

**SUNDERLAND HEALTH AND WELLBEING BOARD**

**19 September 2014**

**PEER REVIEW – IMPLEMENTATION PLAN UPDATE**

**Report of the Assistant Chief Executive and the Head of Strategy and Performance**

**1. Purpose of Report**

The purpose of the Report is to update the Board about the progress made addressing the Health and Wellbeing Peer Challenge implementation plan.

**2. Background**

In February 2014 partners across the Sunderland health and wellbeing system were the subject of a Local Government Association (LGA) Health and Wellbeing Peer Challenge. The Peer Challenge is part of an LGA developed system improvement programme that is based on the principles of sector led improvement – Sunderland volunteered to undertake the challenge.

In May 2014 the Board received a report advising it of the outcome of the Peer Challenge including a proposed implementation plan that was to be used to address the findings of the Peer team. The Board agreed to receive 6 monthly updates on progress against the implementation plan.

**3. Progress against the Implementation Plan**

Overall the LGA report was positive and identified a number of opportunities to strengthen the good work already happening across the system. These opportunities form the basis of the implementation plan and the 15 individual actions it comprises address four key questions, these are:

- a) Is there a clear and appropriate approach to improving the health and wellbeing of local residents underpinned by accountability to the public?
- b) Is the Health & Wellbeing Board (HWBB) at the heart of an effective governance system? Does leadership work well across the local system?
- c) Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?
- d) Are there effective arrangements for evaluating impacts of the health and wellbeing strategy?

The implementation actions were allocated to Board members and senior officers within the Council and CCG. Appendix 1 details the progress made against each action to date.

#### **4. Recommendations**

The HWBB is recommended to note the Implementation Plan.

## Appendix 1

### a) Is there a clear and appropriate approach to improving the health and wellbeing of local residents underpinned by accountability to the public?

ID	Improvement Actions	Lead	Timescale for completion
A1	Develop a strong and compelling narrative to underpin the Health and Wellbeing Strategy (HWBS) and promote this widely within the council and partner organisations.	Neil Revely	November 2014
<p><b>Progress to date</b></p> <p>A series of workshops and events have taken place either explicitly linked to developing the narrative or for related purposes where the outputs will be used to help build the narrative, these include:</p> <p>Accelerated Solutions Event – over 100 participants from organisations across health, Council and the voluntary sector set out the future journey for health and social care.</p> <p>Better Care Fund (BCF) Development – various sessions have supported the development of a vision for integrated working within a pathway focusing on prevention, early intervention and ‘out of hospital’ healthcare.</p> <p>Integrated Wellness Services – engagement and consultation events leading to a new model for integrated wellness services.</p> <p>CCG / Council Communications Group – monthly meeting.</p> <p>City Council People Directorate – Communications workshops alongside 3 year transformational plan.</p>			
<p><b>Action to be taken prior to completion</b></p> <p>Further events planned leading to a draft narrative to be presented to the Health and Well Being Board in November:</p> <ul style="list-style-type: none"> <li>- Workshop developing the City approach to Increasingly Active Sunderland (16 October)</li> <li>- Behaviour Change Workshop (20 October) with support from Collaborate CIC and Dr Henry Kippen and Ben Lucas</li> <li>- Workshop to collect the outputs from the events / workshops / meetings to produce narrative and any required draft action plan (October)</li> <li>- Accelerated Solutions Event follow up (November).</li> </ul>			

ID	Improvement Actions	Lead	Timescale for completion
A2	Increase the pace of the HWBS's implementation plan and ensure this includes important milestones and outcomes that will demonstrate progress.	Neil Revely	November 2014
<p><b>Progress to date</b></p> <p>Initial progress against each objective has been made and reported to the Health and Wellbeing Board in May 2014. Elements of the strategy will also be progressed through the various Peer Challenge improvement actions (of which this is one). A core feature of the HWBS is the assets based approach to improving health and the need to empower local people so that they can take responsibility for their health. A significant piece of work is underway involving the HWBB and its advisory groups that will explore how this can be achieved.</p> <p>The HWBB will receive an annual Assurance Report that will demonstrate to them that all partners are delivering their core services in line with the strategy and highlight any issues. The report will also detail additional action taken to address the strategy objectives and the difference it is making. An Annual Statement will also be produced that summarises the progress and any concerns expressed in the Assurance Report.</p>			
<p><b>Action to be taken prior to completion</b></p> <p>Various Peer Challenge improvement actions will be completed during 2014 and through to May 2015. The first communications/behaviour change workshop to explore how individual responsibility for health can be re-established will take place on the 20<sup>th</sup> October 2014.</p> <p>The Annual Statement and Assurance Report will be taken to be the HWBB in Autumn 2014.</p>			

