

SUNDERLAND EARLY IMPLEMENTER HEALTH AND WELLBEING BOARD

Held in Committee Room 1, Sunderland Civic Centre
on Friday 3 February 2012

MINUTES

Present:

Councillor Paul Watson (Chair)	-	Sunderland City Council
Councillor Dave Allan	-	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
Ron Odunaiya	-	Executive Director, City Services
Keith Moore	-	Executive Director, Children's Services, Sunderland City Council
David Hambleton	-	Director of Commissioning and Development, Sunderland TPCT
Nonnie Crawford	-	Director of Public Health, Sunderland TPCT
Sue Winfield	-	Chair of Sunderland TPCT
Dr Ian Pattison	-	Chair of Sunderland Clinical Commissioning Group

In Attendance:

Sarah Reed	-	Office of the Chief Executive, Sunderland City Council
Rhiannon Hood	-	Commercial and Corporate Services, Sunderland City Council
Mike Frankland	-	Human Resources and Organisational Development, Sunderland City Council
Ralph Price	-	Sunderland LINK
Gillian Gibson	-	Sunderland TPCT
Karen Graham	-	Office of the Chief Executive, Sunderland City Council
Gillian Warnes	-	Governance Services, Sunderland City Council

HW27. Apologies

Apologies for absence were received from Dr Gerry McBride and Nichola Fairless.

HW28. Minutes

The minutes of the meeting held on 25 November 2011 were agreed as a correct record.

HW21. Development and Evaluation of the Health and Wellbeing Board

Karen Graham advised that it had been intended to bring a report back to the Board following discussions with the Community and Voluntary Sector, the Adults Partnership Board and Children's Trust on the proposed success criteria but this was now unnecessary as there had been no changes from the proposals presented at the last meeting.

HW24. HealthWatch Update

Sue Winfield reported that the commencement date for HealthWatch had been put back from October 2012 to March 2013.

HW29. Clinical Commissioning Group Commissioning Plan and ISOP Update

David Hambleton and Dr Pattison presented a report outlining the timetable and process for developing the Sunderland Clinical Commissioning Group (CCG) and Primary Care Trust (PCT) plans for 2012 to 2017 and presenting the initial draft version of the CCG Commissioning Plan.

David highlighted that 2012/2013 was a year of transition for the commissioning of health services and responsibility would be handed from the PCT to the Clinical Commissioning Group where appropriate. The PCT had been asked to produce an Integrated Strategic and Operational Plan (ISOP) and this had been developed with the CCG and the Council as they would be responsible for delivering elements of the plan once the PCT had ceased to exist.

The first draft of the ISOP had been submitted to the Strategic Health Authority on 20 January and the detailed commissioning intentions would be provided for the Board as soon as they were available. The PCT plans were high level and would be shaped by the CCG and the local authority.

Dr Pattison highlighted that the Commissioning Plan continued to be refined and drew the Board's attention to the 'Plan on a Page' which summarised the CCG's outline of the future provision of health and social care in Sunderland. The vision was still being developed but the values coming through were driving the CCG led initiatives for the next few months. The plan also showed CCG supported initiatives which would be where the group was supporting the PCT in its current plans.

An event was being held on 29 February 2012 to take this plan to GP practices and at the same time, the patient engagement process would be rolled out. The plan remained an ongoing and evolving document but gave a clear oversight of what the CCG would do and what issues it would lead on.

Ralph Price, representing Sunderland LINK, asked how 'better health for Sunderland' could be achieved, given the ageing population of the city. Dr Pattison responded that this was a national challenge but his major concern was that people in Sunderland did not live as long as others in the country and there were major quality of life issues which had to be addressed.

Keith Moore stated that it would be useful to know when a detailed conversation could take place regarding the children and young people element of the plan. Dr Pattison advised that this would be part of the journey and be built in to the organisational development programme which was ongoing at the moment. Neil Revely added that there had been discussions at the pathfinder group about taking forward the safeguarding agenda.

The Chairman commented that queries would be raised if the plan did not set down all aspects of health and social care and Neil Revely highlighted that the plan had already moved on from the version Members had in front of them and the development was not a linear process. The vision and priorities of the Health and Wellbeing Board were being considered and these would be complementary to and add value to the CCG's Commissioning Plan.

