

SUNDERLAND SHADOW HEALTH AND WELLBEING BOARD

Held in Committee Room 2, Sunderland Civic Centre
on Friday 22 March 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
Nonnie Crawford	-	Director of Public Health
Sue Winfield	-	Chair of Sunderland TPCT
Dr Ian Pattison	-	Sunderland Clinical Commissioning Group

In Attendance:

Fiona Brown	-	Head of Transactional Services, Sunderland City Council
Rhiannon Hood	-	Assistant Head of Law and Governance, Sunderland City Council
Lindsay Gibbins	-	Gentoo
Julie Walker	-	Gentoo
Karen Graham	-	Office of the Chief Executive, Sunderland City Council
Gillian Kelly	-	Governance Services, Sunderland City Council

HW64. Apologies

Apologies for absence were received from Councillor Speding, Councillor Kelly, Neil Revely and Dr McBride.

HW65. Minutes

The minutes of the meeting of held on 25 January 2013 were agreed as a correct record.

HW66. Feedback from Advisory Boards

Adults Partnership Board

Councillor Miller informed the Board that the Adults Partnership Board had met on 5 March 2013 and the main items considered had been: -

- Health and Adult Social Care Outcomes Frameworks
- Welfare Reform
- Strengthening Families and Whole Family Approach
- Partnership Working and Partnership Arrangements for Mental Health Services in Sunderland

Councillor Miller also highlighted that the Adults Partnership Board would be looking at the Francis Report at its next meeting and also an item on Joint Safeguarding, which was deferred from the March meeting.

Children's Trust

Councillor Smith informed the Board that the Children's Trust had met on 28 February 2013 and the main items considered had been: -

- Local HealthWatch
- Young Inspectors
- Children's Trust Advisory Network (CTAN)
- Looked After Commissioning Strategy
- Disabled Children Update
- Measles Vaccination Catch-up

Councillor Smith asked the Executive Director of Children's Services to provide an update on the adoption inspection and Keith Moore was pleased to report that the outcome of the inspection had been good. There were four categories considered as part of the inspection and three of these were rated 'good' with one being 'outstanding'. On this occasion, the Council had failed to meet one narrow performance measure set by the Government, however Ofsted had recognised the reasons for this and the report was still hugely positive.

Keith explained that Sunderland had a high number of children who achieved adoption, including more difficult to place children, and this could mean that timescales for the process were longer than for other local authorities.

The final inspection report would be published at the beginning of April.

RESOLVED that the information be noted.

HW67. Sunderland Clinical Commissioning Group Update

Dave Gallagher presented a report to the Board updating them on the Clinical Commissioning Group (CCG) planning process for 2013/2014, providing further detail in relation to the selection of local priorities and setting out the next steps for the Sunderland CCG.

Dave reported that appointments had been made to all senior posts at the CCG and a full Governing Body was in place, which would include the Director of Public Health and the Executive Director of Health, Housing and Adult Services. The majority of staffing posts had also been filled and the handover process with the PCT was currently taking place. Dave expressed his thanks to the PCT and all partners for helping the CCG to get to where it needed to be in time for April.

Turning to the report, the Board were informed that the next year of the five year commissioning plan would be predicated on the planning process for 2013/2014 and there was a read across from the joint strategic needs analysis to the CCG plans.

The CCG was required to identify three local measures within the planning framework which would then provide access to further funding if targets were met. Following development sessions with the CCG Executive, Lead GPs, Locality Practice Managers and nurses, Director of Public Health and representatives from Sunderland City Council and a discussions with the Local Engagement Board, the three local measures agreed were: -

- Emergency readmissions within 30 days of discharge from hospital
- People with COPD and Medical Research Council (MRC) Dyspnoea Scale ≥ 3 referred to a pulmonary rehabilitation programme
- Repeat dispensing as a percentage of all items purchased

The CCG was in the process of signing contracts with both large and small providers and this would be complete by the end of March. The final plans would be submitted to the Commissioning Board by 5 April and the CCG Work Plan would be the main plan to take forward.

