

SUNDERLAND EARLY IMPLEMENTER HEALTH AND WELLBEING BOARD

Held in Committee Room 1, Sunderland Civic Centre on Friday 30
March 2012

MINUTES

Present:

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
Ron Odunaiya	-	Executive Director, City Services
Keith Moore	-	Executive Director, Children's Services, Sunderland City Council
Sue Winfield	-	Chair of Sunderland TPCT
Dr Gerry McBride	-	Sunderland Clinical Commissioning Group

In Attendance:

Councillor Christine Shattock	-	Sunderland City Council
Jean Carter	-	Health, Housing and Adult Services, Sunderland City Council
Pam Lee	-	Sunderland TPCT
Michal Chantkowski	-	Sunderland Black and Minority Ethnic Forum
Nichola Fairless	-	North East Ambulance Service
Ralph Price	-	Sunderland LINK
Vince Taylor	-	Office of the Chief Executive, Sunderland City Council
Stuart Douglass	-	Office of the Chief Executive, Sunderland City Council
Karen Graham	-	Office of the Chief Executive, Sunderland City Council
Gillian Warnes	-	Governance Services, Sunderland City Council

HW37. Apologies

Apologies for absence were received from Dr Ian Pattison, Nonnie Crawford, David Hambleton and Neil Revely.

HW38. Minutes

The minutes of the meeting held on 3 February 2012 were agreed as a correct record.

HW39. Health and Wellbeing Strategy and Performance Management Update

Vince Taylor, Head of Strategy, Policy and Performance Management presented a report updating the Board on the process and timetable for the development of the Health and Wellbeing Strategy and asking them to consider the vision and values, operating principles and structure.

The Board had committed to producing the strategy jointly and a large amount of initial analysis work had been carried out against the background of a changing strategic context and environment.

A full programme of engagement and consultation had been developed for the Strategy and was illustrated at Figure 2 in the report. An officer working group had been set up to oversee the drafting and editing of the strategy and the membership was open to any interested parties. As part of this programme, engagement events had been held in January and March and Board members would shortly receive notification about the next event being held on 10 May at the Stadium of Light.

The Board itself had been engaged through its development sessions and the public and practitioners would continue to be consulted regarding the direction of travel of the strategy.

The work already done had been condensed into a vision for the Strategy and the CCG had done work in parallel to establish their vision of 'Better Health for Sunderland'. There had also been discussions on what was meant by reducing health inequalities and about how services could be better integrated across health and social care.

The Board would need to consider from where the values for the strategy would derive and how the strategy might be structured. There were a number of ways this could be done; by assets, by the Marmott principles or by life course. In terms of assets, this would consider the large amount of strong and stable families in the city, the coast, countryside and passion for sport. It was also necessary to define what was meant by wellbeing, not just health, and this took into account of elements such as level of confidence, physical resilience, a conducive environment and aspirations. These elements generate a way of potentially clustering activities and a simple and understandable structure for the Strategy.

The report also referred to the performance management framework and that this would be a whole system view. The Board would receive performance management reports throughout its shadow year.

In conclusion, the Health and Wellbeing Strategy was developing well, it was clear what needed to be covered within the strategy but more thought needed to be given

to how this could be grouped together as coherent blocks which would build up the strategy.

Councillor Smith enquired when outcomes for children would be considered within the strategy development and Vince Taylor advised that this would be done at a local level as there was no national framework in place at the present time. The outcomes would start with the Council's Corporate Plan, the priorities already outlined in the Children and Young People's Plan and action planning from the safeguarding inspection.

Pam Lee advised that since the production of the report, the CCG had added 'Patient-centred' and 'Innovative' to their values and were starting to broaden their views.

Sue Winfield commented that the health and wellbeing engagement events had demonstrated that different people viewed health and well being as very different things and the issue of engaging local residents in the discussion was a large and complex one. The more people that were engaged, the more successful the strategy would be. Officers had to respond to people as they were in reality, not in an ideal world and it was for partners to travel with the city's population, on the route which they wanted to take.

