

SUNDERLAND HEALTH AND WELLBEING BOARD

Held in Committee Room 1, Sunderland Civic Centre
on Friday 26 July 2013

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
Dave Gallagher	-	Chief Officer, Sunderland CCG
Nonnie Crawford	-	Director of Public Health
Dr Ian Pattison	-	Sunderland Clinical Commissioning Group
Christine Keen	-	NHS England Area Team

In Attendance:

Alan Cormack	-	NHS South of Tyne and Wear
Alesha Aljeffri	-	HealthWatch Sunderland
Beverley Scanlon	-	Head of Commissioning and Change Management, Children's Services
Helen Lancaster	-	Scrutiny Co-ordinator, Sunderland City Council
Karen Brown	-	Scrutiny Officer, Sunderland City Council
Rose Peacock	-	Communications, Sunderland City Council
Sam Meredith	-	Communications, Sunderland City Council
Karen Graham	-	Office of the Chief Executive, Sunderland City Council
Gillian Kelly	-	Governance Services, Sunderland City Council

HW11. Apologies

Apologies for absence were received from Councillor Kelly, Dr McBride, Ken Bremner and Liz Greer.

HW12. Minutes

The minutes of the meeting of the Health and Wellbeing Board held on 24 May 2013 were agreed as a correct record.

HW13. Feedback from Advisory Boards

Adults Partnership Board

Councillor Miller informed the Board that the Adults Partnership Board had met on 23 July 2013 and the main items considered had been: -

- Urgent Care and Care Homes Task and Finish Group Update
- Winterbourne View Stock Take
- Health and Wellbeing Board Agenda
- The Role of Pharmacies in Delivering Health and Wellbeing
- Domestic Violence Needs Assessment Update

Children's Trust

Councillor Smith informed the Board that the Children's Trust had met on 11 July 2013 and the main items considered had been: -

- HealthWatch
- Child Health Profile
- Health and Wellbeing Board
- People Directorate
- Disabled Children's Charter
- Children and Young People's Plan Refresh

In reference to the Child Health Profile, Nonnie Crawford highlighted that one positive indicator was that readiness for school at age five had increased and this was a valuable measure of success for the early years agenda.

The Chair congratulated the Public Health team on their recent work on the MMR vaccination catch up programme, which had been dealt with extremely well, despite this coming during a period of massive transition for the service.

With regard to the HealthWatch presentation, Dave Gallagher was delighted to hear that people were asking how the CCG would be listening to the voice of children and young people and the CCG was keen to work collectively across the city on this.

RESOLVED that the information be noted.

HW14. New Member Introductions

Christine Keen was welcomed to her first meeting of the Sunderland Health and Wellbeing Board. Christine was in attendance in her role as Director of

Commissioning for the NHS Cumbria, Northumberland and Tyne and Wear Local Area Team. Christine explained that she had worked in the NHS for 20 years and had been a Practice Manager for 12 years and her experience was mainly in primary care facilities.

NHS England was one of three bodies, along with CCGs and local authorities, which had a responsibility for commissioning. There were 27 teams across the country working within a single framework with local input. There were five directorates within the Local Area Team; Medical, Nursing and Quality, Finance, Operations and Delivery and Commissioning.

The Commissioning Directorate had responsibility for: -

- Primary Care – GPs, Pharmacists and Opticians
- NHS Dentistry
- Specialised Services
- Public Health
 - Children 0 – 5
 - Screening and Immunisation Programmes

These responsibilities included 53 GP practices in Sunderland and 60 community pharmacies. Although the Local Area Team currently had responsibility for the Children 0 – 5 agenda, it was expected that this would be handed back to the local authority in 2015.

All of the work within the Commissioning Directorate would touch upon the objectives of the Sunderland Health and Wellbeing Strategy.

The Chair highlighted that the locality covered by the Local Area Team did not match the political or economic footprint of the region and this could be a barrier to the development of effective working relationships. Christine stated that one of the reasons for the configuration of the Local Area Team was due to the way medical training and patient request services operated and there were already existing networks to build upon. The team would have to look at how best to link with the political geography of the region.

