

SUNDERLAND EARLY IMPLEMENTER HEALTH AND WELLBEING BOARD

Held in Committee Room 2, Sunderland Civic Centre
on Friday 25 November 2011

MINUTES

Present:

- | | | |
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| Councillor Paul Watson
(Chair) | - | Sunderland City Council |
| Councillor Dave Allan | - | Sunderland City Council |
| Councillor Pat Smith | - | Sunderland City Council |
| Councillor Mel Speding | - | Sunderland City Council |
| Councillor John Wiper | - | Sunderland City Council |
| Keith Moore | - | Executive Director, Children's Services,
Sunderland City Council |
| Nonnie Crawford | - | Director of Public Health, Sunderland TPCT |
| Sue Winfield | - | Chair of Sunderland TPCT |
| Dr Ian Pattison | - | Chair of Sunderland Clinical Commissioning
Group |
| Dr Gerry McBride | - | Sunderland Clinical Commissioning Group |

In Attendance:

- | | | |
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| Councillor Harry Trueman | - | Sunderland City Council |
| Councillor Christine Shattock | - | Sunderland City Council |
| Sarah Reed | - | Office of the Chief Executive, Sunderland City
Council |
| Jean Carter | - | Health, Housing and Adult Services,
Sunderland City Council |
| Mike Poulter | - | City Services, Sunderland City Council |
| Nichola Fairless | - | North East Ambulance Service |
| Alan Patchett | - | Age UK (Observing) |
| Mike Lowthian | - | Sunderland LINK |
| Karen Graham | - | Office of the Chief Executive, Sunderland City
Council |
| Gillian Warnes | - | Governance Services, Sunderland City Council |

HW16. Apologies

Apologies for absence were received from Neil Revely, Ron Odunaiya and David Hambleton.

HW17. Minutes

The minutes of the meeting held on 16 September 2011 were agreed as a correct record.

Karen Graham reported that the workshop event for partners would take place in January 2012.

HW18. Clinical Commissioning Group Update and CCG/PCT Interim Joint Commissioning Intentions

Dr Pattison provided the Early Implementer Board with an update on the Clinical Commissioning Group's journey towards becoming a statutory body.

The Clinical Commissioning Group (CCG) was continuing to evolve and develop and there was excellent engagement from practices. The first stage was to review the configuration of the emerging CCG and the Strategic Health Authority had also requested a trajectory to the point of authorisation for the CCG which set out key milestones and timeframes. The progress made had meant that Sunderland was ahead of where it needed to be on the trajectory line and was on track for receiving authorisation status in October 2012.

The next milestone would be the development of a Clear and Credible Plan (CCP) by the end of December. The CCP would be the Commissioning Group's three year Strategic Plan which would continue to deliver the quality, innovation, productivity and prevention challenge within financial resources in line with national requirements and the local joint health and wellbeing strategy. The Sunderland CCG felt that this plan was more important than being ahead of the curve as regards the journey towards authorisation and a draft would be prepared by the end of December. There would then be the opportunity to refine the CCP and engage with key stakeholders prior to finalising the Plan for March 2012.

The CCG also had to engage with the development of commissioning intentions and was working with the PCT to identify what it would be involved in and where it could add most value. The CCG would also be required to lead the contracting round for 2012/2013 and Sunderland had agreed a position with the other two CCGs in the South of Tyne and Wear area and would be leading on mental health and acute contracts.

Dr McBride explained that the CCG had started to do some practical as well as theoretical work and this had already had an impact in reducing the stacking of ambulances at the Accident and Emergency department of Sunderland Royal Hospital.

Nonnie Crawford advised that the clinical commissioning intentions were still in a draft form and had originally been generated from the PCT Strategic Plan. The NHS Operating Framework had just been received by PCTs and it would be mid January before the intentions were fully formulated. The following six months would be spent tightening the intentions and aligning them with the Operating Framework and what

the PCT and local authorities were doing. By next year, the National Commissioning Board would also be in place.

The Chair commented that once the statutory duty of the CCG was known, then the possibility for any innovation could be assessed. Dr McBride noted that this was why the CCG had focused on key areas at the outset and would follow on with these if the Bill went through as planned.

Following discussion, it was: -

- RESOLVED: -
- (i) that the update be received for information; and
 - (ii) that the draft Clear and Credible Plan be presented to the Early Implementer Health and Wellbeing Board at its meeting on 3 February 2012.

