

## SUNDERLAND SHADOW HEALTH AND WELLBEING BOARD

Held in Committee Room 1, Sunderland Civic Centre  
on Friday 14 September 2012

### MINUTES

**Present: -**

- |                                   |   |                                                        |
|-----------------------------------|---|--------------------------------------------------------|
| Councillor Paul Watson<br>(Chair) | - | Sunderland City Council                                |
| Councillor Graeme Miller          | - | Sunderland City Council                                |
| Councillor Mel Speding            | - | Sunderland City Council                                |
| Councillor John Wiper             | - | Sunderland City Council                                |
| Neil Revely                       | - | Executive Director, Health, Housing and Adult Services |
| Keith Moore                       | - | Executive Director, Children's Services                |
| Dave Gallagher                    | - | Chief Officer, Sunderland CCG                          |
| Sue Winfield                      | - | Chair of Sunderland TPCT                               |
| Dr Ian Pattison                   | - | Sunderland Clinical Commissioning Group                |
| Dr Gerry McBride                  | - | Sunderland Clinical Commissioning Group                |
| Michael McNulty                   | - | Sunderland LINK                                        |

**In Attendance:**

- |                         |   |                                                                              |
|-------------------------|---|------------------------------------------------------------------------------|
| Councillor Dave Allan   | - | Sunderland City Council                                                      |
| Councillor Peter Walker | - | Sunderland City Council                                                      |
| Gillian Gibson          | - | Sunderland TPCT                                                              |
| Martin Rutter           | - | North East Ambulance Service                                                 |
| Ken Bremner             | - | City Hospitals Sunderland NHS Trust                                          |
| Peter Sutton            | - | NHS South of Tyne and Wear                                                   |
| Colin Morris            | - | Chair of Sunderland Adult Safeguarding Board                                 |
| Sarah Reed              | - | Assistant Chief Executive, Sunderland City Council                           |
| Vince Taylor            | - | Head of Strategy, Policy and Performance Management, Sunderland City Council |
| Karen Graham            | - | Office of the Chief Executive, Sunderland City Council                       |
| Gillian Warnes          | - | Governance Services, Sunderland City Council                                 |

**HW28. Apologies**

Apologies for absence were received from Councillor Kelly, Councillor Smith and Nonnie Crawford.

## **HW29. Minutes**

The minutes of the meeting held on 31 July 2012 were agreed as a correct record.

## **HW30. Feedback from Advisory Boards**

### **Adults Partnership Board**

Councillor Miller informed the Board that the Adults Partnership Board had met on 28 August 2012 and the main items considered had been: -

- Licensing Update
- White Paper 'Caring for the Future'
- Working Group Updates
- Local Accounts
- Carers Strategy Update

Councillor Miller also reported that the elections for the Vice Chair of the Adults Partnership Board had been postponed due to the need for clarification on the membership of the Group. The Board welcomed two new members to the group; Eibhlin Inglesby would represent the voice for Carers and Dr Valerie Taylor would represent the Local Medical Committee.

### **Children's Trust**

Keith Moore reported that the Children's Trust had met on 13 September 2012 and had considered a number of issues including: -

- Joint Health and Wellbeing Strategy
- Health Visitor Review
- Welfare Reform Act
- Sunderland Safeguarding Children Board Update
- Provisional Exam Results
- Child Sexual Exploitation
- Children's Trust Advisor Network Update

Sue Winfield added that the Trust had discussed the provisional exam results in relation to the health of the city and the relationship between improved educational achievement and health. In response to a query from Dr Pattison, Keith Moore stated that there had been some young people in the city affected by the issues with English GCSEs, however, overall Sunderland had appeared to have bucked the trend in this subject area.

The Board expressed their wish to convey how pleased they were with the achievement of young people in the city to the Sunderland Youth Parliament and also the wider Council.

RESOLVED that the information be noted.

## **HW31. Clinical Commissioning Group Update**

Dr Pattison updated the Board on the latest developments regarding the Clinical Commissioning Group (CCG). He began by thanking the Council for the invitation to be part of the State of the City debate once again and introduced Dave Gallagher, who was the Interim Chief Officer for the CCG.

The CCG continued to move forward and work was ongoing on developing joint working and the structures were maturing whilst placing a real emphasis on quality and safeguarding.

The CCG constitution had been issued as a formal consultation, with all GP practices in the city signing up to it, which was an excellent achievement. The results from the 360° had now been received and they had provided positive feedback overall, particularly from GP practices, and the benchmarks were well above the national average. Dr Pattison thanked partners for responding to the survey, stating that the total response rate was 85% and that the response rate from GP practices was 80%.