With reference to the third local measure, some of the terminology enabling prescribing costs to be compared was explained to the Members of the Board and it was noted that it was not about limiting prescribing, but about getting the best value out of what was prescribed.

The Chair asked how 'quality' would be measured in prescribing and was informed that it was about looking at evidence and results and challenging prescribers about why they were prescribing a certain drug. Locality groups would be asked about variations across areas.

Having considered the report, the Board **RESOLVED** that: -

- (i) the CCG planning process including submission deadlines be noted; and
- (ii) the three local priorities be noted.

HW68. NHS Institute – Update on Actions

The Executive Director of Health, Housing and Adult Services submitted a report updating the Board on the actions which had been completed and those which were outstanding following the recommendations of the NHS Institute diagnostic.

The Board had received a report in July 2012 setting out the recommendations following the NHS Institute's diagnostic on Health and Social Care systems. The Institute had made 24 recommendations for the Health and Wellbeing Board to consider, although some were the responsibility of other organisations to pursue.

The recommendations and the progress made on each of them was presented to the Board. The majority of the actions were picked up within the Health and Wellbeing Board's forward plan, however there were two recommendations around the sharing of financial information between organisations in the system which were rated as 'red'. To address this, it was planned to hold a development session for chief financial officers to go through budgetary and commissioning cycles for their organisations. This was planned for November 2013 to be in advance of the publication of budgets for 2014/2015, however this could be brought forward if deemed appropriate.

It was noted that the issue of using money between organisations could provide flexibility but it was important not to look at finance at any one specific time as it should be a consideration in all matters. Finance officers needed to have a clear understanding of the big picture issues at the current time.

It was intended for the local authority and CCG finance officers to get together at an early stage but partners were aware that the Institute report was about the whole system not just the Council and the CCG and meeting the recommendations would be a challenge.

The Board RESOLVED: -

- (i) that the report be noted; and
- (ii) that an update on actions be received in a further six months.

HW69. Transition from Shadow to Full Health and Wellbeing Board and Health and Wellbeing Strategy

The Executive Director of Health, Housing and Adult Services and the Head of Strategy, Policy and Performance submitted a joint report updating the Board on the transition of the Health and Wellbeing Board from a Shadow Board to a Council Committee and the progress of the Health and Wellbeing Strategy.

The Board had previously received a draft report on the arrangements for the transition of the Board from shadow status and since that time, the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations had come into force. These regulations had clarified the rules that would bind the Health

and Wellbeing Board and how it would differ from the running of a traditional Council Committee.

One issue which had now been resolved was the voting rights of members; ALL members (elected members, officers and partners) of the Health and Wellbeing Board would have equal voting rights unless the Council directed otherwise. The terms of reference and the Rules of Procedure for the Board had now been finalised and would form part of the report to be presented to the Council on 27 March 2013.

Within the terms of reference, the membership of the Board had been revised to include the Chair of the Sunderland Partnership and the Director of the NHS Commissioning Board Local Area Team.

The Health and Wellbeing Strategy had also been amended to reflect further comments received through consultation and was appended to the main report. In addition, the report had been revised to include the necessary delegations and statutory functions of the Director of Public Health.

RESOLVED that the contents of the report be noted.

HW70. Welfare Reform Act 2012 – Update

The Executive Director of Commercial and Corporate Services submitted a report providing an update on the work which had been completed and was ongoing in preparing the city for the impact of the Government's Welfare Reform Programme. Fiona Brown, Head of Transactional Services presented the report and outlined the main areas of work to the Board.

The Welfare Reform Programme would have the greatest impact on those who were of working age and particularly those who were sick or unemployed. As well as the changes in benefits, there was also a change in responsibilities for the Council and it was up to the local authority to make sure that customers understood and were well supported through the changes.

The welfare reform project was aimed at preparing the Council, its partners, employees and other stakeholders for the impending changes and the Welfare Reform Board had worked holistically across the city to achieve this.

