

SUNDERLAND EARLY IMPLEMENTER HEALTH AND WELLBEING BOARD

Held in Committee Room 1, Sunderland Civic Centre on
Friday 18 May 2012

MINUTES

Present: -

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| 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 |
| Neil Revely | - | Executive Director, Health, Housing and Adult
Services |
| Keith Moore | - | Executive Director, Children's Services,
Sunderland City Council |
| Nonnie Crawford | - | Director of Public Health |
| Sue Winfield | - | Chair of Sunderland TPCT |
| Dr Ian Pattison | - | Sunderland Clinical Commissioning Group |

In Attendance:

- | | | |
|-----------------------|---|---|
| Councillor Dave Allan | - | Sunderland City Council |
| Gillian Gibson | - | Sunderland TPCT |
| Martin Rutter | - | North East Ambulance Service |
| Alan Patchett | - | Age UK |
| Ailsa Martin | - | Carers' Association |
| Sarah Reed | - | Office of the Chief Executive, Sunderland City
Council |
| Vince Taylor | - | Office of the Chief Executive, Sunderland City
Council |
| Karen Graham | - | Office of the Chief Executive, Sunderland City
Council |
| Gillian Warnes | - | Governance Services, Sunderland City Council |

HW1. Apologies

Apologies for absence were received from Councillor Speding, Dr McBride and Ron Odunaiya.

HW2. Minutes

The minutes of the meeting held on 30 March 2012 were agreed as a correct record.

HW3. Clinical Commissioning Group Update

Dr Pattison advised that the Clinical Commissioning Group (CCG) continued to make progress, locality structures were maturing and a launch event had been held at the Stadium of Light.

The CCG had applied to the Government for wave one authorisation, however as the business methodology was not yet developed in relation to CCGs who were intending to provide substantial commissioning support themselves, Sunderland had been asked to go into wave two.

The CCG Executive had been disappointed that they were unable to be considered within the first wave and they were concerned that the criteria relating to commissioning support could be applied in the same way as for Commissioning Support Organisations (CSOs). This would be inappropriate for a CCG with its own structure. The CCG had been told that their authorisation process would be seen as a pilot in this regard. Neil Revely suggested that the Council could be involved in the process as the proposed joint working around commissioning support should provide string assurance.

As part of the authorisation process, there would be a survey of stakeholders and partners were asked for their support in contributing to this survey.

Keith Moore commented that the Council had offered support in relation to the CCG's area arrangements and that Children's Services were due to meet with the group to discuss how they could link into the new structure.

RESOLVED that the Clinical Commissioning Group update be noted.

HW4. Feedback from Advisory Boards

Adults Partnership Board

Neil Revely reported that the main agenda items considered by the Adults Partnership Board at its meeting on 1 May 2012 had been: -

- Adults Partnership Board Forward Plan
- Health and Wellbeing Scrutiny Committee
- Health and Wellbeing Board – Agenda
- Older People Mental Health Strategy Group – Update
- Alcohol prevention and treatment
- WHO Healthy Cities Network.

As part of the discussion on the Forward Plan, the Adults Partnership Board had discussed how they could continue to develop their role as an advisory board to the Health and Wellbeing Board and recognised that they had begun to take on some work from the Board.

The Health and Wellbeing Scrutiny Committee had provided feedback from the policy review of hospital discharge arrangements. The Adults Partnership Board had been keen to engage with the implementation process of any recommendations arising from the review.

The Partnership Board had received the CCG Commissioning Plan and although recognising the timescales which had to be met, they felt that they could have been involved in the process at an earlier stage.

Following the update from the Older People Mental Health Strategy Group, the Partnership Board had requested an update on the Memory Protection Service and raised the possibility of including the topic of dementia in the Health Champion Programme. The Partnership Board also agreed to invite a representative from the Safer Sunderland Partnership to sit on the group in order to take forward any issues raised around alcohol prevention and treatment.

The Chair noted the Partnership Board's comments on the CCG report and was informed that these issues should not arise in the future as the meeting schedules of the Health and Wellbeing Board and its advisory boards were now better co-ordinated.

