SUNDERLAND HEALTH AND WELLBEING BOARD

AGENDA

Meeting to be held in the Civic Centre (Committee Room No. 1) on Friday 20 September 2013 at 12.00noon

A buffet lunch will be available at the start of the meeting.

Contact: **Gillian Kelly, Principal Governance Services Officer Tel: 0191 561 1041**
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Information contained within this agenda can be made available in other languages and formats.

8. **Policy Review: Public Engagement in Health Services – Scope of Review** 39

Report of the Public Health, Wellness and Culture Scrutiny Panel (copy attached).

9. **Health and Wellbeing Board Development Session and Closed Board Meetings** 43

Report of the Head of Strategy, Policy and Performance (attached).

10. **Date and Time of the Next Meeting**

The next meeting of the Board will take place on Friday 22 November 2013 at 12.00noon

ELAINE WAUGH
Head of Law and Governance

Civic Centre
Sunderland

12 September 2013

Item No. 2

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.

Item No. 3a

SUNDERLAND HEALTH AND WELLBEING BOARD 20 September 2013

FEEDBACK FROM SUNDERLAND ADULTS PARTNERSHIP BOARD

Report of the Chair of the Adults Partnership Board

The Adults Partnership Board met on the 3rd September, 2013

ITEM

1. Introductions & Apologies
Introductions were made round the table and apologies recorded.

2. Notes of Last Meeting held on 5th March, 2013
Notes of last meeting were agreed as a true and accurate record.

3. Matters Arising
It was noted that a reply from NHS England was still outstanding with regard to the query raised at the previous meeting on page 4 re: Advice Service

4. Health & Wellbeing Board Agenda
Karen Graham provided details of the items for the Health & Wellbeing Board, to be held on Friday 20th September.

5. The NHS Belongs to the People : A Call to Action
Ian Holliday provided an update on the publication 'The NHS belongs to the people: A Call to action'. The document sets out number of latest facts in the NHS, including demand, the changing demographics of the patients being treated and the growth in long term conditions. It was noted that in seven years time there will be a £30b funding gap, and with a difference in life expectancy of 17 years between the richest and poorest parts of the country.
Members of the Board asked if the CCG plan was radical enough to deal with all of the issues highlighted.
Karen Graham provided details of a public event that is to take place at the Stadium of Light on the 26th September to discuss and review the five year plan.

6. 'Fit as a Fiddle' Evaluation Report
Alan Patchett reported that the final report on the 'Fit as a Fiddle' programme has been produced. The report evidences the value of the programme and methodology to improve the health and wellbeing of older people and demonstrates a conservative Social Return on Investment, of £2.21 per £1 of spend. It was noted the difference it has made and how Commissioners support the overarching plans. It was agreed to circulate a copy of the final evaluation report to the Board members.

7. World Health Organisation (WHO) –
European Healthy City Phase VI Network 2014/18
Nicola Morrow presented a report to review the City Council's membership of the WHO network and outlines the management and requirements for the

Phase VI application. It was reported that Sunderland is one of the 105 cities throughout Europe participating in the network covering 2009-2013. Phase V focused on Health and Health Equality in all Local Policies, Phase VI will build on what has been started, and one of the themes will be to develop the economic case of health promotion and prevention (tackling the burden of chronic diseases and mental health) as well as dealing with the consequences of the austerity, focusing on opportunities to strengthening public health. It was noted Phase VI will run from January 2014 to December 2019 and a package will be available after September 2013 so cities can begin to take the necessary steps to complete the application. It was agreed to bring an update report to the November meeting for further consideration.

8. New Horizons

Jackie Nixon gave an update on the progress of the New Horizons Partnership. The partnership ensures the implementation of the Sunderland Emotional Health and Wellbeing (EHW) Action Plan and also the Suicide Prevention Action Plan and looks at future plans. It was reported that over the last 6 months the partnership has completed all the actions from the EHW three year plan which ran from 2010 to 2013. A new Action Plan is currently under development and a Change for Life event is planned for the City. The Board was happy with the report and agreed to receive updates at future meetings.

9. Performance Reporting for the HWBB

Mike Lowe updated the Board on the proposals for performance reporting and the roles of the Advisory Groups. The performance management arrangements include the delegation of outcome framework reporting to the advisory groups. The outcomes frameworks will be framed around the themes from the HWBB Strategy. It was reported that the arrangement for reporting of the HWBB Outcomes in Sunderland are in development and the production of the performance management elements are being aligned to the development of the action planning phase of the HWBB strategy. The attached framework document has been colour coded indicating the relevant outcomes framework from which they have been drawn and the elements requiring further development. The Board agreed to note the progress and to see future development of the performance management arrangements.

