

SUNDERLAND SHADOW HEALTH AND WELLBEING BOARD

Held in Committee Room 2, Sunderland Civic Centre
on Tuesday 31 July 2012

MINUTES

Present: -

Councillor Paul Watson (Chair)	-	Sunderland City Council
Councillor Graeme Miller	-	Sunderland City Council
Councillor Pat Smith	-	Sunderland City Council
Councillor Mel Speding	-	Sunderland City Council
Councillor John Wiper	-	Sunderland City Council
Neil Revely	-	Executive Director, Health, Housing and Adult Services
Sue Winfield	-	Chair of Sunderland TPCT
Dr Ian Pattison	-	Sunderland Clinical Commissioning Group
Michael McNulty	-	Sunderland LINK

In Attendance:

Alan Patchett	-	Age UK
Eibhlin Inglesly	-	Carers' Association
Mike Lowthian	-	Sunderland LINK
Pam Lee	-	Sunderland TPCT
Jean Carter	-	Deputy Director, Health, Housing and Adult Services
Beverley Scanlon	-	Head of Commissioning and Change Management, Sunderland City Council
Sonia Tognarelli	-	Head of Financial Resources, Sunderland City Council
Sarah Reed	-	Assistant Chief Executive, Sunderland City Council
Vince Taylor	-	Head of Strategy, Policy and Performance Management, Sunderland City Council
Jane Hibberd	-	Head of Policy, People and Neighbourhoods, Sunderland City Council
Karen Graham	-	Office of the Chief Executive, Sunderland City Council
Gillian Warnes	-	Governance Services, Sunderland City Council

HW14. Apologies

Apologies for absence were received from Councillor Kelly, Ron Odunaiya, Keith Moore, Nonnie Crawford and Louise Robson.

HW15. Minutes

The minutes of the meeting held on 18 May 2012 were agreed as a correct record.

HW16. Clinical Commissioning Group Update

Dr Pattison reported that the Clinical Commissioning Group continued to make progress and he highlighted the importance of the 360° Stakeholder Survey. There had been a good response rate to the survey so far but the group were keen to make sure as many stakeholders as possible had completed the survey and would offer assistance where required.

The Local Medical Committee had agreed that the CCG constitution was acceptable and this would be presented to the group members this week. David Gallagher had been appointed as the Chief Officer and the CCG would now look to identify a Finance Officer.

A provisional date of 1 November 2012 had been given for the site visit as part of the move to full authorisation.

It was confirmed that the complete list of stakeholders was wider than the initial list on the 360° survey and that the deadline for responses was 3 August. David Robinson at the PCT was working to chase up any outstanding surveys.

Although there were a lack of partner organisations on the list of stakeholders, there was a great deal of partnership working going on behind the scenes to ensure an integrated approach with the CCG. The messages coming through to the CCG from partners were positive.

RESOLVED that the Clinical Commissioning Group update be noted.

HW17. Feedback from Advisory Boards

Adults Partnership Board

Councillor Miller reported that he had been elected Chair of the Adults Partnership Board. Nominations had been requested for the position of Vice Chair and these would be considered at the next meeting of the Board.

The main items considered by the Adults Partnership Board at its meeting on 10 July 2012 had been: -

- Sunderland Initial Response Team
- Suicide Action Plan
- Personalisation – Update
- Health and Wellbeing Board – Agenda
- 50+ Strategy and Age Friendly City
- Autism Strategy – Verbal Update
- Local Accounts
- Plain Packaging for Tobacco

With regard to the 50+ Strategy, Neil Revely stated that the importance of getting partners involved in the process was recognised and once the timeframe was in order, the broader partnerships would be asked to take responsibility for what had been agreed by the Sunderland Partnership.

