SUNDERLAND HEALTH AND WELLBEING BOARD

AGENDA

Meeting to be held in the Civic Centre (Committee Room No. 1) on Friday 26 July 2013 at 12.00noon

A buffet lunch will be available at the start of the meeting.

ITEM		PAGE
1.	**Apologies for Absence**	
2.	**Minutes of the Meeting of the Board held on 24 May 2013** (attached).	1
3.	**Feedback from Advisory Boards** • **Adults Partnership Board** • **Children's Trust** (attached).	11
4.	**New Member Introductions** • Christine Keen, NHS England Area Team – Cumbria, Northumberland and Tyne and Wear	15
5.	**Health and Wellbeing Board – Priorities and Performance Management** Report of the Executive Director of Health, Housing and Adult Services (attached).	21
6.	**Report on Issues Arising from the Department of Health Winterbourne View Hospital Report (December 2012)** Report of the Executive Director, Health, Housing and Adult Services (attached).	27
7.	**Overview and Scrutiny Update** Report of the Head of Scrutiny and Area Arrangements (attached).	45

Contact: **Gillian Kelly, Principal Governance Services Officer Tel: 0191 561 1041**
Email: **gillian.kelly@sunderland.gov.uk**

Information contained within this agenda can be made available in other languages and formats.

8. **Health and Wellbeing Board – Media and Statutory Consultation Protocol and Communications Activity** 69

Report of the Director of Corporate Affairs (attached).

9. **Response to Economy, Culture and Environment Regional Advisory Group** 81

Report of the Head of Strategy, Policy and Performance (attached).

10. **Board Development Session – Setting the Agenda and Engagement of the Public and Patients** 91

Report of the Head of Strategy, Policy and Performance (attached).

11. **Date and Time of the Next Meeting**

The next meeting of the Board will take place on Friday 20 September 2013 at 12.00noon

ELAINE WAUGH
Head of Law and Governance

Civic Centre
Sunderland

17 July 2013

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

Item No. 3

SUNDERLAND HEALTH AND WELLBEING BOARD 26 July 2013

FEEDBACK FROM THE SUNDERLAND CHILDREN TRUST BOARD – 11 JULY 2013

Report of the Chair of the Children's Trust

HealthWatch

Liz Greer, Healthwatch Transition Manager attended the Trust to provide information regarding the development of Healthwatch in Sunderland. Liz also outlined

- the key powers of Healthwatch – although a not a statutory body, they have statutory powers, both old and new,
- the model for working and networking
- Healthwatch in Sunderland
- Key roles for children and young people, including giving them a voice, representing their interests on key boards, providing information and signposting, and offering information and signposting on how to make a complaint.

The following questions were posed as to how children and young people can …

- Exercise collective influence on the way their services are designed, commissioned and provided.
- Participate in setting HealthWatch priorities and work programmes.
- Get involved in scrutinising services and finding out what matters to their peers.
- Collaborate on or deliver specific projects on issues which matter to them.
- Help us reach children and young people whose voices are seldom heard.
- Help us tell other children and young people about the best services and support where they live.

There were a number of groups which Healthwatch will be able to work with the ensure that the above was achieved, including Children's Trust Advisory Network, Sunderland Youth Parliament, Young Inspectors, school councils and youth groups in the city.

The following actions were agreed:

- LG to ask the CCG how they are hearing the voice of children and young people in developing their priorities and plans.
- LG was invited to return to the Trust in six months to discuss the Healthwatch Workplan and to discuss any additional work that has arisen.

Child Health Profile

Nonnie Crawford, Director of Public Health, provided the Trust with an update on the Child Health Profile. Nonnie noted that the data has to be taken with a health

warning, in that it was a snapshot at a given point in time and the position locally and national may have changes since publication. The key findings from the Profile were:

- 22.6% of the population of Sunderland is under the age of 20.
- 5.8% of school children are from a black or ethnic minority group.
- Health and well-being of Sunderland children is generally worse than England average, whilst infant mortality rates are similar to the average.
- Child poverty is worse than England average, 26/2% of children aged under 16 live in poverty, however family homelessness is better than England average.
- Levels of obesity are worse than average levels of obesity at ages 4-5 years, 10-11 years old.
- MMR immunisation rates are higher than England average, with rates for diphtheria, tetanus, polio, etc higher than England average.
- GCSE achievement is better than the England average, 62.6% of young people gain five or more GCSEs at A*-C including maths and English.

Health and Wellbeing Board

Keith Moore, Executive Director Children's Services, provided the Trust with an update on items discussed at Health and Well-being Board on 24 May 2013.

It was agreed that minutes from the meeting would be circulated with Trust members once approved.

The agenda for the Board meeting on 26 July 2013 was circulated for information.

People Directorate

Keith Moore, Executive Director Children's Services, provided the Trust with a briefing in relation to the development of the People Directorate. Keith noted that from 1 August 2013, Neil Revely would assume the role of Executive Director People Services. Keith also informed the Trust that there would be a new management structure in place from that date, which has the capacity built in to be safe, secure and transformational.

Keith outlined the benefits of the new directorate, in that it would:

- Be all age-inclusive, total life course pathway
- Have a whole family and inter-generational approach
- Give better understanding of needs and issues of local people
- Provide productivity and efficiency opportunities.

Keith Moore and Cllr Pat Smith assured the Trust that the arrangements would continue to be reviewed.

Disabled Children's Charter

Fiona Ottewell, City Hospitals Sunderland gave a presentation on behalf of Dr Karen Horridge, Consultant in Paediatric Disability in relation to the development of a Disabled Children's Charter for Health and Wellbeing Boards. The Charter has seven specific areas, which Health and Wellbeing Boards are asked to evidence within one year of signing up:

- Detailed and accurate information.
- Engage directly with disabled children and young people
- Engage directly with parent carers
- Set clear strategic outcomes
- Promote early intervention
- Strengthen integration
- Have cohesive governance.

There were a number of actions set out in the presentation and it was agreed that City Hospitals Sunderland takes the lead where possible in ensuring that these are carried out, particularly in relation to the re-establishment of the Inter-agency Strategic Partnership for Disabled Children and Young People.

It was further agreed that the Children's Trust endorse the Charter on behalf of the Health and Wellbeing Board, in the Trust's role as advisory partner.

Children and Young People's Plan Refresh

Jane Hibberd, Head of Strategy and Policy (People & Neighbourhoods), presented a report setting out the timeline for the refresh of the Children and Young People Delivery Plan. The Trust agreed to the recommendations contained within the report:

- Undertake a light touch refresh of the CYPP, both strategy and delivery plans.
- Refresh the principles to embrace those of the Health and Wellbeing Board priorities.
- Focus the Plan on a key number of priorities to where partnership working can add most value.
- Seek the views of children and young people, in order that their views are at the heart of the plan.
- Incorporate Child and Family Poverty into Trust priorities and review membership of the Board.
- Convene a task and finish group.
- The Trust agreed to receive regular updates in relation to the development of the new priorities and actions.

Copies of associated reports and presentations for all of the above mentioned items are available from Agnes Rowntree (agnes.rowntree@sunderland.gov.uk or 0191 561 1482)

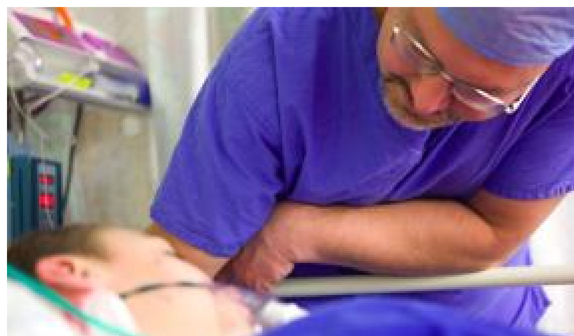
Item No. 4

NHS England

Christine Keen

Director of Commissioning

Cumbria, Northumberland, Tyne & Wear Area Team



Cumbria, Northumberland, Tyne & Wear Area Team

26 July 2013

THE NHS CONSTITUTION
the NHS belongs to us all

NHS England

Vision & Values

- Work to improve the lives of individuals, local communities and the population as a whole.
- Single definition of high quality care –
  “safe, effective and a positive experience for patients.”
- Work with patients and partners to get the best outcomes.

NHS England

Roles & Responsibilities

- **New Commissioning Landscape:**
  - Clinical Commissioning Groups
  - Local Authorities
  - NHS England
    - » 27 Area Teams
    - » A single framework, local input

NHS England

Cumbria, Northumberland, Tyne and Wear

- **5 Directorates**
  - Medical
  - Nursing & Quality
  - Finance
  - Operations & Delivery
  - Commissioning

NHS England

Roles & Responsibilities

- **Area Team - Commissioning Directorate**
  - Primary Care – GPs, Pharmacists, Opticians
  - NHS Dentistry
  - Specialised Services
  - Public Health
    - Children 0-5,
    - Screening & Immunisation Programmes

NHS England

Sunderland – Health and Wellbeing Strategy

- Promoting understanding between communities & organisations
- Ensuring that children & young people have the best start in life
- Supporting and motivating everyone to take responsibility for their health and that of others
- Supporting everyone to contribute
- Supporting people with long-term conditions and their carers
- Supporting individuals and their families to recover from ill-health and crisis

Item No. 5

SUNDERLAND HEALTH AND WELLBEING BOARD 26 July 2013

HEALTH AND WELLBEING BOARD – PRIORITIES AND PERFORMANCE MANAGEMENT

Report of the Executive Director of Health Housing and Adult Services

1.0 Purpose of the Report

To review the outcome of the 'System Leaders or Talking Shop' Board Development Session that took place on the 7th June 2013, ratify the priorities agreed at the meeting for 2013 and 2016 and consider any further action required.

2.0 Background

The June Board development session considered the role and purpose of the Board. It aimed to provide a forum to develop a collective understanding of the purpose and value added of the Board, determining collective success measures and clear leadership and accountability based on the delivery of the Health and Wellbeing Strategy (HWBS).

The session was facilitated by Judith Hurcombe of the Local Government Association.

As not all Board members attended the session this report seeks approval of the priorities agreed at the session, agreement of any amendments to priorities, agreement of performance management and assurance processes and clarification on further action.

3.0 Establishing Priorities

The session focussed on two questions:

Q1. What difference will the Board have made to improving Health in Sunderland in 12 months time?

Q2. What difference will the Board have made to improving Health in Sunderland by 2016?

The broad consensus form the group was that the top 3 priorities for year one were:

1. To have moved on service integration between the local authority and NHS in a meaningful way
2. To focus on early years, children and young people
3. To have established the Board as a system leader

Similarly the consensus was that in 3 years time, the Board would want to be able:

1. to be universally recognised as the system leader who can and is legitimately challenging other parts of the system
2. to have made a demonstrable difference for children and young people

3. to have concrete evidence of service integration and co-production
4. to have strengthened community assets across all partners.

The full transcript of the discussion is included as appendix 1.

The Board is requested to review the above priorities and suggest any additional priorities for year 1 and over 3 years.

4.0 Assurance and Performance Management

The Session then asked the Board how the HWB Strategy should be delivered and performance managed. The discussions centred around the need to 'capture the difference' – under the assumption that 80% of activity to deliver the strategy will be carried out as business as usual within the partner organisations of the Board and the broader system. This should be monitored and performance managed through reporting against the Public Health Outcomes Framework, NHS Outcomes Framework and Social Care Outcomes Framework to the Adults Partnership Board and Children's Trust.

Reports would come to the HWBB on an annual basis and on an exception basis whenever the advisory boards felt that it was necessary to escalate issues of concern or underperformance for joint action.

The HWBB specific performance reporting should focus on the 20% - or the things where the Board will show value added, and focus on the short and long term priorities as identified above.

