GPs, midwives and community health professionals, meetings had been held

with Headteacher groups and schools were keen to offer signposting services for welfare benefits.

Advice was a key issue as Sunderland had a large caseload of families who would be affected by the changes. The communications campaign had publicised on-line tools and frequently asked questions. Communications needed to be swift and agile to deal with changes in criteria which were still being received. The self help tools were being well received across the city and 97% of claims were being received as on-line applications.

The property search tool had also been very successful. It was believed that 5,200 families in the city would be affected by the bedroom tax and 1,000 were overcrowded. The possibility of some sort of exchange arrangement of properties was being looked into. The single financial assessment tool gave claimants the ability to look forward to changes in their situation and the impact they would have. Approximately 100 families in Sunderland were likely to be affected by the benefit cap and intensive work was being carried out with all of them. The benefit cap changes would come into force in the North East region during the summer.

With regard to the preparation for Universal Credit, the Local Services Support Framework had been released in February 2013 and work was ongoing to scope activities. Housing benefit applications would no longer come direct to the Council following the introduction of Universal Credit in October 2013 and work was being undertaken with credit unions to develop jam jar accounts where customers would not be able to withdraw money which was allocated to pay rent.

From April, the Department for Work and Pensions (DWP) was abolishing the Community Care Grant and Crisis Loan element of the Social Fund and have transferred the budget to local authorities as 'Local Welfare Provision'. The Council would then have the responsibility for supporting vulnerable people in financial crisis. There was no standard definition on who would be classed as 'vulnerable', however the Council had designed two services – the Community Care Scheme and Crisis Support scheme.

The Community Care scheme was intended to help people move into or stay in the community and would help customers acquire white goods and furniture. Voluntary and community sector organisations and first tier advice providers had been involved in the design of the scheme and would work with the Council to maximise the offer. Refurbished and recycled goods would be provided by Sunderland City Furniture and Renew North East.

Applications could be made to the Crisis Support scheme if a customer found themselves in an unanticipated situation with no access to essentials. This could be accessed by a telephone triage service and the Council was working in partnership with the Salvation Army to deliver this. A campaign was also being developed with the Salvation Army to promote recycling of furniture and white goods.

The Chair thanked Fiona Brown for the comprehensive report and commended the officers for the phenomenal amount of work which had been undertaken on the welfare reform project.

It was highlighted that as there was a high degree of army personnel from Sunderland and North East area, that the forthcoming Ministry of Defence redundancy programme was likely to have a major impact in the city and result in an increase in benefit claimants. Fiona stated that the local authority had already liaised with the Armed Forces Network and it was believed that they would require a significant level of support. The Chair suggested that discussions also be held with local employers as former army personnel would have a large number of skills which would be attractive to businesses.

The issue of Free School Meals being part of the Universal Credit was raised and Fiona reported that the Leader of the Council had raised this with the local MPs and the latest news was that the issue had gone back to the department. The Chief Executive was also going to flag this up at a regional meeting.

Having thanked Fiona Brown for her report, the Board: -

RESOLVED that the Welfare Reform update be noted.

HW71. Public Health Update

The Director of Public Health reported that the 'transactional' transition was almost complete and staff would be moving to the Civic Centre during the following week.

The 'transformational' aspect of the transition was still ongoing with a focus on the theme of mental wellness. There was work to do with regard to understanding the role of Public Health in working with CCGs.

With respect to emergency planning, the Director had been to a number of meetings and Sunderland seemed to be well placed in many areas of work and the whole service was ready to move forward.

RESOLVED that the update be noted.

HW72. Public Health, Wellness and Culture Scrutiny Panel Policy Review – Roles, Relationships and Adding Value

The Head of Scrutiny and Area Arrangements submitted a report describing a proposal to carry out a review which will consider the roles and relationships of health bodies within the new structures.

The Council's Scrutiny Committee had previously commissioned the Public Health, Wellness and Culture Scrutiny Panel to carry out a review of the local authority in health issues, specifically in the transfer of public health from the PCT to the authority.

One of the conclusions of this review was that a partnership protocol would help provide clarity of roles and relationships and would assist with new working

arrangements. The Scrutiny Committee endorsed a recommendation to the Cabinet that a further review be carried out with the following objectives: -

- (a) To understand the independent, but complementary, roles and responsibilities of local authority health scrutiny, local HealthWatch, Health and Wellbeing Board, Clinical Commissioning Group and NHS Commissioning Board.
- (b) To produce a partnership protocol in support of the new structure being effective, accountable, transparent and inclusive.

The protocol could be used for information sharing, communication, engagement, reporting mechanisms and organisational liaison. The Centre for Public Scrutiny was encouraging local authorities to establish similar partnership arrangements and a number of regional events are being held to gather evidence which will contribute to the production of a protocol.

The Members of the Board were invited to give their views on the proposal to develop this protocol and how they would wish to be involved in the review.

Councillor Miller noted that the Scrutiny Committee was classed as a key stakeholder and this may put them in an awkward position and it was important not to lose the focus on public engagement.

Sue Winfield commented that within the protocol there would be consideration of how to deal with outward communication and queries how the individual citizen's position as stakeholder would be reflected.

Nonnie Crawford added that the protocol should clarify what was health care and what was health and wellbeing and partners would have to work to ensure that the partnership protocol was a 'place' protocol and not only relevant to one part of the system.

RESOLVED that the information be noted.