HW19. Feedback from Advisory Boards

Adult Partnership Board

Councillor Allan reported that the main agenda items considered by the Adult Partnership Board at its meeting on 8 November 2011 had been: -

- Caring for futures and the better integration of health and social care and better quality of services.
- The long term relationship between the Adult Partnership Board and the Health and Wellbeing Board. A sub group was to consider this and provide a report back to the Partnership Board.
- The refresh of the Carers Strategy.
- The progress of the JSNA was noted and a long debate ensued about the level of consultation.
- The agenda for the Early Implementer Health and Wellbeing Board was considered and this led to further discussion about the relationship with the Children's Trust as well as the Health and Wellbeing Board.
- Annual Complaints Report – this had been a positive report which showed complaints had reduced and 80% were being dealt with within two weeks. It was suggested that the Health and Wellbeing Board might like to think about the performance information they would like from the Adult Partnership Board in the future.

With regard to the Carers Strategy it was noted that a number of members of the Early Implementer Board would have officers involved in the refresh of the strategy, so it would not be necessary for it to come to the Health and Wellbeing Board. There was some involvement from the GP side and Nonnie Crawford highlighted that this would usually be brought back to the GP Executive Committee and the Pathfinder Committee.

As the Early Implementer Health and Wellbeing Board had said that they did not want to see all 23 JSNA profiles, it was agreed that the comments of the Adult

Partnership Board on the JSNA would be provided for the Health and Wellbeing Board's information.

It was noted that the way that the Adult Partnership Board and the Children's Trust would interact to ensure that the course of life and families were covered was a separate issue to how each advisory board would interact with the Health and Wellbeing Board. It was envisaged that the Health and Wellbeing Board would consider the big issues and hot topics and would ask the advisory boards to look at certain matters and in turn, the advisory boards could refer issues to the Health and Wellbeing Board.

Children's Trust

Keith Moore reported that at the Children's Trust had met on 18 October 2011 and had a detailed discussion on the relationship between the Trust and the Health and Wellbeing Board. The Trust had agreed to change meeting arrangements to ensure these fitted with the governance arrangements for the Health and Wellbeing Board. A task and finish group was being established to look at the Trust's relationship with the Board and the Board's work plan would also be a standing item on the Trust agenda.

The Children's Trust had also received detailed information from Jan van Wagtendonk, the Chair of the Sunderland Safeguarding Children Board (SSCB), on SSCB operational issues, the SSCB Annual Report and business plan. Jan provided an update at each Trust meeting and on this occasion, the implementation of recommendations from the Serious Case Review was brought to the fore.

The Trust received two presentations, on the 'Whole Family Approach' and the review of acute paediatric services.

The Trust appreciated the opportunity to report back to the Health and Wellbeing Board and could establish a more formal reporting arrangement once the task group had completed its work.

RESOLVED that the information be noted.

HW20. NHS Institute for Innovation and Improvement – Health and Social Care System Support Diagnostic

The NHS Institute for Innovation and Improvement had been tasked nationally with offering support to health and social care systems and in the North East, the Strategic Health Authority had provided funding for the Institute to work with PCT clusters to assist in the change which was required to meet the emerging health agenda.

The Health and Wellbeing Executive group had received a presentation from the Institute on the support available, which would involve a number of key stages including: -

- A review of key organisational and system documents
- A chief executives listening exercise
- A stratified staff survey

This was seen as positive support for the Board and the Institute would be free to commence work in January. Board members and partners may be invited for interviews, but the Institute had confirmed that these would take no longer than one hour. Reports would be produced in February/March and the data could then be used as the Board transferred from Early Implementer to shadow status.

Upon consideration of the report, it was: -

- RESOLVED that: -
- (i) the summary of the Institute's support service be noted;
 - (ii) it be agreed that the Institute start work in Sunderland in January 2012;
 - (iii) partners agree to be available for interviews during weeks commencing either 16 or 23 January 2012; and
 - (iv) the reports on the recommendations of the Institute be received on completion.

HW21. Development and Evaluation of the Health and Wellbeing Board

Karen Graham presented a paper which set out the outcome of a Board member training audit and the current opportunities for development. She highlighted that as part of being granted Early Implementer status, there was an obligation to review and evaluate the structure, membership and operation of the Health and Wellbeing Board.

Following an audit of Board member training, it was recognised that there was a desire for development activities to be undertaken as a Board and on an individual or small group basis. The Board needed to establish the following: -

- Values: what are the shared values that all members of the Health and Wellbeing Board bring to the table?
- Goals: what is our vision and what are our key objectives and goals? How do we tackle long-standing issues that have proved hard to address? and
- Tasks: What do we need to do to achieve our objectives and who will do this?

