

SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 29 May 2015

MINUTES

Present: -

Councillor Paul Watson (in the Chair)	-	Sunderland City Council
Councillor Graeme Miller	-	Sunderland City Council
Councillor Pat Smith	-	Sunderland City Council
Councillor Mel Speding	-	Sunderland City Council
Dave Gallagher	-	Chief Officer, Sunderland CCG
Kath Bailey	-	Locum Consultant in Public Health
Kevin Morris	-	Healthwatch Sunderland

In Attendance:

Councillor Ronny Davison	-	Sunderland City Council
Liz Highmore	-	DIAG
Colin Morris	-	Chair of Sunderland Safeguarding Children Board
Joy Akehurst	-	Chair, Sunderland CARE Academy
Tony Alabaster	-	Associate Dean, University of Sunderland
Karen Graham	-	Office of the Chief Executive, Sunderland City Council
Gillian Kelly	-	Governance Services, Sunderland City Council

HW1. Apologies

Apologies for absence were received from Councillors Kelly and Leadbitter and Gillian Gibson, Ken Bremner, Dr Pattison and Dr McBride.

HW2. Declarations of Interest

There were no declarations of interest.

HW3. Minutes

The minutes of the meeting of the Health and Wellbeing Board held on 20 March 2015 were agreed as a correct record subject to an amendment to the penultimate paragraph on page 4 to show that the Better Care Fund monies had been passed through from NHS England.

HW4. Feedback from Advisory Boards

Adults Partnership Board

Councillor Miller informed the Board that the Adults Partnership Board had met on 5 May 2015 as a single topic meeting looking at the role, function and membership of the group.

The Partnership Board agreed that their terms of reference needed to be revised to better reflect the role of the board as an advisory group to the Health and Wellbeing Board and that the membership should also be revised to ensure that the right people were in attendance.

The group also agreed that the Adults Board should concentrate on ensuring the delivery of a number of priorities once these were agreed by the Health and Wellbeing Board and also that close working relationships needed to be forged between the Adults Board and other advisory groups to ensure that cross cutting issues were addressed moving forward.

RESOLVED that the feedback from the Adults Partnership Board be noted.

NHS Provider Forum

Councillor Speding informed the Board that the Provider Forum had held a provider engagement session on 20 April 2015 at the Stadium of Light and over 40 organisations from a range of private, public and voluntary sector providers attended the event.

The session was very well received and a more comprehensive report would be provided for a future meeting of the Board.

RESOLVED that the feedback from the Provider Forum be noted.

HW5. Feedback from the Health and Social Care Integration Board

The Board were informed that the Health and Social Care Integration Board had met on 9 April and 14 May 2015 and had appointed a Chair and Vice-Chair of the Board and agreed reporting arrangements from the Better Care Fund Implementation Group.

The Integration Board had also considered the seven pooled budgets, the breakdown of contributions from the CCG and the local authority and the key risks for each of these. The group was scheduled to meet again on 25 June and would feed into the Health and Wellbeing Board on a regular basis.

RESOLVED that the feedback from the Health and Social Care Integration Board be noted.

HW6. Children's Safeguarding Peer Review and Framework of Cooperation

The Executive Director of People Services and the Independent Chair of Sunderland Safeguarding Children Board and Sunderland Safeguarding Adults Board submitted a joint report highlighting the findings of the November 2014 Peer Review into Children's Safeguarding and introducing a new framework of cooperation for review and adoption.

Colin Morris, Chair of the Sunderland Safeguarding Children Board, advised that the LGA peers had been asked to examine the nature of the Council's safeguarding service and to identify areas in need of improvement. A copy of the recommendations from the peer team were appended to the report.

One of the recommendations from the peer review had been to consider the connectivity between strategic boards to align multi-agency accountability and governance across the Sunderland Safeguarding Adults Board, the Improvement Board, the Health and Wellbeing Board, Sunderland Safeguarding Children Board and the Safer Sunderland Partnership. In order to progress this recommendation, a proposed framework of cooperation between the Health and Wellbeing Board, Sunderland Safeguarding Children Board and Sunderland Safeguarding Adults Board had been developed.