ID	Improvement Actions	Lead	Timescale for completion
A3	<p>Articulate and communicate what the Health and Social Care 'system' will look like in the next 5-10 years including:</p> <ul style="list-style-type: none"> <li>• a "road map" with clear deliverables for integration &amp; transformation</li> <li>• a workforce plan</li> <li>• Primary Care commissioning plan.</li> </ul>	Neil Revely & Dave Gallagher	November 2014
<p><b>Progress to date</b></p> <p>An accelerated solutions (ASE) event in June helped form the approach to designing the system. A draft model was developed and is being shared with stakeholders with a view to agreeing and taking it forward.</p> <p>The action plan from the event is being developed and key actions have been delegated to existing groups or, where these don't already exist, to newly formed ones.</p> <p>Key deliverables and milestones are being agreed by aligning individual plans from provider organisations with those of the City Council and CCG.</p> <p>The CCG transformation board has begun to look at workforce risks and implications with key stakeholders and discussions with / input from Health Education North East is planned.</p> <p>As part of the above, discussion is underway with NHS England and the Local Medical Committee regarding primary care workforce planning.</p>			

Discussion is underway with NHS England regarding primary care commissioning, including opportunities for co-commissioning with the CCG where this is currently the responsibility of Area Team.

**Action to be taken prior to completion**

Work which is underway between City Council and CCG colleagues to identify and share financial risks and issue (particularly in relation to the BCF) will be completed in September 2014.

Transformation Board discussion re aligning planning and associated milestones – September 2014.

CCG development session on primary care commissioning and a strategy for primary care in Sunderland – September 2014.

Follow up to ASE event to share progress and plan / inform next steps – November 2014.

ID	Improvement Actions	Lead	Timescale for completion
A4	Ensure there is a more systematic approach to embedding health and wellness into the core of council and partners services, to fully utilise the potential of the system.	Ken Bremner (LSP Chair)	November 2014
<p><b>Progress to date</b></p> <p>Building on its core values the Council has identified three strategic priorities: the Economy; Health; and Education and skills, acknowledging the inherent links between the three and the opportunities and life chances available to local people. This new focus will inform the council's service planning and delivery.</p> <p>The Accelerated Solutions Event in June 2014 facilitated a wider discussion across all stakeholders in health and social integration about how to work more effectively with residents and clients.</p> <p>A new city wide workstream is in development 'All Together Sunderland'.</p>			
<p><b>Action to be taken prior to completion</b></p> <p>Follow up to ASE event to share progress and plan / inform next steps – November 2014.</p> <p>'All Together Sunderland' approach underway to better engage and co-produce new ways of working with partners and the public', first wave of open conversations being planned and intelligence gathered will be added to the evidence base to inform decisions – from Nov 2014.</p>			

ID	Improvement Actions	Lead	Timescale for completion
A5	Use Public Health expertise to create strong evidence based commissioning that incorporates the co-design and co-production of interventions with local communities.	Nonnie Crawford	May 2015
<p><b>Progress to date</b></p> <p>The Public Health team have been instrumental in developing commissioning plans for the Integrated Wellness Model (details of which can be found below in A6 below). Development of this model was</p>			

supported by Public Health staff with expertise in reviewing current provision, addressing health needs assessment, finding evidence about different models, seeking public and user engagement and feeding those responses into development. Co-design and co-production is central to public health ways of working.

Additionally work with the Area Committee People and Place Boards over green space and enhancing approaches to increasing activity locally are based on co-design with Community Leaders and community participation.

The appointment of a permanent consultant post will enhance the capacity of Public Health to offer support around evidence base to the intelligence hub, the Council and the CCG.

#### **Action to be taken prior to completion**

Evaluation plans to assess how successful these approaches have been will be in place by December 2014, though implementation will be on-going.

ID	Improvement Actions	Lead	Timescale for completion
A6	<p>Develop greater understanding around the behavioural and cultural issues that underlie why people do not make changes or access services, ensuring that:</p> <ul style="list-style-type: none"> <li>evidence drawn from data is aligned with effective solutions</li> <li>there is a robust process for sharing intelligence around health and wellbeing with the public</li> <li>that public intelligence is added to the evidence base to inform decisions</li> <li>the JSNA is underpinned with a stronger user perspective.</li> </ul>	Sarah Reed / Liz St Louis / Nonnie Crawford / Kevin Morris	May 2015

#### **Progress to date**

- Through the accelerated Science Environment event in June 2014 there was a wider discussion across all stakeholders in health and social integration about how to work more effectively with residents and clients. The focus remains on the core equality priorities and ensuring that specific needs are understood and reviewed.  
  