It was confirmed that the current end date for the plan was 20 March 2012 and the vision and initiatives were still in draft format and would be worked up before then.

The CCG were congratulated for summarising their vision in four words and the Board: -

RESOLVED that the draft Sunderland Clinical Commissioning Group Clear and Credible Plan and final Sunderland Commissioning intentions be noted.

HW30. Feedback from Advisory Boards

Adults Partnership Board

Councillor Speding reported that the main agenda items considered by the Adult Partnership Board at its meeting on 17 January 2012 had been: -

- Revisions to the Adults Partnership Board Terms of Reference and Work Programme
- Health impact of the Welfare Reforms
- Evaluation criteria for the Health and Wellbeing Board
- Whole Family Approach
- Personal Health Budgets and Links to Personal Care Budgets
- Learning Disability Partnership Board Update
- Local Accounts
- HealthWatch Update

Sue Winfield asked about 'Local Accounts' and Neil Revely advised that these would in effect replace the Care Quality Commission inspection of adult social care and were a way of being open and transparent about levels of performance. There would

be some core elements which all local authorities would consider and then a reflection on what the public wanted to see. It was the beginning of this process and the Partnership Board had shared a number of things which could appear in a Local Account and the discussion held there was seen as a way into the Health and Wellbeing Board.

Nonnie Crawford referred to the terms of reference and whilst the quality aspects of Public Health were covered, the improvement aspects were not and it would be beneficial for the Adults Partnership Board to reflect the Children's Trust in a focus on whole life and health improvement.

The Adults Partnership Board had also been keen to have a wider debate on capacity in the system for adult social care and potentially bring that to the Health and Wellbeing Board for consideration. These types of discussions were already taking place in the CCG and consideration had to be given to how this could be done at the Adults Partnership Board and how stakeholders could be engaged in this debate.

The Chairman stated that there was a system coming into place with the Health and Wellbeing Board and the two advisory boards and other elements needed to be able to fit into this structure. There was room within this to progress the already good models of working and to make the most of the opportunities available.

Children's Trust

Councillor Smith reported that the main agenda items considered by the Children's Trust at its meeting on 10 January 2012 had been: -

- Safeguarding Children Peer Challenge
- Early Intervention Offer
- Relationship with Schools
- Friends and Family Care policy
- Sunderland Safeguarding Children Board Update
- Health Improvement – An Overview of Current and Projected Performance
- Review of Children's Trust Governance Arrangements

Sue Winfield commented that it had been an important discussion on the performance of health improvement and to identify what still needed to be improved. Keith Moore added that there would be an opportunity to have a fresh look at some of these issues through the JSNA. The Trust had also talked a lot about early intervention and about the context of children's lives.

Dr Pattison stated that all of the issues which had been highlighted were of great importance to the CCG and Keith said that he would be happy to attend a future meeting of the CCG to discuss some of these matters.

The Chairman asked for more information about the Munro and Thresholds Task and Finish Group and Keith Moore advised that following the Safeguarding Peer Challenge, there was a view that there were too many referrals to safeguarding which then had no action taken or were referred back to CAF (Common Assessment

Framework). The Council was working with a number of agencies to ensure that they understood when children needed immediate safeguarding and were also investing in early intervention to try and avoid referrals at a later stage. Keith went on to describe changes in Police procedures which had also led to a reduction in safeguarding referrals.

With regard to the review of governance, the Board were informed that a Health and Wellbeing Sub Group had been established and had been tasked to look at the impact of the welfare reforms from a Children's Trust perspective.

RESOLVED that the information be noted.

HW31. Development Programme

The Chief Executive and Director of Human Resources and Organisational Development submitted a report on the development plan for the Health and Wellbeing Board.

Mike Frankland, Training Manager, presented the report and stated that the programme was intended to inform and develop members in a number of health related topics, to better equip them to make decisions on behalf of the city's residents.

The development plan had a logical path and feedback was welcomed so that it could continually improve. Each session would have clear development aims and focus on the expected outcomes with initial workshops being quite high level and then moving into more specific areas.

The pace of the workshop sessions could be determined by workload and the areas of interest of individual Board members. At the present the number of proposed sessions would take the Board well beyond its shadow year but it was suggested that an evaluation of the first two workshops could be carried out and the forward plan for development brought back to the Board for agreement.

