

**SUNDERLAND SHADOW  
HEALTH AND WELLBEING BOARD**

22 March 2013

**UPDATE ON ACTIONS FROM THE HEALTH AND SOCIAL CARE SYSTEMS  
DIAGNOSTIC – NHS INSTITUTE**

**Report of the Executive Director of Health Housing and Adult Services**

**1. Purpose of the Report**

The report sets out the recommendations of the NHS Institute Diagnostic and the actions that followed. It updates the Board on the actions that have been completed and those outstanding. It also highlights those issues for which the Board is not required to complete and action but would benefit from an update from partners outside the Board,

**2. Background**

In the North East, the Strategic Health Authority have provided funding for the NHS Institute for Innovation and Improvement (the Institute) to work with all of the regions PCT clusters to assist in the change that is required to meet the emerging Health agenda with a particular focus on ensuring that Health and Wellbeing Boards could grow into their role of leading the strategic development of health and wellbeing policy and commissioning.

Sunderland Health and Wellbeing Board commissioned the NHS Institute to start the diagnostic tool in Sunderland in late 2011 and the report in July 2012. There have been 2 development sessions with the Institute looking at the recommendations of the report, one including provider representation.

This report describes the progress that has been made to date in the pursuance of the recommendations made by the Institute and also makes suggestions about how the Board may wish to pursue the recommendations further.

**3. The Diagnostic Report**

The NHS Institute made 24 recommendations for the HWBB to consider though some are the responsibility of other organisations to pursue, such as the CCG, NTW and the Ambulance Service. The recommendations are presented in Appendix 1 and show where:

- Action is required by the HWBB
- The Board may want to pursue actions with partners or request regular updates from partners where the Board is not a lead agent
- Action is required by other organisations.

	<b>No. Actions</b>	<b>Definitions</b>
<b>Red</b>	1	Where work is anticipated but not yet scheduled or underway
<b>Amber</b>	8	Where work has been started but not fully delivered
<b>Green</b>	8	Where action has been completed or is being carried out as business as usual

#### **4. Recommendations**

The Board is recommended to:

- Note the report
- Agree to receive update on actions in 6 months

**Appendix 1**

**HEALTH AND SOCIAL CARE SYSTEMS DIAGNOSTIC – NHS INSTITUTE Progress to Feb 13**

Recommendations	Proposed Action	Progress	Timescale	RAG
<b>Recommendations where Board Action is needed</b>				
<p><b>No.4 &amp; No.7</b>                      The Health and Wellbeing Board should assure that its local authority contributors (councillors and officers) have sufficient advice and support to enable them to understand the new NHS Commissioning process, business models, working practices, drivers and accountabilities of primary and secondary care providers.</p> <p>Similarly, partners, and particularly the CCG and its advisors, should have sufficient advice to enable them to understand the business models, working practices, drivers and accountabilities of the local authority and other potential partners and providers in the health system locally.</p>	<p>Previous Board meetings have focused on the priorities of Board members including presentations on the Council directorate plans, the Childrens and Young Peoples plan and regular updates on the CCG plans and priorities.</p> <p>Future Boards could also include opportunities for members of the broader system including providers to enhance understanding.</p>	<p>18<sup>th</sup> October development session brought in the NHS Institute to discuss provider engagement in the HWBB system</p>	<p>Complete but will revisit in future Board agendas</p>	<b>G</b>
<p><b>No.5</b>                      The Health and Wellbeing Board should lead a piece of work to determine the best way of engaging all staff and volunteers in the health and social care sector to embrace the spirit of the health</p>	<p>As part of the public health transition project, the HR and OD workstream is looking at ways of engaging staff shaping the reforms and keeping them informed of the changes that</p>	<p>LINK now have a seat on the HWBB, transferring to HealthWatch on commissioning.</p>	<p>Complete and development session on engagement planned</p>	<b>G</b>

Recommendations	Proposed Action	Progress	Timescale	RAG
and social care reforms, and to work as integrated teams and become individual health and wellbeing champions.	will affect them.  The engagement sessions being put forward as part of the Health and Wellbeing Strategy are opening up the debates on what changes are needed to respond to the health and social care reforms. This process is ongoing.	HealthWatch commissioning process has held public engagement meetings  HWB Strategy engagement process has completed.		
<b>No.8 &amp; No.9</b> There is an opportunity to review the role and function of Public Health as it transfers across South of Tyne and Wear and how it integrates with the current Sunderland way of working.	The Public Health Transition Board and the workstreams underneath this are ensuring close working between the PCT and local authority to ensure transition is as smooth as possible, but also that the opportunity offered by the transition is maximised.	A series of transformation workshops looking at topics including area working and integrated wellness have been scheduled bimonthly until transition to enable exchange of best practice	Complete	<b>G</b>
<b>No.17</b> As the development of integrated care is a broadly shared objective in Sunderland a common vision of what this will look like and will deliver in 3-5 years' time needs to be articulated. The vision needs to be framed in a way that connects with staff, motivates them to pursue the objectives and gives them scope to develop how they work	The emerging Health and Wellbeing Strategy and the Clinical Commissioning Group Clear and Credible Plan have a clearly articulated vision which has been developed in consultation with individuals and organisations throughout Sunderland. Additional work needs to be undertaken in	The drafting of the HWB strategy is at the high level actions stage.  The Strategy has been taken to the Boards and management groups of the HWBB,	October 2013 High level vision and objectives have been set in the HWB Strategy Action planning to be completed by October	<b>A</b>

