

SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 16 May 2014

MINUTES

Present: -

Councillor Mel Speding (in the Chair)	-	Sunderland City Council
Councillor Pat Smith	-	Sunderland City Council
Neil Revely	-	Executive Director of People Services
Dave Gallagher	-	Chief Officer, Sunderland CCG
Maureen Crawford	-	Director of Public Health
Kevin Morris	-	Healthwatch Sunderland
Christine Keen	-	NHS England Area Team

In Attendance:

Councillor Steve Bonallie	-	Representing the Scrutiny Committee
Julie Walker	-	Gentoo
Karen Wilson	-	Pfizer
Andrew Swain	-	Pfizer
Karen Brown	-	Scrutiny Officer, Sunderland City Council
Karen Graham	-	Office of the Chief Executive, Sunderland City Council
Gillian Kelly	-	Governance Services, Sunderland City Council

HW63. Apologies

Apologies for absence were received from Councillors Kelly, Miller, Watson and Wiper and Ken Bremner, Dr Ian Pattison and Dr Gerry McBride.

HW64. Declarations of Interest

There were no declarations of interest.

HW65. Minutes

The minutes of the meeting of the Health and Wellbeing Board held on 21 March 2014 were agreed as a correct record subject to an amendment to the last paragraph on page nine to read: '*...Dave advised that these were procedures which were not going to have a positive impact on a person's condition.*'

HW66. Feedback from Advisory Boards

Adults Partnership Board

Councillor Speding informed the Board that the Adults Partnership Board had met on 13 May 2014 and the main issues considered had been: -

- Health and Wellbeing Board Agenda
- Integrated Wellness Model Update
- Affordable Warmth/ Fuel Poverty Update
- Better Care Fund Update
- Review of Adults Partnership Board – Terms of Reference and Membership

Kevin Morris asked if there had been any discussion around the Patient and Public Involvement Strategy when the Health and Wellbeing Board agenda was considered by the Board. Karen Graham advised that this had been brief because the full papers had not been available but the information would be provided to the Adults Partnership Board members after this meeting.

Children's Trust

The Children's Trust had met on 8 May 2014 and the main issues considered had been: -

- Participation and Engagement Update
- Children and Young People's Plan Refresh
- Consultation on the Draft National Child Poverty Strategy 2014 – 2017
- Children's Trust Governance

Neil Revely commented that the Adults Partnership Board had also been looking at governance and it had been suggested that there was potential for some overlaps and joint working with the Children's Trust. Suggestions for how these boards could interface with other groups would also be welcome.

NHS Provider Forum

Councillor Speding informed the Board that the NHS Provider Forum had met on 7 May 2014 and the main issues considered had been: -

- The Better Care Fund
- Provider Engagement
- Accelerated Solutions Event
- Six Monthly Broader Provider Engagement

Dave Gallagher informed the Board that the Accelerated Solutions Event would take place on 5 and 6 June. Expressions of interest had been requested and these would now be reviewed as there was a limited number who could attend and it was important to achieve a fair spread of interest groups. He asked that Members who had expressed an interest to keep the event in their diary.

Councillor Speding highlighted that six monthly provider engagement was always on the agenda for the Forum and Karen Graham had been asked to pull together a plan for a session in July.

Neil Revely commented that it was pleasing to see the specific mention of the voluntary and community sector in addition to the social care providers, as they would have a valuable contribution to make to the engagement session. Nonnie Crawford suggested that it might be worth considering an event at some stage with the broader health and wellbeing family rather than just health and social care.

Neil acknowledged that there was a broader group of contributors, not just providers to consider. Karen Graham added that the group had discussed voluntary and community sector providers and people who were already commissioned to provide services but would welcome suggestions on who else could be involved and ways of advertising the engagement sessions.

Kevin Morris asked if the Provider Forum would also be considering the Patient and Public Involvement Strategy and Christine Keen asked if the Forum had a work plan. Karen Graham advised that the Forum had discussed which topics and themes they wanted to look at which included the Better Care Fund, finance, the integration agenda, engagement and strategic planning. The group did not necessarily have a timetable for any of these matters.

Neil stated that groups needed to be aware of the potential for duplication of work and it was necessary to understand the responsibilities of each individual board. Councillor Speding commented that there was the opportunity to gain that understanding through the Accelerated Solutions Event.