HW73. Forward Plans – Health and Wellbeing Board Agenda and Development Sessions

The Head of Strategy and Performance submitted a report detailing forward plans for future agenda and development sessions for consideration by the Board.

The forward plans had been developed in response to a number of recommendations for action from review of the Health and Wellbeing Board which included the NHS Institute review and the scrutiny review into Public Health transition.

The Health and Wellbeing Board agenda forward plan was also designed to enable the advisory groups of the Board to be more fully engaged in shaping the reports which come to the Board and in providing input at an earlier stage in the report

development process. It was highlighted that the next development session was scheduled to be held on Friday 7 June 2013 at 12.00noon.

It was suggested that it would be useful to have a detailed discussion about the Francis report at one of the development sessions and Karen Graham advised that she would look into arranging something in advance of the session on 7 June.

Having considered the forward plans, the Board: -

RESOLVED that the Health and Wellbeing Board agenda and development session forward plans be noted.

HW74. Update on the Transition of HealthWatch Sunderland

Sue Winfield, Health Transition Lead, presented an update report on the transition of local Healthwatch Sunderland.

Local HealthWatch would be established from 1 April 2013 and would act as a point of contact for individuals, community groups and voluntary organisations when dealing with health and social care.

The Council had undertaken a tender process to secure a provider to deliver Sunderland HealthWatch and Pioneering Care Partnership (PCP) had been the successful bidder. PCP was the lead for a consortium which had come together to deliver HealthWatch Sunderland and the partners were Voluntary Community Action Sunderland, Sunderland Citizen's Advice Bureau and Groundwork North East. The partners would lead on three areas of delivery; community engagement, provision of information and advice and the engagement of children and young people respectively.

A transition plan had been put in place to collate and transfer processes, policies, information and activity associated with the delivery of LINK functions which would form part of the HealthWatch Sunderland functions from 1 April 2013. The staff at Sunderland LINK would be TUPE transferred to the new organisation and a presentation had been made to the final meeting of the HealthWatch transition working group. Sue advised that this presentation was available for circulation to Board Members and would be sent to the Children's Trust Advisory Network so they would be able to see the results of the service specification which they had designed.

PCP had met with the Leader of the Council and Councillor Miller as portfolio holder and a press release would shortly be distributed.

Councillor Miller highlighted that unsuccessful bidders had been unhappy about the level of detail given in the report which was in the public domain. This point was acknowledged.

Having thanked Sue for her work as the HealthWatch transition lead, the Board: -

RESOLVED that the report be noted.

HW75. The Francis Report – Implications for the System

Dr Pattison delivered a presentation to the Board on the report of the Mid Staffordshire NHS Foundation Trust Public Inquiry “the Francis Report”.

The first Francis report was published in 2010 and resulted in the publication of a Review of Early Warning Systems in the NHS, Assuring the Quality of Senior NHS Managers and the Healthy NHS Board. The second review was structured around the following: -

- warning signs that existed and could have revealed the issues earlier;
- governance and culture;
- roles of different organisations and agencies;
- present and future.

The report’s findings had included matters such as a lack of openness to criticism, a lack of consideration for patients, misplaced assumptions about the judgements and actions of others, an acceptance of poor standards and a failure to put the patient first in everything that was done. The issues highlighted for organisations from the Francis Report were: -

- How lessons learned might be applied to other parts of the health economy.
- All healthcare organisations should consider the findings and recommendations and decide how to apply them to their own areas of work.
- Each organisation should announce its progress against planned actions (no less than once a year).
- DoH should publish collective progress.
- House of Commons select committee on Health should consider incorporating update on actions from those organisations responsible to parliament.

Dr Pattison summarised the headlines from the Francis Report as being about quality, safety and putting the patient first and that the presumption that this was being done was not enough. The health community as a whole needed to consider these issues.

Concern was expressed about the sheer volume of recommendations coming out of the report and how it would be more beneficial to evaluate those that were critical. There would be a strength in coming together and saying what organisations could do on a joint and collaborative basis. There would be choices to be made about the use of resources but some recommendations around information sharing could be achieved relatively easily.

Dave Gallagher assured the Board that in the North East and Sunderland, the things that had been reported in Mid Staffordshire were not happening; however there was a key role for both the CCG and the Health and Wellbeing Board to play in ensuring that individual players were ensuring the service continued to be high quality.

It was commented that the public often did not complain enough when they felt that patient needs were not being addressed and although there were many anecdotal reports, these issues were not made the subject of formal complaints.

Councillor Miller stated that, as a lay person, he felt that there was not enough focus on clinicians within the report, as they were key to the care aspects of the recommendations. The Care Quality Commission was also being put forward as a single regulator, yet had been heavily criticised in relation to mid Staffordshire, and were also under resourced, so it was unclear how they could fulfil this role. Organisational impediments and corporate culture would be a barrier and inevitably, this would be where blockages would occur.

Dr Pattison noted that clinicians did receive a lot of information but did not always feed back, sometime for the fear of being labelled 'difficult'. Inertia was a real danger.

There was a risk that people would fall into the trap of referring to the NHS as one organisation, but all parts of the NHS needed to get to the point where they were all headed towards excellence. Dave Gallagher stated that it should be made clear that not achieving these standards would not be tolerated.

Dr Pattison highlighted that a lot of the recommendations were something that partners did every day, but there was no action plan for 'culture' and this had to be owned by people across the organisation.

Having thanked Dr Pattison for the presentation, the Board: -

RESOLVED that the information be noted.