Members queried the information on the Sunderland Initial Response Team and asked for clarification on the type of referrals which had reduced waiting times. The referral time of under one hour was in relation to the time it took to allocate the initial call, however the next part of the process, which was to identify the correct service for the patient, and the time it took, was an area for concern. Dr Pattison was picking up these concerns through the CCG and Neil Revely advised that Council officers had regular meetings with Northumberland and Tyne and Wear Mental Health Trust to discuss any issues of concern.

The Board were reminded that the consultation on plain packaging for tobacco ended on 10 August. Karen Graham advised that a response was being drafted on the Health and Wellbeing Board's behalf.

Children's Trust

Councillor Smith stated that the Children's Trust had welcomed Jan van Wagtendonk to the Trust as an observer and reported that the main agenda items considered by the Trust at its meeting on 12 July 2012 had been: -

- Health and Wellbeing Board update
- Consultation on revised safeguarding guidance
- Sunderland Safeguarding Children Board
- YOS Plan
- Health Visitor Review

Councillor Smith also advised that the Sunderland Youth Parliament had been meeting with the local Police at Gilbridge station and were very enthusiastic about their joint working going forward.

RESOLVED that the information be noted.

HW18. Public Health Transition Update

Funding Formula

Sonia Tognarelli delivered a presentation on the funding for public health when the local authority took responsibility in April 2013.

The funding would be a ring fenced grant and the Advisory Committee on Resource Allocation was developing proposals for the funding formula which were out for consultation. The main proposals from the Committee were that the allocations should be based on population and Standardised Mortality Rate.

From 2015/2016, local authorities would receive a single grant to prioritise locally which would be built up from two components; a mandated services allowances and a health premium.

The main issues in the consultation which had been identified by the local authority were as follows: -

General

- Significant impact on deprived areas/unintended consequences
- Basis of quantum proposed to be distributed to local authorities flawed
- Formula allocation thereafter flawed
- North East hardest hit – double impact – quantum and formula
- Funding protection – 2013/2014 and 2014/2015 – important given CSR reductions
- DoH approach to pace of change need to ensure earlier agreements met
- Strategic discussion about national total – investment in public health
- Current spend reflects need and improved outcomes can be demonstrated

Local/Regional Impact

- North East share of baseline is £177.6m
- Sunderland current baseline is £19.468m
- North East potential share of future allocation = £124.0m (30% reduction)
- Potential losses for 10 of 12 councils in North East (between 21% and 46%)
- Sunderland potential circa £31% loss of £5.860m 2014/2015

Sonia highlighted that Sunderland were high spenders on public health by choice and this was reflected in the improved outcomes which had been achieved for the population.

Responses to the consultation were required by the Department of Health by 14 August and Councils would be submitting individual responses as well as collectively through ANEC. The NHS would also respond and political lobbying would be carried out through MPs. In the meantime there was a need to review existing contracts to consider prioritisation and work with the CCG to better meet health needs and to manage within a significantly reduced funding envelope.

The Chair noted that he had raised this issue with a Minister who had indicated that because the North East did spend more on Public Health, then the cut was likely to

be greater. Neil Revely added that this would be more understandable if there had previously been a national arrangement, but it had been for the PCTs to determine how their money was allocated.

The Board felt that they had a clear understanding of the arguments which needed to be put forward and that these were not merely technical or financial issues but were overarching factors for the whole of Public Health.

RESOLVED that the presentation and proposed response to the consultation be noted.

Proposals for Delivering Public Health Services currently shared across Gateshead, South Tyneside and Sunderland

Pam Lee introduced a report describing the public health functions which were currently delivered across the three South of Tyne and Wear districts through a 'shared services' agreement.

The 'shared services' include:

- Health Protection
- Emergency preparedness
- Healthcare advice and epidemiology
- Public Health Primary care support
- Health improvement information and resources.

The Board was asked to support in principle arrangements for these functions during 2013/2014 and during this time, local authorities working with the CCG and other partners would be able to consider how and if the shared services would be delivered after April 2014.