Karen Graham advised that all of the advisory groups were looking at reviewing their systems and terms of reference and this would come back to the Health and Wellbeing Board for them to have ownership and oversight. It was planned to set out the relationship between the relevant boards and groups in a diagrammatic form and this would potentially be an item for a future agenda.

The Board RESOLVED that the information be noted.

HW67. Update from the Integration and Transformation Board

Neil Revely informed the Health and Wellbeing Board that the Integration and Transformation Board had been established as part of the transition to the Better Care Fund.

The Integration and Transformation Board had met on 30 April 2014 and the discussion had focused on the first steps towards integration. The Better Care Plan was in place but the Board were conscious that a good plan was not in itself sufficient and that they needed to move to make the plan happen.

The group were moving towards a vision of what an integrated commissioning team would look like and it was hoped that the Accelerated Solutions Event would

accelerate the thinking on this. Although the Better Care Fund would come on line on 1 April 2015, it was seen as a continually evolving process and it was intended to have as much of the mechanics as possible in place by then.

Dave Gallagher informed the Board that an event had been held at the Stadium of Light to consider the next stages of developing an integrated team. Finance leads had been commissioned to draw up examples of what this would look like in terms of pooled budgets and how it could operate.

Neil informed Members that the Health and Wellbeing Board would hold the Integration and Transformation Board to account for delivering the plans and would be implementing actions after the Accelerated Solutions Event.

Kevin Morris referred to Patient and Public Engagement Strategy and suggested that the strategy should be considered at the onset of any new arrangements. Dave stated that the public had very much set off this process and there would continue to be touch points throughout the transition.

RESOLVED that the update be noted.

HW68. Policy Review 2013/2014: Patient and Public Engagement in Health Services

The Public Health, Wellness and Culture Scrutiny Panel submitted a report to the Board outlining their work in investigating options for the coordination of engagement activities.

The Scrutiny Committee had been engaged to carry out this work, following the agreement of the Health Protocol, and had been investigating what organisations had been doing individually and how this could be brought together in a unified approach.

Based on the evidence of the Review, for the operation of a coordinated approach to Patient and Public Engagement and to support the Board in fulfilling its responsibility, the following principles were proposed: -

1. Patient and public engagement should be a strand of quality in its own right
2. Member organisations coordinate and jointly plan their resources for patient and public engagement
3. Engagement will be embedded with the Board's day to day activities
4. Meaningful engagement will be demonstrated through a range of approaches
5. Patient and public involvement activity will demonstrate it has made a difference
6. The effectiveness of patient and public engagement will be evaluated

The Scrutiny Committee had found that there was an extensive range of patient and public engagement and this could lead to confusion and that 'hard to reach' groups may be less successful at navigating complex public service or complaints processes.

The outcome of the review was a proposed framework for patient and public engagement and establishing a statement of intent to inform activity. In the future it was intended that the framework would support a co-ordinated approach to patient and public engagement by the whole local health economy so as to make the best use of available and existing resources.

Councillor Speding asked where the scrutiny function sat in relation to Healthwatch and Karen Brown stated that there was engagement with the public as part of scrutiny and they provided a check and balance for the Health and Wellbeing Board. The Scrutiny Committee was posing options to be borne in mind as matters moved forward, including a unified communication plan and noted that it was difficult to capture the evidence on making a difference.

Kevin Morris commented that it was about how information and feedback was collected and collated and at the moment, it did not seem that Healthwatch was receiving that information. Karen Brown highlighted that there was a huge amount of information in the system but it was very complicated with many routes in.

Nonnie Crawford said that it was a phenomenal aspiration to collate data in this way but it had to be considered what the reasons were for the patient and public engagement and how organisations would collate information around a theme or an activity. Kevin noted that it was difficult but this was no reason not to tackle it.

Dave Gallagher agreed with this and stated that it could be about feedback on existing services, looking at future services and different levels of strategic data. It was extremely complex but if it was joined together sensibly, it would be a great opportunity to get this right for the city of Sunderland.

Councillor Speding queried the difference between patient and public involvement and scrutiny and Karen Brown stated that the Health and Wellbeing Board had a responsibility to ensure that patient and public engagement informed their work.

Scrutiny was about understanding how things were done and how well they were being done. Neil Revely advised that there were a lot of facets to patient and public engagement, particularly to ensure that everything was being done to design principles and being embedded into the culture of health and wellbeing in Sunderland. There were still some statutory responsibilities for scrutiny in relation to health and these would be tested against the design principles of the Sunderland Health and Wellbeing Strategy.