HW76. Dates and Time of Next Meetings

RESOLVED that the following schedule of meetings for 2013/2014 be noted: -

Friday 24 May 2013 at 12.00noon

Friday 26 July 2013 at 12.00noon

Friday 20 September 2013 at 12.00noon

Friday 22 November 2013 at 12.00noon

Friday 24 January 2014 at 12.00noon

Friday 21 March 2014 at 12.00noon

(Signed) P WATSON
 Chair

SUNDERLAND HEALTH AND WELLBEING BOARD

24 May 2013

FEEDBACK FROM SUNDERLAND ADULTS PARTNERSHIP BOARD

Report of the Chair of the Adults Partnership Board

The Adults Partnership Board met on the 7th May.

ITEM

5. Urgent Care Scoping Paper

Purpose of the report was to set out the scope of the Task and Finish Group in relation to the chosen topic 'Urgent Care'. The group will look at:

- Reviewing the services that can support people who become unwell in Care Homes;
- Understand the care process that are currently in place in Care Homes to look after people who become unwell;
- Identify the gaps within the system, which result in people being admitted to hospital (which could have been avoided)

It was agreed that this was an appropriate time to engage the Adults Board on the specific piece of work to look at preventing re-admissions from care homes into hospitals. It was also agreed to discuss membership of the Task and Finish group and include as a minimum – the Carers Centre, Age UK, City Hospitals Sunderland, South Tyneside Foundation Trust, NTW Mental Health Trust, Social Care, CCG, Reps from Care Homes, Pharmacy Reps. The first meeting to be convened before the next Board and feedback and progress will be brought back to future Board meetings.

6. Francis Report

A report of the Mid Staffordshire NHS Foundation Trust Public Enquiry, published on the 6th February, 2013 highlighted the primary reason for the appalling suffering experienced by many patients and the failures identified were due to the focus the Trust Board had placed on reaching national targets, achieving financial balance and seeking foundation trust status

The report highlighted five key issues, the Board noting two of them as vital:

- The importance of a culture of constructive challenge at leadership level and across an organisation – it is important, how it can happen, what are the barriers;
- The need to reach a shared understanding of the 'unmovable' priorities to be delivered – a focus on why an organisation exists and not just immediate challenges.

The Board agreed the report and noted that a Sunderland response should be drafted showing how we operate and work as a whole culture.

7. 'Fit as a Fiddle'

Age UK Sunderland presented the report 'Fit as a Fiddle' (faaf). The project started in 2008 and was funded by the Big Lottery Well-being Fund. The aim is to improve the well-being of older people by encouraging and supporting their

participation in activities to increase and sustain physical activity, healthy eating and mental well-being. The report included a case history from one of the members.

To date the project has involved 232 people and during this time the group have collected quantitative and qualitative data which is been evaluated by Ecorys and validated by Keele University including a cost benefit analysis. The Board agreed the report and would wait to see the results from Keele University in June 2013.

8. Winterbourne Report & Action Plan

The purpose of the report was to inform the Board about the work taking place in response to the Winterbourne View. Following the release of the report there were 60+ recommendations. At the end of March 2013 there were a total of 10 individuals in hospital, with 4 of these ready to move out. Each person will have a care plan produced which will focus on appropriateness of current arrangements and the prognosis for their future care and support. Target dates have been set to include the setting up of a Project Group and Care Planning Review Team.

NR reported that Sunderland was in a better position than many and the Board agreed to accept a further update report in the Autumn 2013. It was agreed to forward a copy of the Action Plan to Karen Graham for circulation.

9. Any Other Business

Possible issues with the new 111 telephone help line were raised following recent press coverage. The North East was seen as the best area in the country.

For information Sunderland A & E have had their busiest day on Monday 6th May with 473 patients attending the hospital but no direct links between this and the 111 introduction.

10. Date and Time of Next Meeting

Tuesday 9th July, 2013

SUNDERLAND HEALTH AND WELLBEING BOARD

24 May 2013

FEEDBACK FROM SUNDERLAND CHILDREN TRUST BOARD – 2 MAY 2013

Report of the Chair of the Children's Trust

1. Membership of the Children's Trust

Beverley Scanlon (Head of Schools and Lifelong Learning) presented a report setting out the need to change the current membership of the Children's Trust to reflect national and local changes to NHS structures and responsibilities, outlined in the Health and Social Care Act 2011.

The following recommendations were agreed:

- Dr Ian Pattison, Chair of Sunderland's CCG be invited to ensure that children's health continues to be a priority area.
- A representative from the Area Team of NHS England be sought.
- Sue Winfield (former Chair of the PCT and vice chair of the Trust) be invited to join the Board as a lay member.
- Letters of invitation will be sent on behalf of Cllr Pat Smith, Chair of the Sunderland Children's Trust.
- The nomination and agreement of the vice chair of the Board was deferred, and in the meantime nominations will be sought via email.

2. Child Sexual Exploitation

Catherine Joyce (Leaving Care Team Manager) gave a presentation to ensure that the Board are aware of the work of the Police and Social Care and the strategies that are in place to allow the Sexually Exploited and Missing (SEAM) Group, which is supported by a performance analyst and principal social worker.

There is a sub-regional Strategy in place, which is supported by the SSCB procedures in relation to Missing and Sexually Exploited Children. There is also a Sunderland Operational Group which monitors and raises awareness of the issues.