Sue Winfield noted that the theme for the next development session was priority setting and queried how this could be progressed until all other areas had been examined. Neil Revely explained that this would be part of the discussion on the Health and Wellbeing Strategy. The strategy had to be published by October 2012 but it could be seen as interim and would set out the priorities as they were understood at the current time. In common with the Clear and Credible Plan, the strategy development would be an iterative process.

The Board: -

RESOLVED that: - (i) the thematic/problem solving topics identified in the plan be agreed;

(ii) the providers identified in the plan be agreed; and

- (iii) supplementary health related topics that the Board feel would benefit understanding and involvement be established.

HW32. JSNA and Health and Wellbeing Strategy Update

Nonnie Crawford, Director of Public Health, presented a report which provided Board members with an update on the Joint Strategic Needs Assessment (JSNA) process.

The process of refreshing the JSNA had been ongoing for a number of months and good progress was being made on improving the equality impact assessment but further work was needed on the asset management element of the JSNA.

The early progress in the work undertaken to develop the JSNA had already significantly influenced the development of the CCG's Clear and Credible Plan and a clear prioritisation framework would need to be developed alongside the JSNA to underpin the Health and Wellbeing Strategy. The Board were also informed that the prioritisation processes being undertaken by the Safer Sunderland Partnership and its members could be considered as part of work programme.

Following consideration of the report, the Board: -

- RESOLVED that: -
- (i) the JSNA process undertaken be approved;
 - (ii) publication of the profiles on the Sunderland City Council website be approved;
 - (iii) the Health and Wellbeing Strategy development process and timeline be noted;
 - (iv) the Safer Sunderland Partnership's prioritisation processes be considered within the Board Development Programme; and
 - (v) further work on prioritisation and equality impact assessment to underpin commissioning decision making during 2012 be reviewed.

HW33. The Human Impact of the Welfare Reforms

Fiona Brown, Head of Transactional Finance and Joan Reed, Strategic Change Manager, presented a report to Board which provided an update on the projected 'human impact' in Sunderland of the Government's Welfare Rights Reform Programme and details of the Council led response to date.

Fiona reported that the Welfare Reform Programme was the biggest change to the welfare system in the last 60 years and it was intended to save £18 billion pounds

per year by 2014-2015. The changes would mainly impact on people of working age and particularly on the sick or unemployed.

The programme also involved changes in responsibilities for administering benefits. Local councils would no longer be responsible for the housing benefit system but would take on responsibility for Council Tax Support and for providing support to vulnerable people in an emergency. The majority of the changes would happen in April or October 2013 but some had already come into place within the private rented sector.

The welfare reforms were not just an issue for the Council but the city as a whole and the potential impact would be mapped using the intelligence hub. The full effects would be clear over time but it was apparent that the impact would be large and affect a large number of individuals.

Joan Reed stated that, whilst the Council could not prevent changes as a result of the welfare reforms, it was doing all it could to mitigate the impacts on families. It was clear that these impacts would be multiple, affecting areas such as health, education and childcare and there needed to be a whole city approach with partners to try and reduce the impact felt by families and individuals in Sunderland. Joan also highlighted that the focus was not just on the vulnerable people in the city, the fundamental changes to the welfare system would mean that even the most capable could require extra support.

Fiona drew the Board's attention to the workstreams which had been established under the Welfare Reform Project. These were: -

- Preparation for the Introduction of Universal Credit
- Policy Changes and Impact and Analysis
- Impact on Council Services Performance and Outcomes
- Working with Landlords
- Single Financial Assessment and Benefit take-up
- Community Care Grants and Crisis Loans
- Increased Demand for Work
- Independent Living Charging
- Design and Implementation of the Localisation of Council Tax
- Housing Policy and Alignment
- Assumed consent for school meals.

All of the workstreams were currently rated as 'green' and the plans would continue to be augmented as more work was done with partners. However, the end position was still unknown and there would be a difficult six month period between the housing benefit changes in April 2013 and the introduction of the universal credit in October 2013. It was anticipated that a regular highlight report from the Welfare Reform Project would be presented to the Health and Wellbeing Board.

The Chairman commented that this was a change of a huge magnitude and was astounded that accessing benefits could be dependent on having internet access.

Councillor Wiper noted that the Government had indicated that local authorities would receive additional money to support people in difficulties.