Kevin Morris noted that the draft Framework would involve a considerable amount of work for Healthwatch and Karen Brown suggested that there needed to be some off line discussions with Healthwatch representatives on this. Dave Gallagher commented that the Council and the CCG would want to be involved in this as commissioners and that a collective set of words would be useful.

Councillor Bonallie informed the Board that he was there as a representative of the Scrutiny Committee who had considered the draft Framework in April and were now consulting on it. He was pleased to recommend the Framework to the Health and Wellbeing Board.

Having considered the report, the Board: -

RESOLVED that the draft Framework be adopted as an approach to coordinated patient and public engagement.

HW69. Safeguarding Adults in Sunderland

The Independent Chair of Sunderland Safeguarding Adults Board (SSAB) submitted a report and delivered a presentation to the Board updating Members on the work of the SSAB with a particular focus on a recent Peer Challenge.

Colin Morris, Chair of the SSAB, explained that he had been in post now for a few years and had been appointed following an inspection of safeguarding carried out by the Care Quality Commission. The SSAB was the key mechanism for determining how organisations in Sunderland would cooperate to safeguard and promote the welfare of adults at risk.

The SSAB had overseen the introduction of a centralised model for safeguarding through the establishment of the Safeguarding and Social Care Governance Team within the Council. The Peer Challenge which had taken place in the People Directorate in March 2014 had looked at the current plans for safeguarding vulnerable adults in the city and the effectiveness of this newly developed model for adult safeguarding.

The Peer Challenge identified a number of strengths: -

- Board Member relationships
- Evidence of impactful joint work across the CCG and Council overseen by SSAB
- Perception that new centralised model made safeguarding a safer and easier process
- Improved links between Sunderland Safeguarding Children Board and SSAB allowing better management of cross family cases
- Work has been progressed on SSAB Infrastructure
- Providers were experiencing appropriate training
- Awareness and understanding of Mental Capacity Act/Deprivation of Liberty was evidenced

Areas which had been identified for improvement included the need for Memoranda of Understanding with other boards and service user engagement and experience across the safeguarding agenda. Partner funding was also needed for the SSAB and robust case file auditing feeding into the Board was needed.

The Peer Challenge recognised the progress and ambition of the SSAB and felt that there was good work in process and a good platform to build upon. The SSAB would like to provide an annual report to the Health and Wellbeing Board and there was also an opportunity for a development session with members of both boards and potentially the Sunderland Safeguarding Children Board.

Councillor Speding commented that part of the benefit of a peer review was the relationship which was built up across partners and Nonnie Crawford suggested that the Safer Sunderland Partnership should be included in any joint work.

Christine Keen asked about the process for learning from audit and case reviews and Sharon Lowes replied that there had been evidence of some learning, but this was at an early stage and more needed to be done. It was noted that the Children's Safeguarding Board were further down the line on this and it was hoped to join up with some of this work.

Kevin Morris referred to the emerging Patient and Public Engagement Strategy and how this could work for the SSAB. Neil Revely highlighted that the Council was investing in an intelligence hub which would hopefully join some things together. If better intelligence was obtained then more intelligent decisions would be made. This would look at how something could be done once and then be made available for others. Neil endorsed the plan to have a development session on safeguarding.

Nonnie Crawford commented that as well as service users and carers, a public conversation needed to be had around safeguarding in the same way as the discussions around a dementia-friendly city.

Christine Keen noted that safeguarding was usually focused on a crisis point and this needed to be broader and was about getting a wider range of intelligence. Colin Morris highlighted that there was a balance to be achieved as they did not want the public to perceive that everything they touched was unsafe.

Having thanked Colin Morris for his presentation, the Board RESOLVED that: -

- (i) the presentation be received and noted as an update on the outcome of the Peer Challenge;
- (ii) the Sunderland Safeguarding Adults Board present an annual progress report to the Health and Wellbeing Board; and
- (iii) a Board development session be held on the theme of safeguarding.

HW70. Sunderland Health and Wellbeing Strategy Implementation Plan Update

The Executive Director of People Services submitted a report advising the Board of the progress made in the implementation of the Health and Wellbeing Strategy and recommending the next steps in implementing the strategy and future reporting arrangements.

The Health and Wellbeing Strategy had been designed to take a whole systems and asset based approach to the improvement of health and wellbeing in Sunderland and there was an appreciation that the ethos of the strategy was impacting on the day to day work of partners across the city.