With regard to the CCG values, it was queried if these were all to be taken on by the Health and Wellbeing Strategy. Rather than 'patient' focused, the strategy would be 'customer' or 'people' centred. As time progressed there would be a convergent evolution of the Health and Wellbeing Strategy and the CCG's Clear and Credible Plan. Discussions on this subject would take place outside the meeting to identify which elements of the strategy and plan were the same and where things were necessarily divergent.

Michal Chantkowski from the Sunderland Black and Minority Ethnic Network commented that with regard to the engagement events, people from the Black and Minority Ethnic community were less likely to go along to the sessions than other people and the Chair noted that equality impact assessments needed to be built into all considerations. Karen Graham added that if it was not appropriate for some groups to attend consultation events, then officers would always go out to them and had done so with the Youth Parliament and young people with learning disabilities. This offer remained open for any groups who wished to contact Karen.

Following discussion, it was: -

- RESOLVED that: -
- (i) the Strategy development process be noted;
 - (ii) the vision and values be agreed;
 - (iii) the proposed strategy structure be noted; and
 - (iv) the development process for the performance management framework be noted.

HW40. Clinical Commissioning Group Update

Dr McBride updated the Board on the latest developments regarding the Clinical Commissioning Group. The group had a large task to come from where it had been to be ready to become a statutory body. There were still a number of things which had to be done, but the Sunderland CCG was at the forefront of developments and was confident in putting itself forward for the first wave of authorisations.

Dr McBride expressed his satisfaction with the progress made and was optimistic about achieving the goal of statutory status. He also thanked the PCT for their support throughout the process.

The Clear and Credible Plan (CCP) was evolving and the Group felt that it was not far short of where it would need to be in a few months time. The CCG was working with colleagues in local authorities to develop the plan and also with the universities on training issues.

Sue Winfield commented that the PCT Board had been preparing for working differently from April and that the CCG would now be driving matters forward and would be responsible for finance and performance issues. The PCT would continue to do its best to support the CCG.

Keith Moore advised that he had made an initial presentation to the CCG on children's priorities and the Children's Services Leadership Team had been invited to give a more detailed presentation to a future meeting.

In response to a query from the Chair, Dr McBride stated that, going forward, the CCG envisaged that the PCT would still have the statutory responsibility but the main thrust of the work would be delegated to the CCG. The difficult process of staff transition would now begin and detailed plans would be developed to outline which services would be bought in and which would be retained in-house.

There was a requirement to have an accountable officer for the functions being carried out by the CCG and until March 2013, this officer would be held to account by the Chief Executive of the PCT. There had to be proper accountability within the delegated structure but this was being held up by lack of guidance. However, the CCG considered it was well placed in terms of finance and matters of governance.

RESOLVED that the Clinical Commissioning Group update be noted.

HW41. Feedback from Advisory Boards

Adults Partnership Board

Councillor Speding reported that the main agenda items considered by the Adults Partnership Board at its meeting on 13 March 2012 had been: -

- Terms of reference and work programme
- Development of Local Accounts

- Carers' Strategy update
- Adults Autism Strategy update
- Transition of Public Health
- 50+ Action and Ageing Well

Councillor Speding made particular reference to the item on the terms of reference and that there was to be a rationalisation of the Healthy City groups within the partnership and that the membership had been opened to the housing federation, local medical, dental and pharmaceutical bodies.

With regard to the 50+ action group, there were discussions about how the organisations under the Health and Wellbeing Board would feed in. Good practice in relation to housing and planning was also discussed as part of the work of the action group.

There had been a comment from the Carers' Association about a lack of recognition in the CCP but this was related to the good working between the CCG and the Carers' Association not being emphasised within the plan.

Children's Trust

Councillor Smith reported that the Children's Trust had received a presentation on Northumbria Police's newly created Protecting Vulnerable People Unit and had received the early outcome feedback from the safeguarding inspection.