10. Scrutiny – Health Protocol and Review Topics

Helen Lancaster presented a Health Protocol report that has been developed to enhance partnership working within the new health governance arrangements. The Scrutiny Panel have worked in consultation with the HWBB, NHS England, HealthWatch Sunderland and the Clinical Commissioning Group to develop a protocol which will provide a framework for joint working and information sharing between partners in the first year of operation. The final draft was endorsed in July 2013. The protocol will be reviewed and evaluated by the Council's Scrutiny function six months from the date of implementation.

11. Any Other Business

Details of the Sunderland World Mental Health Week were circulated to members of the Board.

12. Date and Time of Next Meeting

The next meeting will be held on Tuesday 5th November, 2013 at 2.30pm in Committee Room 1

Item No. 4

SUNDERLAND HEALTH AND WELLBEING BOARD 20 SEPTEMBER 2013

HEALTH AND WELLBEING – LGA PEER CHALLENGE

Report of the Assistant Chief Executive, Sunderland City Council

1. Purpose of the Report

To inform the Board of the intention to hold an LGA peer challenge on Health and Wellbeing in 2014 and ask for comments on the draft scope of the Sunderland review.

2. The Peer Challenge

As part of the LGA offer to local authorities, an offer has been made to hold a peer challenge of the Health and Wellbeing. A peer challenge is a voluntary and flexible process commissioned by a council to aid their improvement and learning. It involves a team of between four to six peers from local government, health or the voluntary sector who spend time onsite at a council to reflect back and challenge its practice, in order to help it to reflect on and improve the way it works.

The purpose of the health and wellbeing peer challenge is to support councils, their health and wellbeing boards and health partners in implementing their new statutory responsibilities, by way of a systematic challenge through sector peers in order to improve local practice. In this context, the peer challenge focuses on three elements in particular while at the same time exploring their interconnectivity. They are the:

- establishment of effective health and wellbeing boards
- operation of the public health function to councils
- establishment of an effective local HealthWatch organisation.

The peer challenge focuses on a set of headline questions and more detailed prompts, from which to frame the preliminary review of materials, the interviews, and the workshops that make up a peer challenge. They are discussed and tailored in the context of each council and a draft expression of interest from Sunderland is included as Appendix1.

A list of headline questions and prompts are at Appendix 2 but the main four questions are:

1. How well are the health and wellbeing challenges understood and how are they reflected in Joint Health and Wellbeing Strategies (JHWSs) and in commissioning?
2. How strong are governance, leadership, partnerships, voices, and relationships?
3. How well are mandated and discretionary public health functions delivered?
4. How well are the Director of Public Health (DPH) and team being used, and how strong is the mutual engagement between them and other council teams?

Recommendations

The HWBB are recommended

- To support a Sunderland Health and Wellbeing Peer Review for late 13-14
- To provide any comments on the draft scope as attached

Appendix 1

Draft Peer Review Scope

Sunderland's HWBB has successfully transitioned from early implementer to shadow and now full Board status and in doing so has established a track record of positive partnership working. The Board is small but is supported by a broad partnership of advisory groups, the Children's Trust, Adults Partnership Board and a newly formed NHS Provider Forum.

The Board is a learning board, alternating full Board sessions with development sessions examining structures and systems as well as key transformational topics. The Board has worked with the NHS Institute for Innovation and Improvement to undergo a Health and Social Care System diagnostic looking at the strengths and weaknesses of the Sunderland system and is working as a whole towards implementing the recommendations from this.

Both the JSNA and HWB Strategy look at Health and Wellbeing in a broad context, examining both the social determinants of health, prevention and early intervention and looking to promote an assets approach to improving the life chances of Sunderland's residents. This is consistent with the corporate policies of community leadership, community resilience and strengthening families but presents a challenge in terms of service reconfiguration and integration, commissioning and decommissioning. Not only the Board, but all key leaders within the HWB System have signed up to the design principles of the strategy as it moves into the key action planning and delivery stage.

The Council's new Public Health responsibilities have been embedded into its operating model, with the DPH taking on a key influencing and shaping role within the Council and between the Council and the CCG.

HealthWatch has been commissioned but as yet has still to appoint a chair, and so this relationship is under pressure to develop quickly.