The Framework of Cooperation was intended to clarify the roles and responsibilities of each of the Boards and highlighted that it was important for them to: -

- Work together in an environment of mutual respect, courtesy and transparency;
- Have a shared understanding of their respective roles, responsibilities, priorities and different perspectives;
- Promote and foster an open relationship, where issues of common interest and concern were shared and any challenge was undertaken in a constructive and mutually supportive way; and
- Share work programmes, intelligence and data to reduce duplication of effort and cost.

Kevin Morris asked if it was possible to make more explicit the need to engage young carers in the design of services as he did not feel this came out strongly within the document.

Councillor Smith stated that the voice of the young person was paramount and there were numerous groups which provided this input. Karen Graham highlighted that the last bullet point under the roles and functions of the Health and Wellbeing Board on page 52 was 'To ensure a comprehensive engagement voice is developed as part of the implementation of Healthwatch'. Colin Morris added that consultation was integral to the Sunderland Safeguarding Children Board business plan, and was a regular subject for discussion, but accepted that this could be made more explicit within the Framework.

Having considered the report, the Board RESOLVED that: -

- (i) the findings of the Safeguarding Children Peer Review be noted;

- (ii) the Framework of Cooperation be adopted; and
- (iii) the Sunderland Safeguarding Children Board and the Sunderland Safeguarding Adults Board be recommended to adopt the Framework of Cooperation.

HW7. Joint Strategic Needs Assessments

The Executive Director of People Services submitted a report informing the Board of the development of a framework for the further development of Joint Strategic Needs Assessments (JSNAs).

Local authorities and clinical commissioning groups have joint duties to prepare JSNAs and the Health and Wellbeing Board had received a number of reports about the development of JSNA profiles in the past. A number of JSNAs had been developed and were published on the Sunderland City Council website and were added to and updated periodically but often became out of date as soon as they were published.

It was proposed that the JSNAs would be moved from a static, annual publication to a more evolving source of information in the form of an on-line 'wiki' resource hosted on the Sunderland City Council website. This would be a more user friendly way of publishing the assessments and followed good practice examples which had been highlighted in other areas of the country.

The JSNA would be used as a shared resource by officers and members within the Council, the wider health and wellbeing system, the voluntary and community sector and local communities. It was proposed that a multi-agency task and finish group be established to progress the development and creation of the resource.

The Chair commented that if multiple people were able to amend and add to the JSNA profiles, then there would need to be some central control over the resource. Kath Bailey and Davie Gallagher echoed the comment and it was suggested that the task and finish group might look at governance processes and quality assurance for the JSNA profiles.

Dave Gallagher also noted that the CCG website needed to link in to the JSNA resource and Kath Bailey stated that there was an even longer list of JSNA profiles which were new and in progress which were additional to those shown in the annex to the report.

Following consideration of the report, the Board RESOLVED that: -

- (i) the content of the report be noted; and
- (ii) the establishment of a multi-agency task and finish group to develop and implement the online resource be agreed.

HW8. Sunderland CARE Academy

The Board received a report outlining the development to date in relation to the Sunderland CARE Academy and Joy Akehurst, Executive Director of Nursing and Quality at City Hospitals and Chair of the CARE Academy and Tony Alabaster, Associate Dean at the University of Sunderland were in attendance to talk to the report.

The Sunderland CARE Academy was a collaboration of partners from health, social care, education and the voluntary sector working together to improve the quality of care delivery across the city. The development of the Academy had been the result of partnership working between the NHS and the university over the last 18 months, against the backdrop of the Francis Enquiry and the Cavendish Review. Partners had begun to look at the standards of care across the sector and opportunities for sharing research and evidence of care throughout the city.

The mission of the Sunderland CARE Academy was to 'improve the overall focus on and quality of care in Sunderland and to bring health and wellbeing benefits and socio-economic benefits to the local population and the city' and the CARE Academy would: -

- Develop education and training programmes for the health and social care workforce across the city with the aim of supporting high quality care to patients, carers and families;
- Promote research and innovation into health and social care, increasing the quantity and quality of research undertaken in Sunderland;
- Promote participation in local, national and international research; and
- Implement the findings of research into practice.

Joy Akehurst advised that there had been input from Health and Wellbeing partners and providers. The project was gathering momentum and it was beginning to demonstrate how it could benefit the city as a concept.