5.0 Further Actions

There are a number of pieces of work and potential opportunities that could also help achieve the Board's key objectives. These include:

- The imminent action planning phase of the HWBS and the opportunity to focus resources on activity that will generate the greatest improvements to health
- The Council and CCG's application to become a 'Health and Social Care Integration Pioneer'. If successful the Board and its partners will need to work together to make person-centred coordinated care and support the norm across the health and social care system, doing so at a scale and pace that will make a real difference.
- The Adults Board investigation into the links between urgent care and care homes, the frequency with which older people move between hospital and their care home, and how to improve the level and type of support that people receive across the range of service providers. This is expected to lead to better person-centred services through the development of seamless integrated services.
- The submission of the Big Lottery Better Start application which, if successful will provide significant resources to focus action on integrating services and improving outcomes for children and young people
- The LGA offers of peer reviews throughout 2013/14, with potential corporate, social care and HWBB focuses.

6.0 Recommendations

The Board is recommended:

- To agree the record of priorities set at the developments session
- To suggest missing or additional priorities
- To agree the performance management arrangement to include the delegation of outcome framework reporting to the advisory groups
- To agree to receive exception reports from the advisory groups
- To pursue the further actions as detailed and receive updates on the impact of each in year.

Appendix 1 – Transcript of development session flip charts

Health and Wellbeing Board Development Session

GROUP A

Q1. What will be different in 12 months time?

- Need to understand commissioners intentions
- Need to understand how Healthwatch will play its part
- Need to understand how integrate services
  - Need to ask residents about what isn't working
- Get a collective understanding of priorities i.e. what will be decommissioned, **not** re-commissioned

- There will be a whole system understanding of how to improve residents health
  - Focus on infrastructure and wider determinants, but what will the interventions be e.g. schools and business project
- The HWBB will act as one, be unified, appreciate each others contribution (act as one organisation)
  - Possibly have a 12 month project on integration e.g. pilots across the 5 Areas
  - Healthy Sunderland Healthy Economy

Q2. What will have happened by 2016?

- Devolve budgets/pool budgets across health and social care to an Area level
- Do this across the themes of each Strategy Objective
- HWBB will have removed barriers to integration/pooled budgets
- By 2016 there will be no LSP –it will exist by default
- Is integration working……ask residents

……..How to measure improvement?

GROUP B

Q1. What will be different in 12 months time?

- Moved on in the integration of services (LA/Health – hospital admissions and the best start in life)
- Set in the new culture <u>before</u> the system settles down
- Recognition about what the Board is/does, and its role (communications / clarity)
  - Across the Health and Social Care system
  - With the public (accountability)
- Keep up the momentum and motivation, balanced with evidence of some positive impact
- Understanding what's already happening (80%) and what is not/new (20%).

Q2. What will have happened by 2016?

- More complete integration of health and social care
- Best start in life for Sunderland's children and young people
- Universally recognised as system leader and can/are legitimately challenging other parts of the system e.g. housing, economic leadership, education
- Patients/public engaged in services appropriately and effectively

Item No. 6

SUNDERLAND HEALTH AND WELLBEING BOARD **26 July 2013**

REPORT ON ISSUES ARISING FROM THE DEPARTMENT OF HEALTH WINTERBOURNE VIEW HOSPITAL REPORT (DEC 2012)

Report of the Executive Director of Health, Housing & Adult Services

1 Background

1.1 Castlebeck Care, which operated Winterbourne View in Bristol, has been a long standing provider of Independent Hospitals and Nursing Homes and has services in the North East as well as the Midlands, the South West and Scotland.

1.2 In the past few years, there has been a much clearer focus and investment on sustaining people where they live, either in their own house, with family or in local establishments - with more intensive support from community learning disability services. This maintains the community, friends and family links that are so important to people. Planned and regular interventions when required can maintain someone with disabilities for much longer periods in their own community. The costs for local support can vary significantly, dependent upon individual need.

1.3 Whilst these measures can delay or prevent admission to a specialist hospital, nevertheless there are some individuals who have such a severe level of mental illness that they need a specialist hospital environment that makes it safe for themselves and others and they are usually detained under the Mental Health Act to receive psychiatric and other clinical assessment and treatment.

Panorama TV Programmes 31st May 2011 and 29th October 2012

1.4 On these dates, the BBC broadcast programmes which showed undercover filming over a period of weeks at a Castlebeck facility - Winterbourne View Hospital, Bristol. There was horrific evidence of maltreatment, bullying and, in some commentators opinion, torture of a cohort of people with learning disabilities, men and women, who were in a locked ward environment. This resulted in several members of Castlebeck staff being arrested by the Police, subsequently charged and sentenced.

1.5 There were no Sunderland people in Winterbourne View. Currently, the Clinical Commissioning Group (CCG) funds one Sunderland person in a Castlebeck hospital facility in Hexham and one individual funded by Durham CCG, with whom Sunderland maintains social work involvement.

2 Requirements arising from the DH Winterbourne View Final Report - "Transforming care: A national response to Winterbourne View Hospital" (Dec 2012):

2.1 There is a whole range of actions across Government proposed by the Report including actions for NHS England, Clinical Commissioning Groups, Councils and commissioners who buy health and social care.

2.2 There were reviews of individuals that had to be carried out by 1st June 2013. If people do not need to be in hospital (the phrase used is "inappropriately placed") commissioners have to support them to move to community based support no later than 1 June 2014 - before if possible. This is across all age groups. The definition is *Children, young people and adults with learning disabilities and autism who also have MH conditions or behaviours described as challenging.*

2.3 The DH Report strongly favours pooled budgets and joint commissioning via the JSNA and Health and Wellbeing Board. Sunderland is well placed in this regard.

2.4 It is important that the Sunderland Learning Disabilities Partnership Board, which is the local voice of people with learning disabilities and families, is fully engaged so there have been regular reports to that Board over the past year, in addition to other interested bodies e.g. the Safeguarding Boards.

2.5 There were a total of eleven Sunderland individuals in hospital at the end of March 2013 who needed to be reviewed in this context.

- 1 person was in a Castlebeck facility
  (that person is nearly ready to be discharged)
- 6 people were in NTW Northgate hospital
  (1 person has been discharged and another 2 will be discharged soon)
- 1 person was in NTW Rose Lodge Hebburn
  (that person has been discharged)
- 3 people were in Roseberry Park, Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) Hospital
  (1 person is to be discharged soon)

2.6 **By 1 June 2013**

By this date, each person with a learning disability or autism and challenging behaviour in a specialist hospital (Northgate/Rose Lodge/Castlebeck or elsewhere) had to have their placement and support/care reviewed and a support/care plan produced.

The support/care plan was compiled by working with the person and their family to make sure it is what they want and need. The individuals already had plans and this initiative focused on the appropriateness of current arrangements and the prognosis for future care and support.

The required deadline of 1st June 2013 was met by Sunderland CCG and the City Council working closely together. That was formally reported to NHS England.

2.7 **By 1 June 2014**

If the support/care plan evidenced that the person does not need to stay in hospital i.e. they are "inappropriately placed" then they need to be helped to move back into the community by that date.

There were no Sunderland people in that position. Although it can be seen in 2.5 above that two people have been discharged and another four people are nearing discharge, those changes would have occurred in any place as operational arrangements in Sunderland are such that anyone in hospital is usually well known to services, to the community learning disabilities nursing team and the social work learning disabilities team.

2.8 The other patients are still in need of specialist treatment but plans continue to be made for their eventual discharge - when clinical evidence and opinion concurs it is appropriate to do so.

3 Actions

3.1 A Project Board has been established, time limited for 18 months, to take forward the reviews in the shorter term and other requirements in the longer term. That would include the development of a joint commissioning strategy for learning disabilities services in Sunderland. The project Board is comprised of people with learning disabilities, carers and officers of the Council and the CCG. Also, there is an officer care review and planning team which has worked well to achieve the reviews and now is concentrating on gathering together aggregated information and "lessons learned".

3.2 All of the eleven individuals were visited and Sunderland People First self-advocacy group wrote a letter to the patients about to leave hospital suggesting that they make contact with the group in order to make friends and for it to be a support group.

3.3 Where families are still in contact, they were involved and consulted for their views. The Sunderland Carers Centre wrote a very helpful letter which was issued to those families, inviting them to make contact with the Centre if they felt they wanted more support.

3.4 Appropriate advocates are allocated for the patients – either an Independent Mental Health Advocate (IMHA) and/or an Independent Mental Capacity Advocate (IMCA). Further work has been carried out to ensure that appropriate advocacy continues to be afforded to individuals. Also, where someone has declined advocacy they will be offered regularly the opportunity to change their minds.

3.5 NHS North of England operates a clinical network for learning disabilities which exists to improve the health and well-being of people with learning disability in the north east and eliminate avoidable, premature deaths, injury and illness. It is attended by Lynden Langman or Jim Usher from the City Council Gloria Middleton and Ian Holliday/Alan Cormack from the CCG. NHS England has been monitoring progress of the programme through that group.

3.6 The Minister of State for Care and Support wrote in May 2013 to the Chairs of the Health and Wellbeing Boards drawing their attention to the Winterbourne View review issues, suggesting that they have the opportunity to challenge the ambitions of local plans to ensure that the right level of clinical and managerial leadership and infrastructure is in place. Also to ensure that commissioners are working across health and social care systems to provide care and support which does not require people to live in inappropriate institutional settings.

3.7 The national Joint Improvement Board, led by NHS England and the Local Government Association, has asked for a "stock take" to be undertaken through a lengthy questionnaire which had to be signed off by the chair of the H&WB Board, the Chief Executive of the City Council the Chief Officer of the CCG and returned by the 5th July. The completed stock take document is attached at Appendix A. Details of the supporting documentation, including good practice case studies mentioned in the stock take can be provided by emailing alan.cormack@sotw.nhs.uk or phillipa.corner@sunderland.gov.uk

4 Recommendations

The Board is recommended to note that:

i the deadline of 1st June was met in order to review in-patients in specialist learning disabilities hospitals

ii there were no individuals "inappropriately placed" in hospital

iii the required stock take was completed and returned

iv further progress reports will be made to the Adults Partnership Board and escalated to the HWBB if required.

Local Government Association

NHS England

Winterbourne View Joint Improvement Programme

Initial Stocktake of Progress against key Winterbourne View Concordat Commitment

The Winterbourne View Joint Improvement Programme is asking local areas to complete a stocktake of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.

The purpose of the stocktake is to enable local areas to assess their progress and for that to be shared nationally. The stocktake is also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted.

The sharing of good practice is also an expected outcome. Please mark on your return if you have good practice examples and attach further details.

This document follows the recent letter from Norman Lamb, Minister of State regarding the role of HWBB and the stocktake will provide a local assurance tool for your HWBB.

While this stocktake is specific to Winterbourne View, it will feed directly into the CCG Assurance requirements and the soon to be published joint Strategic Assessment Framework (SAF). Information compiled here will support that process.

This stocktake can only successfully be delivered through local partnerships. The programme is asking local authorities to lead this process given their leadership role through Health and Well Being Boards but responses need to be developed with local partners, including CCGs, and shared with Health and Wellbeing Boards.

The deadline for this completed stocktake is Friday 5 July. Any queries or final responses should be sent to Sarah.Brown@local.gov.uk

An easy read version is available on the LGA website

May 2013

Winterbourne View Local Stocktake June 2013			
1. **Models of partnership**	**Assessment of current position evidence of work and issues arising**	**Good practice example (please tick and attach)**	**Support required**
1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).	Project Group and review team established and working well - comprises people with learning disabilities, carers, representatives of the Council and the CCG and a nurse advisor. There are representatives of both children's and adult services on the Board. See attached Terms of Reference.	√	
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	The Council's operational social work, strategic housing and commissioning staff. In addition the Carers' Centre and the User Led Organisation - Sunderland People First - are members of the board. The main NHS Mental Health Foundation Trust provider is involved.		
1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs.	That planning function already exists in the Council with CCG involvement. The Resettlement Team was established some years ago to support the Campus closure programme. Its work is now captured within the Community Opportunities and Resources Agency – CORA.		
1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	Yes. Reports are presented at each meeting of the Board (every 6 weeks). The LDPB is also represented on the Project Group.		
1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	Yes, a background and detailed report has been presented. Progress reports also are given. These are received via the Adult Partnership Board – the advisory group to the Health and Wellbeing Board which has received direct a report regarding this stocktake.		