The Sunderland HWBB would welcome a peer challenge

- to test the leadership of the HWBB and the advisory group structure
- to test the extent to which the principles of the HWB Strategy are embedded throughout the system
- to examine the extent to which public health is influencing other council services
- to assess progress in bringing together social care and health resources
- to uncover any barriers to service integration/pooled budgets across the system
- to critically assess the engagement of patients and the public and the progress towards co-production
- to provide recommendations on the future direction of the HWBB that will enable it to affect a positive step change in residents health,

We would see the benefits of a peer challenge to be:

- Providing external "critical friend" challenge and an opportunity for reflection

- An independent view on the depth of understanding and how well embedded and integrated the current agenda is
- Considering the extent of joint commissioning to date and support in moving forward around alternative service delivery modelling
- Assisting the HWBB and partners in understanding and using customer insight to manage demand and improve customer experience

Timescales
As some of the relationships are new, the HWB Strategy is only moving into action planning stage in late 2013 and the recommendations from the previous systems diagnostic are still being implemented, the challenge would be best timetabled into 2014, ideally as late as possible in the current financial year. If there is scope for the challenge to occur in 2014-15, we would be happy to discuss this.

Appendix 2: Headline questions for the peer challenge (National Guidance)

The peer challenge focuses on a set of headline questions, and more detailed prompts, from which to frame the preliminary review of materials, the interviews, and the workshops that make up a peer challenge. They are discussed and tailored in the context of each council.

1. **How well are the health and wellbeing challenges understood and how are they reflected in JHWSs and in commissioning?**

    - Is there a vision for the health and wellbeing of the local population? Is it shared between key partners in the local system?
    - How strong are the analyses on which JSNAs are based? Do they reflect the population needs across health and care?
    - Do JSNAs cover the wider-determinants of health?
    - How well articulated and presented is the analysis?
    - How clear are the priorities and timelines in JHWSs? Is there an appropriate balance between preventative and responsive interventions? Is there clarity over any areas of disinvestment from historic provision?
    - How clearly are health inequalities, and their relationships with other inequalities, understood? Do JHWSs contain convincing strategies for closing gaps?
    - How clearly are the delivery programmes related to available resources? How well are resources combined and pooled?
    - Is there evidence of HWB members together finding the best uses of their collective spend across the system?
    - How well are the potential contributions of the third sector and community structures reflected in strategies?
    - How have local priorities been related to the national outcomes frameworks and strategies for public health, adult social care, children, and the NHS?
    - How clear is the linkage through JSNAs, to JHWSs, and then to commissioning?
    - How well combined are the analyses available from locality-based sources with those of the commissioning support unit?
    - How clear is the relationship between JHWS and CCG commissioning plans and strategies?
    - How well-used are national learning, benchmarking information, summaries of effective practice and value for money approaches, and the experiences of others responding to similar challenges?
    - How clearly are health and wellbeing priorities reflected in broader community strategies and in the delivery strategies of individual agencies, including district council strategies in two-tier areas?
    - How ambitious are the strategies and are they deliverable? To what extent is the balance of local service delivery being challenged?
    - How well are actions, impacts and cost-effectiveness reviewed? To what effect? Is the local health system a learning system?

2. **How strong are governance, leadership, partnerships, voices, and relationships?**

- How well does the membership of the HWB reflect the need to align power and influence around the JHWS?
- How effective is the grip of the board on its programme and agenda? How well informed are its members? How effective are discussion, challenge, commitment and review? How is conflict managed?
- How strongly do members commit to the board and its actions? How well-shared is the core analysis to challenges and the commitment to priorities and actions?
- How well developed are relationships in the board? How effective has the development of the board been and a mutual understanding of how it can be most effective in achieving key impacts?
- What is the quality of the relationship between the HWB and the CCG(s)?
- What is the quality of the relationship between the local public health team and CCGs? Is it able to meet its statutory function in giving the CCG public health advice?
- How effective are relationships with Health Providers? The local schools system? Local housing agencies? Other public sector providers?
- How well is the council considering the impact of its services, plans and strategies on health and wellbeing (eg considering the impact of planning decisions on health and wellbeing)?
- How well engaged are local politicians, beyond those directly involved in the HWB? How strongly do health and wellbeing challenges influence political ambitions and vice versa? How strong is the commitment to JHWSs across the local political landscape?
- How effectively are local voluntary and community organisations engaged in advocacy, strategic direction, and delivery?
- How effective are the local Healthwatch arrangements?
- How well are the experiences of service users, patients and members of the public heard and reflected on, both through the local Healthwatch organisation and wider?
- How effective is the local Overview and Scrutiny function?
- How effective is collaboration with the Public Health England and NHS England regional and local teams?
- In two tier areas, how well are district authorities engaged in analysis and setting priorities? Do strategies make best use of the functions of both tiers?
- Are there shared arrangements for any element of the public health functions? How well do they work?