It would be necessary to clarify these issues, to consider the relationships between the Board and other groups and to determine roles and responsibilities, media relations and understanding of timelines and deadlines.

The importance of making all elected Members aware of their new responsibilities had been identified and a training programme was being developed to carry out this work. On a regional basis, the ANEC Improving Health Task and Finish Group

intended to bring together the Chairs of all 12 Health and Wellbeing Boards in the region with the aim of taking forward the health agenda.

It was proposed that a series of sessions be developed between now and March 2013 to cover issues highlighted by the training audit and to continue board development. The first session would be for the whole Board and be followed up by a series of thematic briefings and workshops.

Turning to the evaluation of the Early Implementer Health and Wellbeing Board, members of the Board had been informed about the support to be provided by the NHS Institute and that their recommendations for Shadow and Full Board status would be fed back into the Board in March 2012.

At the first meeting of the Early Implementer Board in July 2011, members agreed what success would look like, however it was proposed to seek the views of advisory groups and other interested parties in order to establish a wider set of success criteria. The responses from partners would be collated together with the factors agreed by the Health and Wellbeing Board and be brought back to the Board early next year. It was noted that the Board and advisory group structure had only been in place for a short time and that full evaluation should be delayed for six months in order to accurately measure improvement and distance travelled.

It was highlighted that a number of Members had completed, or were in the process of completing, accredited training as part of the Health Champion programme and this was very much aligned with what the Health and Wellbeing Board would seek to achieve.

It was confirmed that a briefing was to be arranged on key health issues in the city for all Members of the Council.

Upon consideration of the report, the Board: -

- RESOLVED that: -
- (i) a whole Board values, goals and tasks session be held;
 - (ii) an ongoing training plan running to March 2013 be established;
 - (iii) advisory groups and broader partners be involved in setting success criteria; and
 - (iv) the NHS Institute for Innovation and Improvement be engaged to undertake the Health and Social Care Support System diagnostic.

HW22. JSNA and the Health and Wellbeing Strategy

Nonnie Crawford provided an update on the progress of the Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Strategy.

The process of refreshing the JSNA which had begun in June/July continued and a list of 23 priority areas had been established for which to develop health profiles. The profile leads had been engaging in a number of ways through the process and the second set of draft profiles would be available on the Sunderland Partnership website in the next week.

Through the development of the profiles, consideration would be given to the plans for 2012 and the future and what would be statutory, mandatory and aspirational. An alignment should be seen with the priorities of the CCG and the local authority. A summary of the JSNA profiles would be brought to the next meeting of the Early Implementer Board.

The JSNA work was underpinning the development of the Health and Wellbeing Strategy and the first draft of this would be ready in January. It was intended to take the draft to a range of health groups during February and March and by July and August it would be going through the approval processes of a range of bodies. Details of this process and the associated delivery plans would be presented in a report to the next meeting of the Board.

The Chair highlighted that the Board would have both an overarching vision for the City and a statutory duty and the Health and Wellbeing Strategy would underpin these areas of work.

RESOLVED that the information be noted.

HW23. Public Health Transition Plan

Sarah Reed presented a report providing an update on the proposed process for the transition of the Public Health Service from Sunderland Teaching Primary Care Trust to Sunderland City Council.

There were a number of elements which were still unknown but planning was being done around these known variables. The transition was to take place from April 2013 and there was a requirement for each area to have a transition plan in place which was then to be submitted to the Department of Health by the end of March 2012.

The Director of Public Health would transfer to the local authority but it was uncertain how many staff in total would transfer from the PCT to the Council and there was potential for a sharing of responsibilities between Sunderland, Gateshead and South Tyneside councils. There was an exercise being carried out to assess the amount of time spent by officers doing particular tasks and it had been identified that approximately £28million was spent annually on public health. Again it was unclear how much of this would be transferred to the local authority, however it would be the intention to align the new areas of work with the council's operating model.

There was a need for clarity about how the public health function would work in practice, how intelligence and information could be transferred and how communication and consultation would be managed. Further information would be brought to the Board as it was published.

It was noted that the Council would be employing on their terms but this may not be straightforward for employees transferring from the PCT which operated a range of different contracts. A paper was due to be released on 14 December which would give more detail about the local authority's role in taking on Public Health and also further information on ring fenced budgets. It was envisaged that those papers would fundamentally shape the process.

Sarah Reed was leading the transition for Sunderland and was working closely with Neil Revely and Nonnie Crawford on the development of the transition plan and the first cut of the plan would go to the council's Executive Management Team in January.