L.6 Does the partnership have arrangements in place to resolve differences should they arise.	Yes, the Joint Commissioning Group is the place for disputes if unresolved by individual officers. The JCG is an officer board which reports to the CCG Governing Body and via the directorate management team in the council to portfolio holders.		
L.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG fora, clinical partnerships &Safeguarding Boards.	Yes - various regular reports are placed formally on the agenda and presented. The Project Board reports to the LDPB, Adult Partnership Board, Sunderland Safeguarding Children's Board, Sunderland Safeguarding Adults Board, CCG Quality, Safety and Risk Committee (a subcommittee of the governing body).		
L.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.	We do not have current issues in relation to the individuals who are listed on the register at this time. However, due to the pattern of services in the region, including the presence of an autism college ESPA, we face challenges relating to Ordinary Residence where younger people are placed by Children's Services from other areas and as they reach adulthood may decide to settle in Sunderland as this is where their friendship networks have developed and where they now feel at home. We have also obtained a clarification on the law as it pertains in certain circumstances to an individual detained under the Mental Health Act (this case has been concluded).		
L.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	We have already drawn on support from Inclusion North to assist our communications strategy – we are subscribers to I.N. At present we have not identified other areas where we require more support, although further clarity on the position in relation to forensic cases and young people would be beneficial.		
2. Understanding the money			
2.1 Are the costs of current services understood across the partnership.	Yes, although always subject to some commercial sensitivity.		
2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social Care.	Yes. A comprehensive spreadsheet of information on individuals funded by the CCG.	√	

	See attached example.		
2.3 Do you currently use S75 arrangements that are sufficient &robust.	Yes. There is a section 75 agreement in place for a learning disabilities pooled budget and for CHC. This is reviewed annually in line with policy.		
2.4 Is there a pooled budget and / or clear arrangements to share financial risk.	Yes, there is a learning disabilities pooled budget for certain placements and other expenditure.		
2.5 Have you agreed individual contributions to any pool.	Yes, there is a long standing formula for parts of the pooled budget.		
2.6 Does it include potential costs of young people in transition and of children's services.	Not at present. The council has well established arrangements for projecting future costs in adult services of those young people in transition between children's and adult services. These projections form part of the annual planning and budget setting round. The council is moving towards the establishment of a People Directorate, with the Lifespan service a significant contribution to these developments. The council is also monitoring the impact of changes to ILF and Supporting People funding.		
2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.	Emerging only at this stage for the partnership. The council's approach to widening the range of accommodation for people with learning disabilities includes an expectation that independent living, choice and control and the reduction in dependence on institutional forms of care will deliver financial efficiencies as well as better outcomes for individuals.		
3. Case management for individuals			
3.1 Do you have a joint, integrated community team.	No but see 3.2.		
3.2 Is there clarity about the role and function of the local community team.	Yes. There are close working arrangements and operational protocols between the local authority and the mental heath provider community learning disabilities teams. Line management remains separate,		

	but with regular contact for strategic and operational management from the two organisations. The council is developing virtual integrated locality teams with health partners.		
3.3 Does it have capacity to deliver the review and re-provision programme.	Yes.		
3.4 Is there clarity about overall professional leadership of the review programme.	Yes – shared by the Council and the CCG.		
3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.	Yes by named local authority social workers and independent advocacy where appropriate and where not declined by the individual.		
4. Current Review Programme			
4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process.	Yes - arrangements are in place.		
4.2 Are arrangements for review of people funded through specialist commissioning clear.	There is robust oversight and monitoring of these people via specialist commissioning (NHS England) but we are awaiting the response of NHS England as to the detail of how they will oversee the formal review'.		
4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	Yes, all relevant bodies have received reports.		
4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	Yes, held by the local authority and the mental health provider community learning disabilities team and shared with the CCG. This is updated as information transpires. See attached example.	√	
4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the first point of contact for each individual	Yes. There is a joint LA and CCG care and support planning team. Both organisations work closely with the NHS provider service.		
4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	Yes, although it is not always accepted e.g. where people or families feel confident that they can speak for themselves.		
4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	Through the workings of the LA/CCG care and support assessment team and the reporting of outcomes to the Project Board and to the LD Partnership Board. Experienced staff have been deployed, using an agreed established approach for these reviews with close		

	Quality Assurance by operational management.		
4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	Yes. Behavioural support plans are collated and reflected in community individual support plans when discharged.		
4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.	All completed.		
5. Safeguarding			
5.1 Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.	Yes. Where out of area arrangements are made local safeguarding policy and procedures apply in line with ADASS protocol, with the placing authority (Sunderland) being notified of any Safeguarding issues that arise.		
5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	Through CPAs/MDTs and commissioning intentions. Also, there is a representative from strategic housing with overall responsibility for accommodation on the Project Board. There is a dedicated specialist commissioning resource within the council with overall leadership for developing the provider market in relation to meeting the accommodation needs of vulnerable and disabled residents in Sunderland.		
5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.	There are no units in our locality but CCG reports are examined where external placements are made. The council and the CCG are in regular contact with CQC with well established working relationships to ensure information is shared in a timely and structured way.		
5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.	Yes through reports to meetings and attendance at those meetings by the relevant officers.		
5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint.	Yes, when arising from reporting.		
5.6 Are there agreed multi-agency programmes that support staff in all settings to share information and good practice regarding people with learning disability and behaviour that challenges who are currently placed in hospital settings.	Yes particularly through provider forums for general good practice. On a case by case basis when individuals are moving towards discharge the planning process is extensive and can be in place for many months, with dedicated staff being appointed to get to know the	√	

	individual, to familiarise themselves with the care plan and any special techniques in place and to support the individual to get to know new staff members and new surroundings. Case Study attached		
;.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments.	This work has not formally been reported through the Safer Sunderland Partnership; however there is a strategic priority around reducing the incidence and effect of crime on the most vulnerable. It actively promotes third party reporting of Hate crime including specific reporting from people with learning disabilities and is exploring the development of Safe Place schemes, for example in town centres. The partnership is represented on the Safeguarding Adults Board and receives reports through that forum.		
;.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.	Yes. The Safeguarding Adults Board is supported and managed by the division of Health, Housing and Adults Services which incorporates Social Care Governance and Quality Assurance, Adult Safeguarding, Strategic Commissioning and Contract Monitoring and Performance Management – which is also the division which leads on the relationship with CQC. The connections are made across all relevant intelligence areas, and link closely to fieldwork and assessment and care and support services.		
;. Commissioning arrangements			
;.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	This is an ongoing feature of social work support to individuals and continues a way of working in Sunderland. Information gained is fed into commissioning intentions. See attached anonymised document.	√	
;.2 Are these being jointly reviewed, developed and delivered.	Yes.		
;.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services.	Yes through a comprehensive spreadsheet of information. See 2.2 above.	√	

;.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people.	Yes, although this is a continuation of long established arrangements and processes. The number of in-patients hospital beds has been systematically reduced on a sub-regional basis as part of the long-term planning for hospital re-provision in line with the stated aim of reducing the number and duration of hospital placements.		
;.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	There is robust oversight and monitoring of these people via specialist commissioning (NHS England) but we are awaiting the response of NHS England as to the detail of how they will oversee the formal review. There are bi-monthly meetings with forensic commissioning case managers and there is a regional clinical network attended by all parties.		
;.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	This is being firmed up through a revised joint commissioning strategy. There is a long history of joint working and funding between the local NHS and the Council and there are current discussions regarding further integration between the CCG and the Council.		
;.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	Sufficient at present and monitoring of the existing contract addresses any issues in - year. The council currently contracts with third sector providers for independent advocacy, IMHA, IMCA, Healthwatch etc. The strategy and commissioning programme is being refreshed in readiness for the next procurement round which is scheduled for 2014. Capacity and demand assessments form part of the planning process for the new contract, as well as Quality Assurance.		
;.8 Is your local delivery plan in the process of being developed, resourced and agreed.	In place.		
;.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).	We are confident that we will meet this target. The target will apply to individuals whom clinicians and/or MH tribunals agree should be placed in a different environment or have completed their treatment or		

5.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).	should receive it elsewhere. It should be recognised that some provision is appropriately planned on a sub-regional basis, where distances and natural communities may cross current administrative boundaries in Tyne and Wear authorities. Individuals cannot be relocated unless there is agreement from all involved in their treatment, particularly Tribunals, psychiatrists and other clinicians. Families' views are also taken into consideration.		
7. Developing local teams and services 7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings. 7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements. 7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.	There are existing commissioning intentions for all such individuals in hospital. See 6.1 above. Social workers and other service providers' views are sought through contract monitoring. Social workers also receive feedback from individuals about the quality of the advocacy support they have experienced. Where advocacy features in broader complaints this is picked up through the complaints process and the themes or issues fed into the commissioning and contract monitoring. There have been no difficulties so far in obtaining BIAs. The council has a number of trained Best Interest Assessors who operate a daily rota which also covers out of hours arrangements and incorporate response to BIA requests into their normal work pattern.		
8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies 8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.	Yes. The model for crisis response has been developed as part of the work programme of the South of Tyne		

	Models of Care Programme Board. The Initial Response Team was piloted and commissioned and has been in place for over 12 months. Activity and Performance is reported and reviewed regularly and further developments are being progressed. The model has been seen as a significant improvement.		
ʒ.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)	There already is a crisis response team and knowledge of individuals/families where this may arise. This team has developed into a universal crisis and home treatment team which is supported by learning disability professionals to enable it to effectively support people with a learning disability who are experiencing a psychiatric crisis. The expectation is that individuals in crisis will be supported in the least intensive and restrictive setting appropriate to their needs.		
ʒ.3 Do commissioning intentions include a workforce and skills assessment development.	Partners develop annual workforce development and training plans. Where relevant these are aggregated through the work of the Workforce Development and Training joint sub-committee of the two Safeguarding Boards. The Tyne and Wear Care Alliance is commissioned to ensure the training requirements of partners are met. In house training is also in place in each of the partner agencies. Annually there is an allocation of places for AMHP training and Post Qualification training is supported within the council along with the newly qualified Supported Year in Employment. These areas are overseen by the social care reform board. Service specifications developed by commissioners include expectations and standards around training and workforce development.		
). Understanding the population who need/receive services			
).1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges.	Yes through a commissioning framework and a small number of experienced providers.		

9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.	Yes, those issues are considered.		
10. Children and adults – transition planning 10.1Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults. 10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.	The "Futures Team" (our transition team) comprises person centred planners and nurses. Work is commenced with year 9 pupils in the special schools and needs are identified which influence future commissioning and placement activity. This team is part of the development of the Lifespan Service which is being established with the Children with Disabilities Team See attached document. The Lifespan Service will continue the local tradition of working closely with the dedicated resource for commissioning accommodation and specialist support	√	
11. Current and future market requirements and capacity 11.1 Is an assessment of local market capacity in progress. 11.2 Does this include an updated gap analysis. 11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local fora to share/learn and develop best practice.	Market analysis is an ongoing feature of LA commissioning and is discussed in provider forums. The Market Position Statement forms part of this work. Yes as above. The joint governance meeting between NTW and Sunderland City Council, with relevant input from the CCG, is a senior strategic forum for partnership working which has built sound working relationships and offered a "no surprises" approach to working together. Beneath it we have also established an operational joint management group which deals with specific cases and unblocks issues as they arise. It has led to significant improvements for both organisations. The Transitions Strategy Group is a multi-agency group responsible for driving forward our partnership approach to supporting young people and their families through the period of transition. It has been the ideal forum to explore the development of single assessments processes and the Learning for Life and		

	Work Framework. There is an operational group sitting beneath the Transitions Strategy Group which addresses the specific circumstances of individual cases to ensure that suitable joint plans are in place and are delivered. The arrangements have enabled the development of the Lifespan Service.		