It was asked if the Academy could be used as a means of developing training in areas which were not covered by mandatory training such as disability awareness and human rights. Joy said that this would be the case, with the Care Certificate being a common standard and GPs and care homes going through the same processes as hospital staff and having the same standards applied across the pathway. Creative ways of achieving accredited training had also been investigated such as a pre-nursing training pilot where an individual would spend a year as a Healthcare Assistant.

From an education point of view, Joy advised that the Academy was linking with the Autism Society who were very keen to have training on the Mental Capacity Act as this was needed for dealing with challenging behaviours. It was also planned to do work around exposing young people to careers in care and the research possibilities were also a great opportunity. Tony Alabaster highlighted that there was a large academic resource available at the university and that the university, city hospitals and the CCG were holding a joint conference on the 'Power of Pulling Together'.

The Chair asked if the Academy was concerned with care in all its forms and Joy said that this was the case. She highlighted the inaugural lecture on childhood obesity which had been held in February and how this priority for Sunderland could be underpinned with evidence and used as a vehicle to raise the profile of Sunderland in academic healthcare.

Councillor Miller commented that this had been an excellent inaugural event and the visiting professor had been very challenging and had generated a good debate, particularly around collaboration. He queried what had happened since the event and how things had been followed up.

Tony advised that the professor had met with Dr Pattison and had provided a business plan for the CCG a few weeks later. Dr Pattison had suggested that the CCG might be receptive to a pilot and a bid had been put forward by one of the locality areas to pilot some initial work and an update was awaited on the progress of the bid.

Councillor Speding noted that it was good to see anecdotal evidence being qualified by academic research and he highlighted the difficulty in balancing the immediate visible results provided by bariatric surgery and a continued programme of health and wellbeing. Tony acknowledged that people could be unwilling to take a risk due to a lack of visible results initially, but if a pilot project could gather tangible evidence then it might be a more attractive approach.

Joy reported that work was being developed on pre-registration nursing. There was a shortage of nursing staff, a demand from people wishing to train but a lack of supported nursing places. The idea of developing a School of Nursing at the university had been put forward to offer a workforce programme which would enable people wanting a career in care to be professionally qualified. Tony advised that the university would have to be the host for this school, but that the body would be called the Sunderland School of Nursing and it was believed that this could be established in a relatively short time.

It was highlighted that a large number of nurses from care and nursing homes in the city wanted to work in hospitals and if under the CARE Academy, common standards could be applied across the city then this would be seen as a system, rather than organisation, issue. Councillor Miller and Dave Gallagher expressed their support for any initiative that enabled more capacity to be put into the system. Tony stated that he had obtained information from Preston Royal Hospital and Bolton University as they had established a school of nursing together and were able to offer advice to Sunderland.

Councillor Smith said that she was impressed by the way the CARE Academy had been brought together and was very excited about how it would develop in the future.

Colin Morris referred to the work which was being done with regard to social care and was conscious to ensure that nothing was being missed. Joy advised that this had been discussed and it had been felt that the social care side of things needed to remain separate but that this should be under the CARE Academy brand. Kath Bailey added that there had been discussions around not wanting to duplicate any

work and that the programme had to fit the city was in terms of health and wellbeing and the direction of travel.

Liz Highmore asked if the Academy would be liaising with the college with a view to make access to training more flexible. Joy commented that this was the value of working with the university as they knew how to accredit experience and would create modules which fitted in with people's lives.

The Chair agreed that the CARE Academy initiative seemed very exciting and provided an opportunity to support a project which was going to establish a facility for cutting edge knowledge and understanding in the city.

Having thanked Joy and Tony for their report, it was RESOLVED that the development of the CARE Academy and progress to date be noted.

HW9. CCG Operational Plan Refresh

The Chief Operating Officer of Sunderland Clinical Commissioning Group submitted a report providing an overview of the key points outlined in the refreshed CCG operational plan for 2015/2016.

Dave Gallagher advised that the CCG had been in the process of refreshing its two year operational plan for its second year of operation. The report highlighted where progress had been made so far in relation to key transformational changes including integrated community locality teams, the Intermediate Care Hub, end of life deciding right, urgent care and the new musculoskeletal service.