A number of presentations had been made to Northumberland, Tyne and Wear NHS Foundation Trust Ward Managers and Practice Managers to explain the changes and impacts of the Governments' welfare reform programme and a GP surgery had agreed to act as a pilot and to signpost and support their clients with online tools. The Council was installing a PC in the waiting room so that patients could see how they could maximise their benefits, apply on-line for benefits and also look at properties within their price range rather than pay additional under occupancy charges.

The citywide solution was based on approaching clients in a number of ways and, as well as GPs, midwives and community health professionals, meetings had been held

with Headteacher groups and schools were keen to offer signposting services for welfare benefits.

Advice was a key issue as Sunderland had a large caseload of families who would be affected by the changes. The communications campaign had publicised on-line tools and frequently asked questions. Communications needed to be swift and agile to deal with changes in criteria which were still being received. The self help tools were being well received across the city and 97% of claims were being received as on-line applications.

The property search tool had also been very successful. It was believed that 5,200 families in the city would be affected by the bedroom tax and 1,000 were overcrowded. The possibility of some sort of exchange arrangement of properties was being looked into. The single financial assessment tool gave claimants the ability to look forward to changes in their situation and the impact they would have. Approximately 100 families in Sunderland were likely to be affected by the benefit cap and intensive work was being carried out with all of them. The benefit cap changes would come into force in the North East region during the summer.

With regard to the preparation for Universal Credit, the Local Services Support Framework had been released in February 2013 and work was ongoing to scope activities. Housing benefit applications would no longer come direct to the Council following the introduction of Universal Credit in October 2013 and work was being undertaken with credit unions to develop jam jar accounts where customers would not be able to withdraw money which was allocated to pay rent.

From April, the Department for Work and Pensions (DWP) was abolishing the Community Care Grant and Crisis Loan element of the Social Fund and have transferred the budget to local authorities as 'Local Welfare Provision'. The Council would then have the responsibility for supporting vulnerable people in financial crisis. There was no standard definition on who would be classed as 'vulnerable', however the Council had designed two services – the Community Care Scheme and Crisis Support scheme.

The Community Care scheme was intended to help people move into or stay in the community and would help customers acquire white goods and furniture. Voluntary and community sector organisations and first tier advice providers had been involved in the design of the scheme and would work with the Council to maximise the offer. Refurbished and recycled goods would be provided by Sunderland City Furniture and Renew North East.

Applications could be made to the Crisis Support scheme if a customer found themselves in an unanticipated situation with no access to essentials. This could be accessed by a telephone triage service and the Council was working in partnership with the Salvation Army to deliver this. A campaign was also being developed with the Salvation Army to promote recycling of furniture and white goods.

The Chair thanked Fiona Brown for the comprehensive report and commended the officers for the phenomenal amount of work which had been undertaken on the welfare reform project.

It was highlighted that as there was a high degree of army personnel from Sunderland and North East area, that the forthcoming Ministry of Defence redundancy programme was likely to have a major impact in the city and result in an increase in benefit claimants. Fiona stated that the local authority had already liaised with the Armed Forces Network and it was believed that they would require a significant level of support. The Chair suggested that discussions also be held with local employers as former army personnel would have a large number of skills which would be attractive to businesses.

The issue of Free School Meals being part of the Universal Credit was raised and Fiona reported that the Leader of the Council had raised this with the local MPs and the latest news was that the issue had gone back to the department. The Chief Executive was also going to flag this up at a regional meeting.

Having thanked Fiona Brown for her report, the Board: -

RESOLVED that the Welfare Reform update be noted.

HW71. Public Health Update

The Director of Public Health reported that the 'transactional' transition was almost complete and staff would be moving to the Civic Centre during the following week.

The 'transformational' aspect of the transition was still ongoing with a focus on the theme of mental wellness. There was work to do with regard to understanding the role of Public Health in working with CCGs.

With respect to emergency planning, the Director had been to a number of meetings and Sunderland seemed to be well placed in many areas of work and the whole service was ready to move forward.