It was confirmed that the relevant posts would be paid for through the PCT budget, with the proportions being included within the £19m being passported from the PCT to the local authority. The liability for each employee would also be transferred.

There were queries raised as to why the position with these arrangements was not being reviewed during the current financial year and Sarah Reed highlighted that because of the changes in Public Health, the focus was very much on what was currently being commissioned and how this would be done alongside the CCG. It was recognised that a year was a long time, but this would allow the focus to be on the core business of Public Health in the initial stage. Pam highlighted that the posts would be under review from 1 April 2013 so it was not a long term issue.

Neil Revely cautioned against creating a longer period of instability and that if the positions could be reviewed during 2012/2013, then this should be done.

Accordingly the Board RESOLVED that: -

- (i) the Board support in principle, that Sunderland City Council continue to hold the Information and Intelligence Function , possibly located in the North East Commissioning Services with a SLA detailing the support available to local authorities, CCGs and NECS;
- (ii) the Board support, in principle, that Gateshead Council continue to host the Public Health Primary Care Support Post working across Gateshead, South Tyneside and Sunderland during 2013/2014; and
- (iii) the Board support, in principle, that South Tyneside Council continue to host the Public Health Improvement Information Team working across Gateshead, South Tyneside and Sunderland during 2013/2014.

HW19. Strengthening Families

Jane Hibberd presented a report providing the Board with an update on the approach to Strengthening Families in Sunderland.

The Government had launched the payment by results 'Troubled Families' initiative in December 2011 and Sunderland had renamed this as the Family Focus project. This was an opportunity to look at the way in which the Council worked with families and a multi agency Board had been established to lead on this work. An inclusive definition of family had been developed and the strategic principles underpinning the approach were:

- Early intervention and prevention
- Building capacity and reducing dependence
- Asset based approach
- Whole systems thinking – whole family, whole life, whole community
- Responsive local services and publicly valued outcomes
- Multi agency and integrated working

It was intended to produce the Strengthening Families Strategy through a partnership approach and the vision of the strategy will also be presented to the Health and Wellbeing Board.

Details of how the Family Focus Project and how the payment by results would work were attached to the report. The Strengthening Families Board and working group would continue to develop the Family Focus Project and Strategy and a draft service delivery model for the project was to be developed by September with a view to the Family Focus project being piloted in the autumn.

It was commented that the outline service delivery model did not mention the voluntary sector and it was queried if they were involved. Jane advised that the voluntary sector were involved in both the Board and the working group and one key organisation which was working on the project was the Foundation of Light. It was acknowledged that families would be more accepting of voluntary sector organisations and this would be important in developing the service delivery model and key workers.

The Strengthening Families Board was chaired by Councillor Smith and the membership included the Executive Directors of Children's Services and Health, Housing and Adults Services, the Assistant Chief Executive, representatives from Health, Gentoo, JobCentre Plus, Probation, Police, the voluntary sector and schools.

RESOLVED that the contents of the report be noted.

HW20. Health and Social Care Systems Diagnostic

Neil Revely introduced a report outlining the latest developments with regard to the NHS Institute diagnostic.

The full report had been published in early June and circulated to the Health and Wellbeing Board and partners who were involved in the review. A session had been held on 21 June to launch the report and Neil advised that he had met separately with the Chief Executive of the South Tyneside Foundation Trust as the Trust had not been present at the launch event.

There had been a positive discussion at the event and partners' views were coalescing around a common outcome but they had been frustrated about how this would be achieved. A number of recommendations were considered by those present and proposed actions to address them identified. The actions were outlined within the report. It was also proposed that a second workshop session be held to further develop the actions.

The Board therefore: -

- RESOLVED that: -
- (i) a second session be held to consider the way forward for implementing the recommendations in the Diagnostic report: and
 - (ii) the proposed actions detailed within the report be agreed.

HW21. Health and Wellbeing Strategy Update

Vince Taylor presented a report updating the Board on the process and timetable for the development of the Health and Wellbeing Strategy.