Priorities had been reviewed as part of the refresh and whilst the focus on the transformational changes continued, further priorities had been identified including: -

- Work with Public Health on a prevention and self-management approach;
- Develop a strategy with Sunderland City Council to improve outcomes for children;
- Develop and implement a strategy for General Practice;
- Implement transforming lives for people with learning disabilities; and
- Implement the new model of care for people needing continuing healthcare.

The CCG had also undertaken a review of outcome ambitions as part of the refresh and it had been proposed to increase the ambition of potential years of life lost to an improvement of 15% by 2019, an improvement on the original ambition of 7%.

Dave advised that the final submission of the plan to NHS England had been made on 14 May 2015 and the Health and Wellbeing Board were asked to receive the report for information.

The Chair enquired about the work being undertaken in relation to the Urgent Care Centre at Sunderland Royal Hospital and Dave stated that the intention was to get the system into such a place so that those who did not need Accident and Emergency treatment could go next door to the Urgent Care Centre.

Councillor Miller referred to the recent 'Perfect Week' exercise carried out at City Hospitals, where non-essential meetings had been stopped and volunteers had performed administrative tasks. Staff feedback from this exercise had mainly been good and it had showed that there were options within the system to address some of the issues in the hospital. Dave noted that the challenge was to re-prioritise and make that sustainable; a problem manifests in Accident and Emergency but can then generate problems elsewhere in the hospital.

The Board RESOLVED that: -

- (i) the key points of the operational plan refresh be noted; and
- (ii) the CCG operational plan for 2015/2016 be noted.

HW10. NHS Quality Premium 2015/2016

The Chief Operating Officer of Sunderland Clinical Commissioning Group submitted a report providing an overview of the key requirements outlined in the Quality Premium guidance for 2015/2016 and the proposed measures against which the CCG would be assessed in 2015/2016.

Dave Gallagher explained that if the CCG met certain quality standards in the year, then the Quality Premium would be paid and fed into the relevant areas for the next year. The standards for 2015/2016 were outlined within the report and related to reducing potential years of lives lost, urgent and emergency care, mental health, improving antibiotic prescribing and two local measures.

The proposed local outcome measures were: -

- Increase in the proportion of patients who have an emergency health care plan coded in EMIS practice systems; and
- Increase in direct referrals to the Sunderland Intermediate Musculoskeletal (MSK) service from 40% to 50%

The Chair asked what the current process was for MSK referral and Dave advised that this service had been re-procured to start in October. A patient should go from their GP to the MSK service and then be referred to hospital, orthopaedics or occupational therapy. This system was not working as it should at the present time and needed to be more cost, and clinically, effective.

With regard to the emergency health care plan, not all patients needed a plan and it was a case of making this standardised and fit for purpose. Dave stated that he was confident that the CCG could achieve the targets.

The Board RESOLVED that: -

- (i) the Quality Premium requirements for 2015/2016 be noted; and
- (ii) the proposed measures which the CCG would be assessed against in 2015/2016 be endorsed.

HW11. Health and Wellbeing Forward Plan and Board Timetable

The Head of Strategy and Performance submitted a report presenting the Board forward plan for 2015/2016.

Karen Graham requested that Board Members let her know if they had any items for future meetings.

The Board RESOLVED that: -

- (i) consideration be given to topics for in depth closed partnership sessions for 2015/2016; and
- (ii) the forward plan be noted and requests for any additional topics be passed to Karen Graham.

HW12. Post General Election: Conservative Manifesto Commitments

The Head of Strategy and Policy submitted a report summarising the Conservative party manifesto commitments which would be of most interest to the Board. These related to both national and regional policy and initiatives in relation to health and the economy and measures which would have an impact on individuals and families.

Karen Graham advised that all of the strategic boards had received a similar briefing and she would be happy to arrange a more in depth briefing on any specific issue at the request of individual Board members.

Councillor Miller commented that the real impact of the manifesto commitments would only be known when the Chancellor delivered his budget in July. The Chair noted that health funding was protected in cash terms but the demand for services would only increase and public expectations were not factored in to this.

Kath Bailey highlighted that one positive feature was the commitment to the draft legislation on 'legal highs' which the Health and Wellbeing Board had discussed in the past.

The Board RESOLVED that the report be noted.

HW13. Date and Time of Next Meeting

The next meeting of the Board will be held on Friday 25 July 2015 at 12noon

(Signed) P WATSON
Chair