Please send questions, queries or completed stocktake to Sarah.brown@local.gov.uk by 5th July 2013

This document has been completed by

Name Pippa Corner and Alan Cormack

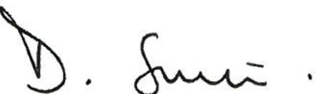
Organisation Sunderland City Council and Sunderland NHS Clinical Commissioning Group

Contact alan.cormack@sotw.nhs.uk Tel: 0191 5297341

Philippa.corner@sunderland.gov.uk Tel: 0191 5618954

Signed by:

Chair HWB ………………………………………………………………………………



LA Chief Executive ………………………………………………………………………………

CCG Chief Officer ………………………………………………………………………………

Item No. 7

SUNDERLAND HEALTH AND WELLBEING BOARD **26 July 2013**

OVERVIEW AND SCRUTINY UPDATE

Report of the Head of Scrutiny and Area Arrangements

1.0 Purpose of Report

1.1 This report presents the final Health Protocol for consideration and endorsement, and informs the Board of the Council's key scrutiny activities for the Municipal Year 2013/14

2.0 Health Protocol

2.1 In 2012/13 the Council's Public Health, Wellness and Culture Scrutiny Panel undertook a review which looked at the role of the local authority in health issues. A resulting recommendation from the review identified the need for a health protocol to encourage joint working and information sharing between key partners in the new health landscape. The Scrutiny Committee commissioned this piece of work to be undertaken by Public Health, Wellness and Culture Scrutiny Panel.

2.2 In the latter part of the 2012/13 Municipal Year, the Scrutiny Panel worked in consultation with the Health and Wellbeing Board; NHS England, Healthwatch Sunderland and the Clinical Commissioning Group, to develop a protocol which provides a framework for joint working and information sharing between partners in the first year of operation. All of the proposed signatories have now provided comments on the draft Protocol and are supportive of its content.

2.3 The final draft of the Protocol (**Annex 1**) was endorsed by the Scrutiny Committee at its meeting of 11 July 2013.

2.4 The next stage will be the implementation of the protocol. Partners are asked to formally sign up to the Protocol and utilise it as a tool to aid discussion about joint working and sharing information in practice.

2.5 The protocol is a working document and can be amended at any time by agreement between partners. The protocol will be reviewed and evaluated by the Council's scrutiny function six months from the date of implementation, using a developed checklist for determining progress, contained within the Protocol.

3.0 Annual Scrutiny Work Programme 2013/14

3.1 A key component of the Health Protocol is to actively share information, where it is felt to be of relevance to the key functions and activities of

partners. To that end, this section of the report details the Scrutiny Committee's Annual Work Programme of policy reviews.

3.2 On 13 June 2013 the Council's Scrutiny Committee considered those policy review topics brought forward from its Annual Scrutiny Debate, held on Thursday 23 May at the Quayside Exchange, and commissioned a number of reviews (detailed in **Annex 2**) to each Scrutiny Lead Member and supporting Scrutiny Panel.

3.3 The topics of several of the scrutiny reviews being embarked upon, directly and indirectly relate to health issues. There is therefore a benefit in the Board commenting upon, and being aware of the progress and outcomes of scrutiny policy reviews.

4.0 Recommendations

4.1 The Board is requested to:-

i. To endorse the Health Protocol and receive a future evaluation of implementation; and
ii. To consider the Annual Work Programme of the Council's Scrutiny Committee providing comments where relevant and agree to receive a future report detailing the outcome of the reviews.

ANNEX 1

Sunderland Clinical Commissioning Group

A protocol for working together between:

- **Sunderland Overview and Scrutiny**
- **Sunderland Health & Wellbeing Board**
- **Sunderland Healthwatch**
- **Sunderland Clinical Commissioning Group**
- **NHS England**

Contents

Joint Statement

Introduction

Principles

Ways of Working

Information Sharing

Engaging with users

Implementation and Review

Key to abbreviations

Appendix 1 – Role and Functions

Appendix 2 – Significant Development & Substantial Variation in Services

Appendix 3 – Tool for checking progress

Joint Statement

This protocol has been developed by the above parties in recognition of the importance placed on working together effectively, recognising that there are shared and mutual benefits of doing so, and in recognition of the legal duties and responsibilities placed on organisations in relation to:

- Meeting local needs
- Improving the health and well-being of the local population
- Being representative of the views of the local population
- Providing value of money
- Being accountable to service users

Set within the context of a common and significant set of challenges, we can only achieve our aims by working together.

We will seek to create a sense of common purpose and alignment between all those working across the health and social care system. We will seek to support a shared system of innovation and joint planning, underpinned by a commitment to commissioning focused around the needs of patients, users of care services and communities.

Collaboration must go beyond the words written in this document: it will be embedded into the way we work.

Signed on behalf of	Signed on behalf of
Signed on behalf of	Signed on behalf of

Introduction

All signatories to this protocol have clear and distinct roles. This protocol outlines the responsibilities and duties of each and provides a framework for all signatories to work together with the aim of reducing unnecessary administrative burdens and duplication.

It provides an overarching framework for joint working, and particularly, an information sharing agreement between partners in the first year of operation. This will be essential to assure effective, rapid and timely exchange of information between each partner and supports the other information sharing protocols which are in place in Sunderland between partner agencies.

This protocol does not override the statutory duties and powers of any organisation and is not enforceable in law.

Principles

The signatories are committed to putting people first and, in ensuring that services meet the needs of the people using the services, we will:

- Be committed to ensuring the quality of services provided
- Have open and transparent dealings with each other
- Work in partnership to improve services
- Use resources effectively and efficiently
- Ensure individual activities are complementary and reduce duplication

All parties to this protocol acknowledge the principle of putting patients, service users, carers and local people at the centre of everything we do through embedding public engagement activity at all levels and that this is reflected in decision-making processes.

Ways of Working

Between HWBB and CCGs

HWBBs have a strategic influence over commissioning decisions across health, public health and social care. CCGs must demonstrate they have taken on board the

priorities of the JHWB Strategy in the delivery of commissioning decisions. The HWBB will agree a forward plan which will determine which commissioning decisions need to come to HWBB at the appropriate stage in the commissioning process,

Between decision makers (HWBB/CCGs) and Scrutiny

Scrutiny is responsible for ensuring that decisions relating to the planning and delivery of health care are accountable to residents. This includes the statutory responsibility on health bodies to consult health scrutiny on proposals for substantial developments or variations to the local health service. Decision takers will ensure that scrutiny is informed of and able to effectively scrutinise key decisions of the HWBB, CCGs and NHS England.

Scrutiny also engages actively with service users and HWBB may wish to refer issues to health scrutiny in order for those issues to be fully investigated, and to provide recommendations for improvement.   Many scrutiny reviews have identified recommendations aimed at reducing health inequalities and it has been demonstrated that NHS commissioners have been able to use the evidence that has been gathered when designing services to provide an extra level of assurance as to the quality of their services. There would be a mutual benefit in the HWBB considering recommendations from scrutiny policy reviews.

Relationship between NHS England, HWBB/CCG and Healthwatch

Healthwatch is responsible for ensuring that the citizens have a voice in the planning, commissioning and delivery of health and social care services. Healthwatch has a scrutiny and challenge function in relation to local commissioners and providers and will provide a level of accountability in the decision-making process through membership of the HWBB.

Relationship between Healthwatch and Health Scrutiny

Health Scrutiny and Healthwatch serve complementary roles in ensuring that health and social care is accountable to, and meets the needs of, local residents. Both Scrutiny and Healthwatch have a responsibility to monitor the quality and performance of service provision. Local Healthwatch will be able to alert Healthwatch England to

concerns about specific care providers. CQC and NHS England will work with local scrutiny to hold providers to account. Healthwatch may refer social care matters to scrutiny when deemed appropriate.

Information Sharing Arrangement

Principles of information sharing:

- Information will be communicated in a timely way ensuring adherence to good practice and agreements or constitutional or legislative timescales on consultation.

- Information will be communicated in plain language, in an appropriate format and exclude the use of jargon, acronyms, concepts, or anything that is not generally understood by partners and/or our local population.

All parties to this protocol will seek to communicate information with each other in a way that enables each organisation to carry out its functions effectively. Partners to this protocol will reserve the right to define what constitutes relevant information in the context of forward and strategic planning within their own organisation however the basis of this protocol is a presumption that information is to be shared.

In particular parties to this protocol will endeavour to share:

a) Information relating to circumstances where changes to services are to be made. This may be within the definitions of substantial variations of service (see Appendix 2).
b) Proposals for plans, policies and strategies (this may be in the context of shared annual work programmes)
c) Information on progress against improvements and the quality of services provided
d) Development of commissioning intentions
e) Information of proposed public or user/carer engagement and consultation plans (in accordance with requirements of the Duty to Involve) and, where

appropriate, significant health, well-being and social care issues arising from engagement activity.

f) Draft reports where appropriate in order to ensure accuracy.

Engaging with service users

All parties to this protocol recognise that they have both joint and separate approaches to engaging with service users and members of the public. Wherever possible all parties will ensure that such health, well-being and social care engagement activity is jointly planned and co-ordinated within the partnership and individual frameworks of the parties, to ensure maximum coverage and capacity, to avoid duplication and 'consultation fatigue' and to ensure appropriate quality and outcomes.

Implementation and Review

The protocol may be amended at any time by agreement between partners. The protocol will be reviewed and evaluated, and where appropriate, the protocol will be updated to take account of any changes to legal responsibilities.

Reviews will be undertaken by the scrutiny function and a tool for checking progress is attached as Appendix 3.

The first review of the Protocol will take place in six months.

Key to Abbreviations

JHWBS – Joint Health & Well-Being Strategy

JSNA – Joint Strategic Needs Assessment

HWBB – Health & Wellbeing Board

HW - Healthwatch

OSC – Overview and Scrutiny

Appendix 1

Role and Function of Individual Bodies

Overview and Scrutiny

Overview and Scrutiny has the powers to:

- Hold decision makers to account
- Challenge and improve performance
- Support the achievement of value for money
- Influence decision makers with evidence based recommendations
- Bring in the views and evidence of stakeholders, users and citizens

Councillors on scrutiny committees have a unique democratic mandate to act across the whole health economy. Scrutiny has a clear role at every stage of the commissioning cycle, from needs assessment through commissioning to service delivery and evaluation of health outcomes. Scrutiny members are responsible for holding decision makers, i.e. HWBB, Commissioners i.e. CCGs Council's, NHS England and providers, to account ensuring that:

- the planning and delivery of healthcare reflects the views and aspirations of local communities (by scrutiny of JSNA, JHWB Strategy, Commissioning Plans & Delivery strategies)
- all sections of a local community have equal access to health services; (by scrutiny of organisations, service delivery, performance against outcomes)
- all sections of a local community have an equal chance of a successful outcome from health services (by bringing together views across the system, examining priorities and funding decisions across an area to help tackle inequalities and identify opportunities for integrating services)
- proposals for substantial service change are in the best interests of local people (NHS bodies have a statutory responsibility to consult health scrutiny on proposals for substantial developments or variations to the local health service).

The Sunderland Scrutiny Committee is governed by terms of reference set out in Sunderland City Council's Constitution – Part 2, Article 6.

Health & Wellbeing Board

The Health and Social Care Act 2012 required local authorities to set up health and wellbeing boards as committees of the council by April 2013. They are therefore to be treated as if they were committees appointed by the council under section 102 of the Local Government Act 1972.

