Item No. 2

SUNDERLAND EARLY IMPLEMENTER HEALTH AND WELLBEING BOARD

Held in the Wessington Room, Bunny Hill Centre on Wednesday 27 July 2011

MINUTES

Present:

Councillor P Watson (Chair)	-	Sunderland City Council
Councillor D Allan	-	Sunderland City Council
Councillor R Oliver	-	Sunderland City Council
Councillor P Smith	-	Sunderland City Council
Councillor M Speding	-	Sunderland City Council
Neil Revely	-	Executive Director, Health, Housing and Adult Services, Sunderland City Council
Ron Odunaiya	-	Executive Director, City Services, Sunderland City Council
Keith Moore	-	Executive Director, Children's Services, Sunderland City Council
Nonnie Crawford	-	Director of Public Health, Sunderland TPCT
Dr Ian Pattison	-	Chair of Sunderland Clinical Commissioning Group

In Attendance:

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 David Hambleton, Sue Winfield and Sarah Reed.

HW2. Welcome from the Chair

Councillor Paul Watson welcomed those present to the first meeting of the Early Implementer Health and Wellbeing Board and thanked them for their attendance.

HW3. Establishing the Health and Wellbeing Board

The Executive Director of Health, Housing and Adult Services submitted a report setting out the proposals for the development of the Health and Wellbeing Board in Sunderland.

The Health and Social Care Bill stated that each local authority must establish a Health and Wellbeing Board for its area which would bring together key NHS, public health and social care leaders. The Department of Health had endorsed Sunderland becoming an early implementer and this would enable new working arrangements to be trialled and lessons learned prior to the formal Shadow Board being established in 2012. It was proposed that a full review of the membership and functioning of the Board be undertaken prior to the changeover to the Shadow Board.

The Early Implementer Board was intended to be a decision-making and shaping body which would work closely with 'advisory' groups such as the Children's Trust and Adult Social Care Partnership Board. The Board would meet on a bi-monthly basis and the papers would be made available through the Council's website.

The Board was formally a Committee of the Council but was also a key partnership for the city and its work on health would contribute to the overarching Sunderland Strategy. There were a number of key activities which will need to be reflected in the Terms of Reference including assessing the broad health and wellbeing needs of the local population, leading the Joint Strategic Needs Assessment (JSNA), developing a new high-level health and wellbeing strategy, promoting integration and partnership across areas through promoting joined up commissioning plans and ensuring a comprehensive engagement voice is developed as part of the implementation of Healthwatch.

It was important for the Board to identify what success would look like by the end of March 2012 and it was suggested that this may include:

- To have aligned commissioning intentions from all partner organisations to improve Health and Wellbeing outcomes
- To have an established plan for the engagement of VCS, providers and wider partners
- To have an established plan for the engagement of the broader community and users
- To have engaged with the GP Commissioning Board and to have seen progress towards authorisation
- To have a plan for the transition of the public health function to the City Council including finance implications
- To have a final draft of the Health and Wellbeing Strategy to include outcome measures
- To make progress on greater integrated service provision at a locality level across the city

It was highlighted that the GP Commissioning Consortium was currently a pathfinder body and was yet to take on full statutory responsibilities. It was proposed that a second GP consortium member be co-opted onto the Board to allow more flexibility

and a continuum of engagement from the group. This proposal would have to be considered by a full meeting of Sunderland City Council. At this point the Board also stated its intention to be inclusive and to hear views from everyone, whether they be members of the Board or not.

Following consideration of the report it was: -

RESOLVED that: -

(i) the Early Implementer Health and Wellbeing Board agree the proposal to co-opt a second Board Member from the GP Consortium;

(ii) that the next steps be agreed and regular updates received on the work programme.

HW4. The Health of the City

The Director of Public Health presented a report providing an overview of health and wellbeing in Sunderland in 2011.

Nonnie Crawford highlighted some of the main issues observed in the health profile of Sunderland including in inequalities in life expectancy, child development, rates of breastfeeding, cancer statistics and alcohol related illnesses.