RESOLVED that the update be noted.

HW72. Public Health, Wellness and Culture Scrutiny Panel Policy Review – Roles, Relationships and Adding Value

The Head of Scrutiny and Area Arrangements submitted a report describing a proposal to carry out a review which will consider the roles and relationships of health bodies within the new structures.

The Council's Scrutiny Committee had previously commissioned the Public Health, Wellness and Culture Scrutiny Panel to carry out a review of the local authority in health issues, specifically in the transfer of public health from the PCT to the authority.

One of the conclusions of this review was that a partnership protocol would help provide clarity of roles and relationships and would assist with new working

arrangements. The Scrutiny Committee endorsed a recommendation to the Cabinet that a further review be carried out with the following objectives: -

- (a) To understand the independent, but complementary, roles and responsibilities of local authority health scrutiny, local HealthWatch, Health and Wellbeing Board, Clinical Commissioning Group and NHS Commissioning Board.
- (b) To produce a partnership protocol in support of the new structure being effective, accountable, transparent and inclusive.

The protocol could be used for information sharing, communication, engagement, reporting mechanisms and organisational liaison. The Centre for Public Scrutiny was encouraging local authorities to establish similar partnership arrangements and a number of regional events are being held to gather evidence which will contribute to the production of a protocol.

The Members of the Board were invited to give their views on the proposal to develop this protocol and how they would wish to be involved in the review.

Councillor Miller noted that the Scrutiny Committee was classed as a key stakeholder and this may put them in an awkward position and it was important not to lose the focus on public engagement.

Sue Winfield commented that within the protocol there would be consideration of how to deal with outward communication and queries how the individual citizen's position as stakeholder would be reflected.

Nonnie Crawford added that the protocol should clarify what was health care and what was health and wellbeing and partners would have to work to ensure that the partnership protocol was a 'place' protocol and not only relevant to one part of the system.

RESOLVED that the information be noted.

HW73. Forward Plans – Health and Wellbeing Board Agenda and Development Sessions

The Head of Strategy and Performance submitted a report detailing forward plans for future agenda and development sessions for consideration by the Board.

The forward plans had been developed in response to a number of recommendations for action from review of the Health and Wellbeing Board which included the NHS Institute review and the scrutiny review into Public Health transition.

The Health and Wellbeing Board agenda forward plan was also designed to enable the advisory groups of the Board to be more fully engaged in shaping the reports which come to the Board and in providing input at an earlier stage in the report

development process. It was highlighted that the next development session was scheduled to be held on Friday 7 June 2013 at 12.00noon.

It was suggested that it would be useful to have a detailed discussion about the Francis report at one of the development sessions and Karen Graham advised that she would look into arranging something in advance of the session on 7 June.

Having considered the forward plans, the Board: -

RESOLVED that the Health and Wellbeing Board agenda and development session forward plans be noted.

HW74. Update on the Transition of HealthWatch Sunderland

Sue Winfield, Health Transition Lead, presented an update report on the transition of local Healthwatch Sunderland.

Local HealthWatch would be established from 1 April 2013 and would act as a point of contact for individuals, community groups and voluntary organisations when dealing with health and social care.

The Council had undertaken a tender process to secure a provider to deliver Sunderland HealthWatch and Pioneering Care Partnership (PCP) had been the successful bidder. PCP was the lead for a consortium which had come together to deliver HealthWatch Sunderland and the partners were Voluntary Community Action Sunderland, Sunderland Citizen's Advice Bureau and Groundwork North East. The partners would lead on three areas of delivery; community engagement, provision of information and advice and the engagement of children and young people respectively.

A transition plan had been put in place to collate and transfer processes, policies, information and activity associated with the delivery of LINK functions which would form part of the HealthWatch Sunderland functions from 1 April 2013. The staff at Sunderland LINK would be TUPE transferred to the new organisation and a presentation had been made to the final meeting of the HealthWatch transition working group. Sue advised that this presentation was available for circulation to Board Members and would be sent to the Children's Trust Advisory Network so they would be able to see the results of the service specification which they had designed.