3. How well are mandated and discretionary public health functions delivered?

- How well are sexual health services commissioned and delivered?
- How effective are local arrangements for screening and immunisation?
- How well is the population healthcare advice service delivered locally? What is the quality of the relationship between the local public health team and the CCG(s)?
- How well is the local Health Check programme being commissioned and delivered?

- Is there a clear and appropriate Health Protection arrangements? Is there clarity over relative roles, responsibilities, and leadership arrangements in the context of an incident or outbreak?
- How effective are Emergency Preparedness, Resilience and Response relationships? How well are key roles understood? How strong are the connections to wider emergency planning and resilience arrangements?
- What discretionary functions, including drugs and alcohol interventions, are provided in the locality? On what rationale?
- How effectively has the Board encouraged integrated working between commissioners of health and social care services?

4. **How well are the DPH and team being used, and how strong is the mutual engagement between them and other council teams?**

- How has the organisational design of the council been adapted to make best use of the public health team?
- Do the local arrangements ensure that the DPH is able to fulfil the statutory functions of the role effectively?
- How well is the DPH able to contribute to the wider leadership of the place and council?
- How well are JHWS priorities reflected in service plans and change programmes across the council?
- How well are the strengths of the professional public health team used across the council and its partnerships?
- How is the public health team's use of evidence and analysis being incorporated with the place-based sensitivity of the councillors?
- How aware are key staff across the council of the contributions that the public health team can make?
- How aware is the public health team of the full range of the functions of the council, their spheres of influence, and their particular areas of expertise?
- How strong are the arrangements for the development of the public health profession, including continuous professional development and accreditation?
- How influential is the public health team across the wider local health system?

Item No. 6

SUNDERLAND HEALTH AND WELLBEING BOARD 20 September 2013

HEALTH AND WELLBEING OUTCOMES REPORTING

Report of the Head of Strategy and Performance

1.0 Purpose of Report

1.1 To update the Health and Wellbeing Board on the proposals for performance reporting of Health and Wellbeing Outcomes in Sunderland and to note the next steps for the future development of the performance management arrangements.

2.0 Background

2.1 At a HWBB Development Session in June consideration was given to how the HWB Strategy should be delivered and performance managed. The discussions centred around the need to 'capture the difference' – under the assumption that 80% of activity to deliver the strategy will be carried out as business as usual within the partner organisations of the Board and the broader system and this should be monitored and performance managed through reporting against the Public Health Outcomes Framework, NHS Outcomes Framework and Social Care Outcomes Framework to the Adults Partnership Board and Children's Trust.

2.2 Reports would come to the HWBB on an exception basis and only when the advisory boards felt that it was necessary to escalate issues for joint action. The HWBB performance reporting should focus on the 20% - or the things that are where the Board will show value added, and focus on the short and long term priorities as identified above.

2.3 This framework was approved by the HWBB at its meeting on 26th July and this report sets out the next steps regarding the practical delivery.

3.0 Proposed Health and Wellbeing Outcomes reporting

3.1 The performance management arrangements include the delegation of outcome framework reporting to the advisory groups and reporting of the outcomes frameworks will be framed around the themes from the HWB Strategy. This will facilitate a focus on those issues which matter to Sunderland.

3.2 The HWB Strategy has 6 strategic Objectives and a number of overarching strategic outcome indicators for each strategic objective. The strategic objectives are the following
:

- Promoting understanding between communities and organisations
- Ensuring that children and young people have the best start in life

- Supporting and motivating everyone to take responsibility for their health and that of others
- Supporting everyone to contribute
- Supporting people with long term conditions and their carers
- Supporting individuals and their families to recover from ill health and crisis

3.3 Whilst the action planning stage of the development of the HWB Strategy is in development and the final set of indicators to be included has yet to be agreed, the attached (Appendix) reporting framework sets out the format and potential indicators drawn from the three outcomes frameworks.

3.4 For reference the measures have been colour coded to indicate the relevant outcomes framework from which they have been drawn:

- NHS Outcomes Framework -Blue
- Public Health Outcomes Framework – Green
- Adults Social Care Outcomes Framework- Red

3.5 At this stage this is a 'long' list and the final framework will need to consider a condensed list of measures for reporting. Members of the HWBB are currently being consulted on whether there are any errors or omissions from the list and some of the measures may not at this stage be aligned correctly. This consultation may result in the inclusion of locally determined measures in the reporting framework including measures which sit outside the outcomes frameworks.