Children's Trust

Councillor Smith reported that the Children's Trust had received a presentation outlining the outcomes from the recent Inspection of Safeguarding and Looked After Children's Services. From a total of 22 judgements, 21 had been scored as good and one as adequate. The 'adequate' judgement related to the inconsistent quality of assessments and plans. This had already been highlighted as a priority and further work had taken place to support improvement in this area.

The Trust had then gone on to consider the progress on priorities within the Children and Young People's Plan as part of its ongoing programme of confirm and challenge. The priority outcomes considered related to increasing the proportion of young people who were in education, employment and training and reducing substance misuse, including smoking.

Keith Moore advised that the Trust had agreed to establish a task group to take forward the work on the future of the Health Visiting Service and Sandra Mitchell would be the project lead.

A group of young people from across the city attended the Trust meeting to provide feedback on the Young People's State of the City debate which had

taken place on 25 November 2011. The main areas which were highlighted were:

- Careers
- Health
- Sex education
- Student rights
- Discrimination

The Trust were also provided with a copy of the Sunderland Youth Parliament's action plan and agreed that the relationship between the Trust and the Youth Parliament should be formalised through termly meetings.

Sue Winfield informed the Health and Wellbeing Board that the Sunderland Youth Parliament were actively engaged with a number of groups across the city and were an asset that should be nurtured. She suggested that the Board may engage with the Youth Parliament at some point as they were an excellent, ready made resource representing the youth of the city.

RESOLVED that the information be noted.

HW5. CCG Commissioning Plan

Dr Pattison presented the latest version of the Clinical Commissioning Group (CCG) Commissioning Plan. The plan incorporated a number of amendments to reflect stakeholder feedback following engagement sessions. The improvements include: -

- Further strengthening of how the NHS Consultation requirements will be delivered;
- Identification of high level Commissioning Outcomes; and
- Impact of the CCG strategy on the market.

At the present time, the Commissioning Plan did not reflect structures, but a locality based health needs assessment had been produced for each area and had been discussed with those who would be leading area boards.

Dr Pattison acknowledged that the plan was lengthy and may be trimmed down in some places. The vision, values and Chair's introduction were now in place but there needed to be more information on what the CCG was doing and how it was going to be measured. The Plan clearly showed how the common high level goals were coming together but still required some simplification to make it more patient friendly. Neil Revely added that Commissioning Plan had been considered by the Learning Disabilities Partnership and the CCG had commissioned an easy read version of the plan.

The Commissioning Plan was available electronically and would be on the Council's website when it was finalised. It was suggested that it would be useful to provide a search facility for ease of use for visitors to the website.

There had been discussions during the Health and Wellbeing Strategy engagement sessions about using the same strapline for both the strategy and the Commissioning Plan. Within the Board, there were differing views. While most agreed that simplicity was key, the strategy needed to encompass the wider area of 'wellbeing'. Vince Taylor had met with members of the CCG to look at this and it was something which could be considered again.

With regard to comments made by the Adults Partnership Board, that prevention was not linked to the social model, this had been picked up and referred to Debbie Burnicle at the PCT.

RESOLVED that the revised Clear and Credible Plan be noted.

HW6. CCG Authorisation Process

Dr Pattison delivered a presentation on the process for Clinical Commissioning Group authorisation. The authorisation would be based on six domains: -

1. A strong clinical and multi-professional focus which brings real added value
2. Meaningful engagement with patients, carers and their communities
3. Clear and credible plans
4. Proper constitutional and governance arrangements
5. Collaborative arrangements for commissioning
6. Great leaders who individually and collectively can make a real difference.

It was hoped that the Sunderland Clinical Commissioning Group, as a second wave application, would be authorised by NHS Commissioning Board Special Health Authority (NHSCBA) by the end of November. The 360° Stakeholder Review would take place in July and would seek to assess whether CCGs had been developing strong foundations for successful relationships with all key stakeholders and examine the potential for these relationships to evolve.