The Board paid particular attention to the life expectancy differences shown in the different neighbourhoods within the City, the list showed 22 neighbourhoods which had significant differences from the Sunderland average. It was apparent that thought needed to be given to which services should be offered universally and where specific focus was needed in certain areas.

Dr Pattison commented that take up of services did vary on the ground and it tended to be people in more deprived areas who did not take up the opportunities for follow up and review appointments, when they were often in the greatest need. It was a challenge for the city as a whole to engage these groups of people and there would be opportunities for engagement and outreach to work differently through HealthWatch.

This also needed to be looked at as a long term process, the investment in children's centres was now showing dividends in terms of child health and this needed to continue through to adulthood.

Councillor Watson referred to the Marmot report on health inequalities which stated that it was natural in society to have some unfairness. Improvements had to be made to the health of those statistically at the bottom but as they moved higher up the scale so would those already at the top. It was a matter of improvement for everyone.

Dr Pattison commented that a pattern was developing on increased alcohol consumption amongst the 'non-deprived' communities and the impact on health

would filter through to the statistics in the next few years. A discussion then ensued around the reasons for the increase in drinking by the more affluent communities and comparisons were made with the efforts to tackle smoking which have led to a reduction in tobacco consumption over a number of years.

The Board talked about how they might identify the top ten health priorities for the city and through area arrangements develop individual priorities for a locality and specific need. The system in place at the present time, which was engaged with commissioning, would allow service providers to differentiate responses on this. Consideration also had to be given to how and where GP services could be delivered in the future.

Following discussion, it was: -

RESOLVED that the content of the report be noted.

HW5. JSNA and the Link to Commissioning

The Director of Public Health presented a report setting out proposals for the development of the 2011 Joint Strategic Needs Assessment (JSNA).

The JSNA was an ongoing process which identified current and future health and wellbeing needs of the local Sunderland population. The baseline report was published in 2008 and updated in 2009. The process of refreshing the assessment for 2011 had begun and the aim was to develop a list of priority indicators and identify an officer to lead on each one. It was intended to bring the priority list back in December when organisations were considering their commissioning intentions for the following year.

A proposed Priorities List was presented as part of the report and the Board were asked their views on the list and the draft format for reporting on each priority.

The Board agreed that the JSNA priorities had to be owned by everyone and consideration had to be given to how these would fit into planning for the pathways of people's lives. It was felt that categorising issues under People, Place and Economy was the correct way forward, especially as elected Members would have to present this in political fora.

The need to obtain views from GPs at an early stage was highlighted and Dr Pattison stated that GPs could add value in being able to identify which elements had been problematic and where things could be improved. Nonnie advised that this was the first time that the list had been shared with anyone and that members may want to take it back and have discussions with colleagues to identify any issues that were missing. Safeguarding was noted as something which was missing from the list of priorities.

A Project Board made up of Senior Officers from the Council, the TPCT and the Clinical Commissioning Group, had been established to oversee the refresh of the

JSNA. A smaller project team would co-ordinate this and it was noted that it would be useful to have a clinical commissioning representative on this group.

It was emphasised that the methods for GP engagement had to be clarified at the outset and Board Members reassured that the processes were robust. Neil Revely advised that the process was ongoing and Board Members would have the opportunity to review the arrangements for the project group when the JSNA was brought back to a future meeting of the Early Implementer Health and Wellbeing Board.

Fully engaging with the process of joint commissioning would enable organisations to see where plans were cross cutting, leading to coherence across the public, and eventually the private, sector.

Having considered the report, it was: -

RESOLVED that: -

(i) the JSNA approach and timelines be approved; and

(ii) the refreshed JSNA Priority List be noted.

HW6. HealthWatch Transition Plan

The Executive Director of Health, Housing and Adult Services presented a report outlining details of the Government's HealthWatch Transition Plan and the proposals for the transition in Sunderland.

Healthwatch aims to strengthen patient and public voice at both local and national levels and to do this, Healthwatch England would be established and LINks would become local HealthWatch organisations. Healthwatch England would also be a sub-committee of the Care Quality Commission.