3.6 It is proposed that once the action planning stage is completed the reporting will include analyse and comparisons of Sunderland with other upper tier and unitary local authorities in the North East and in the local authority comparator group, trend information and the pattern of local health inequalities for each measure.

3.7 The Health and Wellbeing Outcomes Reporting framework will be maintained to ensure that the latest information is made available to inform the work of the Board and the advisory groups. The framework will highlight indicators which have been updated since the last report, highlighting emerging themes and local progress.

4.0 Summary

4.1 The arrangements for reporting of the HWB Outcomes in Sunderland are in development and production of the performance management elements are being aligned to the development of the action planning phase of the HWB Strategy. This report and attached framework provides the format for future reporting with elements requiring further development. These issues will be addressed and included in future reporting.

4.2 The Performance Management Framework will allow the HWB and Partnership Boards to assess the effectiveness of the Health and Wellbeing Strategy. If all the measures included in the framework improve over time, then the majority of

people who live and use services in Sunderland will experience better life chances and quality of life.

5.0 Recommendations

5.1 The Board notes progress with reporting of the HWB Outcomes in Sunderland and the steps outlined in the report for the future development of the performance management arrangements.

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Appendix 1

Potential measures for inclusion in Health and Wellbeing Outcomes Reporting

Objective 1: Promoting understanding between communities and organisations

Overarching strategic outcome indicators:

1. Communities being able to understand what they can expect of service providers and what other organisations can offer
2. Making best use of local intelligence to identify emerging risks to health and wellbeing
3. Harnessing individuals, communities and service providers views to inform and challenge provision
4. Understanding the strengths and diversity of our communities and reflecting this in our commissioning

Performance Measures	Performance Indicators
Improving people's experience of outpatient care	Patient experience of outpatient services
Improving hospitals' responsiveness to personal needs	Responsiveness to in-patients' personal needs
Improving people's experience of accident and emergency services	Patient experience of A&E services
Improving access to primary care services	Access to GP services and NHS dental services
Improving experience of healthcare for people with mental illness	Patient experience of community mental health services
Improving the wider determinants of health	Statutory Homelessness
	Fuel Poverty
	Older peoples perception of community safety (Placeholder)
Health Improvement	People entering prison with substance dependence issues who are previously not known to community treatment
Health Protection	Air pollution
	Public sector organisations with board-approved sustainable development management plan
	Comprehensive, agreed inter-agency plans for responding to public health incidents (Placeholder)
Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm	The proportion of people who use services who feel safe
	The proportion of people who use services who say that those services have made them feel safe and secure

Objective 2: Ensuring that children and young people have the best start in life

Overarching strategic outcome indicators:

1. Encouraging parents and carers of children to access early years opportunities
2. Supporting children and families throughout the whole of a child's journey, including the transition into adulthood

Performance Measures	Performance Indicators
Reducing deaths in babies and young children	Infant mortality and Neonatal mortality and stillbirths
Improving women and their families' experience of maternity services	Women's experience of maternity services
Improving children and young people's experience of healthcare	An indicator to be derived from a Children's Patient Experience Questionnaire
Improving the safety of maternity services	Admission of full-term babies to neonatal care
Delivering safe care to children in acute settings	Incidence of harm to children due to 'failure to monitor'
Improving the wider determinants of health	Children in poverty
	School readiness (Placeholder)
	Pupil absence
	First-time entrants to the youth justice system
Health Improvement	Low birth weight of term babies
	Breastfeeding
	Smoking status at time of delivery
	Under 18 conceptions
	Child development at 2-2.5years (Placeholder)
	Excess weight in 4-5 and 10-11 year olds
	Hospital admissions caused by unintentional and deliberate injuries in under 18s
	Emotional wellbeing of looked after children (Placeholder)
	Smoking prevalence – 15 year olds
Healthcare public health and preventing mortality	Infant mortality
	Tooth decay in children aged 5

Objective 3: Supporting and motivating everyone to take responsibility for their health and that of others

Overarching strategic outcome indicators:

1. Encouraging people to take the first steps towards healthy lifestyles
2. Making healthy lifestyle choices easy
3. Promoting and sustaining interest in healthy lifestyle options
4. Raising self-esteem, confidence and emotional health and wellbeing