Neil Revely commented that the Health and Wellbeing Board was committed to driving forward the integration of commissioning and was keen to NHS England to join the Board so that there was an opportunity to influence the commissioning agenda. He queried how fixed NHS England were likely to be in relation to contractual arrangements and Christine replied that the new contract would set out core services but there were opportunities for the CCG and the LAT to work together to design services which were to be commissioned over and above the core elements. There had been discussions at area level on this but a proposal for bespoke services had to be tested.

Christine having been formally welcomed to the Health and Wellbeing Board, it was RESOLVED that the information be noted.

HW15. Health and Wellbeing Board – Priorities and Performance Management

The Executive Director of Health, Housing and Adult Services submitted a report reviewing the outcome of the 'System Leaders or Talking Shop' Board development session, asking the Board to ratify the priorities agreed at the meeting and to consider any further action required.

During the session the Board had been asked what difference they would have made to health in Sunderland in a year and in three years time. The group determined the top three priorities for year one were: -

- To have moved on service integration between the local authority and the NHS in a meaningful way.
- To focus on early years, children and young people.
- To have established the Board as a system leader.

In the more medium term, the Board felt that in three years it would want to be able: -

- To be universally recognised as the system leader who can and was legitimately challenging other parts of the system.
- To have made a demonstrable difference for children and young people.
- To have concrete evidence of service integration and co-production.
- To have strengthened community assets across all partners.

The session also looked at the delivery and performance management of the Health and Wellbeing Strategy and it was suggested that this be performance managed through the advisory groups and reported by exception to the Board.

A number of pieces of work and potential opportunities were identified including the action planning phase of the Health and Wellbeing Strategy, the application to become a 'Health and Social Care Integration Pioneer', the Adults Board investigation into links between urgent care and care homes, the submission of the Big Lottery Better Start application and the LGA offer of peer reviews throughout 2013/2014.

It was commented that there would be high expectations of the Health and Wellbeing Board going forward and there was also a risk in the number of things which the Board was to be responsible for.

The Chair made reference to the importance of integration and the need to know that was happening and Neil stated that if the Board agreed a small number of priorities then there would be regular updates on the progress of each of them. Elements of this would also be addressed in the action planning for the Health and Wellbeing Strategy and the monitoring of the plan. It was also noted that a Board Member would act as a sponsor for each of the Strategy objectives in the same way in which they had under the shadow Board arrangements.

Therefore the Board RESOLVED that: -

- (i) the record of the priorities set at the development session be agreed;
- (ii) they would suggest any additional priorities;
- (iii) the performance management arrangement to include delegation of outcome framework reporting to advisory groups be agreed;
- (iv) exception reports be received from the advisory groups; and
- (v) further actions as detailed in the report be pursued and updates on the impact of each be received.

**HW16. Report on Issues arising from the Department of Health
Winterbourne View Hospital Report (December 2012)**

The Executive Director of Health, Housing and Adult Services submitted a report outlining issues which had arisen as a result of the Department of Health report into the care which had been provided at Winterbourne View Hospital.

Alan Cormack of the Sunderland Clinical Commissioning Group was in attendance to present the report and informed the Board that Winterbourne View was a private hospital run by Castlebeck Care which had been exposed by a Panorama television programme to have a culture of bullying and maltreatment of residents with learning disabilities. Several members of staff at the hospital were subsequently charged and sentenced.

There had been Sunderland residents placed in Castlebeck facilities locally but there had been no issues reported. Castlebeck itself was now in administration and a number of homes had been closed and sold.

The Department of Health had published a report in December 2012 which had included a wide range of actions for NHS England, Clinical Commissioning Groups, Councils and Commissioners and one of these was that each person with a learning disability or autism and challenging behaviour in a specialist hospital, was to have their placement and support/care reviewed and a support/care plan produced by 1 June 2013. There were 11 individuals in Sunderland who needed to be reviewed in this context and a Project Board had been established to take forward reviews in the shorter term and other requirements in the longer term. Following the review, if any individual was found to be inappropriately placed, they would have to be helped to move back into the community by 1 June 2014.

