

SUNDERLAND HEALTH AND WELLBEING BOARD

Held in Committee Room 1, Sunderland Civic Centre
on Friday 24 May 2013

MINUTES

Present: -

Councillor Paul Watson (Chair)	-	Sunderland City Council
Councillor Graeme Miller	-	Sunderland City Council
Councillor Pat Smith	-	Sunderland City Council
Councillor John Wiper	-	Sunderland City Council
Keith Moore	-	Executive Director, Children's Services
Dave Gallagher	-	Chief Officer, Sunderland CCG
Dr Ian Pattison	-	Sunderland Clinical Commissioning Group
Ken Bremner	-	Chair, Sunderland Partnership
Liz Greer	-	HealthWatch

In Attendance:

Rhiannon Hood	-	Assistant Head of Law and Governance, Sunderland City Council
Gillian Gibson	-	Consultant in Public Health, Sunderland City Council
Julie Walker	-	Gentoo
Sam Palombella	-	Groundworks North East
Eibhlin Inglesby	-	Sunderland Carers' Centre
Glen Wilson	-	Public Health, Sunderland City Council
Karen Graham	-	Office of the Chief Executive, Sunderland City Council
Gillian Kelly	-	Governance Services, Sunderland City Council

HW1. Apologies

Apologies for absence were received from Councillor Speding, Councillor Kelly, Nonnie Crawford, Neil Revely and Christine Keen.

HW2. Minutes

The minutes of the meeting of the Shadow Health and Wellbeing Board held on 22 March 2013 were agreed as a correct record, subject to the following amendments: -

- (i) the penultimate paragraph of page 10 be amended to read: *'Dave Gallagher assured the Board that while in the North East and Sunderland there was room for improvement, there was nothing to the scale of Mid Staffordshire and that organisations were increasing vigilance to ensure that there was not anything in the future'*; and
- (ii) the third paragraph on page 11 be amended to read: *'It was important to remember that, while there was a National Health Service, it was composed of a number of different organisations and all of these needed to minimise variation in standards of quality and safety which were being delivered. Dave Gallagher stated that it should be made clear that not achieving these important patient quality and safety standards would not be tolerated'*.

HW3. Feedback from Advisory Boards

Adults Partnership Board

Councillor Miller informed the Board that the Adults Partnership Board had met on 7 May 2013 and the main items considered had been: -

- Urgent Care Scoping Paper
- Francis Report
- 'Fit as a Fiddle'
- Winterbourne Report and Action Plan
- Other business including the 111 telephone helpline.

Dave Gallagher highlighted that the Urgent Care work had been slightly taken over by national work. Each area had been charged with developing an Urgent Care Board, however in Sunderland there was already an Urgent Care Leadership Board which was looking at what needed to be done to improve urgent care in the city. Partners were aware that they could do better in relation to urgent care and would intend to bring a paper back to the Health and Wellbeing Board in the future.

Ken Bremner highlighted that he had seen a number of different responses to the recommendations of the Francis report and there was a danger that there would be a fragmented approach. Karen Graham advised that there had been a request for a development session on this topic for the Health and Wellbeing Board and its partners and the Board would be the vehicle for coordination of responses.

The importance of this debate and the need to reassure the public could not be underestimated.

Children's Trust

Councillor Smith informed the Board that the Children's Trust had met on 2 May 2013 and the main items considered had been: -

- Membership of the Children's Trust
- Child sexual exploitation

- Health and Wellbeing Board
- Multi-Agency Safeguarding Hub
- Children's Trust Advisory Network
- Sunderland Safeguarding Children Board

RESOLVED that the information be noted.

HW4. Clinical Commissioning Group Prospectus

Dave Gallagher advised that the Clinical Commissioning Group (CCG) Prospectus was not yet ready for publication but would be shared with partners once it was signed off at the end of the month.

The prospectus described what the CCG was, the role it would have and the five year commissioning plan. The document was currently being developed into an accessible and readable format and would be made available before the next meeting of the Health and Wellbeing Board.

RESOLVED that the information be noted.

HW5. New Member Introductions

The Chair formally welcomed the new Members of the Board to their first meeting and invited them to introduce themselves and give a brief summary of their role.

Liz Greer was in attendance as the representative of HealthWatch Sunderland and explained that the Health and Social Care Act 2012 had established HealthWatch England and local HealthWatch bodies to be the new consumer champions for service users.

HealthWatch England was also a statutory committee of the Care Quality Commission (CQC) and local HealthWatch organisations had retained the powers of the Local Involvement Networks but with additional functions and were unique in being non-statutory bodies with statutory powers. Local Healthwatch had the power to enter and view premises which were providing health and social care services. It could not enter premises providing children's social care but had a responsibility to seek the views of children. Keith Moore suggested that it would be helpful to work with HealthWatch through the Children's Trust.

Service providers had a duty to respond to reports from local HealthWatch within 20 days of receipt. Local HealthWatch could also escalate reports straight to HealthWatch England, through to the CQC and ultimately the Secretary of State.

