

**SUNDERLAND EARLY IMPLEMENTER  
HEALTH AND WELLBEING BOARD**

**25 NOVEMBER 2011**

**DEVELOPMENT AND EVALUATION OF THE EARLY IMPLEMENTER  
HEALTH AND WELLBEING BOARD**

**1.0 PURPOSE OF THE REPORT**

The Sunderland Early Implementer Health and Wellbeing Board (HWBB) met for the first time in July 2010 as a new partnership to steer the Health and Wellbeing agenda for the City. The HWBB will be responsible for promoting joint commissioning and integrated provision between health, public health and social care. It will lead the development of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy. It will also be involved as Clinical Commissioning Groups develop their commissioning plans and there will be an expectation, set out in statutory guidance, for the plans to be in line with the Health and Wellbeing Strategy.

As part of being granted Early Implementer status, there is an obligation to review and evaluate the structure, membership and operation of the Health and Wellbeing Board.

This paper sets out the outcome of a Board member training audit, current opportunities for development alongside proposals for the evaluation of the Early Implementer Stage.

**2.0 DEVELOPMENT OF THE EARLY IMPLEMENTER HEALTH AND  
WELLBEING BOARD**

**2.1 Board Development**

It is recognised that there is a desire from the Board to undertake training and development activities both as a whole Board and on an individual or small group basis in order to develop a shared vision, joint practices and fuller understanding of constituent organisations.

The Board needs to establish

- Values: what are the shared values that all members of the HWB bring to the table?
- Goals: What is our vision and what are our key objectives and goals? How do we tackle long-standing issues that have proved hard to address? and
- Tasks: What do we need to do to achieve our objectives and who will do this?

The results from the training needs survey carried out in October highlighted that a consistent priority for development was clarity on relationships between

the Board and other groups but also on roles and responsibilities, media relations and understanding of timelines and deadlines.

## 2.2 Wider Member Awareness

The importance of ensuring the elected members as a whole are aware of the developing health and wellbeing agenda is also recognised. It is proposed that the council's Community Leadership Programme is used to develop an ongoing programme of awareness raising with frontline councillors under the banner of the Health and Wellbeing Board.

A brief awareness assessment of all frontline Councillors was completed in October through the member account manager network and all of the respondents stated that they would be interested in receiving further training and development (mainly in written format) on the developments in local authority responsibilities for public health.

## 2.3 External Development Opportunities

Regionally, the ANEC Improving Health Task and Finish Group have proposed that consideration should be given to holding a Health and Wellbeing summit for members, and to setting up a working group, to be hosted by ANEC and possibly consisting of the Chairs of the 12 HWBBs, to take forward the health agenda.

ANEC have also recognised that there is much that local authorities will wish to pursue at a local level with partners, and bespoke to their own context and requirements. As such, there is potential to offer each local authority/Health and Wellbeing Board a sum of £10K to support the development of capacity building in relation to Public Health and/or Health and Wellbeing Boards.

Nationally Sunderland has expressed an interest to host a national learning set on the topic of "maximising opportunities for joint commissioning and integration across the NHS and local government". Sunderland has been included in its chosen learning set, but we have yet to have confirmation of whether this will be as a host or contributing member.

We have been approached a number of potential facilitators including Sunderland University school of public health with regards the provision of training around public health and Dr Mike Grady (senior research fellow with Marmot team) who have now been funded for the next three years by government to become the Institute of Health Equality with a remit of helping to enable all Local Authorities to establish Health and Wellbeing Boards across the country.

## 2.4 Proposals for Sunderland

It is proposed that a series of sessions be developed between now and March 2013 to cover issues raised in the training audit and to reflect good practice in

terms of recommendations for Board development, bringing in external trainers and facilitators as required.

It is proposed that an initial facilitated whole board session be held to establish shared values, goals and tasks, based on initial exploratory interviews with Board members looking at identifying aspirations, concerns and priorities in relation to the HWBB with the potential of developing a self-regulation model with a development plan to demonstrate continuous learning.

This will then be followed by a series of thematic briefings and workshops including:

- Relationships between the Board & other groups
- Developing a joint view on commissioning
- Priority setting
- Health and wellbeing strategy
- Engagement

It is also proposed that sessions be devoted to problem solving and scenario running in a 'safe' environment to look at how the Board will tackle difficult issues such as

- personal health budgets
- urgent care
- service reconfiguration
- links to wider determinants of health

Individual or small group training around media relations, accessing data, representation and understanding organisational outcomes will also be convened.

### **3. EVALUATION OF THE EARLY IMPLEMENTER HEALTH AND WELLBEING BOARD**

As part of being granted Early Implementer status, there is an obligation to review and evaluate the structure, membership and operation of the Health and Wellbeing Board.

To give an independent view on the membership and structure of the Early Implementer Health and Wellbeing Board, Sunderland have been offered support by the NHS Institute for Innovation and Improvement to undertake the diagnostic stage of their Health and Social Care System Support (HSCSS) leading to a reflective report and a proposed development programme. This will cover issues such as

- Analysis of system data and documents
- Stratified questioning of organisational staff
- Chief executives listening exercise
- Executive leaders briefing and engagement
- Interviews with execs and managers

As highlighted in a previous paper to the Board, the Institute are starting their review in January and this will satisfy the need for an independent review of membership and relationships with recommendations for Shadow and Full Board status being fed back into the Board in March.

At its inaugural meeting in July 2011, the Early Implementer Health and Wellbeing Board defined what, for members, would constitute success by April 2012, namely:

- 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 seen progress towards authorisation
- To have a plan for the movement of public health including ring fenced finance implications
- To have a final draft of the Health and Wellbeing Strategy to include outcome measures

However, as the success of the Early Implementer stage of the Sunderland Health and Wellbeing Board is based not only on the views of the Board, but also of the Health and Wellbeing sector as a whole, it is proposed that a broader evaluation of success is undertaken firstly by establishing a wider set of success criteria and secondly by undertaking a survey of a broad range of parties in scoring this success.

In order to provide a joint view on what success will look like, it is proposed to seek the views of advisory groups and other interested parties, with open invitation meetings be held for both VCS and providers to input their views into the process. It is envisaged that by engaging with these groups the evaluation of the Early Implementer Health and Wellbeing Board's success will be more robust.

The success factors as agreed by the Early Implementer Health and Wellbeing Board will be collated with the responses from the advisory groups and the VCS and a composite list brought back to the Board in January following which a questionnaire will be published asking for people to rate their views of the success of the Board.

It is, however, recognised that the Board and advisory group structure will only have been in place for a limited period and as such the learning from the initial evaluation will be limited. It is therefore proposed that the evaluation be delayed for 6 months to accurately measure improvement and distance travelled and to build on the recommendations from the Institute diagnostic which will have been received in March.

## **4.0 RECOMMENDATIONS**

The Board is recommended to:

- Agree to hold a whole board values, goals and tasks session
- Agree to establish an ongoing training plan to March 2013
- Agree to involve advisory groups and broader partners in setting success criteria
- Agree to engage the NHS Institute for Innovation and Improvement to undertake the HSCSS diagnostic

