

**SUNDERLAND SHADOW  
HEALTH AND WELLBEING BOARD**

31 July 2012

**HEALTH AND SOCIAL CARE SYSTEMS DIAGNOSTIC – NHS INSTITUTE**

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

**Background**

The NHS Institute for Innovation and Improvement (the NHS Institute) have been tasked nationally with offering support to health and social care systems through a support programme. In the North East, the Strategic Health Authority have provided funding for 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 can grow into their role of leading the strategic development of health and wellbeing policy and commissioning.

Sunderland Health an Wellbeing Board commissioned the NHS Institute to start the diagnostic tool in Sunderland in late 2011 with reports dues back in time to inform the development of the Shadow Health and Wellbeing Board.

**Current Situation**

The NHS Institute have carried out the diagnostic tool which involved

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

The report was release in early June and copies circulated to the Health and Wellbeing Board alongside partners who were involved in the review and survey stages.

A session was called by the NHS Institute to launch the report and to discuss how to develop a way forward with the recommendations that were outlined. The session was held on the 21<sup>st</sup> June at the Stadium of Light and saw 12 participants attend from the City Council, NTW, City Hospitals Sunderland, Age UK, The Carers Centre, the PCT, the Clinical Commissioning Group.

A copy of the presentation from the day is included as Appendix 1.

A number of organisations were unable to attend, and notably South Tyneside Foundation Trust was not included by the NHS Institute on the invitation list. As such it was highlighted at the event that there was a need to bring together a further meeting of the group to discuss the recommendations and way forward with a fuller attendance.

## The Diagnostic Report

The report was broadly accepted by those present at the session, however, it was recognised that the report represents a snapshot of the system at a point in time which was 3-6 months ago. A lot in terms of development, relationship building and strategic planning has moved on since the research was undertaken and limitations to this effect were noted.

The report makes in total 24 recommendations to the Health and Wellbeing Board about determining a way forward. It is proposed that these recommendations be discussed in greater detail at the proposed second meeting of the working group. They include specific recommendations for the CCG, NTW, the Ambulance Service and SOTW in respect of community services.

Recommendations that pay specific attention to the Health and Wellbeing Board, are detailed below and the Board is recommended to review them and agree a common course of action:

Recommendation 4 & 7: 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. 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.

Proposed Action: 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. Future Boards could also include opportunities for members of the broader system including providers to feed enhance understanding.

Recommendation 5: 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 and social care reforms, and to work as integrated teams and become individual health and wellbeing champions.

Proposed Action: 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 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.

Recommendations 8 & 9: 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.

Proposed Action: 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.

Recommendations 17: 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 together to deliver these at a local level. The Health and Wellbeing Board is well-placed to co-ordinate this work.

Proposed Action: 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 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.

Recommendation 19: The methodology for delivering change at scale and pace needs to be considered within Sunderland, including:

- the style of leadership required
- the capability to deliver service change
- the capacity within the system to deliver change and how this is used across organisations
- how organisations will work together whilst retaining separate corporate entities
- how objectives are set that reflect the joint nature of the change required
- how people are held to account for delivery
- how risk will be managed.

Proposed Action: Forthcoming Board development sessions will be developed to incorporate change management into the programme.

Recommendations 23: 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.

Proposed Action: 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.

Recommendation 24: That, under the auspices of the Health and Wellbeing Board, the voluntary sector is facilitated to fully engage in respect of potential changes and to capture their input to redesign on a community and locality basis.

Proposed Action: Representatives from individual organisations within the voluntary sector are included as core members of the advisory groups of the Childrens Trust and Adults 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.

## **Recommendations**

The Board is therefore recommended to:

- Agree to calling together a second session to look at the way forward for implementing the recommendations in the Diagnostic Report
- Agree the proposed actions for the Health and Wellbeing Board as detailed above