There are a number of Actions for Prevention in place, including:

- Promoting awareness and understanding of the issue with young people.
- Promoting high quality sex and relationships education in schools to include teaching young people about sexual consent.
- Offering schools drama based productions (Chelsea's Choice) to raise issues with young people.
- Work with young parents and carers to support them in recognising the signs and symptoms as well as identifying vulnerabilities.

3. Health and Wellbeing Board

Keith Moore (Executive Director Children's Services) provided the Trust with an update on items discussed at Health and Wellbeing Board on 22 March 2013.

It was agreed that minutes from the meeting would be circulated with Trust members once approved.

4. Multi-Agency Safeguarding Hub (MASH)

Meg Boustead (Head of Safeguarding) provided a report which set out proposals for a Multi-Agency Safeguarding Hub (MASH), which would be similar to those set up in other parts of the country, including Devon and Staffordshire.

The Sunderland Hub would deliver an integrated safeguarding response to children at risk of harm. The intention is to replace the current single agency social work Initial Response Team with a co-located team comprised of a Social Care Team Manager, a team of social workers, two police officers and two Health Safeguarding Advisors, based at Gillbridge Police Station. It is also proposed to place the Local Authority Designed Officer (LADO), which is a statutory role that deals with allegations against staff and volunteers across the city to benefit from the information sharing environment.

The proposal is to establish the Sunderland MASH to initially only respond to concerns about child protection, including child sexual exploitation and missing children.

There is also a project running parallel to this, to migrate initial contact for Children's Social Care into the Council's Customer Service Network, and whilst these two proposals are inter-connected, they are not totally dependent on each other, but it is hoped to realise significant benefits from running them in parallel, with an implementation date of July 2013.

The Northumbria Police Head of Crime has formally confirmed support, whilst the views of the Police Crime Commissioner are being sought.

A report will be submitted to the Council's Executive Management Team on 7 May 2013 seeking formal approval to proceed.

5. Children's Trust Advisory Network (CTAN)

Agnes Rowntree (Business Relationship and Governance Officer) presented a report which provided the Children's Trust Board with an update on the work of the Children's Trust Advisory Network.

- Gentoo undertook consultation to seek views on the different forms of communication that can be used to connect with young people.
- CTAN agreed to participate in inter-generational sessions and workshops.

The next CTAN meeting will take place on 14 May where presentations will be received regarding the development of the Music Strategy and the new City Hospitals Paediatric Unit.

The representative (Alison Wheeler) from the Office of the Children's Commissioner is visiting CTAN on 11 July and Cllr Pat Smith and Keith Moore, representing the Board, will meet with Alison on the day.

6. Sunderland Safeguarding Children Board

Meg Boustead (Head of Safeguarding) provided a verbal update on the key discussion items from the Sunderland Safeguarding Children Board (SSCB) held on 24 April 2013. The following items were discussed:

- Review of the Joint Committees of the SSCB and Adult Safeguarding Board.
- Impact of efficiencies on the SSCB – how do you measure the impact?
- Multi-Agency Safeguarding Hub (MASH) - see note above.
- Francis Inquiry in the Mid-Staffordshire NHS Trust – lessons to be learned.

Ofsted and Inspection: A copy of a letter from Sir Michael Wilshaw (Chief Inspector) to Michael Gove (Secretary of State for Education) was received. It set out Ofsted's plans to delay the launch of the proposed multi-agency child protection inspections, for the following reasons:

- There should be no separation of the looked after children and Child Protection inspection.
- The pilot inspections raised a number of issues including how to test, challenge and judge the specific accountabilities for each agency to protect and help children, young people and their families.

Ofsted will publish a new framework for inspection of LAC and safeguarding to be piloted from June 2013.

Working Together 2013: The new Working Together Guidance was issued towards the end of March 2013. The guidance is considerably shorter than previous guidance and thus leaves some room for interpretation. There is a separate action plan to be discussed at the SSCB.

Copies of associated reports and presentations for all of the above mentioned items are available from Agnes Rowntree (agnes.rowntree@sunderland.gov.uk or 0191 561 1482)

SUNDERLAND HEALTH AND WELLBEING BOARD

24 May 2013

OPERATION OF HEALTH AND WELLBEING BOARD ADVISORY GROUPS

Report of the Executive Director of Health Housing and Adult Services

1.0 Purpose of the Report

To explore the role and function of the advisory groups to the Health and Wellbeing Board including the establishment of a new provider forum.

2.0 Background

The Health and Wellbeing Board (HWBB) has a small membership comprising of statutory partners, plus a small number of additional members representing the local strategic partnership and the Clinical Commissioning Group's executive team.

In order to achieve broader engagement in the business of the Board, two existing partnership groups – the Adults Partnership Board and the Children's Trust have taken on the formal function of advisory groups to the HWBB and have amended their meeting schedules to coincide with that of the HWBB.

In this role they receive and review the agenda and forward plan of the HWBB and also receive written papers for comment and discussion.

The advisory groups produce a summary of the key discussions of their meetings and the chair of each group reports this to the HWBB as a standing agenda item. The groups also receive topics to explore on behalf of the Board, for example the examination of the Health Visiting Service was allocated to the Children's Trust in 2012.

3.0 Establishment of a Provider Forum

The NHS Institute's report on the Health and Social Care System in Sunderland, indicated that there is a gap in representation from partner organisations in the health sector on the HWBB. The Institute suggests that this could be of detriment to the development of the most effective whole systems approach to health and wellbeing. There are also significant issues which cover the whole lifecourse, and so do not naturally sit with either of the existing advisory groups including the integration of urgent care.