At least one representative of local HealthWatch would be a statutory member of the Health and Wellbeing Board and it would be important for the local group to develop strong relationships with key partners in order to develop a shared understanding of the needs of the local population.

The Department of Health had set out what an effective local HealthWatch would be like and while it would take forward LINks responsibility for gathering people's views and making those views known to service commissioners and providers, they would also take on the responsibility for supporting individuals directly. Local authorities were asked to build on what was best and Sunderland would add to and amend the local HealthWatch model as the development progressed. This would be linked to action learning sets which would assist peer learning and sharing and facilitate continuous improvement for all LINks.

Sunderland had not elected to bid to be a HealthWatch pathfinder but would remain close to the process and gather information through the evaluation of the pathfinders and learning events.

Over the transition year, consultation would be carried out in Sunderland in order to engage diverse individuals and groups in the design and development of local HealthWatch. Sue Winfield, Chair of the Sunderland PCT, would lead the HealthWatch transition workstream process and Jean Carter would be the officer lead.

Councillor Speding commented that there was an understandable need to have a HealthWatch representative with a full and equal position on the Health and Wellbeing Board but asked where the challenge to the Board would come from. Neil Revely advised that this would be from the Health and Wellbeing Scrutiny Committee as it was best placed to provide the necessary overview and challenge.

The Chair noted that the HealthWatch representative would require support in attending the Health and Wellbeing Board to ensure that they remained engaged with the work of the Board.

Following discussion it was: -

RESOLVED that: -

(i) the next steps for the HealthWatch transition be approved: and

(ii) the Early Implementer Health and Wellbeing Board receive further updates as the transition progresses.

HW7. GP COMMISSIONING PATHFINDER BID

Dr Pattison presented the application document for Sunderland's GP Commissioning Consortia Pathfinder Programme bid and outlined the process which had developed the consortium.

The way GPs had come together had been very important and there had been good engagement and a formal election process carried out to select six GPs to sit on the Board and Dr Pattison to act as Chair. Dr Pattison would remain as Chair until statutory responsibilities came into effect.

The governance structure for the Sunderland Commissioning Consortium Board was outlined together with its relationship to PCT Boards and Committees. The emphasis was on locality working where the Consortium could take on delegated responsibility in the future.

The North East was seen to be taking the lead in the process and the Department of Health is monitoring the local consortia closely. The Consortium had identified eight high impact interventions to address the gap in life expectancy in Sunderland and would lead on the following four issues: -

- Consistent use of beta blockers, aspirin, ACE inhibitor and statins following a circulatory event
- Systematic treatment for COPD
- Cancer awareness and early detection
- Identification and management of atrial fibrillation

These were identified as priority health requirements for the people of Sunderland and were achievable within the pathfinder timeframe.

Dr Pattison informed the Board that there would be a Consortium lead for clinical effectiveness who would work on ironing out clinical variation between practices. Nonnie Crawford highlighted that a good example of this was the impact a previous commissioning group had made on treatment of COPD in one surgery which was so effective it was going to be rolled out across all practices in the city.

Attention was drawn to the list of GP practices and the lack of uniformity in sizes of practice lists in relation to the number of GPs. Dr Pattison explained that some of this information was skewed in that not all practices had treated the number of GPs as Full Time Equivalents and the statistics did not take into account different models of provision, such as the use of nurse practitioners. Dr Pattison commented that he would like to see a lower average of patients allocated to each GP as there was a risk that change could not take place if there were not enough GPs in the area or if they were overworked.

The issue of recruitment and retention of GPs was also raised and it was noted that there was a difficulty in that doctors did not want to live in the Sunderland area and a plan for addressing this was required.

Following discussion, it was: -

RESOLVED that the GP Commissioning Consortia pathfinder bid be noted.

HW8. FUTURE MEETINGS

The Board discussed the dates and times of future meetings. It was noted that lunchtime meetings were more convenient for GPs and the most appropriate days to meet were Wednesday and Friday. It was agreed that a schedule of meetings would be devised on this basis and circulated to Board members.

(Signed) P WATSON
Chair