It was queried if the JSNA would pick up the analysis of current public health work and future priorities and Nonnie Crawford flagged up that the JSNA was about improving health outcomes and its priority areas covered the issues which were related to public health. The JSNA was also far more detailed than it had been in the past, however there were still gaps in relation to equalities impact assessments but the current content would offer more support to officers in decision making.

Having considered the report, the Board: -

RESOLVED that the outlined processes be supported and agreed and that they would direct and facilitate solutions to the key issues which would enable Public Health in its transition to Local Authority responsibility and management.

HW24. Health Watch Update

Sue Winfield presented a report updating the Board on national and local progress with the HealthWatch transition.

The Board were informed that the outcomes of the 'Listening Exercise' in relation to HealthWatch had strengthened the principles of patient and public involvement at all levels including shared decision making. The commencement date for Healthwatch was October 2012 with the NHS Complaints Advocacy delivery beginning in 2013.

The development of HealthWatch England was progressing and it was intended that a Chair would be appointed and take up post in April 2012. The national body would then disseminate information and briefings for local HealthWatch by June 2012.

Pathfinder status had been awarded to 75 areas and the North East Local HealthWatch Pathfinders were Gateshead, Hartlepool and Northumberland. The Chair of Sunderland LINKs was a member of the national HealthWatch advisory group and he had reported that Action Learning sets for LINKs had not yet commenced.

Details of potential funding were highlighted in the report and there had been some initial discussions around transferring the PCT PALS funding for signposting services to the local authority. The amounts of money involved were not huge and HealthWatch would have to develop creative ways to engage with as many people

as possible. Further information about national funding would be released in mid December.

An engagement event had been held to look at the service specification for Local HealthWatch in Sunderland and this had been very well attended. Strong messages came through about the need for information and the importance of personal contact. The main issue continued to be how to make the service effective with only a small resource.

A procurement exercise for Local HealthWatch was to be carried out once a final service specification was developed and agreed. The procurement would be carried out by the Council and overseen by the project group. This would mean that the Health and Wellbeing Board would need to consider Patient and Public representation on the Shadow Board from April 2012 until October 2012 when HealthWatch was in place.

There was less knowledge about how the advocacy element would be progressed as this was currently being carried by another organisation. The Government had issued a contract for advocacy services but there was provision for HealthWatch to provide that service or to sub contract to another body. The issue of advocacy had been flagged up as a major area of concern, however Joan Carter advised that work was underway to establish what was known and what support would be needed.

The report detailed the next steps for the HealthWatch transition as follows: -

- Engage in national and regional pathfinder learning events
- Complete the engagement activities to inform the service specification for Sunderland HealthWatch
- Initiate a formal procurement process once the service specification is agreed.
- Develop financial planning for national and local PCT PALS funding transfer to include consideration of any TUPE requirements
- Engage in regional discussions regarding provision of NHS Complaints Advocacy
- Seek advice on the interim arrangement for Patient and Public representation on the Shadow Health and Wellbeing Board

Following discussion the Board: -

- RESOLVED that: -
- (i) the report be received for information;
 - (ii) the next steps be agreed; and
 - (iii) Sue Winfield continue as Patient and Public representative on the Shadow Health and Wellbeing Board from April to October 2012.

HW25. Briefing on the Association of North East Councils – Improving Health Task and Finish Group

Karen Graham presented a briefing on the report of the Association of North East Councils (ANEC) Improving Health Task and Finish Group.

The task and finish group was set up as a means to engage with elected Members across the region and the focus of the group was to look at NHS reforms, other relevant evidence and make recommendations.

Sunderland was represented on the group by Councillors Speding and Anderson and the group had set out a number of key recommendations including that ANEC should ensure there was early discussion by both Chief Executives and Leaders and Elected Mayors about how to work differently to address critical issues and achieve better values.

The full report was provided for the information of the Board Members.

RESOLVED that the report be noted.

HW26. Other Business

North East Ambulance Service

Nichola Fairless advised that the North East Ambulance Service (NEAS) was keeping a watching brief on Health and Wellbeing Boards in the region. Whereas they would not intend to send a representative to every meeting, they would be happy to attend to input from NEAS was required.

Improving Health through Health and Wellbeing Boards

Karen Graham advised that ANEC were holding an event aimed at Board Members, Local Authority Leaders and Chief Executives, Cabinet Members with a Health portfolio and senior officers in local government, the NHS and Public Health. The theme for the event would be 'Improving Health through Health and Wellbeing Boards' and would take place on 31 January at The Durham Centre, Belmont Industrial Estate. Full details would be circulated by email.

(Signed) P WATSON
Chair