In order to address this, it is proposed that an additional provider forum be set up as a third advisory group to the HWBB to improve provider input into Board issues. It is envisaged that this should be at a chief or senior officer level and meet bi-monthly in line with the HWBB and the other advisory boards. In line with the other groups, its role will be to feed in provider issues and at the same time receive topics from the HWBB to investigate and recommend action on. Feedback into the HWBB would be provided by the chair of the provider forum who would also be a Board member.

Initial membership of the provider forum could consist of representatives from City Hospitals Sunderland, South Tyneside FT, Northumberland Tyne and Wear Mental Health Trust, the Ambulance Service, the City Council and GPs as providers. This would mirror the current Urgent Care Leadership group and would take over the responsibilities of this group. The scope for additional members should be an initial topic for discussion at the group.

4.0 Broader Provider and patient engagement

Providers within the health and social care system alongside carers and interest groups are also represented on the Adults Partnership Board and Children's Trust and it is envisaged that this will continue. It is also proposed that a 6 monthly engagement session be held including VCS and broader providers across health and social care alongside patient and public representatives to add value to the input of the providers forum. This would also fit into the proposed JSNA refresh process outlined in another report to this Board.

5.0 Proposed Changes to Advisory Groups

It is recognised that the current relationship between the HWBB and the advisory groups needs to be strengthened to maximise the effective input of partners into issues of joint importance.

It is proposed that the HWBB set a programme of research topics or key issues for delegation to the three advisory groups on an annual basis, thereby helping to reinforce the remit of each group. The programme would also provide sufficient flexibility to respond to any urgent / new issues as they arise. Issues that require a joint response could be requested from multiple advisory groups and joint task and finish groups set up.

6.0 Recommendations

The Board is recommended

- To establish a provider forum as a third advisory group
- To agree a forward plan for items to be given to the 3 advisory groups to investigate and recommend action on
- To receive reports from the advisory groups on key topics and on progress against HWBB topics at every meeting.

Appendix 1 – Proposed Term of Reference for HWBB Provider Forum Advisory Group

Introduction

The Health and Social Care Act states that each local authority must establish a Health and Wellbeing Board (HWBB) for its area. The Act also states that the HWBB will be a committee of the local authority. It brings together key NHS, public health and social care leaders in each local authority area to work in partnership.

The HWBB board is a decision-making and shaping board which works closely with its 3 advisory boards; the Children's Trust, Adults Partnership Board and the Providers Forum.

The Providers Forum exists to ensure that the decisions made by the HWBB are influenced by a range of stakeholders who provide health and social care services in Sunderland through the provision of advice on agenda items of the HWBB and through the co-production of briefings and improvements plans on topics of interest to the Providers Forum members and their presentation to the HWBB. The Forum will also receive items from the HWBB to investigate and recommend action back to the HWBB.

Purpose of the Forum

The Forum will:

- Foster effective partnership working between key partners to improve health and wellbeing outcomes for the people of Sunderland
- Encourage new and innovative delivery consistent with the need to extend choice, control and flexibility in service delivery and the promotion of independence and personal responsibility for health
- Support the local implementation of the Health and Wellbeing Strategy
- Advise together with the Adults Partnership Board and Children's Trust the HWBB on the Joint Strategic Needs Assessment
- Lead on transforming joint commissioning agendas relevant to the provision of Health and social care agenda
- Ensure the sharing of best practice and experience between partner agencies
- Identify and remove any barriers to successful partnership working.
- Develop innovative ways to engage with local people to improve health and wellbeing and reduce inequalities.
- Collaborate with the Adults Partnership Board and Children's Trust to ensure a consistent approach to improving health and wellbeing at all stages of life.

Accountability

The Board will act as an advisory group to the HWBB, through the provision of advice on agenda items of the HWBB, through the co-production of briefings and improvement plans on topics of interest to the Providers Forum members and their presentation to the HWBB and in addressing items from the HWBB.

Members are accountable to their own organisations/groups of organisations.

The Forum will establish clear lines of communication, strong consultation and involvement methods with the work of the forum.

Roles and Responsibilities

The individual partner organisation roles and responsibilities in relation to the Provider Forum are as follows:

- To provide advice and guidance to the HWBB on issues of relevance to the provision of health and social care services in Sunderland
- To work effectively to ensure the delivery of a quality care and support system within Sunderland
- To build a partnership approach to key issues and provide collective and collaborative leadership
- To reflect the views of the organisation/sector/user group that they represent in meetings and task groups, being sufficiently briefed and able to make decisions about future policy developments/service delivery
- To ensure that there are effective communication mechanisms in place within organisation/sector/user groups that they represent to enable information about the priorities and decisions of the Board to be disseminated
- To influence any consequent changes to policy development/service delivery in their own organisation/sector/user group
- To champion the work of the forum in the wider networks and in the community
- To challenge and influence the HWBB to ensure that priorities and objectives are achieved.
- Individual forum members will be expected to take on and deliver work on behalf of the forum and will be responsible to the forum for the products of this work
- To work effectively to improve the health and wellbeing of the people of Sunderland, including the provision of advice and guidance to the HWBB.
- To work effectively to ensure the delivery and ongoing transformation of integrated health improvement and wellness services within Sunderland.
- Identify emerging issues that may impact on the health and/or wellbeing of the local population

Membership

Organisation
City Hospitals Sunderland
South Tyneside Foundation Trust
NTW NHS Foundation Trust
Local Medical Council
Sunderland City Council
North East Ambulance Trust
Elected Member

Other partners will be invited to attend the Board as and when required, in order that specific issues highlighted can be discussed and addressed.