The intention, however, is that HWBB will be different from the normal council committee as they are meant to be forums for collaborative local leadership. Health and wellbeing boards have strategic influence over commissioning decisions across health, public health and social care.

Health and wellbeing boards are forums where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Health and wellbeing boards are made up of clinical commissioning groups, local authorities, representation from the area team of NHS England, patient representatives, public health, local Healthwatch and children's and adult social care leaders to shape local health and care services, decide how they will be commissioned and support joined-up working across health and care services.

The HWBB will develop a shared understanding of the health and wellbeing needs of the community through the Joint Strategic Needs Assessment (JSNA) and develop a joint health strategy for how these needs can be best addressed. This will include recommendations for joint commissioning and integrating services across health and care.

Through undertaking the JSNA, the HWBB will drive local commissioning of health care, social care and public health and create a more effective and responsive local health and care system. Other services that impact on health and wellbeing such as housing and education provision will also be addressed.

HWBBs strengthen democratic legitimacy by involving democratically elected representatives and patient representatives in commissioning decisions alongside

commissioners across health and social care. HWBB's will also provide a forum for challenge, discussion, and the involvement of local people.

The Sunderland Health and Wellbeing Board is governed by terms of reference and rules of procedure set out in Sunderland City Council's Constitution – Article 12

Sunderland Healthwatch

The Government's intention for people who use health and social care services is "no decision about me, without me".

Local Healthwatch organisations will provide an authoritative, coordinated local consumer voice to help both commissioners and providers of services to develop high quality responsive services. They will also provide a valuable source of information about services to local people and make sure those who need help to access information in order to make appropriate choices are supported to do so. They will be the place to go for people who need help to make a complaint about NHS treatment and care

Local Healthwatch will continue the functions previously provided by Local Involvement Networks (LINks), which cease to exist when Local Healthwatch comes into being. Healthwatch will be the independent consumer champion for the public i.e. service users, citizens, carers and patients, to promote better outcomes in health for all and in social care for adults.

At the local authority level, Local Healthwatch will have a seat on local health and wellbeing boards to influence commissioning decisions by representing the views of local stakeholders. Local Healthwatch will contribute authoritative, evidence-based feedback as part of the commissioning and decision-making for local health and social care services.

As a corporate body, Local Healthwatch will be able to employ its own staff, as well as continue the LINk legacy of recruiting volunteers. Building on the LINks' functions

to involve and engage, to enter and view premises providing care to service users the following list describes the additional functions for local Healthwatch.

- Influencing
- Signposting
- NHS Complaints Advocacy
- The local HealthWatch 'Offer' to Health and Wellbeing Boards, to the Social Care Reform Programme and to the Public Health Reform Programme

Local Healthwatch can help and support Clinical Commissioning Groups and NHS England to make sure that services really are designed to meet citizens' needs. Involvement in developing the JSNA and the JHWS provides an extensive on-going opportunity for community engagement through local Healthwatch and the community and voluntary sector. Both Scrutiny and Healthwatch have a responsibility to monitor the quality and performance of service provision. Local Healthwatch can alert Healthwatch England to concerns about specific care providers. CQC and NHS England will work with local scrutiny to hold providers to account.

Healthwatch England

The Health and Social Care Act 2012 Act provides for the establishment of Healthwatch England as a statutory committee of the Care Quality Commission. Healthwatch England will be a new national body representing the views of users of health and social care services, other members of the public and Local Healthwatch organisations.

Sunderland Clinical Commissioning Group

The Health and Social Care Act 2012 Act makes CCGs directly responsible for commissioning services they consider appropriate to meet local needs. This includes the majority of local hospital and community services. NHS England will directly commission some services including specialised services and primary care services.

CCGs and the NHS England are subject to a number of duties which put patient interests at the heart of everything they do. These include specific duties in relation to

promoting the NHS Constitution; securing continuous improvements in the quality of services commissioned; reducing inequalities; enabling choice and promoting patient involvement; securing integration; and promoting innovation and research. CCGs will have to work with local partners to be effective. Both CCGs and the NHS England will be required to obtain advice from people with a broad range of professional expertise.

The 2012 Act contains a number of duties, aimed at aligning CCG commissioning plans with the Joint Health and Wellbeing Strategy: CCGs must involve the health and wellbeing board when preparing their commissioning plan or making revisions to their commissioning plans that they consider significant. In particular, they must give the HWBB a draft of the plan and consult as to whether it considers the draft plan has taken proper account of the local JHWS.

In its annual report, the CCG has a statutory obligation to review the extent of its contribution to the delivery of any local JHWS to which it was required to have regard – in preparing this review the CCG must consult the relevant health and wellbeing board.

Success of a CCG will rely considerably on the support of the constituent local practices, as well as the trust of patients and the public. Patients need to feel confident that commissioning decisions are based on sound clinical evidence and are free from vested interest. The practices represented by the CCG will need to satisfy themselves that they are content with the process followed and decisions taken by their CCG on their behalf. Local accountability is therefore essential.

NHS England (formerly known as the NHS Commissioning Board).

NHS England will be responsible for ensuring comprehensive and effective commissioning of services by CCGs.

NHS England will support CCGs by providing guidance and tools to enable them to commission effectively. As outlined above it will also commission those services it would not be possible or appropriate for CCGs to commission – such as primary care services, although CCGs will play a key role in driving up the quality of primary

medical care locally. It is expected that NHS England will support and commission local primary care services which reflect the context of the JHWS and which are developed in consultation with the HWBB.

In undertaking its annual performance assessment of a CCG, NHS England must include an assessment of how well the CCG has met the duty to have regard to the relevant JSNA and JHWS. In conducting the performance assessment, NHS England must consult the health and wellbeing board as to its views on the CCGs contribution to the delivery of any JHWS to which it was required to have regard.

CCGs will be held to account for their decisions by NHS England against a Commissioning Outcomes Framework, which will ensure transparency and accountability for achieving quality and value for money.

Appendix 2

Substantial variation, consultation and Overview and Scrutiny Committees

NHS bodies are required to make arrangements to involve and consult patients in planning services, developing and considering proposals. In addition, NHS bodies are required to consult the relevant Overview and Scrutiny Committee (OSC) on any proposals for substantial variations or developments of health services. Where OSCs consider proposals to be substantial variation a 'formal consultation' will take place (12 weeks). There is no standard definition of "substantial", however the key feature relates to whether there is a major change to the patient experience of services. NHS organisations are encouraged to discuss proposals with OSCs at an early stage and establish whether a proposal is considered a substantial variation. Joint Overview and Scrutiny Committees (JOSCs) are established where proposals affect more than one OSC.

The Secretary of State has outlined four tests for service change in the Operating Framework 2010-11. All proposals for reconfiguration of services must demonstrate:

- support from GP commissioners;
- strengthened public and patient engagement;
- clarity on the clinical evidence base; and
- consistency with current and prospective patient choice.

All schemes need to meet these four criteria with the application of a "test of reasonableness".

- Reconfiguration should only happen on the basis of need and a sound clinical case for change
- The quality and safety of patient care should be central to any proposed change
- All proposals must clearly demonstrate how they contribute to the QIPP challenge for the NHS
- Service changes should be in line with the strategic service framework
- Commissioners should normally lead the preparation and consultation on service change proposals
- A senior clinical lead should be identified at the outset, and should have support to help them ensure that clinicians are involved in the development of proposals for change
- Boards are accountable for the formulation and delivery of proposals. They should actively champion proposals at every phase; development, consultation and delivery
- The lead organisation, usually the CCG, has overall accountability and responsibility for the service change and should take its own advice on legal matters relating to the specific service change scheme

Before embarking on the process, it is important to have a clear evidence-based communications and stakeholder engagement strategy (including with staff), which is managed and effectively delivered including putting the results of a consultation into the public domain following its conclusion. There must be effective communication processes in place to respond to and, where necessary correct, any misleading information which enters the public domain, to promote an effective understanding of the proposals for change

Early discussion with Overview and Scrutiny Committees regarding service change is recommended. The local authority retains the power of referral to the Secretary of State to ensure the effective provision of comprehensive health services.

Appendix 3

A tool for checking progress

Understanding of roles and responsibilities influences good working relationships and performance	
Indicators – working well	**Indicators – not working well**
A clear understanding of roles, powers and responsibilities	Lack of distinction of roles and poor understanding of where boundaries lie
Governance documents are easy to understand and are reviewed regularly	Governance documents are out of date and do not support good understanding of roles and responsibilities
An atmosphere of trust, commitment, and open challenge has been developed.	Lack of understanding, engagement, or preparedness has created barriers
Partnership decisions are open to effective scrutiny	Underdeveloped arrangements for scrutiny of partnerships decisions
Shared responsibility and the principal of 'equality round the table'	Lack of respect for each others roles
Common goals to deliver outcomes	Focus diverted away from achieving outcomes
Behaviour and conduct influence good working relationships and performance	
Indicators – working well	**Indicators – not working well**
Culture of trust and respect	Mistrust and lack of respect
Commitment to agreed priorities	Relationships too close and decisions made without proper challenge or debate
Prepared to listen to reservations and seek to resolve them	Failure to review and revise ways of working based on sticking points.
Acting consistently within agreed strategic direction	No clear definition of what success will look like and outcomes to be delivered
Partners have the capacity to be fully engaged	Failure to use all skills, knowledge, access to resources of partner groups
Recognition of the value each group brings (through referral, consultation, debate)	Lack of understanding and respect for other partners' points of view, cultures and structures.
Honesty between all partners, based on sharing, rather than withholding information	

The provision of guidance, information and support influences good working relationships and performance	
Indicators – working well	**Indicators – not working well**
Recognition of the benefit of developing knowledge and skills and individuals feel well supported by training and guidance	Poor briefing material, information to support decision taking and accountability
Consistent, clear communication, consciously avoiding language which may be specific to individual professions or organisations	Use of organisational and professional jargon
Seeking out examples of good practice, and sharing research.	Insular approach with poor networking
Partners are happy about the accuracy, regularity and timeliness of the information	Weak alignment between partnership and corporate plans, targets and delivery
Expertise is used to collect the views of service users actively, systematically, and imaginatively	Lack of robust user engagement and poor use of service user feedback
information about the way service users and carers feel is collected through everyday service delivery and reported back automatically	limited opportunities or willingness to challenge the performance of partners or give feedback on performance
Arrangements are in place for communications between meetings	Lack of monitoring or evaluation of the effectiveness and impact of partnership
Partnership is supported by an agreed work programme and / or action plan showing who will do what, by when	Poor performance management and lack of ways of dealing with non-performance
Activities effectively support delivery of the desired outcomes	limited use of impact or outcome measures, progress monitoring and reporting tends to focus on input and activity targets rather than outcomes;