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<p>together to deliver these at a local level. The Health and Wellbeing Board is well-placed to co-ordinate this work.</p>	<p>particular with organisations active in the Health and Social care system but not currently actively involved in the strategy development process. In particular the engagement of providers needs to be improved.</p>	<p>Children's Trust and Adults Partnership Board for sign off and discussion on action planning.</p>		<p><b>RAG</b></p>
<p><b>No.19</b> The methodology for delivering change at scale and pace needs to be considered within Sunderland, including:</p> <ul style="list-style-type: none"> <li>• the style of leadership required</li> <li>• the capability to deliver service change</li> <li>• the capacity within the system to deliver change and how this is used across organisations</li> <li>• how organisations will work together whilst retaining separate corporate entities</li> <li>• how objectives are set that reflect the joint nature of the change required</li> <li>• how people are held to account for delivery</li> <li>• how risk will be managed.</li> </ul>	<p>Forthcoming Board development sessions will be developed to incorporate change management into the programme.</p>	<p>5 representatives of the Health and Wellbeing System (including two Board members) are undertaking the national leading transformation for health and wellbeing course during 2012-13. The representatives are Cllr Paul Watson (HWBB Chair), Nonnie Crawford (HWBB member), Sarah Reed, Johannes Dalhuijsen and Karen Graham.</p> <p>The Board development programme is under review and will include a new module on</p>	<p>Complete Development session on accountability and change agreed</p>	<p><b>G</b></p>

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		integrating & leading change in 2013		
<p><b>No. 23</b> That a comprehensive community engagement plan is created under the auspices of the Health and Wellbeing Board to build up capacity and support the community to engage with the delivery of health and social care services, and provide customer insight</p>	<p>Individual engagement plans have been drawn up under the auspices of the Health and Wellbeing Board, specifically around the development of HealthWatch, the JSNA redevelopment, Public Health Transition and the Health and Wellbeing Strategy. Work needs to be done to bring these individual components together into a comprehensive plan which is monitored and reviewed as part of ongoing development.</p>	<p>The People leads for communications have been engaged in the development of a communication strategy.</p> <p>Discussions are underway regarding improving customer insight through the area people boards, frontline staff in HHAS and through the council Customer service network.</p> <p>The health and wellbeing strategy has taken an assets based approach to developing community capacity,</p>	<p>Health Watch will lead a development session looking at engagement</p>	<p><b>A</b></p>
<p><b>No.24</b> Individual engagement plans have been drawn up under the auspices of the Health and Wellbeing Board, specifically around the development of HealthWatch, the JSNA redevelopment,</p>	<p>Representatives from individual organisations within the voluntary sector are included as core members of the advisory groups of the Childrens Trust and Adults</p>	<p>Meetings with communications have taken place and an action plan needs to be drawn up</p>	<p>Initial discussion on a communications plan have taken place. Update to the</p>	<p><b>A</b></p>

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Public Health Transition and the Health and Wellbeing Strategy. Work needs to be done to bring these individual components together into a comprehensive plan which is monitored and reviewed as part of ongoing development	Partnership Board and as standing invitees to the Health and Wellbeing Strategy engagement events. Further work needs to be undertaken to capture input in terms of service redesign and in terms of including a broader range of VCS partners in the process.		Board planned for July 2013	
<b>Recommendations where <u>joint</u> action is necessary</b>				
<p><b>No.3</b> That the three areas in SoTW have regard to the long term sustainability of their CCG arrangements and their mutual impact:</p> <ul style="list-style-type: none"> <li>Sunderland CCG and the other two SoTW CCGs need to understand and manage the impact of any re-alignment of Gateshead CCG with Newcastle including the impact on wider risk-sharing arrangements on specialist services</li> </ul>	The Board's CCG membership will keep the Board up to date with any re-evaluation of the Sunderland/South Tyneside CCG relationship as recommended by the Institute - the Board is likely to want to understand the implications of any change.	None to report	ongoing	<b>A</b>
<p><b>No. 11</b> In order to provide a more understanding, and potentially sympathetic, context for the discussions recommended in 10 above (in the light of the dissatisfaction caused in the GP community by the reforms of community</p>	The Board's CCG membership will keep the Board up to date with progress on this recommendation	The Children's Trust sub group completed a 6 month review of Health Visiting services, feeding in GP views into contact	Complete The review has been completed and will report back in 6 months	<b>G</b>

