

SUNDERLAND SHADOW HEALTH AND WELLBEING BOARD

Held in Committee Room 1, Sunderland Civic Centre
on Friday 16 November 2012

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
Keith Moore	-	Executive Director, Children's Services
Dave Gallagher	-	Chief Officer, Sunderland CCG
Nonnie Crawford	-	Director of Public Health
Sue Winfield	-	Chair of Sunderland TPCT
Dr Gerry McBride	-	Sunderland Clinical Commissioning Group
Michael McNulty	-	Sunderland LINK

In Attendance:

Councillor Peter Walker	-	Sunderland City Council
Gillian Gibson	-	Sunderland TPCT
Petrina Smith	-	North East Ambulance Service
Jan van Wagendonk	-	Chair of Sunderland Safeguarding Children Board
Ailsa Nokes	-	NHS, South of Tyne and Wear
Jean Carter	-	Deputy Executive Director, Health, Housing and Adult Services
Lorraine Hughes	-	Health Lead, Children's Services
Victoria French	-	Assistant Head of Community Services, Sunderland City Council
Karen Graham	-	Office of the Chief Executive, Sunderland City Council
Gillian Warnes	-	Governance Services, Sunderland City Council

HW40. Apologies

Apologies for absence were received from Councillor Kelly and Dr Pattison.

HW41. Minutes

The minutes of the meeting held on 14 September 2012 were agreed as a correct record.

HW42. Feedback from Advisory Boards

Adults Partnership Board

Neil Revely informed the Board that the Adults Partnership Board had met on 30 October 2012 and the main items considered had been: -

- The Forward Plan update
- Adult Safeguarding Development Plan
- Intermediate Care Strategic Direction
- Accelerating the Bigger Picture
- Local Accounts
- Health and Wellbeing Board agenda
- Dementia Commissioning Group – Update
- 50+ and Age Friendly City – Update
- Carers Strategy – Final Draft

Neil reported that three nominations had been received for the position of Vice Chair and the Partnership Board had appointed Councillor Speding. The membership of the group had been refreshed and a provider GP was now attending and had made a significant contribution to the work of the Partnership Board.

Children's Trust

Councillor Smith reported that the Children's Trust had not met since the last Health and Wellbeing Board meeting, however Members were informed of work which was going on outside the Trust meetings, specifically the development of the Children's Trust Advisory Network (CTAN), the Children and Young People's Plan and cross-cutting priorities.

RESOLVED that the information be noted.

HW43. Clinical Commissioning Update

Dr McBride updated the Board on the latest developments regarding the Clinical Commissioning Group (CCG). The site visit for authorisation had taken place on 1 November 2012 and the feedback received had been good. There were only three red lights remaining on the implementation plan and the CCG was on track for authorisation.

It was intended that the final report would be shared with stakeholders, initial comments had been made and it was expected that the report would be received within the next week.

Neil Revely highlighted that this was now an opportunity to look at the interconnections between the CCG and other parts of the system and officers would look to embed joint working as work moved towards the final stages of the Human Resources process.

RESOLVED that the Clinical Commissioning Group update be noted.

HW44. Development of the Strategic Direction for Intermediate Care in Sunderland 2012 – 2015

The Board received a report informing them of the development of the Strategic Direction for Intermediate Care in Sunderland.

The Strategic Direction had been developed in response to, and influenced by a range of national health and social care policies and strategies, and had been developed jointly by the local authority, Primary Care Trust, Clinical Commissioning Group, Intermediate Care Partnership and partners from the Sunderland Intermediate Care Strategy Group.

Attention was drawn to the current Intermediate Care Services map illustrated in the report and the future model with an overarching emphasis on delivering care closer to home. It was explained that intermediate care was classified as being a step down from hospital care where a patient was not yet able to return home, or an alternative treatment which would prevent a hospital admission.

The services for intermediate care were not as joined up as they could have been and there were also various definitions of what was provided. It had been beneficial to bring all partners together in the work. The new direction would move to a hub model which would make access more coherent.