HealthWatch had a statutory entitlement to a seat on the Health and Wellbeing Board and the process of recruiting a Chair for the new body would begin within the next 2-3 weeks. The role of Chair would be remunerated which reflected the importance placed on the position.

Representatives from HealthWatch had already been to the local authority's Scrutiny Committee and this had been helpful in explaining the role of Healthwatch in relation to the scrutiny process. The organisation was focused on getting the voices of consumers heard, but was also scrutinising the services commissioned on their behalf.

HealthWatch Sunderland's role would be to: -

- Hold people to account
- Signpost people to sources of good advice
- Help people who want to complain, but not to investigate complaints or advocate for complainants
- Log every call and contact from the public in order to identify patterns.

The Chair highlighted that with regard to the changes in the health organisation, there was need to understand how this fitted in with what was already in place. Liz commented that this was particularly important with regard to scrutiny where it was intended that HealthWatch would complement the work and get better information back. The organisation could only be effective if it worked alongside and in partnership with people and other agencies.

Regarding public involvement in service design, HealthWatch would ensure that this was happening. The Board would be small in size but made up of people who were best placed to ensure that the consumers were being heard.

It was noted that four staff had transferred from Age UK into HealthWatch Sunderland and there was intended to be an additional role to provide information, advice and signposting.

Ken Bremner was in attendance in his role as Chair of the Sunderland Partnership and gave a brief introduction to the Partnership. The Sunderland Partnership has been operating since 1994 and comprised public, private and voluntary sector organisations working together to promote both the city and improve the lives of residents. A recent review of the membership had been undertaken to strengthen the structure of the Partnership and there were now a smaller number of key employers and organisations represented.

The strategic vision of the Partnership was that "Sunderland will be a welcoming, internationally recognised city where people have the opportunity to fulfil their aspirations for a healthy, safe and prosperous future".

Within the Partnership structure, Partnership Boards were responsible for the delivery of various strands of the Sunderland Strategy and these included the Economic Leadership Board, Educational Leadership Board, Health and Wellbeing Board and Safer Sunderland Partnership Board. These groups all fed into the Partnership Executive Board.

The Sunderland Partnership, working with the Health and Wellbeing Board, recognised that health inequalities and improved life chances require the input of colleagues from business and the wider economy, education, Police, Fire and other

community safety agencies and the voluntary and community sector, as well as the public served by the Partnership.

Liz and Ken having been formally welcomed to the Health and Wellbeing Board, it was RESOLVED that the information be noted.

HW6. Operation of Health and Wellbeing Board Advisory Groups

The Executive Director of Health, Housing and Adult Services submitted a report exploring the role and function of the advisory groups to the Health and Wellbeing Board, including the establishment of a new provider forum.

Karen Graham stated that the Adults Partnership Board and Children's Trust had taken on the formal function of advisory groups to the Health and Wellbeing Board and in this role they receive and review the agenda and forward plan of the Board and receive topics to explore on the Board's behalf.

The NHS Institute report on the Health and Social Care system in Sunderland had identified a gap in representation from partner organisations in the health sector and to address this it was proposed that a Provider Forum be set up as a third advisory group to the Health and Wellbeing Board. It was envisaged that this would be at chief or senior officer level and meet bi-monthly in line with the Board and its other advisory groups.

The role of the Forum would be to feed in provider issues and at the same time receive topics from the Board to investigate. The Chair of the group would be an elected Member and they would provide feedback to the Health and Wellbeing Board on behalf of the Forum. The membership of the Forum would include City Hospitals Sunderland, South Tyneside Foundation Trust, NTW NHS Foundation Trust, the Local Medical Council, Sunderland City Council and the North East Ambulance Trust.

It was recognised that not every provider could be included within the Forum so it was proposed that six-monthly engagement sessions be held to include the voluntary and community sector and broader providers across health and social care alongside patient and public representatives to add value to the input of the Provider Forum.

In order to strengthen the relationship between the Health and Wellbeing Board and its advisory groups, it was proposed that a programme of research topics or key issues be given to the advisory groups on an annual basis. The programme would provide sufficient flexibility to respond to any urgent new issues as they arose and issues which required a joint response could be looked at by multiple advisory groups and joint task and finish groups.

It was requested that the third sector be given the opportunity to contribute to the Provider Forum and Karen advised that the membership of the group outside the core organisations would be discussed at the first meeting.

It was highlighted that although the Provider Forum would mirror the current Urgent Care Leadership Group, it would not 'take over' its responsibilities. Dr Pattison added

that the CCG GPs would not be able to fulfil this role as providers but the Local Medical Council would be asked to represent GPs.

The Health and Wellbeing Board: -

RESOLVED that: -

- (i) a Provider Forum be established as a third advisory group;
- (ii) a forward plan for items to be given to the three advisory groups to investigate and recommend action on, be agreed; and
- (iii) reports be received from advisory groups on key topics and progress against Health and Wellbeing Board topics at every meeting.

HW7. Refreshing the Joint Strategic Needs Assessment (JSNA)

The Director of Public Health and the Head of Strategy, Policy and Performance submitted a joint report on the processes in place for the refresh of Sunderland's Joint Strategic Needs Assessment (JSNA).