The meeting will be chaired by ???, with a vice chair elected from the constituent members, with elections to be held on a bi-annual basis.

Joint briefing sessions will be held with the chair and vice chair in advance of the Providers Forum meetings, if required.

Quorum

- Wherever possible, decisions will be reached by consensus
- In exceptional circumstances, and where decisions cannot be reached by a consensus of opinion, voting will take place and decisions agreed by a simple majority.
- Where there are equal votes the Chair of the meeting will have the casting vote.
- A quorum of a third of the Membership representing at least 3 different partner organisations will apply.

Board Meetings

- The Board will meet bi monthly in line with the HWBB
- An annual schedule of meetings will be agreed
- Additional meetings may be convened with agreement of the Chair
- The agenda and supporting papers will be circulated seven days in advance of the meetings
- Minutes of decisions taken at meetings will be kept and circulated to partner organisations as soon as possible.
- The meetings will be hosted in turn by members of the Board and vary throughout the programme.

- Sub groups, task and finish groups and single topic sessions may be convened to examine specific issues in greater detail, but will always report back to the full Board.

SUNDERLAND HEALTH AND WELLBEING BOARD

24 May 2013

REFRESHING THE JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

**Director of Public Health and Head of Strategy, Policy and Performance
Management**

1.0 Purpose of the Report

- 1.1 To provide assurance that there will be a robust process in place for the refresh of Sunderland's Joint Strategic Needs Assessment (JSNA).

2.0 JSNA Context

- 2.1 JSNAs are local assessments of current and future health and social care needs. Following the passing of the Health and Social Care Act 2012 local authorities and CCGs have an equal and explicit duty to prepare JSNAs and Joint Health and Wellbeing Strategies (JHWSs), through Health and Wellbeing Boards.
- 2.2 The JSNA and JHWS are continuous processes, and are an integral part of the local authority, CCG and NHS evidence base to inform commissioning cycles and embed health improvement in all policy and decision making. JSNAs are not a strategy or commissioning plan, but should be used to inform these and help determine all priority actions that need to be taken to meet health and social care needs and to address the wider determinants that impact on health and wellbeing. They help provide the explicit link from sound evidence to service planning, by providing an analysis of progress and a narrative that supports the formulation of the JHWS as well as informing wider 'people, place and economy' local plans and strategies.
- 2.3 It is for the Health and Wellbeing Board (HWB) to determine when to update the JSNA and JHWS or to refresh ones to ensure that they are able to inform all local commissioning plans over time.

3.0 Reflections of Sunderland's previous JSNA refresh

- 3.1 Sunderland's JSNA was refreshed in September 2011 to take a wider social determinants model to assessing the health and social care needs of the City.
- 3.2 Twenty-seven profiles were created and saved on both the Sunderland.gov.uk website and in the healthy cities section of the Sunderland Partnership website.

3.3 The process for updating the templates was established as a 'business as usual case', however it needs to be improved and simplified to focus on providing a sound evidence base for commissioning. The accountability for the individual profiles and clarity of roles and responsibilities needs strengthening to ensure the HWB as customer has assurance that a quality product will be delivered.

4.0 JSNA Refresh – Next Steps

4.1 By September 2013 there will have been a 'light-touch' refresh of profiles, updating major policy developments and any new data or significant data changes. In certain cases the update may require a more deep-dive assessment, for example, to inform commissioning intentions and associated equality analysis; to analyse why there has been a significant data change / outcome changes; or to inform a service review.

4.2 Following September 2013 update it is proposed that a new iterative process is launched. The first task for the new process will be to review what the priorities are for deep dive needs analysis based on an understanding of the policy and commissioning environment, and being cognisant of the outcomes we are seeking to achieve. This will be led by the Council's Executive Management Team, the Director of Public Health the Chief Officer of the CCG and HealthWatch.

4.3 A schedule will then be developed, identifying an ongoing timetable of refresh. The intention is to ensure profiles are live documents that inform annual planning and commissioning cycles, with each profile being updated at least once a year. The timescales for each profile refresh will also be influenced by the publication of new data, rather than to a single deadline date for all templates. A rolling programme of annual refresh will help to ensure the workload is spread where possible throughout the year, but would need a 'cut-off point' to inform annual planning and commissioning cycles that commence September onwards.

4.4 Whilst the JSNA template is broadly considered fit for purpose it is suggested a section on 'Key Strengths and Assets' should be added to the template that draws down key strengths and assets from relevant strategies. This should support the asset-based ethos to Sunderland's JHWS.

4.5 Essential to the development of an assets based approach is the involvement of the user – individual or community – and so an effective engagement process is a prerequisite for good quality profiles. An engagement plan will be developed with profile sponsors to ensure appropriate stakeholder involvement. The desire would be for an asset based approach to help realise improvements and reduce inequalities.

4.6 The JSNA provides a real opportunity for the Council, the NHS and wider partners involved in the HWB to strengthen engagement with communities, take collective leadership and ownership of key challenges, and influence the

integration of services beyond traditional health and social care boundaries, taking an assets based approach where practically possible.