ANNEX 1

SCRUTINY LEAD MEMBER AND PANEL	POLICY REVIEW
CHILDREN'S SERVICES	
Scrutiny Lead Member: Cllr Debra Waller **Scrutiny Officer:** Nigel Cummings **EMT Lead:** Neil Revely / Sarah Reed **Service Lead:** Lorraine Hughes **Policy Link:** NA	**1. Child Obesity** To consider national guidance and review local strategies and implementation, make recommendations regarding the role of the council in tackling childhood obesity, and identify key priorities for Sunderland. The review will be a major piece of work that will look at a number of strands based on national and local guidance and will look to gather evidence from a wide range of stakeholders including schools, governing bodies, health practitioners, CCG, parents and young people. *The Panel has also been asked to consider undertaking a short review into child sexual exploitation. Members will consider this at their next meeting (which is still to be arranged).*
CITY SERVICES	
Scrutiny Lead Member: Cllr Stephen Bonallie **Scrutiny Officer:** Jim Diamond **EMT Lead:** Janet Johnson **(1) Service Lead:** Les Clark **(1) Policy Link:** Stuart Douglass **(2) Service Lead:** Les Clark **(2) Policy Link:** Neil Cole	**1. Alcohol and Licensing Control** The review would examine the Council's approach to alcohol and licensing control in the city. This would involve looking at the impact of the Licensing Act 2003 on licensing in Sunderland, the range of powers available to the local authority and how far they should be used to meet the particular needs of the city. The review will involve discussions with the Police and representatives from the licensing trade on the range of approaches that can be taken and the powers that are available. **2. Flood Risk Management** The Panel would examine the incidents of impact of flooding in the city, the action being taken to alleviate the problem and the implications for Flood Risk Management. This will involve the Panel being consulted with on the development of a new Flood Risk Strategy for the city. The Panel would also consider the new role and powers of the Flood Risk Authority, the respective roles and powers of the agencies involved and will input into the development of the forthcoming Flood Risk Strategy.
HEALTH, HOUSING AND ADULT SERVICES	
Scrutiny Lead Member: Cllr Christine Shattock **Scrutiny Officer:** Nigel Cummings **EMT Lead:** Neil Revely **Service Lead:** Graham King **Policy Link:** Karen Graham	**1. Supporting Carers in the City** With approximately 1 in 8 adults in the UK (around 6 million people) acting as carers and saving the economy an estimated £119 billion per year it is clear to see how important a resource they are to any area. However there are many factors and pressure that impact upon carers and these come from many directions including recent changes to the welfare reform, support for young carers and the importance of developing community resources. The Carers Strategy for the City has also recently been refreshed and the review will look at how this meets the needs of carers in the city. The review will gather evidence from a wide range

	of stakeholders across the city, look at existing research and evidence and also investigate good practice operating in other areas of the county. **2. Palliative Care in Sunderland** Palliative care aims to improve the quality of life by increasing comfort, promoting dignity and providing a support system to the person who is ill and those close to them. The CCG has invested heavily into palliative care including a brand new hospice and many of themes related to palliative care emerge in the issue of supporting carers including developing community resources, support for carers and ageing well. The HHAS Panel has considered undertaking a very short piece of work around this by looking at the new hospice facility and speaking with clinicians around the palliative pathway in Sunderland. *The Panel has envisaged that its main body of work will centre around the Supporting Carers review and that the work around palliative care will be undertaken in one or two meetings only, and could feed into the work around carers as there are many causal links.*
PUBLIC HEALTH, WELLNESS AND CULTURE	
Scrutiny Lead Member: Cllr George Howe **Scrutiny Officer:** Karen Brown **EMT Lead:** Sarah Reed **Service Lead:** Nonnie Crawford **Policy Link:** Karen Graham	**1. Public Engagement** Involving patients and carers in decisions about their care and treatment is an integral part of providing patient-centred care. The review will look at adopting a strategic process to ensure that commissioning is person-centred. This would support coordination and raise the profile of services. It would provide a framework to encompass all routes for engagement and help ensure that public engagement is coordinated. *This would be the major project for the Panel during the year ahead.* **2. Suicide Preventative Services / Self-harm in Adolescents** A review of strategies and interventions to support children, young people and their families in relation to self-harming behaviour – a problem in Sunderland that is above the national average. *The Panel will seek to take a progress report at one meeting in the autumn on the implementation of the national strategy 'Preventing Suicide in England' published in 2012.*
RESPONSIVE SERVICES AND CUSTOMER CARE	
Scrutiny Lead Member: Cllr Iain Kay **Scrutiny Officer:** Karen Brown **EMT Lead:** Janet Johnson **(1) Service Lead:**	**1. Volunteering: Increasing Community Capacity** To review and identify what the council can do to unlock the capacity within communities including where we are now, what approaches could be taken and what challenges are faced. This is seen as a highly topical and relevant review which will contribute to identifying community needs and how they can be met at an earlier stage within the community. This would reduce demand on statutory and local services and also build community resilience.

Charlotte Burnham **(1) Policy Link:** Jane Hibberd **(2) Service Lead:** Vince Taylor **(2) Policy Link:** Stuart Douglass	All areas: **2. Reporting Mechanisms: Hate Crime** To review the processes which identify how hate incidents are dealt with in the city. Proposed policy review topics to be presented to the Scrutiny Committee. *The Panel will spend most of its time on the volunteering review and will receive progress reports on new developments around reporting mechanisms for hate crime as they develop, which will possibly require only one or two meetings.*
SKILLS, ECONOMY AND REGENERATION	
Scrutiny Lead Member: Cllr Thomas Martin **Scrutiny Officer:** Jim Diamond **EMT Lead:** Janet Johnson **(1) Service Lead:** Ian Williams **(1) Policy Link:** Vince Taylor / Andrew Perkins **(2) Service Lead:** Ian Williams **(2) Policy Link:** Lee Cranston	**1. The Growth of and Diversification of the Local Economy.** The review would examine the challenges facing both existing and newly emerging industries in the city and the factors potentially constraining growth in the automotive and newly emerging industries such as IT and renewables, as well as the potential to overcome these obstacles and contribute to the diversification of the local economy. The review would consider these issues across main sectors of the local economy and provide an opportunity to some of the key players. **2. City Centre Redevelopment** This topic would consider the implications for the city in the event of a successful vote for the establishment of a Business Improvement District in Sunderland. It could also consider the potential impact of the BID and how would it contribute to the other measures and schemes taking place to regenerate the city. *The Panel would spend most of its time on the first topic and would receive a progress report on the BID in the latter part of the municipal year. This should only require only one meeting.*

Item No. 8

SUNDERLAND HEALTH AND WELLBEING BOARD 26 JULY 2013

HEALTH AND WELLBEING BOARD – MEDIA AND STATUTORY CONSULTATION PROTOCOL AND COMMUNICATIONS ACTIVITY

Report of the Director of Corporate Affairs

Purpose of the Report

1. The report outlines a Media and Statutory Consultation protocol that will assist the Health and Wellbeing Board in responding to enquiries and statutory consultations. The aim of the protocol is to provide agreed guidelines and process for managing communications with the media relating to queries directed to the Board and in providing responses to statutory consultations.

2. In addition, the report also outlines a number of options to assist in raising the profile of the Health and Wellbeing Board and its remit both internally within the council and externally, where relevant.

Background

3. The Board is establishing itself as the system leader for strategic health and wellbeing issues in Sunderland and consequently its profile is rising amongst the media, though this may extend over time to include the public. The Board also acts as a statutory consultee on issues, for instance on the relocation of pharmacies, therefore it is necessary to put in place a system to manage enquiries in a consistent and transparent way and ensure appropriate delegations are in place. The draft protocol is included as Appendix 1

4. It is also recommended that some relevant and targeted communications activity is delivered in a timely manner to establish an understanding of the Board's role and remit with relevant audiences and to enable the board to publish information on any relevant issues via the suggested channels to these audiences as and when it is considered appropriate to do so. The draft communications activity plan is included as Appendix 2.

5. This protocol and communications plan should be seen in the broader context of Board engagement and consultation, and will be added to and expanded to include procedures for more proactive public/patient engagement and intelligence. The development session planned for October will be a starting point for the development of an engagement protocol and progress against this will be reported to the Board.

Recommendations

6 The Board is recommended to:

- Review the protocol
- Accept the procedures contained within the protocol
- Agree to the recommended delegations
- Agree to the activity within the communications activity plan
- Agree to receive updates on any responses provided under delegation at future Boards.

Appendix 1

HEALTH AND WELLBEING BOARD MEDIA & STATUTORY CONSULTATION PROTOCOL

The aim of the protocol is to provide agreed guidelines and process for managing communications with the media relating to the Health and Wellbeing Board and in providing responses to statutory consultations.

All partners are required to follow the agreed process in relation to media releases and media enquiries. This is primarily to co-ordinate the public dissemination of information, present consistent messages to partners, the public and other audiences, to avoid confusion among the media and others and to ensure that the Health and Wellbeing board has the optimum opportunity to establish itself as a credible entity in its own right.

Proactive and planned PR

Sunderland City Council's Media Team will be responsible for the production of press releases prepared on behalf of the three advisory groups: the Adults Partnership Board, the Children's Trust and the NHS Provider Forum.

The Media Team will liaise with the Director of Health, Housing and Adult Services and Associate Policy Lead for Health as well as the relevant officers on the content of releases.

All press releases will include a comment from the Chair of the Health and Wellbeing Board and/or the appropriate advisory group Chair.
The current advisory group chairs are:

Adults Partnership	Cllr Graeme Miller
Children's Trust	Cllr Pat Smith
NHS Provider Forum	Cllr Mel Speding (to be confirmed)

If appropriate, an additional further comment could be included from any relevant partner organisations.

All releases will include a description of the Health and Wellbeing Board and the role it fulfils.

All releases will be shared with the media lead for each member organisation of the Health and Wellbeing Board for approval prior to issue.

Templates

Releases relating to the HWBB will go out under the City Council logo.

Reactive Media Enquiries

All press/media enquiries regarding the work of the Health and Wellbeing Board should be directed by member organisations through to the Media Team of Sunderland City Council.

Council media officers will co-ordinate a response with the appropriate representative of the Board as defined by the Council's Director of Health, Housing and Adult Services and Associate Policy Lead for Health.

The Council media officer will clear the response with members of the Health and Wellbeing Board via their media leads (media leads and their contact details are detailed in Annex a)

Given the need to meet tight media deadlines, a timeframe of two hours is recommended for Board Members to come back with comments on draft statements/responses. Where a Board Member does not come back within the specified timeframe it will count as a nil response and the Chair of the Health and Wellbeing Board will be asked to sign off the statement/response on their behalf.

All comments will be issued in the name of the chair of the Health and Wellbeing Board.

In cases where there is not Board consensus on a joint response, then each constituent partner on the Board will be entitled to provide an individual response. A statement to this effect will issued by the Board.

Where the Health and Wellbeing Board needs to respond quickly to a high profile issue and whereby missing a media deadline would risk significantly damaging the reputation of the Health and Wellbeing Board, the Board is recommended to consider the adoption of a 'fast track' system. In this situation it is recommended that the Chair be asked to sign off any responses/statements on the board's behalf or in the absence of the Chair, the appropriate Board member as defined by the Associate Policy Lead for Health.

All press/media responses will be circulated to partners.

Negative Publicity / Media Stories

It is important at any potential negative stories which may have an impact on the reputation of the Health and Wellbeing Board are flagged up at the earliest opportunity by Board members and their respective organisations to enable plans to be put in place to manage any negative publicity.

Requests for Radio/TV interviews

Requests for broadcast interviews will be discussed with the Chair of the Health and Wellbeing Board who will decide the most appropriate person to field the interview.

Statutory Consultations

The Health and Wellbeing Board is cited as a statutory consultee in certain regulations including the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

It is proposed that the Board establish a permanent delegation of the responsibility for responding to statutory consultations to the appropriate lead officer who will undertake to inform all relevant Board members, and in the case of geographically specific issues, the appropriate ward councillors and CCG area teams before providing a response if required. In the case of pharmacies consultations this will be the Director of Public Health.

Any such responses will be reported to the next available Health and Wellbeing Board.