At the time of the review, a number of patients had been ready to be discharged and the Independent Advocacy Group and Sunderland Carers Centre had written to the individuals and their families offering their support. Appropriate advocates were allocated for the patients and further work had been carried out to ensure that appropriate advocacy continued to be afforded to individuals. Where someone had declined advocacy in the past, they would be regularly offered the opportunity to change their minds.

The Minister of State for Care and Support had written to the Chairs of all Health and Wellbeing Boards to draw their attention to issues arising from the Winterbourne View review and suggested that they would have the opportunity to challenge the ambitions of local plans. A stock take document had been signed off by the Chair of the Health and Wellbeing Board, the Chief Executive of the Council and Chief Officer of the CCG and submitted to the national Joint Improvement Board on 5 July 2013. It was intended that further reports come back to the Health and Wellbeing Board if and when this was necessary.

Dave Gallagher commented that the experience the patients had at Winterbourne View had been unacceptable and should never happen again and that this piece of work was very important in that context. This was a good example of the local authority, CCG and specialist commissioners working together and there was also excellent engagement with the project board. Neil Revely endorsed this and thanked Alan Cormack, Pippa Corner and their teams for the work they had done. Nationally, the Winterbourne View and Francis reports were being given the same degree of importance and it was up to the system to learn from these investigations.

The Chair made reference to the successful partnership working which had been undertaken in response to the actions required by the review and commented that the Council and its partners should do more to publicise the good practice and effective working relationships it had in place. He also noted that whilst there would be a constant guard against the things which happened at Winterbourne View, unless there was a realistic view taken of the level of investment required in order to provide the standard of care to which partners aspired, there could not be a fully successful system.

Having considered the report, the Board RESOLVED that: -

- (i) to note that the deadline of 1 June 2013 was met in order to review in-patients in specialist learning disabilities hospitals;
- (ii) there were no individuals 'inappropriately placed' in hospital;
- (iii) the required stocktake had been completed and returned; and
- (iv) further progress reports would be made to the Adults Partnership Board and escalated to the Health and Wellbeing Board if required.

HW17. Overview and Scrutiny Update

The Head of Scrutiny and Area Arrangements submitted a report presenting the final version of the Health Protocol for consideration and endorsement and the informing the Board of the Council's key scrutiny activities for the municipal year 2013/2014.

Karen Brown, Scrutiny Officer reminded Board Members that the draft Health Protocol had been circulated earlier in the year and that the document set out the relationship between signatories and a framework for joint working and information sharing. The proposed signatories to the document, the Health and Wellbeing Board,

the CCG, NHS England and HealthWatch Sunderland had now provided comments on the protocol and were supportive of its content.

There had been a number of comments on public engagement and a separate piece of work was to be done by Scrutiny on this to look at how each group's work could be coordinated to avoid duplication.

The Scrutiny Committee had approved the final draft of the protocol and the next stage was for partners to sign up and for the protocol to be implemented. The protocol would be reviewed and evaluated six months from the date of implementation.

As one of the key components of the Health Protocol was to actively share information, details of the Scrutiny Committee's Annual Work Programme of policy reviews were presented to the Board as a number of these directly or indirectly related to health issues. The Board were invited to make any comments or requests for further detail to be included in the programme.

Dave Gallagher commended the Health Protocol as an excellent piece of work but highlighted that there did not seem to be a signatory for the Council itself to represent its role as commissioner and provider. The Chair stated that the officers would look at the best way of reflecting this within the document.

Accordingly, the Board RESOLVED that: -

- (i) the Health protocol be endorsed and a future evaluation of implementation be received; and
- (ii) the Annual Work Programme of the Council's Scrutiny Committee be noted and further report detailing the outcome of the reviews received in due course.