There were three potential outcomes from the process: full authorisation; authorised with conditions or established but not authorised. The authorisation process would also look at a number of facets of the CCG and local authority relationship, including the arrangements in place for the delivery of public health advice, evidence of participation in the Health and Wellbeing Board and in the development of the draft Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy and that CCG plans were aligned with the strategy and that opportunities had been identified to integrate commissioning and reduce health inequalities.

It was queried if there was anything which the Board could do to support the CCG in its views around not being able to go forward in the first wave of authorisation. It was felt that it would be more appropriate to confirm the

support of the Health and Wellbeing Board for the second wave application and engage in the discussions around the criteria for authorisation.

RESOLVED that the presentation be noted.

HW7. Transition to Shadow Board

Sarah Reed informed the Board that with its transition from an 'Early Implementer' to a 'Shadow Board' status, a report would be taken to the Council's Cabinet to confirm the arrangements and to reflect the work which had been carried out during the Early Implementer year.

The report would also discuss the role of the advisory boards and how they had reviewed their terms of reference and membership to assist their role in respect of the Health and Wellbeing Board. The development sessions taking place in 2012/2013 would be very important in the move towards formal Board status in 2013.

Members were referred to a document from the Good Governance Institute which showed a maturity matrix against which the effectiveness of the Health and Wellbeing Board could be measured. A major piece of work to be developed was an understanding of the governance of the Board as it was an unusual type of local authority committee. It was suggested that the Board could work with the Good Governance Institute on this.

RESOLVED that the update be noted.

HW8. Health and Social Care Systems Diagnostic

The Sunderland Health and Wellbeing Board had commissioned the NHS Institute for Innovation and Improvement to carry out a diagnostic tool which focused on ensuring that Health and Wellbeing Boards could grow into their role of leading the strategic development of health and wellbeing policy and commissioning.

The diagnostic tool had been carried out between January and March 2012 and had involved:

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

A draft report was about to be circulated to organisations which had taken part. The report would contain a series of recommendations to support debate and discussion among partners and it was suggested that the next step should be a workshop to bring together those who contributed to the research to consider the findings, share learning and develop a way forward.

The next Health and Wellbeing Board development session would take place on Thursday 21 June and it was suggested that this be used as the workshop session with the NHS Institute.

RESOLVED that: -

- (i) the next Board development session on 21 June 2012 focus on the Health and Social Care System Support findings and the agreed next steps; and
- (ii) partners involved in the research be invited to attend the event.

HW9. Health and Community Resilience

Transforming Health and Wellbeing: the Role of Resilience

Gillian Gibson, Sunderland TPCT, delivered a presentation and submitted a report on the role of resilience in transforming health and wellbeing.

The Board was told of the background to public health services in the city and the complex system approach to health and wellbeing, which recognises that multiple factors affect people's health and choices and that these were guided by their values and the system in which they operate. Working with people in a way which takes account of these values builds up resilience and the ability to deal with change.

There was no single definition of community resilience, but there were examples of initiatives such as the cervical screening collaborative which had benefits for the whole system, the practices involved and the volunteers. The Health Champion Programme develops some themes from the cervical screening programme and focused on issues such as emotional resilience and the advantages for volunteers who take part.

The Council was in a strong position to take this forward and the development of the Community Resilience Plan and the strengthening families work would tie in with the transformation of health and wellbeing. It was suggested that a future development session might look at the work which was going on and how it might be pulled together.

It was commented that the theme of community resilience resonated in a number of other areas of work concerned with how and why people would want to change. Organisations were trying to look at the customer, patient and service user point of view at the initial stage of redesigning services.

The Community Resilience Plan

Vince Taylor, Head of Strategy and Performance, Sunderland City Council, delivered a presentation and submitted a report providing an overview of the Council's emerging approach to community resilience.