Ailsa Nokes provided further information on how the hub model would operate and advised that there would be two pathways into the hub. An assessment of need would be carried out by a range of community professionals and then a referral would be made to the hub. The second pathway would be as a result of hospital discharges where the patient had been assessed by the hospital team. The staff at the hub would provide a multidisciplinary approach and offer a brokerage and co-ordination service. The model for Intermediate Care Services was one of a number of elements in the strategy which set out a shift to a more preventative model of care.

The suitability of a patient for a community bed would be determined by the whole picture of the individual, such as if they live on their own and if the condition could be managed at home. The judgement would be made based on the situation and risk factors, rather than just the diagnosis.

Sue Winfield highlighted that the hub could be situated in any location as it was performing a function for individuals in any area of the city. The hub was an integral part of the strategy to help people make the best use of facilities and the professionals involved were just getting to grips with the system themselves.

The hub includes staff from the local authority, community health services and mental health services. Sue suggested that it might be useful for members of the Board to visit the hub to see the system in operation.

With regard to the staff working through the hub, Ailsa advised that the staffing had increased since the hub was established and more funding had been secured to run the service seven days a week, 8am till 8pm.

Neil Revely added that the hub would enable more people to be able to carry out assessments and would deal with the current situation and highlight if there were any gaps in the system. Intermediate care could be a complex system for all professionals but those in the hub would be best placed to tap into available resources and the hub would respond to requests within two hours. It was proposed that this be a topic for a future development session for the Board.

RESOLVED that the Strategic Direction for Intermediate Care in Sunderland 2012-2015 be received and noted.

HW45. PCT Transition Assurance

Sue Winfield provided a verbal update as the Vice-Chair of NHS South of Tyne and Wear and as the lead for Sunderland. The key elements to be assured of were: -

- Ensuring continued delivery of safe, quality, services;
- Department of Health targets continuing to be met;
- Support for those taking over statutory responsibilities;
- Handling responsibilities as employers.

The PCT Cluster Board received regular reports about these aspects of the transition and would have a final meeting in March 2013. A large amount of activity was delegated to the CCG and the Board had its own assurance processes with regard to their activity which showed that it was meeting targets and had sound financial performance.

The PCT was working with the Local Area Team as an interface and there were regular meetings at executive level. The Local Area Team was the local face of the National Commissioning Board and as well as the South and North of Tyne clusters, this now took in the Cumbria region. A permanent Director for the Local Area Team was yet to be appointed.

Handover documents were being prepared and each receiver organisation would receive one. The final versions were to be cleared by the Strategic Health Authority in December and it was highlighted that the functions of the Sunderland PCT would be transferred to six different organisations. The handover documents were intended to try and protect organisational knowledge and the Sunderland CCG had endeavoured to create a management structure which would assist with this part of the process.

There was a major process being undertaken with relation to matching staff into the new health structures. It was recognised that this was not easy for the people involved and it was the intention that all staff would know their position by December.

With regard to the Local Area Teams, it was outlined that these would commission primary care and performance manage CCG commissioning.

It was noted that there had been some concern that the National Commissioning Board had not been very successful in appointing staff and this would lead to CCGs playing catch up. However, there was confidence that the strong partnerships within Sunderland would enable the transition to be managed smoothly.

It was important for the Health and Wellbeing Board to be sighted on issues as they arose, to make sure things were happening and to identify any functions which may fall between gaps. Sue added that as part of the change and transition plan, the PCT Cluster Board did regularly review a risk log and register and there would be opportunities to take these issues forward during meetings to be held to consider the quality handover document.

It was suggested that it might be useful to have a diagram showing what the system would look like and what services would be included following transition. This would be a valuable reference document for the Shadow Health and Wellbeing Board.

RESOLVED that the update on the PCT Transition Assurance be noted.

HW46. Health and Wellbeing Strategy – Progress and Forward Plan

The Board received a report providing an update on the progress to date and further detail on the process of engagement and participation in the Health and Wellbeing Strategy.

At the meeting in September the Board had approved the high level Health and Wellbeing Strategy and a forward plan for further development. It was proposed that to develop broad acceptance of the strategy, it be taken for formal comment and sign off to the Boards and management organisations of partners throughout the whole health and social care system. The list of organisations to be included in this sign off was outlined within the report.