HW18. Health and Wellbeing Board – Media and Statutory Consultation Protocol and Communications Activity

The Director of Corporate Affairs submitted a report outlining a Media and Statutory Consultation protocol which will assist the Health and Wellbeing Board in responding to enquiries and statutory consultations.

Rose Peacock, Media Relations Manager informed the Board that protocol and communications plan were part of the broader context of Board engagement and consultation. The Council's media team would handle press releases on behalf of the Board and its advisory groups. These would include comments from the Chair of the Board and/or advisory groups as appropriate and all press releases would be shared with the media lead for each member organisation prior to being issued.

Where there was a need for the Board to react to something quickly, it was recommended that the Board adopt a 'fast track' system where the Chair be asked to sign off any responses on the Board's behalf. In the absence of the Chair, this would be signed off by the appropriate Board member as defined by the Associate Policy

Lead for Health. The protocol also requested that Board members and their respective organisations flag up potential negative stories with the Media Team at the earliest opportunity.

The protocol also provided for the delegation of responsibility for undertaking statutory consultations to the appropriate lead officer in consultation with the relevant Board members. It was noted that there was a procedure in place for delegated decisions within the Council and the Health and Wellbeing Board would be covered by this.

Sam Meredith, Internal Communications Manager, drew Board Members' attention to the Communications Plan and informed the Board that this provided an overview of the channels which could be used to raise awareness of issues coming through the Board and to raise their profile.

With regard to the Manager's briefing, the Board was advised that this was an internal council communication but this could be coordinated with partners' communication channels. The Chair enquired about feedback on the communication documents and Sam said that there was a dedicated email address for the Council publications and all partners would be encouraged to feed comments and questions back through the Media Team.

Upon consideration of the report, it was: -

RESOLVED that: -

- (i) the procedures within the Media and Statutory Consultation Protocol be agreed;
- (ii) the recommended delegations be agreed;
- (iii) the activity within the Communications Plan be agreed; and
- (iv) updates on any responses provided under delegation be received at future Board meetings as appropriate.

HW19. Response to Economy, Culture and Environment Regional Advisory Group

The Head of Strategy and Performance submitted a report detailing a proposed response to the recommendations made by the Economy, Culture and Environment Regional Advisory Group.

The Advisory Group had been established in 2008 as part of the Better Health, Fairer Health strategy and had produced a report which was intended to support Health and Wellbeing Boards in carrying out their new responsibilities. The recommendations in the report specifically focused on:

- Active Travel;
- Environment – Green Space and Air Quality;

- Housing and Homelessness;
- Fuel Poverty and Excess Winter Deaths;
- Healthier Workforce;
- Culture, Arts and Health;

and included strategic leadership, communications and engagement and some examples of good practice and innovation.

The proposed response from the Health and Wellbeing Board was intended to demonstrate the manner in which the Board was tackling the wider determinants of health and included examples of how partners had and continued to provide health improvement services as well as support to the people of Sunderland.

The Board was asked to review the proposed response to the Economy, Culture and Environment Regional Advisory Group and make any suggestions for amendments or additions.

The Chair commented that the response should reflect 'extreme weather deaths' rather than just winter deaths and Neil Revely advised that the development of heat wave plans had brought this issue to the fore. Trend lines were being monitored for winter deaths and this work would be made clear within the response.

The Board RESOLVED that the proposed response to the Economy, Culture and Environment Regional Advisory Group be endorsed.

HW20. Board Development Session – Setting the Agenda and Engagement of the Public and Patients

The Head of Strategy and Performance submitted a report informing the Board of the detail and scope of the next two development sessions.

The next development session would be held on 30 August 2013 and would look at priority topics for the forward plan of the Board, topics for investigation at development sessions and areas of improvement which would be given to the Advisory Groups to investigate.

A further development session considering the engagement of public and patients and facilitated by HealthWatch Sunderland would take place on 25 October 2013.

RESOLVED that the details of the session be noted.

HW21. Date and Time of Next Meeting

The next meeting would take place on Friday 20 September 2013 at 12.00noon.