The JSNA and Joint Health and Wellbeing Strategies (JHWS) were continuous processes and were an integral part of the local authority, CCG and NHS evidence base to inform commissioning cycles and embed health improvement in all policy and decision making.

The last major refresh of the JSNA had ended a year ago and had broadened the scope of the assessment and had developed 27 profiles within the JSNA. It has become clear that the refresh process needs to continue and by September 2013, a light touch refresh of the profiles will have been undertaken to reflect major policy developments and any new or significant data changes. This would inform the commissioning intentions for next year.

Following this update, it is proposed that a new iterative process is launched to be led by the Council's Executive Management Team, the Director of Public Health, the Chief Officer of the CCG and HealthWatch. A schedule would be developed, identifying an ongoing timetable of refresh with the intention of ensuring that profiles are live documents which inform annual planning and commissioning cycles, with each profile being updated at least once a year.

It was intended to strengthen user involvement so the work was not done in isolation and it was critical that all equality impacts were understood. In terms of accountability, the roles of officers within the system had been reviewed and there would be named authors for each profile as well as intelligence and policy leads.

Karen Graham commented that the Council was going out to commission an 'Intelligence Hub' which would provide an integrated data approach to understand the needs of the communities in the city. Contractors would be asked to look at; Strengthening Families, Place Boards and Key Health Indicators. The project team who were carrying out the commissioning process had asked what the Health and

Wellbeing Board might like to see included, such as admission to care and urgent care needs. Further information on this would be circulated to members of the Board via email.

Having considered the report, it was: -

RESOLVED that the process of the JSNA refresh set out in the report be agreed.

HW8. Fulfilling Lives: A Better Start

The Executive Director of Children's Services and Director of Programmes at Groundwork North East submitted a report providing the Health and Wellbeing Board with an understanding of what the Big Lottery was looking for in a winning bid for its Fulfilling Lives: A Better Start programme.

Sunderland had been successful in its Expression of Interest for the Big Lottery (BIG) programme 'Fulfilling Lives: A Better Start' and had now been invited to submit a Stage One Application form by 7 June 2013, along with 36 other local authority areas.

The programme will allocate £30 - £50 million to three to five local authority areas to deliver a step change in the use of preventative approaches from conception to three years of age to improve the life chances of vulnerable babies and young children. BIG require the targeting of wards that perform poorly against key indicators of child development (child poverty, low birth weight, child development at age 5 and obesity at year 6). A cluster of six wards had been identified in Sunderland, namely Hendon, Millfield, Pallion, Redhill, Southwick and St Anne's.

A multi-agency Steering Group, led by Groundwork North East, had been established to shape Sunderland's bid and to drive forward change in the three outcome areas identified. Current guidance from BIG suggested that an assessment panel would look for bids to demonstrate the following:

- Health at the heart of the bid
- An ability to leverage mainstream funding
- An overall systems change

The work for the bid was in progress, workshops had been held, data sets collected and a mapping exercise carried out to identify what providers were doing. The Director of Groundwork North East stated that the Steering Group was trying to adopt a novel approach and wanted to harness and encourage communities to develop their skills and knowledge so they could support the parents of vulnerable babies and young children. Health visitors, GPs and midwives would also be involved and a big, locally focused marketing campaign would be established for the project.

It was highlighted that the early identification of disability or sensory impairment had been omitted and this could lead to more successful outcomes if identified at an early stage. Dr Pattison emphasised the need to ensure that the engagement with

health services was achieving its full potential and the Director of Groundwork North East stated that he would ask someone to liaise with Dr Pattison to make sure the necessary engagement was taking place with both the CCG and the City Hospitals Trust.

With regard to the leveraging of additional money, it was confirmed that there was not a stipulated percentage and it was about showing that existing budgets could also be harnessed to enhance the provision.

The bid was to be submitted by 7 June 2013 and it would be a few months before Sunderland would find out if the bid would progress to the next stage. If successful, the project would start in March 2014.

Members of the Board had been asked to consider how each partner could contribute to the Better Start project, including through the commitment of mainstream resources, and it was suggested that this be remitted back to the Children's Trust for action.

RESOLVED that: -

- (i) the report be noted;
- (ii) a discussion be held between Groundwork North East and the CCG to ensure that health professionals were fully engaged with the development of the project; and
- (ii) the Children's Trust be asked to consider how each partner could contribute to the project.

HW9. Board Development Session – 'System Leader or Talking Shop'

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

The theme of the development session was 'System Leader or Talking Shop' and would consider ownership, accountability and leadership for the Board and determine collective success measures. The aims and objectives of the session would be: -

- To explore and agree a collective understanding of what success means for the Board;
- To agree the roles and responsibilities of Board members;
- To outline what the Board will achieve over the next 12 months and three years; and
- To explore how the Board will secure these achievements.

RESOLVED that the details of the session be noted.

HW10. Date and Time of the Next Meeting

The next meeting would take place on Friday 26 July 2013 at 12.00noon.

(Signed) P WATSON
 Chair