Recommendations	Proposed Action	Progress	Timescale	RAG
<p>services in respect of district nursing and health visitors) CCG leads should be supported by independent advisors who are GPs, or are respected by GPs, to talk to their GP communities about how a transformative model of integrated care could work for their patients and their practices.</p>		<p>specification discussions. Updates will be brought to the Board on this impact of changes.</p>		A
<p><b>No. 20 &amp; 21</b>  That the organisations in the system share information about their financial situation and objectives and how decisions by, and support from, others can impact on their financial futures.</p> <p>That, having shared their financial information, the organisations examine how joint working can assist in running more cost effectively with an open mind on all sides to new, potentially revolutionary approaches. One fundamental question being can the system sustain as many organisations as it has?</p>	<p>Financial planning and commissioning process should be reviewed annually as part of the commissioning cycle – this could be through a board development session</p>	<p>Board development session to be discussed in consideration of budgetary and commissioning cycles involving Chief Financial Officers</p>	<p>Nov 2013</p>	R
<b>Recommendations where <u>no</u> action is necessary</b>				
<p><b>No. 1 &amp; 2</b>  Consideration needs to be given to new strategic partnerships which may not have been possible with the current NHS Commissioning structures.</p>	<p>Board members to update the Board on any new partnerships it is aware of that would impact on the Board (either positively or negatively)</p>	<p>None to date</p>	<p>Ongoing</p>	A



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<p>Partnership should be created where a common interest or priority exists. For certain NHS Health care reconfigurations new fora will need to be in place to allow Local Authorities across the North East to consider the impact of planned changes for their local population.</p> <p>Any strategic partnerships created as a result of the above recommendation should be action orientated and outcome driven and must recognise the capacity pressures on the system and the different members in establishing its working methods. It may be appropriate to allocate responsibility for ensuring progress on key themes to individual senior leaders.</p>				RAG
<p><b>No. 10</b> In the light of widespread recognition of the importance of reform in community services to meet the stated, but as yet not clearly defined, objectives of integrated services moved out into the community STFT needs ensure the early and comprehensive engagement of the whole system (CCGs, HWBBs, LAs, acute FTs, NTW Trust and NE Ambulance Trust) in defining the</p>	<p>NO action is needed by the Board though the Board may wish to ask STFT to keep it informed of any developments so that it can consider the potential for impact on Sunderland.</p>	<p>The Children's trust review of community services has ensured the HWBB is engaged in this debate</p>	<p>Complete</p>	G

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principles for the reform of community services.				
<p><b>No.12</b> The PCT and FTs should include other stakeholders in the accelerated work on the configuration of acute services (ABP) particularly the CCGs and LAs, and to include Newcastle and Durham. This work needs to be based on an assessment of the medium-term viability of different services so that there is a shared understanding of the changes required. This should include an assessment of the impact of changes in community provision on acute activity, cost, income and ultimately viability. It should link back to the HWBB and the methodology proposed in Recommendation 1 to inform the wider vision of service provision.</p>	<p>NO action is needed by the Board though the Board may wish to ask the ABP group to include it in the ABP discussions, thereby enabling the Board to consider the potential impact on Sunderland.</p>	<p>Updates have been received from City Hospitals on Accelerating the Bigger Picture and updates will be requested as the picture develops</p>	<p>Ongoing</p>	<p><b>A</b></p>
<p><b>No.13</b> To inform their discussions the new extended ABP group should commission a piece of work to model the possible end outcomes / scenarios of what acute services may look like in the wider area in 3 to 5 years – taking account of financial and clinical drivers, as well as the impact of shift into community services</p>	<p>NO action is needed by the Board though the Board may wish to ask the ABP group to keep it informed of any developments so that it can consider the potential for impact on Sunderland.</p>	<p>As above</p>	<p>Ongoing</p>	<p><b>A</b></p>

Recommendations	Proposed Action	Progress	Timescale	RAG
<p><b>No.14</b> That the NTW Trust needs to develop more strategic partnership mechanisms relating to the planning and delivery of its services acknowledging its partners aspirations and involving them in the service reconfiguration plans at an early stage of development.</p>	<p>NO action is needed by the Board though the Board may wish to ask NTW to keep it informed of any developments so that it can consider the potential for impact on Sunderland.</p>	<p>Board to schedule a report from NTW on partnership mechanisms Report received at the Adult Partnership Board (March 2013)</p>	<p>Complete NTW update received at Adult s Board</p>	<p><b>G</b></p>
<p><b>No.15</b> That the NTW Trust has regard to the comments about inaccessibility in the implementation of its service redesign and in future service planning and delivery.</p>	<p>NO action is needed by the Board. This recommendation is directed at NTW.</p>	<p>Request a report to the Board</p>	<p>Nov 2013</p>	<p><b>A</b></p>
<p><b>No.16</b> That the Ambulance Trust works with its partners across the system in Sunderland to establish the principles for the design of the new system of integrated services to which the area aspires.</p>	<p>The Ambulance Service is a member the Adults Partnership Board and through this membership is able to contribute to the development of health and social care services in the city.</p>	<p>Invitation reminders sent to NE Ambulance Trust</p>	<p>complete</p>	<p><b>G</b></p>