The CCG would be having a walk through of the areas where feedback had been lower than they would have liked, to assess the issues and how they could be addressed.

The formal documents for authorisation had now been submitted and the site visit would take place on 1 November 2012. The outcome and confirmation of the authorisation status would be received by 30 November.

Regarding the public consultation on the reconfiguration of urgent care services, Dr Pattison reported that a first consultation event had been held at the Sandhill Centre and this had promoted an open and frank discussion. There would be three other events taking place where the public could feed in their views.

Neil Revely asked if there had been any slippage in the timescale for authorisation, as he was aware of different experiences around the country, however Dr Pattison stated Sunderland CCG was as far advanced as it could be and remained on line for the second wave of authorisations.

Neil also advised that he had been to an NHS Commissioning Board event which was looking at the links to Health and Wellbeing Boards. Dave Gallagher explained that the NHS Commissioning Board would establish two local area teams for the North East and whilst Directors for a number of local area teams had been appointed, this had not been the case for the Northumberland and Tyne and Wear region. Chris Reed had agreed to act as Interim Director until a permanent appointment was made, in order to ensure that momentum and speed was not lost. The site visit on 1 November would be a key milestone in starting to develop the relationship between the CCG and the Commissioning Board.

RESOLVED that the Clinical Commissioning Group update be noted.

## **HW32. Accelerating the Bigger Picture**

Ken Bremner, Chief Executive of City Hospitals Sunderland and Peter Sutton, Director of Service Transformation, NHS South of Tyne and Wear were in attendance to present a discussion document to the Health and Wellbeing Board on the 'Accelerating the Bigger Picture' (ABP) programme of work.

ABP is a collaborative process with the three Foundation Trusts (Gateshead, South Tyneside and City Hospitals Sunderland) and NHS South of Tyne and Wear being equal partners working towards a shared vision of how services may look in the future. There were six key drivers influencing the work: -

- Local sustainability
- Critical mass
- Quality Standards
- Workforce
- Care Closer to Home
- Financial

Within the context of these drivers, organisations have worked together to develop the work and the next stage would be to take this for wider consultation and input from partners.

The discussion document outlines where the hospitals might see themselves in the future, how services might be concentrated and where Sunderland Royal Hospital might position itself. The document also describes changes and re-organisations which have already taken place and attempts to illustrate how the authors see the landscape moving forward.

The Foundation Trusts and NHS South of Tyne and Wear were now in the middle of a consultation process and were gathering views to take to a wider event in October.

Gillian Gibson commented that impacts for local people did not come through in the document, particularly in terms of health inequalities and the financial impacts on the other parts of the system, like primary and social care. She suggested that a health impact assessment could be carried out in relation to the document.

Ken Bremner acknowledged that the work had been quite insular so far and although health outcomes were referenced, there was still some work which they wanted to do in this area.

Dr McBride highlighted that there was likely to be a significant impact on primary care as there would be further to travel for a number of patients and their families and this also had cost implications. Whilst supporting the principle of quality health improvement, there were some immeasurables for the CCG in the proposals. Peter Sutton stated that within all the work which was going on, it was a priority to preserve local access to services and in fact this had already become more localised in areas such as stroke care, where consultants went out to patients. Sue Winfield also noted that with respect to local access, there was a significant amount of outpatient activity taking place at primary care centres.

Sue went on to explain that the ABP work had originated from the Department of Health's Quality, Innovation, Productivity and Prevention (QIPP) requirements and this had been approached jointly by the Hospital Trusts and PCT. This way of operating was unique in the country and demonstrated the strength of partnerships in the region.

Dr Pattison referred to the question of whether re-organisation would lead to a merger and Peter advised that the general view was that it was most important to resolve the clinical services initially and it was not yet decided how things might develop in the future. The document was intended to be open about this possibility.

Ken stated that none of Foundation Trusts felt that moving into a competitive position would be good for patients but there would have to be a debate about the risks of trying to maintain everything at as local a level as possible. However, as the Foundation Trusts were for three of the smaller hospitals in the region, there were concerns about the competitive threat from larger hospitals.

David Gallagher commented that the ABP document started to bring things together and enabled things to be looked at in the round. The key thing would be to focus on the patient and to ensure that the safest and most robust system was developed. Neil Revely added that it was an opportune time for the document to come to the Board, as it was in the final stages of developing the Health and Wellbeing Strategy. Within this broader engagement it was the remit of the Board to look at the patient and citizenship aspect of services.