The Trust had then gone on to consider the progress on priorities within the Children and Young People's Plan as part of an ongoing programme of confirm and challenge sessions. The priority outcomes which were considered were: -

- Reduce levels of childhood obesity so that there are fewer overweight or obese children and young people
- Reduce levels of teenage pregnancy so that there are fewer teenage conceptions
- Improve attainment for all children and young people by achieving national average at all key stages
- Improve attainment for all vulnerable and under performing groups of children and young people

Future meetings of the Children's Trust would consider other priorities within the Children and Young People's Plan.

Keith Moore highlighted that the final report of the safeguarding inspection had been confirmed and would be published on 10 April 2012. The report was positive and referred to considerable strengths within the service, but also identified some actions for improvement. He thanked partners who had been involved and contributed to the huge efforts made over the inspection period.

The Chair congratulated those involved in the safeguarding inspection and also praised the Telecare Service who had recently performed to an extremely high standard in their inspection. Ron Odunaiya stated that the service was a joint venture between City Services and Health, Housing and Adult Services but was

supported by the whole Council. He advised that full inspection report would be published in April.

RESOLVED that the information be noted.

HW42. Community Safety and Health and Wellbeing

Stuart Douglass, Policy Lead for Community Safety, presented a report giving an overview on the linkages between health and wellbeing and community safety through the work of the Safer Sunderland Partnership.

The Safer Sunderland Partnership had a statutory responsibility to work with responsible authorities and had agreed the following six strategic priorities to focus on in 2012/2013: -

- Alcohol misuse and alcohol-related crime and disorder
- Drug misuse and drug related crime and disorder
- Domestic violence (including other violent crime)
- Anti-social behaviour
- Safety and feelings of safety for high risk victims/vulnerable groups
- Re-offending

Alcohol stood out as a particular challenge and it was noted that there was £6.5 million invested in alcohol and substance misuse treatment which would eventually be transferred to the local authority through the Public Health transition. Stuart highlighted that once the Police and Crime Commissioner for Northumbria was elected, the resource of the Safer Sunderland Partnership would be transferred to them and also a certain amount of the drug treatment funding. It would then be for the Commissioner to determine how that money would be distributed or services commissioned.

The CCG would be very important to the work of the Safer Sunderland Partnership and it was understood that it would take the statutory seat of the PCT on the partnership in due course.

Councillor Allan was pleased to note the positive steps in relation to the feelings of safety for high risk victims and vulnerable groups and highlighted the impacts which the extended family could suffer as well as the vulnerable individual. He raised the issue of disability hate crime, which affected both physical and mental health, but was often unreported and consequently overlooked. He stressed that victims needed to feel confident in reporting 'low level' issues, instead of waiting until they escalated to 'high level' incidents.

Stuart Douglass reported that the Partnership had responsibility for the ARCH system for reporting racist incidents and this was being rolled out for the reporting of disability crime too. In the light of the Fiona Pilkington case, work had been carried out to look at the potential risks of people with disabilities and how these could be managed. The Telecare service had stepped in to provide support following the reduction in Home Office funding.

Sue Winfield if it was envisaged that the Police commissioning body would have a statutory place on the Safer Sunderland Partnership and Stuart Douglass advised that the Police and Crime Commissioner was at arms length from the locality and would not be considered a responsible authority, but the Safer Sunderland Partnership would have a duty to co-operate with the Police and Crime Commissioner. The Commissioner would be held to account on some aspects of work with limited scrutiny by the police and crime panel established by the constituent local authorities.

Having considered the report and the linkages between community safety and health and wellbeing, it was: -

- RESOLVED that:
- (i) the Health and Wellbeing Board support the Safer Sunderland Partnership with treatment system redesign and receive progress reports;
 - (ii) the Safer Sunderland Partnership support the CCG in commissioning appropriate services to meet the needs of drug and alcohol users as well as offenders and vulnerable individuals in primary care;
 - (iii) the Health and Wellbeing Board and Safer Sunderland Partnership consider developing closer links with the Early Intervention Board to ensure that the needs of young drug and alcohol users are met;
 - (iv) the Board and Partnership work collectively with the Strengthening Families Board to progress the underlying linked community safety and health and wellbeing elements of the work;
 - (v) the Board link with the Partnership prior to the election of the Police and Crime Commissioner to produce the business case for the continuation of funding for existing schemes;
 - (vii) the Board and Partnership support the Licensing Committee in implementing new powers to tackle alcohol related harms associated with the night time economy; and
 - (viii) the Board and Partnership to work collectively to tackle violence against women and girls, in particular ensuring clear referral and needs assessment arrangements.