Prompted by the economic downturn and the current challenges facing communities, the Council had been looking at the complex system model of community resilience which took the individual and household as the starting point and showed it surrounded by the community elements. The key factors which could limit resilience within communities were highlighted as: -

- Number of people dependent on benefits
- High unemployment and low skills base
- High prevalence of individual and household debt
- Poor physical and mental health amongst segments of the population
- High levels of child and family poverty

From the Council's perspective there were also a number of key strengths and assets including the community leadership role of elected Members, responsive local services and area based working. There were also opportunities in the changing public health responsibilities, the potential for economic growth and volunteering and social action. The strengthening families approach was an area of significant opportunity as this was looking at families as the bedrock of communities and viewing them as having strengths and assets but sometimes needing help, support and intervention. This approach would involve working with families at the earliest stage possible and developing a way of working with families across partner organisations.

The emerging Community Resilience Plan was intended to enable and support communities in making the transition to greater strength and independence, with less reliance on the public sector in the long term. There would be eight core aims within the plan. These aims related to areas where it was believed that the Council and partners could make the greatest contribution to community resilience and would have defined actions over the short to medium term. The core aims were: -

- Aim 1: Maximise and stabilise the **disposable income** of households
- Aim 2: Ensure people have **a place to live** that meets the needs and entitlements of their households
- Aim 3: Increase the ability of residents to **influence and own change** that affects them and the community they live in
- Aim 4: Create a strong and inclusive **sense of community** and local pride
- Aim 5: Support people to manage their **health and wellbeing** and the health and wellbeing of others
- Aim 6: Create a community environment where people are, and feel **safe and secure**
- Aim 7: Ensure people have **access to appropriate services** and facilities that enable them to meet their changing needs

Aim 8: Maintain a physical environment that is **clean and attractive**.

The approach was founded on the principles of early intervention and prevention, building capacity and reducing dependency, creating connections, responsive local services, community leadership, an asset based approach and delivering publicly valued outcomes.

A number of workshops would be held to consider the outline plan and Council officers had offered to present the plan to the management teams of partner organisations.

Councillor Miller commented that 'troubled families' could be added to the challenges facing communities and that there needed to be assurances that there was enough focus and resource being concentrated on this element. Keith Moore advised that part of the work under the 'Strengthening Families' approach was to use the existing resource base more effectively. A successful multi-agency workshop had been held on this theme and it would shortly be the subject of a presentation to the Council's Joint Leadership Team. It was noted that the Adults Partnership Board had said they would welcome being part of this work and that the Children's Trust would also be involved.

RESOLVED that the presentations and reports be noted.

HW10. Public Health Transition Update

Nonnie Crawford updated the Board on the current position with regard to the transition of public health responsibilities from the PCT to the local authority.

Progress continued to be made and work was being undertaken around commissioning some significant services to serve as a model for Council processes in the future. The latest version of the transition plan had been submitted to the Strategic Health Authority, although approval of the plan had not yet been confirmed.

Guidance on HR issues was still awaited and it was hoped that there would be a more detailed report for the next Board meeting which would address some of the HR implications.

There was also a need to have discussions around the splitting of services for Sunderland, Gateshead and South Tyneside, particularly around evidence based health care. This information had been provided by a small team for all three areas which was now being broken up and it needed to be determined how this would be provided in the future and how resilience would be built into the system. An options analysis was being carried out and would be presented to a meeting of the Public Health Transition Group on 21 May. Details of the options and the discussions which took place at the Transition Group would be brought to the Health and Wellbeing Board so that the Board could give a view on the option which would operate most effectively.

RESOLVED that the update be noted.

HW11. Development Session – Thursday 21 June 2012

It was confirmed that, as discussed earlier in the meeting, the next Board development session would focus on the NHS Institute report into the Health and Wellbeing Board. Full details would be confirmed to Members by email.

HW12. Other Business

Nonnie Crawford advised that the consultation on plain packaging for tobacco based products closed at the end of July and that the Board had the opportunity to support this.

RESOLVED that Nonnie Crawford, assisted by Karen Graham, draft a response to the consultation on behalf of the Board and submit it to the Department for Health, subject to comments from the Chair of the Board.

HW13. Date and Time of Next Meeting

The next meeting will be held on Tuesday 31 July 2012 at 10.00am in Committee Room 2, Sunderland Civic Centre.