5.0 Accountability

5.1 The role of officers within the system has been reviewed as follows:

Role	Requirement
JSNA Lead Sponsor	The Director of Public Health will be the named sponsor for the overall JSNA. They will lead the JSNA and be accountable to the HWB for ensuring the JSNA is responsive to their requirements.
Commissioning Leads	<p>It is proposed the Council's Executive Management Team, the Director of Public Health, the Chief Officer of the CCG and HealthWatch should act as the commissioning leads. They will meet annually to jointly review commissioning intentions and fit with JSNA profiles and to determine the profile priorities for commissioning and where a deep dive/full review is required.</p> <p>These will link to end to end service reviews and will provide the evidence base for commissioning and decommissioning decisions.</p> <p>They will be advised by profile sponsors with specific commissioning expertise covering People, Place and Economy.</p>
Profile Authors	<p>There will be a named author for each profile. This person may be from the Council or partner organisation. The profile author is accountable to the profile sponsor. The author will lead the completion of the profile, including collating policy and intelligence inputs; as well as patient and public engagement and equalities analysis with support from the policy and intelligence leads as appropriate.</p> <p>The profile authors would also be responsible for ensuring that commissioning data is incorporated into the profiles and shared with the intelligence lead.</p>
JSNA Coordinator	<p>There will be one coordinator who will manage the process for the production of the JSNA within the SPPM service.</p> <p>The coordinator will set deadlines for updates. The coordinator should be notified of any changes to the profiles and will liaise with the sponsor for sign off prior to arranging for public facing profiles to be updated.</p>

<p>Profile Intelligence Leads</p>	<p>There will be a named intelligence lead for each profile. This person may be from the Council or partner organisation.</p> <p>The intelligence lead will be responsible for:</p> <ul style="list-style-type: none"> - coordinating intelligence inputs - updating the profile on the publication or collation of new data - joint interpretation of the data with the policy lead - highlighting any data gaps in the profile including those relating to comparative areas or equalities information and for proposing methods available for filling these gaps.
<p>Profile Policy Leads</p>	<p>There will be a named policy lead for each profile. This person may be from the Council or partner organisation.</p> <p>The policy lead will be responsible for:</p> <ul style="list-style-type: none"> - coordinating policy inputs - providing the policy direction as to what intelligence is important to the profile - joint interpretation of the data with the intelligence lead - updating the profile on the publication of new policies, strategies and procedures at a local, regional, national and international level, including the updating of profiles in line with best practice, particularly where the design principles that underpin Sunderland's Health and Wellbeing Strategy have been applied.

6.0 Recommendations

- 6.1 It is recommended the Board agrees to the process of refresh set out in this report.

SUNDERLAND HEALTH AND WELLBEING BOARD

24 May 2013

FULFILLING LIVES: A BETTER START

Report of the Executive Director of Children's Services and Director of Programmes at Groundwork North East

1.0 PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to provide the Health and Wellbeing Board with an understanding of what Big Lottery is looking for in a winning bid for its *Fulfilling Lives: A Better Start* programme.

2.0 BACKGROUND

- 2.1 Sunderland has been successful in its Expression of Interest for the Big Lottery (BIG) programme *Fulfilling Lives: A Better Start* and the city has now been invited to submit a Stage One Application form by 7th June 2013, along with 36 other local authority areas (see Appendix 1).
- 2.2 Ultimately, three to five local authority areas will receive between £30 – £50 million to deliver a step change in the use of preventative approaches from conception to 3 years of age, to improve the life chances of disadvantaged and vulnerable babies and young children. Grants will be awarded to VCS-led partnerships involving all relevant local public agencies, including the local authority and local health agencies, and will be paid out over 8 –10 years. Each area is expected to deliver a range of joined up programmes and initiatives to support three key areas that affect a child's life chances: social and emotional development; communication and language development; and diet and nutrition.
- 2.3 Each area must also achieve a 'systems change' both in the way that local health, public services and voluntary sector work together to improve outcomes for children, and in terms of the way that money and services are organised so that public spending shifts to the earliest years of life.
- 2.4 BIG require the targeting of wards that perform poorly against key indicators of child development (child poverty, low birth weight births, child development at age 5 and obesity at year 6). A cluster of six wards has been identified in Sunderland, these being Hendon, Millfield, Pallion, Redhill, Southwick and St Anne's.

3.0 CURRENT POSITION

- 3.1 A multi-agency 'Steering Group', led by Groundwork North East, has been established to shape Sunderland's bid and drive forward change in the three outcome areas identified by Big Lottery. Membership is currently drawn from the local authority, the VCS, a range of health partners, schools and Gentoo. A smaller 'Core Development Group' is responsible for the actual writing and development of the bid.
- 3.2 The intention is to use the Steering Group to help develop the city's future strategic direction in terms of early years support. Whilst the group's focus is to develop the bid, the aim is to develop a model that supports the city's commitment to Strengthening Families and is able to be taken forward regardless of whether the bid is successful.
- 3.3 Advice and guidance received from BIG to date suggests that the assessment panel will be looking for bids which demonstrate following:
- **Health is at the heart of the bid** – the involvement of GPs, Health Visitors, Midwifery, and A&E in developing the potential delivery model is crucial
 - **An ability to leverage mainstream funding** – a commitment from statutory partners to provide financial and/or in-kind resources to enable sustainability
 - **An overall systems change** – the emphasis should be on prevention, co-production, progressive universalism, and integration

A summary of key messages has been appended to this report (Appendix 2).

- 3.4 A verbal update on the direction of the bid will be provided at the meeting. The final stage 1 bid submission is still 'work in progress.'