Performance Measures	Performance Indicators
Reducing premature mortality from the major causes of death	Under 75 mortality rate from cardiovascular disease
	Under 75 mortality rate from respiratory disease
	Under 75 mortality rate from liver disease
	One-and five-year survival from colorectal cancer
	One-and five-year survival from breast cancer
	One-and five-year survival from lung cancer
	Under 75 mortality rate from cancer
Reducing premature death in people with serious mental illness	Excess under75 mortality rate in adults with serious mental illness
Reducing premature death in people with learning disabilities	An indicator needs to be developed
Reducing the incidence of avoidable harm	Incidence of hospital-related venous thromboembolism (VTE)
	Incidence of healthcare associated infection (HCAI) i MRSA ii C. difficile
	Incidence of newly-acquired category 2, 3 and 4 pressure ulcers
	Incidence of medication errors causing serious harm
Improving the wider determinants of health	People in prison who have a mental illness or significant mental illness (Placeholder)
	Domestic abuse (Placeholder)
	Violent crime (including sexual violence) (Placeholder)
	Re-offending
	The percentage of the population affected by noise (Placeholder)
	Utilisation of green space for exercise / health reasons
	Social contentedness (Placeholder)
Health Improvement	Hospital admissions as a result of self-harm
	Diet (Placeholder)
	Excess weight in adults

	Proportion of physically active and inactive adults
	Smoking prevalence – adult (over 18s)
	Successful completion of drug treatment
	Alcohol-related admissions to hospital
	Take up of the NHS Health Check Programme – by those eligible
	Self-reported wellbeing
Health Protection	Chlamydia diagnoses (15-24 year olds)
	Population vaccination coverage
	People presenting with HIV at a late stage of infection
Healthcare public health and preventing mortality	Mortality from causes considered preventable
	Mortality from all cardiovascular diseases (including heart disease and stroke)
	Mortality from cancer
	Mortality from liver disease
	Mortality from respiratory diseases
	Mortality from communicable diseases (Placeholder)
	Excess in under 75 mortality in adults with serious mental illness (Placeholder)
	Suicide
	Preventable sight loss
	Health-related quality of life for older people (Placeholder)
	Excess winter deaths

Objective 4: Supporting everyone to contribute

Overarching strategic outcome indicators:

1. Work together to get people fit for work
2. Understanding the health barriers to employment and training, and supporting people to overcome them
3. Actively working with local businesses to ensure a healthy workforce
4. Supporting those who don't work to contribute in other ways

Performance Measures	Performance Indicators
Improving functional ability in people with long-term conditions	Employment of people with long-term conditions
Enhancing quality of life for people with mental illness	Employment of people with mental illness
Improving the wider determinants of health	16-18 year olds not in education, employment or training (NEET)
	Employment for those with a long-term health condition including those with a learning difficulty / disability or mental illness
	Sickness absence rate
Enhancing quality of life for people with care and support needs	Proportion of adults with learning disabilities in paid employment
	Proportion of adults in contact with secondary mental health services in paid employment

Objective 5: Supporting people with long term conditions and their carers

Overarching strategic outcome indicators:

1. Supporting self-management of long-term conditions
2. Providing excellent integrated services to support those with long-term conditions and their carers
3. Support a good death for everyone

Performance Measures	Performance Indicators
Ensuring people feel supported to manage their condition	Proportion of people feeling supported to manage their condition
Reducing time spent in hospital by people with long-term conditions	unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)
	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s
Enhancing quality of life for carers	Health-related quality of life for carers
Enhancing quality of life for people with dementia	An indicator needs to be developed
Improving the experience of care for people at the end of their lives	An indicator to be derived from the survey of bereaved carers
Improving the wider determinants of health	People with mental illness or disability in settled accommodation
Health Improvement	Recorded diabetes
	Cancer diagnosed at stage 1 and 2 (Placeholder)
	Cancer screening coverage
	Access to non-cancer screening programmes
Healthcare public health and preventing mortality	Dementia and its impacts (Placeholder)
Enhancing quality of life for people with care and support needs	Social care-related quality of life
	The proportion of people who use services who have control over their daily life
	Proportion of people using social care who receive self-directed support, and those receiving direct payments
	Carer reported quality of life
	Proportion of adults with learning disabilities who live in their own home or with their family
	Proportion of adults in contact with secondary mental health services living independently, with or without support
Delaying and reducing the need for care and support	Permanent admissions to residential and nursing care homes, per 100,000 population
Ensuring people have a positive experience of care and support	Overall satisfaction of people who use service with their care and support
	Overall satisfaction of carers with social

	services
	The proportion of carers who report that they have been included or consulted in discussion about the person they care for
	The proportion of people who use services and carers who find it easy to find information about services