Annex 1

Board Members' Media Leads

Board Member	Media Lead	Contact details
Cllr Paul Watson Sunderland City Council	Rose Peacock, Media Relations Manager	rose.peacock@sunderland.gov.uk 0191 561 1136 0777 082 4941
(Ian Pattison/Dave Gallagher) Sunderland Clinical Commissioning Group	Deborah Cornell	0191 5297008 07917 790498 dcornell@nhs.net
(Liz Greer) Health Watch Sunderland	Alesha Al Jeffri	Alesha.aljeffri@pcp.uk.net
(Christine Keen) NHS England Local Area Team	Julie Marsh Communications Manager	julie.marsh2@nhs.net 0191 210 6464 07887 278 551
Ken Bremner Sunderland Local Strategic Partnership	Rose Peacock, Media Relations Manager	rose.peacock@sunderland.gov.uk 0191 561 1136 0777 082 4941

Annex 2

Contact details for Sunderland City Council's Media Team:

Rose Peacock, Media Relations Manager,
rose.peacock@sunderland.gov.uk
Tel: 561 1136
Mobile: 0777 082 4941

Kevin Douglas, Media Officer,
kevin.douglas@sunderland.gov.uk
Tel: 561 1139
Mobile: 0787 966 2753

Jonathan Kinnair, Assistant Media Officer,
jonathan.kinnair@sunderland.gov.uk
Tel: 561 1071
Mobile: 07770413202

Lee Ridley, Online Content Manager
lee.ridley@sunderland.gov.uk
Tel: 0191 561 1383

Appendix 2

HEALTH AND WELLBEING BOARD COMMUNICATIONS PLAN

Channel	Audience	Frequency	Objective
Members’ fact sheet	Members	As and when required	To give more detailed information to members on the remit of the Health and Wellbeing Board
Members Update	Members (plus various officers across the council	Weekly (timing of information as relevant and required)	To provide members (when timing is relevant) with a news and information from on the HWBB and any relevant issues.
Managers’ briefing	All managers	Fortnightly (timing of information as relevant and required)	To provide all managers with information on the remit of the Health and Wellbeing Board for them to understand and to share with their teams. Also for any hot topics or issues coming out of the HWBB where relevant
Workwise	Council employees	Quarterly (timing of information as relevant and required)	To provide employees with information about the role and work of the Health and Wellbeing Board and issues relating to this where relevant
Various external media	General public and/or professionals and trade press	As and when required	To provide the general public and/or professionals through the trade press with information on the remit of the Health and Wellbeing Board on relevant issues.
Partner organisation communication channels	Internal and external audiences of partner organisations	As and when required	To provide partner organisations with relevant news and information relating to the work of the HWBB for dissemination through their own comms channels

Item No. 9

SUNDERLAND HEALTH AND WELLBEING BOARD **26 July 2013**

RESPONSE TO ECONOMY, CULTURE AND ENVIRONMENT REGIONAL ADVISORY GROUP

Report of the Head of Strategy, Policy and Performance

1.0 Purpose of the Report

1.1 The report details a proposed response to the recommendations made by the Economy, Culture and Environment Regional Advisory Group. This Group (chaired by Lord Shipley) was established in 2008 as part of the implementation of the *Better Health, Fairer Health* strategy and has produced a report that is intended to support Health and Wellbeing Boards in carrying out their new responsibilities.

2.0 Background

2.1 In February 2008 the former Labour Government announced ambitious plans to transform the health of the North East. The area's first ever health and well-being strategy, *Better Health, Fairer Health* was launched by the then minister for the region Nick Brown.

2.2 The strategy was intended to be implemented over 25 years and have ten key themes that would be developed by regional advisory groups – one of the themes was economy, culture and environment. As a consequence of the change in Government this strategy has been curtailed, however during the last four years the Economy, Culture and Environment Group has continued to research its theme and prepared a number of recommendations that are intended to support the work of Health and Wellbeing Boards.

2.3 The Regional Advisory Group has recognised that local health priorities are likely to include the wider determinants of health because of their impact on health and health inequalities.
Consequently the recommendations in their document specifically focus on:

- Active Travel
- Environment – Green space and Air quality
- Housing and Homelessness
- Fuel Poverty and Excess Winter Deaths
- Healthier workforce
- Culture, arts and health.

and include strategic leadership; communications and engagement and some examples of good practice and innovation.

2.4 Sunderland's new Health and Wellbeing Strategy (HWBS) takes an assets based approach to health improvement in the city. To help inform and direct this approach the strategy includes several design principles and highlights

several of the city's assets that will be important in helping to enable the approach. These include pursuing the wider determinants of health but also many other factors that will help to ensure that health improvement in the city is tackled effectively. For instance, the use of customer insight and local intelligence to facilitate effective prevention and early intervention measures, as well as joint working across partners that will enable us to provide outcome focussed integrated services.

3.0 Proposed Response

3.1 The Health and Wellbeing Board's proposed response is intended to demonstrate to the Regional Advisory Group the manner in which the Board is tackling the wider determinants of health and uses the six categories pursued by the Group as outlined above. The content of the response is provided in Appendix 1.

3.2 The response includes examples of how partners have and continue to provide health improvement services as well as support to the people of Sunderland. This information will be forwarded to the Health and Wellbeing Strategy Working Group to help inform HWBS action planning.

4.0 Recommendations

4.1 The Board is recommended to

- Review the proposed response to the Economy, Culture and Environment Regional Advisory Group
- Make any suggestions to amendments and/or additions.

Appendix 1

Dear Lord Shipley

The Sunderland Health and Wellbeing Board (HWBB) were pleased to receive your letter and the document prepared by the Economy, Culture and Environment Regional Advisory Group about the wider determinants of health.

The Board is happy to advise that many of the suggestions the Group has put forward are being pursued by the Board through its new Health and Wellbeing Strategy (HWBS).

Sunderland's new HWBS takes an assets based approach to health improvement in the city. To help inform and direct this approach the strategy includes several design principles and highlights several of the city's assets that will be important in helping to enable the approach. These include pursuing the wider determinants of health but also many other factors that will help to ensure that health improvement in the city is tackled effectively. For instance, the use of customer insight and local intelligence to facilitate effective prevention and early intervention measures, as well as joint working across partners that will enable us to provide outcome focussed integrated services. A copy of our HWBS is enclosed.

The HWBB has ensured that its HWBS has been informed by the public and partners throughout its development. There have been five well attended public engagement events that have shaped the strategy during the course of its development over the last year. This gives the HWBB confidence that not only is the direction and ethos of the strategy reflective of local circumstances, but also that the support of both the public and voluntary sectors will be available when needed.

We have outlined in the following paragraphs just some of the current activity that is taking place in Sunderland to improve the health of residents. We hope this provides some reassurance that, although we are at the very early stages of our policy development and drive to improve health across Sunderland, we are focussed and determined to ensure success by employing a range of measures that include the wider determinants of health.

Active Travel
A number of activities and programmes are listed below that give an indication of the variety of routes being used to promote active travel in Sunderland. These include encouraging people to be more active in their leisure time and when travelling to work as well as through utilising the city's green space, achieving this through joint working with local organisations and large local employers.

Current activities that are being successfully delivered in Sunderland include:
- Organised, mass participation cycling events to raise the profile of cycling and the city's cycle network offer. More than 600 people took part in the Sunderland BIG Bike Ride
- Weekly health walks and Nordic walking programmes as well as an annual mass participation walking event. The annual walking figures for 2012-2013 are: 518 walks delivered, 144 new people attending a walk, 3450 attendances across walks

- The ‘Feet First’ and ‘Bike It’ schemes organised by Sustrans that aim to encourage both pupils and their families to use alternative forms of transport to get to and from school. Feet First is taking place in 11 secondary schools and encourages the use of skateboards and scooters. Bike It is taking place in two secondary schools and eight primary schools and encourages cycling by organising bike rides, training pupils about basic bike repairs as well as providing free breakfasts to those that ride their bike to school. Both schemes help to reduce congestion around schools
- A virtual cycle and walking network to facilitate growth in cycling and joint promotion of opportunities and information
- The development of a cycling HUB at Herrington Country Park which, in time, will see Sustrans and their network of volunteers leading led-cycle rides to school children and the general public within Herrington Country Park.
- Sunderland Councils Employee Wellness Programme which has been developed to support employees in making healthier lifestyle choices that will improve their health and well-being. Assisting employees in making healthier lifestyle choices is a primary aim of the organisation and the programme has recently received the North East Better Health at Work Award silver status.

Sunderland Council also recently launched the ‘Go Smarter to Work’ programme that aims to:

- Help local businesses promote a healthier, cheaper and more environmentally friendly way for employees to travel to and from their place of work
- Reduce congestion and improve access to employment.

Active Travel and a healthy workforce are the two main objectives for the ‘Go Smarter to Work’ programme. The launch was attended by senior HR and other managers from, for example, Rolls Royce, BAE, Nissan, Vantec, HMRC, DWP and Unipres.

Environment – Green space and Air quality

Making best use of Sunderland’s assets is a feature of our HWBS and this includes its attractive coast and easy-to-reach countryside. The following bullet points highlight the volume and accessibility of these assets as well as the improvements that are planned and the incorporation of these assets into the city’s future infrastructure developments.

Based on the following statistics it is fair to describe Sunderland as a green city:

- There are a total of 1764 greenspace sites covering 27.6% of the city, and when combined with the open countryside there are over 8,000 hectares (57%) of ‘undeveloped’ green land in the city
- 1,505 hectares of land have an amenity greenspace function, that’s 5.34 hectares per 1000 population
- The city has 100 outdoor fixed play sites and 89% of children and young people (aged 5-16 years) have good access to high quality play
- There are 42 formal parks and country parks in the city and 74% of the population have good walking access to one of these
- There are five greenspaces in the city awarded Green Flag status
- There are 100 hectares of allotments in the city and provision is estimated to be 50% higher than the national average

- 48% of the city population have access to a quality natural greenspace over 2 hectares in size, following Natural England ANGST criteria. 66% of the city population have access to a quality woodland site over 2 hectares in size, following Woodland Trust criteria
- There are more than 100 separate outdoor sports locations across the city (not including school provision that is restricted to school use only). These sites account for 23% of the city's greenspace.
- There are 80 kilometres of off-road cycleway in the city.

Sunderland is committed to maintaining and improving its environment with environmental and greenspace improvements. Activity includes reducing the amount of neglected land, improving the C2C through Sunderland as well as other cycle routes and rights of way, improving access to outdoor play equipment and the possible upgrade of two major greenspaces to Local Nature Reserve status.

Groundwork in Sunderland has run a number of projects that have combined to use and improve the environment as well as improve people's health and wellbeing. These projects include:

- The Green Activity Scheme which is providing GP referred or self-referred clients with gentle exercising through gardening, walks and conservation activities. People taking part in Green Activity learn how to plant, water and harvest crops in allotment gardens, as well as how to grow their own food at home. Spending time in a 'green space' like a park or allotment can help to improve mental health and reduce stress
- GreenStart is a health and environment programme for 0-5s and their families who get involved in food growing, nature walks, environmental crafts and games as well as environmental visits and trips. The outcome is that parents feel fitter and healthier, they consider their children to be fitter and healthier, they socialise more with other parents and learn how to use the environment around them as a tool for learning and supporting healthier lifestyles
- Local volunteers and young people came together to bring derelict and fly tipped allotment plots back into use through the Allotments North project; it also created community allotment plots that are now ran by volunteers.

The council and City Hospitals Sunderland NHS Trust work in partnership to provide an exercise referral programme. A GP or healthcare professional can refer anyone to the programme whose health they feel can be improved by physical activity. As well as being able to use Wellness Centres participants can access cycling and the Wellness walking programme. Each of the weekly 'health' walks is led by a volunteer walk leader, and lasts between 30 to 60 minutes. Walk routes are planned by the walk leader to be suitable for all ages, fitness levels and abilities. All walks are free and are accredited through the National Ramblers Walking for Health scheme.

Also, the city's Local Development Framework is being reviewed with a view to improving green infrastructure, healthy urban planning, wellness and physical activity as well as environmental health (including air quality). Policies will also guide proposed development to support infrastructure improvements such as providing for new and improved greenspace, play provision, biodiversity, landscape improvements, highway improvements etc.

Housing and Homelessness

Sunderland Council has a Residential Design Guide aimed at everyone involved in the housing development process. Its aim is to assist in achieving high quality and sustainable 'places for living' in Sunderland. The guide was published in 2008 and has broadly influenced housing developments across the city since then.