In addition, further engagement and consultation sessions had been scheduled throughout November and December with Area Boards and Committees, the Children's Trust Advisory Network and Stay Health/Healthy Lifestyles Partnerships. A great deal of work had been done on engagement in the last year and it was felt to be an appropriate time to ensure that organisations had ownership of the strategy and saw delivery of its aims as part of their core business.

Work was in progress to develop strategic objectives into actions and following the completion of this, a report would be brought to the Board on the performance management framework for the Health and Wellbeing Strategy.

The Board RESOLVED that: -

- (i) the approach to engaging organisations and individuals in the strategy be noted; and
- (ii) a future report on actions and performance management be received.

HW47. Safeguarding Children

Jan van Wagendonk, Independent Chair of the Sunderland Safeguarding Children Board (SSCB), delivered a presentation to the Health and Wellbeing Board on the work of SSCB.

Sunderland Safeguarding Children Board was established in 2004 and is the key statutory mechanism for agreeing how relevant organisations will co-operate to safeguard and promote the welfare of children in Sunderland. The statutory functions of the SSCB include: -

- Developing local policies and procedures as specified in regulations for how different organisations will work together to safeguard and promote the welfare of children;
- Undertaking a Serious Case Review where abuse or neglect of a child is known or suspected, a child has died or been seriously harmed;
- Monitoring and evaluating the effectiveness of what is done by partners individually and collectively to safeguard and promote the welfare of children and advise them on ways to improve;
- Assessing whether Board partners are fulfilling their statutory obligations under section 11 of the Children Act 2004 and asking Board partners to self evaluate; and
- Producing and publishing an annual report on the effectiveness of safeguarding and promoting the welfare of children in the local area.

Jan provided an overview of the achievements for the SSCB and its sub-committees during the period 2009-2011 and gave some of the facts and figures illustrating the current position. He also described some of the challenges for the future and highlighted that under current draft guidance, the SSCB would present an Annual Report to the Health and Wellbeing Board.

The relationship between SSCB and the Health and Wellbeing Board would require further definition as the SSCB had to be able to retain its separate identity and voice no matter which structures surrounded it.

It was queried how the SSCB could identify how many children had been 'saved' through intervention and Jan reported that this was done through audits of serious incidents and case files, looking at what could have been done and using this in training. There was still work to be done around speaking to young people and improving engagement. The SSCB also had to be mindful of current Government priorities on sexual exploitation and historic abuse.

The Chair expressed concern about the blame culture which could exist when a case of a very serious nature became public knowledge. Jan commented that the press could always find scapegoats but it was the role of the local Safeguarding Children Board to build a system which would safeguard the majority of children.

Sue Winfield highlighted that the Children's Trust received regular reports from the SSCB and it was important to be aware of the good governance of all processes. She also emphasised the need for the SSCB to have the necessary independence to voice any concerns they had. This was something which featured in the recent Munro report which had also stated that social workers were caught up in targets which did not measure the effectiveness of the work for children. Sunderland was looking to develop procedures which would address this point.

It was confirmed that the SSCB considered the safety of children mentally as well as physically and as a body, had concerns about the resourcing of CAMHS and personal health education in schools.

Having thanked Jan for his presentation, it was: -

RESOLVED that the information be received and noted.

HW48. Review of Health Visiting Services

The Children's Trust submitted a report in response to the request of the Health and Wellbeing Board to consider the delivery of Health Visiting services.

Lorraine Hughes, Health Lead, informed the Board that the Health Visiting Service was currently commissioned by NHS South of Tyne and Wear and a regional service specification had been developed, to be implemented incrementally between 2012/2013 to 2014/2015 in line with the new National Health Visitor Model.

The service specification had been agreed at regional level but was now with providers to be signed off. The service was provided through South Tyneside

Foundation Trust but from 2015, commissioning would return to local authorities.