The Board were told that the Council would work with its live caseload of benefit claimants to determine what help could be given. Assistance would also be available in Gentoo offices and from agencies such as the Salvation Army and Barnardos. The Council was also working with organisations such as MIND and Age UK so that they could pass on information to the public.

Dr Pattison commented that GPs were seeing a massive shift in those being affected by poverty and it was now becoming evident more and more with young people. This would lead to a knock on, clinical effect, within the system. From a clinician's perspective it was felt that this would only get worse. Neil Revely added that this would also have implications for mental health and people had to be trained to identify these issues. Keith Moore highlighted that the care system would also feel the impact as more children became looked after because of financial pressures on families.

Sue Winfield commended the work which had been done to mitigate the effects on individuals and it was for partners to determine how best they could support the authority in this work. Nonnie Crawford suggested that the report could be taken to the Clinical Commissioning Group and its localities. It was also important for partners to consider how they could help employees through the reforms.

Joan Reed advised that there would be a Welfare Reform webpage available from early March which partners could access for information.

RESOLVED that the report be noted and update reports be received at future meetings.

HW34. Transition from Early Implementer to Shadow Board

Sarah Reed presented a report setting out the next stages of the transition from an Early Implementer to a Shadow Board.

The Early Implementer Health and Wellbeing Board had been established in June 2011 to allow Sunderland to trial new working arrangements before the transition to the Shadow Board in April 2012 and to the formal Health and Wellbeing Board in 2013, subject to parliamentary approval.

In relation to the key terms of reference, work had begun based on the development of the board, the assessment of the needs analysis, the Health and Wellbeing Strategy and the development of HealthWatch. The interviews carried out by the NHS Institute for Innovation and Improvement, work undertaken by the North East Wellbeing and Health Leadership Academy and the input from the Adults Partnership Board and Children's Trust would also help shape the transition to Shadow Board status.

The Shadow Board would require a more formalised terms of reference and a draft version was presented to the Board. It was proposed that the terms of reference would be the subject of consultation with key stakeholders and would also be worked through at the next Board development session. A full report on the transition would then be considered by the Council's Cabinet in June 2012.

The draft membership of the Shadow Health and Wellbeing Board indicated a statutory place for HealthWatch as a representative of the patient and public voice. As the commencement date for HealthWatch had been put back to April 2013, consideration needed to be given to the patient and public representation on the Shadow Board in the interim period.

Sue Winfield asked that, however the issue was resolved, there be support available for the individual speaking for the patient and public as they could feel rather isolated amongst the professionals on the Board.

The Early Implementer Health and Wellbeing Board duly: -

- RESOLVED: -
- (i) that the proposals for transition be agreed and a report requesting formal approval prepared for the Cabinet meeting in June 2012; and
 - (ii) that nominations be made to a working group to finalise the Terms of Reference for the Board and advisory groups.

HW35. Update on Public Health Transition (including Draft Transition Plan)

Nonnie Crawford, Director of Public Health, submitted a report providing an update on recent publications by the Department of Health on health reform, the implications for the transition of public health in Sunderland, details of the outline timetable and the draft transition planning process.

There had been a duty on the Authority to have transition plans assured by the Strategic Health Authority (SHA) and this was done on 20 January 2012. The SHA were quite happy with the progress which had been made and enquired how vigorous the plans on the assurance checklist were. It was hoped to have a report to bring to the Council at a later date, but processes had been identified which, over the next six to nine months, would enable the PCT and the Council to reach a position where a smooth transition could occur. Unfortunately, the full detail could not be provided until key guidance was issued.

Nonnie drew attention to the Public Health Transition Planning Assurance chart and that a number of elements were rated as green, but there were also some amber and red actions.

Having considered the report, it was: -

- RESOLVED: -
- (i) that the progress on transition of public health in Sunderland be noted; and
 - (ii) that it be agreed that formal reports on public health transition be taken to the PCT and Council decision-makers for sign off.

HW36. Any Other Business

Stop Smoking Services

Nonnie Crawford advised that the South of Tyne and Wear Stop Smoking Services were being re-commissioned and a function of this would be to deliver integrated service. Sunderland would be made aware of how this service would work for them.

The Chairman highlighted that the Health and Wellbeing Board would like to be involved in any future decisions on re-commissioning services that would become the responsibility of the Health and Wellbeing Board in 2013.