All too often new residential developments are not well connected to local services and promote dependency on the car. This guide encourages walking, cycling and the use of public transport to allow easy access for everyone - including people without a car. It includes a focus on safety, designing an attractive environment, access to services, preventing crime, provisions for disabled people, and much more besides.

In terms of homelessness a more preventative agenda has been adopted and the number of cases of individuals/families accepted as unintentionally homeless and in priority need has been reducing:

- In 2003/2004 the number of homelessness acceptances in Sunderland was 894 and this had subsequently fallen to 82 in April 2012, the lowest number in over 12 years
- The number of prevention cases in 2005/2006 was 431 and this has improved significantly to 765 cases in April 2012 highlighting the success of our prevention agenda locally.

Sunderland Council has also taken steps to ensure that older and vulnerable residents in Sunderland are housed in accommodation that will have a positive impact on their physical health as well as their mental health and wellbeing. This means encouraging active ageing, responding to less active ageing, and providing suitable accommodation for adults with disabilities –all helping to prevent the need for more intensive forms of accommodation support. To this end the council has:

- Developed four extra care housing schemes which provide 174 mixed tenure extra care properties including seven reablement apartments. These schemes include seven high energy efficient homes
- A fifth extra care scheme is underway and will provide a further 175 apartments of which 17 will be purpose designed for people with dementia
- Another scheme is underway that will provide a further 38 apartments for people with dementia
- Planning approval has been granted for another two extra care schemes for 142 apartments, 20 of which are designed for people with dementia and 30 bungalows.

Residents in extra care housing have been consulted in order to get feedback about their new living arrangements. This information is being used to inform the design of new extra care schemes - bids have been put forward to the Homes and Community Agency for more schemes.

Beyond this a successful bid has been made to the Department of Health for £1 million to help improve the living environments for people with dementia and regeneration proposals for two significant areas of the city include the provision of extra care housing.

There has also been a growth of hostel type accommodation across the city with a clear distinction between private sector establishments and those services that are contracted with the Council to provide accommodation and housing related support.

A number of privately run hostels do not meet with the Government's 'Homelessness Change Programme' criteria for hostel accommodation. To help tackle this problem the Council in partnership with the Homes and Communities Agency have purchased the largest hostel with the intention that all residents will be moved on in a planned way and the hostel closed by March 2014.

Fuel Poverty and Excess Winter Deaths

The latest data sets indicate that excess winter deaths in Sunderland are not significantly different from the national average, standing at 120 for 2009/2010 – this equates to 11% of all North East winter deaths (ONS, 2010)

Partners have worked together using their combined insight and local intelligence to identify those individuals and households that are most vulnerable. Tackling fuel poverty and excess winter deaths in this way helps to ensure a fair distribution of resources and helps more people to achieve better health, thereby progressing the HWBS's health equity principle.

Since January 2013 both private and social housing stock in Sunderland have begun to benefit from a three year retrofitting programme that will see improvements such as loft insulation, cavity wall insulation and solid wall insulation – over 57,000 homes will be improved. As well as this a further 6,500 homes will have renewable energy sources such as solar panels installed and progress will be made to replacing an estimated 83,000 existing central heating boilers with condensing boilers.

Age UK and Sunderland Council have worked together to help relieve further the burden of fuel poverty. Together they have provided information, advice and guidance to over 3000 people and trained over 600 staff in energy efficiency. Furthermore Age UK provide hardship grants to vulnerable homeowners who are in receipt of qualifying benefits (who are not eligible for the Affordable Warmth scheme) or who have (or someone living in their home has) a cold exacerbated illness e.g. COPD or asthma. The grant will enable more people to receive support such as heating repairs and boiler replacement following a recommendation from a Domestic Energy Assessor. Age UK Sunderland can also help vulnerable people who are in crisis without heating or hot water by providing temporary heaters, blankets and flasks.

The council was also the beneficiary of £500,000 of funding from DECC to carry out loft and cavity wall insulation as well as external wall insulation – this was a short term scheme awarded for the period February to March 2013. As well as this a 'Boilers on Prescription' scheme has been introduced and in June the Council will join the next round of Energy Auctions with a view to introducing a Collective Switching Project for residents. Introducing communities to schemes such as Collective Switching reinforces the assets approach to health by empowering them and increasing their independence while also reducing their reliance on public services.

Sunderland is also one of the six Warm Up North partners along with Durham, Darlington, Newcastle, South Tyneside and Northumberland. The project is in the process of procuring a Delivery Partner / Green Deal Provider to improve the energy efficiency of domestic properties and publicly owned non domestic properties across the North East using the Government's new Green Deal and Energy Company Obligation ('ECO') initiative.

Healthier workforce

Sunderland's HWBS links directly to this particular recommendation. The strategy's fourth objective – supporting everyone to contribute – highlights the fact that unemployment can have a detrimental affect on a person's health. Indeed it is known that poorer health can be found amongst those who are unemployed for longest. So the strategy includes a focus on bringing agencies together to ensure that they work together to build confidence and motivation and provide pathways into training and employment. There is also a focus on working with employers so that they understand how the policies they implement can have a significant effect on both the health of their employees and their employee's families.

The Regional Advisory Group makes the suggestion that employers support the North East Better Health at Work Awards. In 2012 there were 20 companies in Sunderland engaged in North East Better Health at Work from a range of backgrounds across the private, public and voluntary sector. Of these, 16 took part in the Better Health at Work Award reaching over 26,000 employees. These companies are achieving different levels of the award with eight at Bronze level, four Silver, three Gold and one is continuing excellence. As part of its work in achieving its HWBS objectives, the Health and Wellbeing Board will promote the benefits of engaging in this program to other employers in the city.

As a leading member of the Board, Sunderland Council can lead by example through its participation in the Awards. The Council has an Employee Wellness Programme (EWP) that focuses on improving the health and wellbeing of all Council employees by encouraging positive lifestyle changes, be it improved nutrition, physical activity, smoking cessation, safe alcohol levels etc. The ultimate aims of the EWP are to contribute to reduced sickness absence rates (and associated costs), improve productivity, improve morale and to pass on positive healthy lifestyle messages to the wider community via our workforce.

The types of initiatives the council has launched thus far include drop in sessions for employees to get advice and support about any aspect of their health and wellbeing, working with the council's Occupational Health Unit for those employees with a recognised health/future health problem, delivering health walks, jogging groups and exercise classes etc. Employees are also signposted to a range of activities already available across the City that promote different health related topics each month.

Culture, Arts and Health

Sunderland has many cultural and arts facilities such as the Museum & Winter Gardens, Glass Centre, Monkwearmouth Station, leisure facilities as well as beaches along its seafront. The North East Residents Survey shows that satisfaction with museums/galleries and theatres/concerts is much better than the average at 52% vs 41% and 49% vs 42% respectively.

To carry on the legacy of the London 2012 Olympics, Sunderland has a number of events taking place during 2013, these include the BIG Areobathon, BIG Mini Fun Run, BIG Swimathon, BIG Bike Ride, BIG Walk and an Adventure Week. This programme builds on the success of the 'Sunderland 2012' events programme which had over 144,000 attendances.

Not only are these events continuing the positive spirit and interest in sport and healthy leisure pursuits, but also use volunteers to staff the events. Volunteers are actively involved through marshalling and other hands on tasks. We are able to help them feel part of the community and pass on positive messages to them about health and lifestyle. Some volunteers have progressed to gain skills and qualifications as a result of volunteering in our programmes and events.

The national Summer Reading Scheme was introduced to schools in June 2013 and uses volunteers to support young people with reading in libraries. Partners are also promoting the new 'Books on Prescription' (Reading Well) scheme as well as national reading initiatives such as Bookstart, World Book Day and Summer Reading Challenge. Books on Prescription is a joint initiative from independent charity The Reading Agency and the Society of Chief Librarians, working with local library services. It offers people self-help books as part of cognitive behavioural therapy (CBT) prescribed by a health professional. The scheme works within National Institute for Health and Care Excellence (NICE) guidelines which recommend the approach for a range of common mental health disorders. Sunderland libraries will have a core list of 30 titles covering issues such as anxiety, depression, phobias, panic attacks, bulimia and sleep problems. These will be available to borrow from local library branches.

In 2010 the Council undertook a major consultation with residents about the redevelopment of its seafront facilities. Since then work has been undertaken to improve the environment and help people to enjoy the city's coastline. This work will continue and £1.5 million has been allocated to pay for future improvements.

Support has also been given to Washington Wildfowl and Wetland Trust, Washington Old Hall, Beamish Museum, and collaboration with the local community has resulted in a successful bid for Heritage Lottery Funding to redevelop Hylton Castle. Partners have also worked together to develop and deliver a range of cultural and heritage activites across the city including museum exhibitions, learning and events, Heritage Open Days in communities, Oral Histories reminiscence sessions and the Sunderland History Fair 2012. Planning is now underway for the Washington Heritage and Community Festival.

The city's Cultural Strategy is currently at the early stages of a review and the time is now right to explore how this important strategy can link into the newly established health responsibilities of the HWBB. For example, linking Sunderland's cultural 'offer' with Active Travel and exploring ways to create 'cultural routes/pathways' in and around the around the city.

<u>Conclusion</u>
Although the preceding paragraphs paint a positive picture of how health and health inequalities are being tackled across Sunderland through the social determinants of

health, the Health and Wellbeing Board are in no doubt of the size of the task ahead. The people of Sunderland have significant health problems and a great deal of work will need to be undertaken to improve this situation. However the new HWBS provides the strategic direction, and importantly the approval of key partners across the public and voluntary sectors, that will allow these problems to be tackled effectively and so help improve the life chances of the people of Sunderland.

The HWBB appreciates the work undertaken by the Economy, Culture and Environment Regional Advisory Group. We hope the action taken by the Board to date provides some encouragement that Sunderland is and will continue to implement the Groups recommendations as we implement our HWBS.

Yours sincerely,

Item No. 10

SUNDERLAND HEALTH AND WELLBEING BOARD **26 July 2013**

BOARD DEVELOPMENT SESSIONS – SETTING THE AGENDA AND ENGAGEMENT OF THE PUBLIC AND PATIENTS

Report of the Head of Strategy, Policy and Performance

1. PURPOSE OF THE REPORT

To inform the Board of the date and scope of the next two development sessions.

2. DEVELOPMENT SESSION – SETTING THE AGENDA FOR THE BOARD, DEVELOPMENT SESSIONS AND ADVISORY GROUPS

The next development session is to be held on **Friday 30 August 2013** in Committee Room 1 of the Civic Centre.

It will follow on from the last development session by discussing priority topics for the forward plan of the Board, topics for investigation at development sessions and the areas of improvement which will be given to the Advisory groups to investigate.

The format and feel of Board meetings will also be discussed.

The Aims and Objectives of the session are as follows:

AIMS	OBJECTIVES
To discuss Board priorities in the context of: • Board agenda • Development sessions • Items for investigation by advisory groups	To have agreed: • 6 month forward plans for the Board & development sessions • Topics for the advisory groups

3. ENGAGEMENT – PUBLIC AND PATIENTS

The development session is to be held on **Friday 25 October, 12.00noon – 2.00pm, Venue TBC**

The session will follow on from the production of the media and statutory consultation protocol by starting the examination of the engagement of the public and patients and is to be facilitated by HealthWatch Sunderland.

The Aims and Objectives of the session are as follows:

AIMS	OBJECTIVES
To define what engagement means to the Board, (e.g. level of engagement - awareness, active involvement etc) To identify all the stakeholders that the board feel should be engaged. Identify methods of engagement & communication that the board want to see.	Defined what engagement is Identified stakeholders/access routes Established methods/levels of engagement To have an outline plan for the preparation of an engagement plan

3 RECOMMENDATIONS

The Board is recommended to note the sessions.