Six Objective Leads had been identified to progress elements of the six Strategic Objectives included in the strategy and this work was outlined at Appendix 1 to the report.

The next steps recommended by the Strategy Implementation Group were to have an extensive communication and engagement exercise or “big conversation”, which would be a joined-up and comprehensive process to increase the understanding of local people of the changes that were happening. This process needed to be ongoing and would seek to talk to people when they were well as well as when they were ill. Neil Revely emphasised that there was confidence amongst partner organisations that the system would be changed but if the public were not aware of this then they would do the same as they always did.

Consideration also had to be given to getting communications right and the Implementation Group would take this up on behalf of the Health and Wellbeing Board.

Neil referred to the arrangements for monitoring the progress of the strategy and the need to have something which was robust and systematic and this would be linked to a ‘plan on a page’ showing how monitoring activity was aligned across organisations.

It was proposed that the Board receive an annual Assurance Report which would demonstrate how all partners were delivering their core services and highlight any issues. The report would also detail additional action taken to address the strategy objectives and the difference it was making. It was also proposed that an Annual Statement be produced which would summarise the progress and any concerns expressed in the Assurance Report and this should be published.

Dave Gallagher stated that it made sense to put in a layer which would add value and that the “big conversation” was very important and reinforced the need to implement the strategy.

It was RESOLVED that: -

- (i) the extensive public and organisational engagement exercise (“big conversation”) and the deepening of the Objective Sponsors and Leads role within this be agreed;
- (ii) the development of a plan on a page to encapsulate wider plans be agreed;
and
- (iii) the introduction of an annual Assurance Report and Annual Statement be agreed.

HW71. Health and Wellbeing Peer Review – Recommendations and Implementation Plan

The Assistant Chief Executive submitted a report updating the Board on the recommendations of the Peer Review and presenting the implementation plan. The Peer Review had taken place in February 2014 and the resulting report had been positive, complimenting Sunderland on its approach to Health and Wellbeing, the strategic leadership of the Board, strong and stable partnerships between the Clinical Commissioning Group and the Council, the innovative approach to the Health and Wellbeing strategy and the strength of Area arrangements. The Peer Team also outlined a number of challenges including: -

- The need to build on the momentum of the Health and Wellbeing Strategy by embedding the design principles throughout the system;
- Ensuring the vision is clear and brought into action by commissioners from all local organisations and by providers;
- The need to develop a performance management framework, ensuring read across from strategic to operational level; and
- Embedding Public Health expertise into the whole system.

It was important for the Board to own the actions listed in the Improvement Plan and an update report would be provided on a six monthly basis.

Councillor Speding commented that the process had shown the ability of strangers to work together effectively. Christine Keen noted that in relation to Improvement Action A3 and the Primary Care Commissioning Plan, it was difficult to take national policies and translate these to something useful locally. CCGs had aims and objectives but struggle to make changes because they are commissioners.

Dave Gallagher added that partners could all have different definitions of what primary care would be and that this should be considered as broadly as possible. Karen Graham suggested that Christine Keen be added as a lead on Improvement Action A3.

Neil Revely emphasised that the action plan should be cross referenced with work which was currently being done as many of the actions flagged up in the improvement plan were being picked up already.

Accordingly the Board RESOLVED that: -

- (i) the overall findings of the LGA Peer Review be noted;
- (ii) the Implementation Plan be noted; and
- (iii) six monthly updates on progress against the implementation plan be received.

HW72. Health and Wellbeing Board Development Session and Forward Plan

The Head of Strategy and Performance submitted a report informing the Board of the detail and scope of the next development session and the forward plan.

The next development session would look at the links between health and housing and the opportunities for closer and more integrated working on areas of joint importance, including the housing implications of the better care fund. Karen Graham advised that it might be necessary to re-arrange the date of this session but members would be kept informed of any changes.

Board Members were asked to contact Karen if they had any additional items for the forward plan. Details of the timetable for the Board and its advisory groups and deadlines for submission of reports were also provided for information.

The Board RESOLVED that: -

- (i) details of the next development session be noted;
- (ii) the forward plan be noted and requests for any additional topics passed to Karen Graham; and
- (iii) the timetable be noted.

HW73. Date and Time of Next Meeting

The next meeting of the Board will be held on Friday 25 July 2014 at 12noon

(Signed) P WATSON
Chair