4.0 OPPORTUNITIES

- 4.1 This programme is seen as an important opportunity for Sunderland to achieve the type of transformational change espoused in its Health and Wellbeing Strategy, one which is necessary if the city is to be successful in reducing not only health inequalities but also public demand on more costly services in the longer term. The initiative provides an exciting opportunity to pilot new ways of working harnessing an assets based approach and the wider principles of the Health and Wellbeing Strategy. The aspiration is to develop a multi-agency commissioning model that galvanises resources to support prevention and early intervention for children and their families in the early years of life.
- 4.2 The BIG programme represents a significant leadership opportunity for the City of Sunderland, providing partners with the space to develop and test new

approaches to prevention and early intervention. The city's approach to Strengthening Families has already been recognised as national best practice and 'A Better Start' provides Sunderland with an opportunity to cement its position at the forefront of innovative service design and delivery.

5.0 RECOMMENDATIONS

5.1 Members of the Board are asked to:

- a) note the report;
- b) provide feedback on the proposed direction of the bid; and
- c) begin to consider how each partner can contribute to the Better Start project, including through the commitment of mainstream resources.

Fulfilling Lives: A Better Start – Stage One Applicants

The following local authorities have been successful in their Expression of Interest and have been invited to submit a Stage One Application form by 7 June 2013.

- Blackpool
- Bolton
- Calderdale
- Coventry
- Croydon
- Ealing
- Enfield
- Essex
- **Gateshead**
- Haringey
- Lambeth
- Leicester
- Liverpool
- Lewisham
- Luton
- Medway
- **Middlesbrough**
- **Newcastle**
- Norfolk
- **Northumberland**
- Nottingham
- Plymouth
- Reading
- **Redcar and Cleveland**
- Rotherham
- Sandwell
- Sheffield
- **South Tyneside**
- Southampton
- Southend
- **Stockton**
- Stoke
- **Sunderland**
- Telford
- Tower Hamlets
- Wakefield
- Waltham Forest

Fulfilling Lives: A Better Start – What is Big Lottery looking for?

Key Messages

1. Leadership

- Strong leadership and commitment at the strategic and senior level
- Successful partnerships will become flagship areas for a new approach to early years
- The whole city must demonstrate a willingness and enthusiasm for change

2. Health is at the heart of the bid

- Health should have a leading role in developing our approach – involvement of GPs, Health Visitors, Midwifery, A&E is crucial
- Language of health professionals needs to be written into the bid
- Our approach should cover the 5 elements of the Healthy Child programme (immunisation, screening, health promotion, parental support, child development).

3. An ability to leverage mainstream funding

- Big Lottery will not fund any statutory activity
- We need to demonstrate that partners are willing to commit resources (financial and/or in-kind) to the project

4. An overall systems change

(i) Prevention and early intervention

- Shifting resources from reactive services and older children to prevention and youngest children
- Preventing harm before it occurs – importance of nutrition in pregnancy; maternal and infant mental health; communication and language development; attachment / interaction between parent and child
- Getting it right first time for child and family
- Identifying and addressing risks early – importance of assessments (e.g. parent/child attachment) and upskilling practitioners to carry out assessments effectively

(ii) 'People powered change' – collaboration and co-production

- Children and families are at the heart of design and delivery
- Our approach is informed by family insight – improve our understanding of families' current experiences and barriers
- Strengthening the role of communities in improving outcomes for children

(iii) Progressive universalism

- An increased focus on vulnerable children and families – “support for all, with more support for those who need it most”

(iv) Integration

- Joint vision, joint investment, joint commissioning
- More coordinated working between agencies/portfolio of projects – seamless pathways for families
- Exploring integration, co-location, new delivery vehicles, including pooled budgets

(v) Evidence based practice

- Focus on the science – interventions need to be underpinned by theory and supported by evidence (ideally RCT, and fidelity essential)
- Understanding the impact of what we do – build evaluation into our approach

SUNDERLAND HEALTH AND WELLBEING BOARD

24 May 2013

BOARD DEVELOPMENT SESSION – ‘SYSTEM LEADER OR TALKING SHOP’

Report of the Head of Strategy, Policy and Performance

1. Purpose of the Report

To inform the Board of the date and scope of the next development session.

2. System Leaders or Talking Shops

In 2012 the Kings Fund produced a report into the functioning of Health and Wellbeing Boards (HWBBs) issuing the challenge as to whether they are system leaders or talking shops. The report suggest that the biggest challenge facing HWBBs is whether they can deliver strong, credible and shared leadership across local organisational boundaries. Unprecedented financial pressures, rising demand, and complex organisational change will severely test political leadership. The report can be found here:

http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/health-and-wellbeing-boards-the-kings-fund-april-12.pdf

This development session will look at the role and purpose of the Sunderland HWBB and aim to provide a collective understanding of the purpose and value added of our Board, determining collective success measures and clear leadership and accountability based on the delivery of the Sunderland Health and Wellbeing Strategy.

To facilitate this, Judith Hurcombe, an LGA Associate with a speciality in Health and Wellbeing Board development, will host the session.

The development session is to be held on **7th June, 12-2, Sunderland Software Centre, Conference Room.**

The Aims and Objectives of the session are as follows.

- to explore and agree a collective understanding of what success means for the Board
- to agree the roles and responsibilities of Board members
- to outline what the Board will achieve over the next 12 months and 3 years
- to explore how the Board will secure these achievements

3 Recommendations

The Board is recommended to note the session.