The development of the service specification had been developed through an Early Implementer Stakeholder Group and separate discussions had been held with representatives from the CCG. It had been previously highlighted at the Board, that there were concerns from GPs about communication with health visitors and there was a section within the specification which noted the need for close working and regular contact, including: -

- Face to face meetings to share information, concerns regarding vulnerable families, to make referrals and agree proposed provision for care of families with additional needs, meetings to share information when safeguarding concerns have been identified and meetings to share information where children have been identified as having a complex health need;
- Ongoing communication to ensure the GP and Health Visitor are sharing information on families appropriately and effectively to improve outcomes;
- The Health Visitor will be an active participant in relevant regular practice team meetings; and
- The Health Visitor will record information electronically in the practice information system for each child.

The Board was asked to consider how it would wish to monitor the implementation of the new service specification and it was suggested that this might be done through the Children's Trust and a that a further report could be brought back to the Board within the next six to twelve months.

It was queried which route people could take if they had a complaint about the Health Visiting Service and Lorraine advised that at the present time, representations could be made to another health visitor, someone senior in the service or the Primary Care Trust. However, in the future, this would sit with the CCG.

The protocols for information sharing and safeguarding were of paramount importance and there were detailed, clear procedures which partners were expected to adhere to. It was noted that the SSCB could be asked to revisit the new service specification to ensure that the system met all the required safeguarding protocols.

The Board RESOLVED that: -

- (i) the contents of the report be noted; and
- (ii) the Children's Trust review the implementation of the revised Health Visitor service specification and report back to the Board after a period of six to 12 months.

HW49. Transforming Health and Wellbeing through Integrating Wellness Services

This item was deferred to the next meeting of the Shadow Health and Wellbeing Board.

HW50. HealthWatch and NHS Complaints Advocacy Update

The Board received a report on the development of Healthwatch and NHS Complaints Advocacy.

Healthwatch England was launched on 1 October 2012 and the complete network including local Healthwatch organisations would be launched on 1 April 2013. The commissioning and procurement for local Healthwatch had begun. Consultation had taken place with interested providers and the intention was to award the contract in January 2013.

Eleven local authorities were undertaking a collaborative approach to the commissioning of a complaints advocacy service and had worked together to develop the service specification and tender process. It was planned to award the contract in December 2012 for a start date of April 2013.

RESOLVED that the information be noted.

HW51. Risk and Resilience – Public Health Protection

Tricia Cresswell, Deputy Medical Director of the Strategic Health Authority outlined the future plans for Public Health protection.

Health protection services are currently delivered by many agencies in what is quite a complex system, but had been in operation for a relatively long period of time with strong relationships between the bodies involved. The role of the Health Protection Agency was to be very much the same from 1 April 2013 with Public Health England having a local centre and the NHS Commissioning Board commanding an overall response as the PCT and Strategic Health Authority do now. The Hospital and Ambulance Trusts would stay as they are.

The planning function for Public Health protection would be co-ordinated by a new body, the Local Health Resilience Partnership and the local plan would inform the national version.

There were a number of outstanding issues including the role of the Director of Public Health and local authorities in relation to public health emergencies and the need for Health and Wellbeing Boards to decide how they would receive reports on incidents and how emergency preparedness priorities would be developed on an annual basis.

There would be a challenge on maintaining staffing and delivery would be a struggle. At the present time there was no national incident guidance and there was also some confusion around the totality of health protection arrangements.

The Board RESOLVED that the information be noted and requested that Tricia present a further update on the position before the end of March 2013.

It was highlighted that Seasonal Flu Plan would shortly be available and would be circulated to members of the Board for their information.

HW52. Health and Wellbeing Board Development Plan

A report was submitted presenting details of the development programme for the Board until March 2013.

It was noted that the next session scheduled for Thursday 6 December 2012 at 10.00am would be based around the integration of urgent and intermediate care, as discussed earlier in the meeting.

The Board RESOLVED that: -

- (i) the thematic/problem solving topics identified in the plan be agreed;
- (ii) the providers identified in the plan be agreed; and
- (iii) any additional topics which the Board feel would be beneficial to form part of the development programme be forwarded to Karen Graham.

HW53. Date and Time of Next Meeting

The next meeting will be held on **Friday 25 January 2013** at **12.00noon** in Committee Room 1, Sunderland Civic Centre.