Michael McNulty noted that there was some awareness raising to do with patients, but if the message was clear that in order to run a high class and efficient service, it had to be provided on a larger scale, patients would accept this.

The issue of the impact on ambulance transport was raised and Peter stated that this was assessed at each individual workstream level. Martin Rutter advised that the North East Ambulance Service carried one million journeys each year and a lot of these were home to hospital and hospital to home. The service experienced considerable pressure in terms of the number of locations it had to serve.

Councillor Wiper made reference to the park and ride scheme which was in place for Sunderland Royal Hospital and asked if there were any plans for a similar scheme in Gateshead or South Tyneside as this would help with some of the access issues experienced by patients and their families. Peter advised that there were specific issues with the QE at Gateshead but there may be a possibility of a park and ride scheme being developed there.

Following discussion, the Board: -

RESOLVED that the Accelerating the Bigger Picture discussion document be noted.

### **HW33. Health and Wellbeing Strategy**

The Board received a report asking for approval of the draft initial Health and Wellbeing Strategy and updating them on the proposed process and timetable for further development and consultation.

The outline strategy aims to describe the three main components of an assets based approach to health and wellbeing:

- Design principles
- Assets
- Strategic objectives

To take forward the initial strategy, there were four stages to be completed; developing the strategic actions into objectives, consulting on the strategy and actions over the next three months, formal approval by the Council's Cabinet before 1 April 2013 and ongoing ownership by Board Members. It was proposed that the lead officers and sponsors for each objective be as follows: -

<b>Strategic Objective</b>	<b>Lead officer</b>	<b>Sponsors</b>
1. Promoting understanding between communities and organisations	Jane Hibberd	Sarah Reed and Sue Winfield (until appt of HealthWatch Board member)
2. Ensuring that children and young people have the best start in life	Sandra Mitchell	Keith Moore and Dr Gerry McBride
3. Supporting and motivating everyone to take responsibility for their health and that of others	Gillian Gibson	Neil Revely and Cllr Pat Smith
4. Supporting everyone to contribute	Vince Taylor	Cllr Graeme Miller and Nonnie Crawford
5. Supporting people with long-term conditions and their carers	Graham King	Ian Gilmour and Cllr Mel Speding
6. Supporting individuals and their families to recover from ill health and crisis	Dave Gallagher	Dr Ian Pattison and Carol Harries

It was now approaching the time for the Strategy to be tested as a strategic guide for partners across the city and the Health and Wellbeing Board would have a statutory duty to hold partners to account to ensure that they were adhering to the objectives of the strategy. It was suggested that the Board could consider if the strategy was clear enough about what was collectively expected from the city.

Mike McNulty commented that Strategic Objective 1 had terrific potential but would also involve a lot of work, particularly around how communities would respond to a reduced level of resources. He was pleased to see members of the Health and Wellbeing Board acting as sponsors.

Sarah Reed noted that the strategy should be clear about where a difference was going to be made and suggested that it should be very specific about key outcomes so that lead officers would have a focus. Vince Taylor added that a more detailed session could be held on the targets for the action plan for Board Members.

Sue Winfield complimented those who had been involved in writing the strategy document but highlighted that it would only be as good as the actions which would come out of it. Discussions now needed to be about what people could do to achieve the objectives. Sue also commented that the role which the lead officers and sponsors undertake should be reflected within the table.

Following consideration of the report, it was: -

- RESOLVED that: -
- (i) the draft strategy at Appendix 1 of the report be agreed;
  - (ii) the proposed process for developing actions which will achieve the strategic objectives be agreed;
  - (iii) the proposed consultation process and approval schedule be agreed; and
  - (iv) the nomination of lead officers and sponsors and the responsibilities associated with these roles be agreed and any final amendments to these be agreed in consultation with the Chair.

#### **HW34. An Asset Approach – Changing Delivery in Sunderland**

Vince Taylor presented a report which set out the approach which had been taken to the development of the Health and Wellbeing Strategy in Sunderland.

The report outlined the traditional 'deficit' approach and the alternative 'asset-based' approach which seeks to identify and build on the assets and strengths of individuals, families and communities, empowering people to play an active role in improving their own lives and the lives of others.

Within this approach an 'asset' is an advantage, resource or capability and includes anything that contributes to the delivery of a desired outcome and Sunderland's assets include People, Place, Economy and Organisational/Institutional.

The values and principles of an asset based approach were set out within the report and the aim of the approach was to achieve a better balance between service delivery and capacity building, encouraging more community led initiatives with public sector organisations acting in an enabling and support role.

The asset based approach had been fundamental to the Health and Wellbeing Strategy and there were a range of health initiative across the country which had used this approach and these were potential examples of how the strategy may be delivered in Sunderland.