Objective 6: Supporting individuals and their families to recover from ill-health and crisis

Overarching strategic outcome indicators:

1. Supporting individuals and families to have emotional resilience and control over their life
2. Providing excellent integrated services to support people to recover from ill health and crisis
3. Winning the trust of individuals and families who require support

Performance Measures	Performance Indicators
Improving outcomes from planned procedures	Patient Reported Outcomes Measures(PROMs) for elective procedures: i Hip replacement ii Knee replacement iii Groin hernia v Varicose veins
Preventing lower respiratory tract infections (LRTI) in children from becoming serious	Emergency admissions for children with LRTI
Improving recovery from injuries and trauma	An indicator needs to be developed
Improving recovery from stroke	An indicator to be derived based on the proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months
Improving recovery from fragility fractures	The proportion of patients recovering to their previous levels of mobility / walking ability at 30 and 120 days
Helping older people to recover their independence after illness or injury	Proportion of older people (65 and over) who were still at home 91 days after discharge into rehabilitation
	Proportion of older people (65 and over) who were offered rehabilitation following discharge from acute or community hospital
Improving the wider determinants of health	Killed or seriously injured casualties on England's roads
Health Protection	Treatment completion for tuberculosis
Health Improvement	Falls and injuries in the over 65s
Healthcare public health and preventing mortality	Emergency readmissions within 30 days of discharge from hospital (Placeholder)
	Hip fractures in over 65s
Delaying and reducing the need for care and support	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
	Delayed transfers of care from hospital, and those which are attributable to adult social care per 100,000 population

Item No. 7

SUNDERLAND HEALTH AND WELLBEING BOARD 20 September 2013

HEALTH AND WELLBEING BOARD FORWARD PLAN AND ADVISORY GROUP TOPICS

Report of the Executive Director of People Services

Background

This report sets out the proposed forward plan for agenda items for the Board and the topics that the three advisory groups to the Board could be tasked with.

Forward plan & advisory groups

Attached as Appendix 1 is the proposed forward plan for agenda topics for the Health and Wellbeing until the end of the financial year. These topics are fluid and can be added to or changed in consultation with the Chair as the year progresses.

The Health Wellbeing Board has three advisory groups, the Adults Partnership Board, the Children's Trust and the NHS Providers Forum. It was agreed at the May Board meeting that the Health and Wellbeing Board would agree a set of topics that the Board would like the advisory groups to investigate and report back to the Board on.

It is proposed that all groups be tasked over the next six months with supporting the development of the Action Plan for the Health and Wellbeing Strategy – this process is starting in October and will run until March. Reports will be taken to each advisory group outlining the action planning process at the next meetings.

It is also proposed that the provider forum be tasked with examining in greater detail the topics of Health and Social Care integration and the NHS Call to Action: The NHS belongs to the people from the providers' perspective.

Recommendations

The Board is recommended to:

- Note the forward plan as attached
- Agree the topics for the advisory groups over the next six months

Appendix 1

Health and Wellbeing Board Agenda - Forward Plan 2013 – 14			
	20th Sept	22nd Nov	24th Jan
Standing Items	• Update from Advisory Groups • Development Sessions Briefing	• Update from Advisory Groups (including 1st report of the provider forum) • Development Sessions Briefing)	• Update from Advisory Groups • Development Sessions Briefing
Joint Working	• WHO Healthy Cities – report on current phase • NHS belongs to the People – a call to action • Performance Reporting (Phase 1) • Items for advisory groups & agenda forward plan	Autism Strategy (?) Funding Transfer from NHS England to social care 2013/14 Unscheduled Care Board - winter planning JSNA update H&WB Strategy Action Planning	Health and Social Care Integration plan DPH Annual Report – Healthy City – Healthy Economy
External Links	Scrutiny – Community Engagement in Health	Update on Council area health pilots (to include men's cancer, green spaces and people boards pilots)	

	21st March
Standing Items	• Update from Advisory Groups • Development Sessions Briefing
Joint Working	H&WB strategy – Action Plan
External Links	

Item No. 8

SUNDERLAND HEALTH AND WELLBEING BOARD 20 SEPTEMBER 2013

POLICY REVIEW – PUBLIC ENGAGEMENT IN HEALTH SERVICES SCOPE OF REVIEW

Report of the Public Health, Wellness and Culture Scrutiny Panel

1. Introduction

1.1 The Scrutiny Committee has commissioned the Public Health, Wellness and Culture Panel to carry out a review of public engagement in health services. At a meeting on 11th June, the Panel discussed options for carrying out the review which are described in this report.