The Health and Wellbeing Strategy was to be completed by October 2012 and had been developed in the context of the changing environment within which the local authority and its partners were now working. Two further engagement sessions had been held at the Stadium of Light since the last meeting of the Board and attendees had given their views on the vision, aims and priorities and how to use assets to change service delivery and empower communities. These views had been incorporated into the latest version of the outline strategy which was attached as

Annex 1 to the report. The next engagement event was scheduled to be held on Friday 10 August at the Stadium.

The following six strategic objectives had developed from work with the Board and partners: -

1. Mutual understanding between communities and organisations
2. Ensure that children and young people have the best start in life
3. Supporting and motivating everyone to take responsibility for their health and that of others
4. Supporting everyone to contribute
5. Supporting people with long term conditions and their carers
6. Supporting individuals and their families to recover from ill health and crisis.

It was considered that these six objectives were now the right ones to develop action plans underneath and the plans would come to the Health and Wellbeing Board for decision and direction.

RESOLVED that the Strategy development process and progress made be noted.

HW22. National Learning Sets

The Board received an update on the publication of the findings from the National Learning Sets for Health and Wellbeing Boards.

The findings of the learning sets had been condensed into a number of products and had been formally launched at the NHS Confederation conference in June. The products summarise each learning set's key points of learning and were designed to provide useful points of reference for shadow Health and Wellbeing Boards. It was suggested that they should be used for the development of the Board, the Health and Wellbeing Strategy and also for the Adults Partnership Board and the Children's Trust.

The final report of the learning set on 'Making Best Use of Collective Resources' was provided for the Board and this would be considered alongside other learning sets and the recommendations integrated with those from the NHS Institute diagnostic tool. It was then proposed that an action plan be developed with responsibilities shared between the Health and Wellbeing Board and the Adults Partnership Board and Children's Trust.

Michael McNulty highlighted that one issue arising from the action learning sets had been how to hardwire public and patient involvements and that this should be part of the role of the members of the Health and Wellbeing Board. Achieving this at the beginning of the Board's development augured well for the future.

RESOLVED that: - (i) the content of the report be noted; and

- (ii) the development of action plan bringing together actions from the learning sets and NHS Institute report be agreed.

HW23. Board Development Session

The next Board Development Session was to be based around influence and relationships and decision making. It was scheduled to take place on Thursday 30 August 2012 at 10.00am, however as this was during the summer holiday period, members would be contacted to ascertain if they were able to attend before the arrangements were finalised. If it was not worthwhile going ahead with the session in August then it would be re-arranged for September 2012.

RESOLVED that the information be noted.

HW24. Public Health England

This item was deferred to the next meeting.

HW25. 'Caring for our Future: Reforming Care and Support' White Paper

Neil Revely presented a briefing on the White Paper, published in July 2012 on 'Caring for our Future: Reforming Care and Support'.

The White Paper was published together with the draft Care and Support Bill which aimed to create a single law for adult care and support, replacing more than a dozen different pieces of legislation. The two core principles of the White Paper were on promoting people's wellbeing and independence and for people to be in control of their own care and support. It was noted that these principles were in line with how the Council had already been operating and Neil outlined the main themes of the White Paper as listed below and also described the context within Sunderland: -

- Strengthening support within communities
- Early intervention and prevention
- Housing
- Better information and advice
- Assessment, eligibility and portability for people who use care services
- Carers' support
- Defining high quality care and improving quality
- Keeping people safe
- Expanding the care market
- Workforce
- Personalised care and support
- Integration

There were no real surprises within the paper and direction of travel would assist Sunderland with the journey it had already established. The Board would receive further updates in relation to the White Paper in due course.

RESOLVED that the content of the report be noted.

HW26. Other Business

There was no other business.

HW27. Date and Time of Next Meeting

The next meeting will be held on Friday 14 September 2012 at 12.00noon in Committee Room 1, Sunderland Civic Centre.