HW43. National Learning Network for Health and Wellbeing Boards

Jean Carter presented a report providing an update on the work of the National Learning Network for Health and Wellbeing Boards.

The Sunderland Health and Wellbeing Board had made a successful application to be part of the National Learning Network and had been allocated to the set which was considering how health and wellbeing boards could make the best use of collective resources. The aim of the group was to develop the understanding of how the role of health and wellbeing boards could drive the best use of resources across the NHS and local government.

The group had held four video conference meetings and it was intended that the group would produce reference sets and products such as questions to prompt consideration of key issues and a series of 'tips' for boards. There were a range of resources available and examples of good practice would be shared.

A draft of the group's work was to be produced by 29 March and would be circulated to the Board, Children's Trust and Adults Partnership Board for comments and the work of all the learning sets would be submitted to the Department of Health in April to be moulded into a single, final product.

The Health and Wellbeing Board: -

- RESOLVED that: -
- (i) the content of the report be noted;
 - (ii) the draft product from the 'Making the Best Use of Collective Resources' group be circulated to members of the Board and advisory groups for comment; and
 - (iii) a report be received following the completion of the work by the National Learning Network.

HW44. Future Development of the Health Visiting Service

Dr Gerry McBride presented a paper on the future development of the health visiting service, highlighting that in 2013, the responsibility for commissioning these services would pass to the National Commissioning Board on an interim basis, with the responsibility passing to the local authority in 2015.

There had been some concerns raised by GPs about the way the health visiting was currently provided, including communication and safeguarding issues and also the proposed service specifications. The Clinical Commissioning Group felt that this would be an important opportunity to influence the service specification prior to the responsibility for commissioning being transferred.

It was proposed that the Children's Trust be asked to take forward working on this issue and provide a report back to the Health and Wellbeing Board in due course.

- RESOLVED that: -
- (i) the Children's Trust be tasked to work with stakeholders to investigate the issue of the future development of the health visiting service; and

- (ii) a report be brought back to the Health and Wellbeing Board in six months with recommendations to address concerns, mitigate risks and the influence the future development of the service in order to improve outcomes for children.

HW45. Update on Public Health Transition

Pam Lee reported that the second iteration of the Public Health Transition Plan had been submitted to the Government that week and following the review by the Strategic Health Authority, more actions had been marked as green. The only elements which remained amber and red were those where there was a lack of guidance.

The plan would go through the relevant Council processes as the local authority was the receiver organisation and the plan had also been considered by the PCT at its most recent Board meeting. A joint PCT/local authority transition board had been established to oversee workstreams looking at transformation, commissioning and procurement, finance, human resources, communications and engagement and information and intelligence. As part of the governance of the transition, risks would be identified for each workstream and a risk log maintained.

RESOLVED that the update be noted.

HW46. Board Development Session – Integrated Commissioning

Karen Graham presented a report outlining the scope of the next Board development session.

As the Board had agreed that developing a joint approach to the commissioning of services would be vital to the effective working of the Board, the development session on Monday 23 April 2012 at 10.00am had been set aside to discuss commissioning. The session would be facilitated by Professor Chris Drinkwater and Board Members were encouraged to do their best to attend the session.

RESOLVED that the details of the session be noted.

HW47. Dates and Times of Future Meetings

RESOLVED that the schedule of meetings for 2012/2013, as listed below, be noted.

Friday 18 May 2012 at 12.00noon
Friday 27 July 2012 at 12.00noon
Friday 14 September 2012 at 12.00noon
Friday 16 November 2012 at 12.00noon
Friday 25 January 2013 at 12.00noon
Friday 22 March 2013 at 11.00am

(Signed) P WATSON
 Chair