2. Policy Review - Background

2.1 Policy review is the process of maintaining an overview of council policies and will usually examine whether the Council and its partners' intended policy outcomes have been achieved. The process will also explore issues such as the service user's perspective.

2.2 Policy reviews are project planned with appropriate methodology applied to investigate the chosen topic. This may include meetings, site visits, surveys, public meetings or analysis of comparative practice in other local authorities.

3. Policy Review Topic

3.1 The title of the review will be:

Public Engagement in the Health Service – Are we listening?

3.2 Aim of the review

To review the readiness of services to build the culture, infrastructure and the processes needed to ensure that patients and the public (including seldom heard groups) are involved as partners in decision-taking.

3.3 The objectives of the review are:

(a) To look at the core elements of engagement[1] with the intention of developing a collaborative framework[2];

[1] Engaging with patients and the public can happen at: Individual Level – 'my say' in decisions about my own care and treatment and Collective Level - 'our say' in decisions about the commissioning of services.

(b) To explore the roles, responsibilities and expectations of those with a duty to engage patients and the public with the intention of defining shared expectations;

(c) To explore how patient and public involvement enables an appropriate level of influence and where necessary leads to improved services;

(d) To hear about the development of strategies for equality and how all people including children and young people and those from seldom heard groups can be heard.

4. Delivering the Policy Review

4.1 The approach to the review will include:

(a) Witnesses

Witnesses will come from:

- Service providers and commissioners including GP's, CCG, Hospital, Dentists, Ambulance, Mental Health, Social Care, Public Health teams, Community Health Services.
- Representative Associations including Healthwatch, VCS, Advocacy Services, Patient Associations, NHS Equality Leads.
- Regulatory Services including Care Quality Commission, NHS England, Healthwatch England, Monitor, Individual Regulatory bodies e.g. GMC

(b) Methodology

Views and comments will be sought through evidence at the Panel, requests for written submissions, focus group discussions and individual interviews. The approach will be to seek views and comments from a cross section while responding to any individual or group that expresses any interest in participating. Documentary evidence including Quality Accounts and Inspection Reports will be reviewed.

(c) Schedule of meetings

Meetings will be scheduled monthly between July 2013 and February 2014.

(d) Visits / consultations

None identified at this stage

(e) Use of expert advice and / or co-option

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[2] A framework to support a collective approach to patient and public engagement from the whole health economy as a means to best utilise existing resources. This does not override individual duties, responsibilities and operating environments which vary for different parts of the NHS.

It is not recommended as necessary for the review to co-opt onto the Panel.

(f) Existing research and supporting documentation

Links to background papers will be circulated. This will be updated as necessary.

(g) Resources

No resource implications are identified at this stage

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Item No. 9

SUNDERLAND HEALTH AND WELLBEING BOARD 20 September 2013

BOARD DEVELOPMENT SESSION AND CLOSED BOARD MEETINGS

Report of the Head of Strategy, Policy and Performance

1. PURPOSE OF THE REPORT

To inform the Board of the date and scope of the next development session and update on closed Board sessions.

2. ENGAGEMENT – PUBLIC AND PATIENTS

The development session is to be held on **25TH OCTOBER, 12-2, VENUE TBC**

The session will follow on from the production of the media and statutory consultation protocol by starting the examination of the engagement of the public and patients and is to be facilitated by HealthWatch Sunderland.

The Aims and Objectives of the session are as follows.

AIMS	OBJECTIVES
To define what engagement means to the Board, (e.g. level of engagement - awareness, active involvement etc)	Defined what engagement is Identified stakeholders/access routes
To identify all the stakeholders that the board feel should be engaged.	Established methods/levels of engagement
Identify methods of engagement & communication that the board want to see.	To have an outline plan for the preparation of an engagement plan

3 HEALTH AND SOCIAL CARE INTEGRATION

Board members have also take part in a closed Board session on the 30th August as a first Board level exploration of the issues relating to Health and Social Care Integration and the preparations that are necessary to access the newly announced Health and Social Care Integration Fund.

Further closed Board sessions are to be arranged during the year to further discuss the topic and to debate the plan in advance of it coming to the full HWBB in January. The first of these will be an evening session in October with a date to be confirmed.

4 RECOMMENDATIONS

The Board is recommended to note the sessions.