The Shadow Health and Wellbeing Board: -

RESOLVED that the report be noted and that all future health and wellbeing commissioning in Sunderland be done in cognisance of this approach as recommended in the Health and Wellbeing Strategy.

### **HW35. Public Health Update**

Gillian Gibson updated the Board on the transition of Public Health from the PCT to the local authority.

There were a number of workstreams in place which were progressing. The human resources process for the transfer of functions was beginning and it was hoped that the finance issues would be resolved by October 2012. With regard to information and ICT, there were safeguards in place so that access to NHS information would continue after 1 April 2013. There was also a requirement to complete a quality transition document for the process.

New guidance had been received on health protection and some areas were beginning to become clearer. It was suggested that it may be useful for someone from the Health Protection Agency to make a presentation to the Board on the new arrangements at a future meeting.

Councillor Speding queried if responsibility for major incident planning was to be transferred to the Public Health function and Gillian reported that there was intended to be some joint working but officers were still going through the guidance document to determine at what level this would be.

RESOLVED that the update be noted.

### **HW36. Sunderland Safeguarding Adults Board – Business Plan**

Colin Morris, Independent Chair of the Sunderland Safeguarding Adults Board (SSAB), presented the draft SSAB Business Plan and also gave an overview of the work of the SSAB.

The SSAB is the partnership body with collective responsibility for ensuring that vulnerable individuals are protected from abuse. It a multi agency partnership and was one of the first in England to appoint an independent Chair two years ago. The priority of the Board is to keep adult safeguarding placed high on the agenda and the key aims of the Business Plan are to:

1. Develop and deliver a shared vision for safeguarding adults
2. Develop and maintain strong links with relevant partnerships across the City
3. Promote the active involvement of service users, their carers, their families and their advocates
4. Oversee and monitor operational safeguarding adults activity
5. Secure citywide consistency in safeguarding

6. Secure effective operational engagement and integration
7. Promote a learning culture around safeguarding

There had been a large number of referrals in the last year, with the largest category of abuse being physical and the location of the abuse usually being in an individuals home.

The SSAB had fully implemented and signed off an action plan as the result of a Care Quality Commission inspections and was now focusing on getting the right systems in place and closer working with the Sunderland Safeguarding Children's Board. Monitoring and performance management was at a high level and the Board wished to continue to exploit opportunities to learn and improve. A key future development would be the placing of adult safeguarding on a statutory footing.

The Chair asked that Colin take back the thanks of the Health and Wellbeing Board to the SSAB for the work they were doing. There had been a step change in addressing safeguarding issues over recent years and Dr Pattison commented that the CCG had recognised this and confirmed places in its structure for both adults and children's safeguarding.

Sue Winfield asked how it could be ensured that the Business Plan was communicated as broadly as possible and how it could be taken forward with voluntary organisations. Colin Morris responded that it was the aim of the SSAB to raise the profile of adult safeguarding and that each member of the Board would be held to account for their work on this.

Neil Revely reported that he had attended a meeting the previous day where he was informed that a bill would be introduced next May and implemented in 2014 which would make adult safeguarding a statutory responsibility. There would be the opportunity to comment on the proposed legislation but authorities would be expected to act as the responsibility was already in law.

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

- RESOLVED that: -
- (i) the report be noted; and
  - (ii) the formal sign off and subsequent monitoring of progress against the business plan be undertaken by the Adults Partnership Board in its advisory capacity to the Health and Wellbeing Board.

### **HW37. Topic for next Development Session**

Karen Graham reported that the next development session on 18 October 2012 had been due to be facilitated by Mike Grady from the Marmot team and would look at the wider determinants of health. However, the Board had also agreed to hold a second session on the NHS Institute Diagnostic report and there may have to be some changes to the current arrangements.

The full detail of the next development session would be circulated to Board Members within the next week.

RESOLVED that the information be noted.

**HW38. Welfare Reform Update**

The Board had previously received a presentation on Welfare Reform and the Localisation of Council Tax Project and had agreed to receive regular updates. The first update report was submitted for information.

Dr Pattison commented that he was seeing patients in his surgery who were in distress due to the welfare reforms and a direct link could be observed between poverty and good health. It was highlighted that a new information system showing which benefits people could access was being rolled out and it was proposed to make it available in GPs surgeries.

RESOLVED that the update be noted.

**HW39. Date and Time of Next Meeting**

The next meeting will be held on Friday 16 November 2012 at 12.00noon in Committee Room 1, Sunderland Civic Centre.