PCP had met with the Leader of the Council and Councillor Miller as portfolio holder and a press release would shortly be distributed.

Councillor Miller highlighted that unsuccessful bidders had been unhappy about the level of detail given in the report which was in the public domain. This point was acknowledged.

Having thanked Sue for her work as the HealthWatch transition lead, the Board: -

RESOLVED that the report be noted.

HW75. The Francis Report – Implications for the System

Dr Pattison delivered a presentation to the Board on the report of the Mid Staffordshire NHS Foundation Trust Public Inquiry “the Francis Report”.

The first Francis report was published in 2010 and resulted in the publication of a Review of Early Warning Systems in the NHS, Assuring the Quality of Senior NHS Managers and the Healthy NHS Board. The second review was structured around the following: -

- warning signs that existed and could have revealed the issues earlier;
- governance and culture;
- roles of different organisations and agencies;
- present and future.

The report’s findings had included matters such as a lack of openness to criticism, a lack of consideration for patients, misplaced assumptions about the judgements and actions of others, an acceptance of poor standards and a failure to put the patient first in everything that was done. The issues highlighted for organisations from the Francis Report were: -

- How lessons learned might be applied to other parts of the health economy.
- All healthcare organisations should consider the findings and recommendations and decide how to apply them to their own areas of work.
- Each organisation should announce its progress against planned actions (no less than once a year).
- DoH should publish collective progress.
- House of Commons select committee on Health should consider incorporating update on actions from those organisations responsible to parliament.

Dr Pattison summarised the headlines from the Francis Report as being about quality, safety and putting the patient first and that the presumption that this was being done was not enough. The health community as a whole needed to consider these issues.

Concern was expressed about the sheer volume of recommendations coming out of the report and how it would be more beneficial to evaluate those that were critical. There would be a strength in coming together and saying what organisations could do on a joint and collaborative basis. There would be choices to be made about the use of resources but some recommendations around information sharing could be achieved relatively easily.

Dave Gallagher assured the Board that in the North East and Sunderland, the things that had been reported in Mid Staffordshire were not happening; however there was a key role for both the CCG and the Health and Wellbeing Board to play in ensuring that individual players were ensuring the service continued to be high quality.

It was commented that the public often did not complain enough when they felt that patient needs were not being addressed and although there were many anecdotal reports, these issues were not made the subject of formal complaints.

Councillor Miller stated that, as a lay person, he felt that there was not enough focus on clinicians within the report, as they were key to the care aspects of the recommendations. The Care Quality Commission was also being put forward as a single regulator, yet had been heavily criticised in relation to mid Staffordshire, and were also under resourced, so it was unclear how they could fulfil this role. Organisational impediments and corporate culture would be a barrier and inevitably, this would be where blockages would occur.

Dr Pattison noted that clinicians did receive a lot of information but did not always feed back, sometime for the fear of being labelled 'difficult'. Inertia was a real danger.

There was a risk that people would fall into the trap of referring to the NHS as one organisation, but all parts of the NHS needed to get to the point where they were all headed towards excellence. Dave Gallagher stated that it should be made clear that not achieving these standards would not be tolerated.

Dr Pattison highlighted that a lot of the recommendations were something that partners did every day, but there was no action plan for 'culture' and this had to be owned by people across the organisation.

Having thanked Dr Pattison for the presentation, the Board: -

RESOLVED that the information be noted.

HW76. Dates and Time of Next Meetings

RESOLVED that the following schedule of meetings for 2013/2014 be noted: -

Friday 24 May 2013 at 12.00noon

Friday 26 July 2013 at 12.00noon

Friday 20 September 2013 at 12.00noon

Friday 22 November 2013 at 12.00noon

Friday 24 January 2014 at 12.00noon

Friday 21 March 2014 at 12.00noon

(Signed) P WATSON
 Chair