A new city wide workstream is in development 'All Together Sunderland'
  - A specialist partner has been appointed to develop and deliver an intelligence hub for the city. This will enable a far richer understanding of customer and communities, their needs and patterns of behaviour and provide the ability and capability to aggregate and analyse data to ensure evidence based decision and the provision of effective solutions.
  - As part of the working up of commissioning plans for the Integrated Wellness model there has been significant engagement with local people, both previous service users and non-users. Every effort has been made to ensure that those with greatest need have been able to input into these processes. There have also been engagement workshops with elected Members, voluntary and community sector representatives and service providers. This information has then been analysed and is being directly included in to the service specifications for the new model.
- It is debatable whether we have yet achieved 'robust' processes for sharing intelligence around

health and wellbeing and these do need to be multiple processes using a range of social media to account for the differing ways in which individuals and families access information. Every effort is being made to ensure that advertising, websites, text and online approaches (as well as radio/newspaper/etc) are used coherently

- Public intelligence whether collected / received by the Council, Healthwatch and providers has certainly informed decision making as identified in the workup for procurement of integrated commissioning
- The JSNA will be due a refresh in the coming year and all contributors will be asked to ensure the user voice is more clearly demonstrated in its production.

#### **Action to be taken prior to completion**

##### **1. Workshop at Health and Wellbeing Development session – October 2014**

- Range of ‘conversations’ will commence – November 2014 – February 2015 looking at what works with local residents.

##### **2. Delivery of ‘Admission to and Re-admission to Hospital’ early adopter project aligned to the implementation of the intelligence hub – Mar 2015**

- Delivery of an ‘Information Governance Strategy’ aligned to the implementation of the intelligence hub – May 2015
- ‘All Together Sunderland’ approach underway to better engage and co-produce new ways of working with partners and the public’, first wave of open conversations being planned and intelligence gathered will be added to the evidence base to inform decisions – Mar 2015

##### **3. Evaluation of the procurement and implementation of the Integrated Wellness Model should include assessment of the areas above.**

- By December 2014 we will have an evaluation plan which will run alongside the procurement and initiation of the Integrated Wellness Model and at three-six monthly intervals reports will be made to relevant Portfolio holders (ensuring accountability to publicly elected officials)
- As part of their involvement in the Council’s Public Health responsibilities, Communications (People and Place) will be asked to maintain their engagement with ensuring extensive and wide reaching evidence based approach to public intelligence availability locally. This will also translate into the work of the Intelligence Hub and its onward strategy as health and wellbeing intelligence is but a subset of all intelligence held locally - *action and time frame for those areas to decide*
- JSNA refresh will be planned by December 2014 and initiated by April 2015 with completion by September 2015.

**b) Is the Health & Wellbeing Board (HWBB) at the heart of an effective governance system? Does leadership work well across the local system?**

ID	Improvement Actions	Lead	Timescale for completion
B1	Strengthen the engagement of NHS providers to deliver a step change in outcomes, putting prevention and early intervention at the heart of plans.	Ken Bremner/Mel Speding	November 2014
<b>Progress to date</b> Terms of reference and membership agreed; Regular meetings timed in advance of main Health and Wellbeing meetings; Further exploration required into widening provider participation; Agenda dominated so far by better care fund and its implications - all providers have had opportunity to be involved; Provider (NHS) plans now aligned but not a copy of commissioner plans.			
<b>Action to be taken prior to completion</b> Review widening participation as an on-going theme.			

ID	Improvement Actions	Lead	Timescale for completion
B2	Review the Public Health team's leadership role to ensure it is able to leverage influence across the council in order to respond to the challenges set by the HWBB.	Sarah Reed / Nonnie Crawford	November 2014
<b>Progress to date</b> After review in the early stages of new year, there has been wider work on key priorities of the city (Economy, Health, Skills/Education) and this has supported wider engagement and influence across the agendas. Initiatives such as the Integrated Wellness Model, greenspace and increasing activity locally, as well as the focus on work based health and work on healthy travel plans are examples of this. Much of what is underway is currently limited to the significant role of place based infrastructure and services - more needs to be done to address this.			
Governance across systems is a very challenging area (as all organisations have their own governance systems to follow), but a good example of a developing Governance system is that being developed across the CCG and the Council around the Integration Board and the use of the Better Care Fund.			
<b>Action to be taken prior to completion</b> The completed Integration Board Governance Framework will provide a good model for operation. Further review of core Public Health team's leadership will be reviewed in November 2014 with a view to widening its influence.			



**c) Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?**

ID	Improvement Actions	Lead	Timescale for completion
C1	Support the VCS to respond to health and wellbeing challenges.	Charlotte Burnham	December 2015
<p><b>Progress to date</b>  Links are already in place between Area Committees and VCS organisations via Area VCS networks.</p> <p>Supporting the Delivery of the Health and Wellbeing Strategy at a local level is a key priority for all Area Committees/People Boards and how this is achieved is determined through consultation with communities via VCS networks.</p> <p>To date a mapping exercise has been carried out in each of the 5 Areas. Each Area Committee, through its People Board and Area VCS Network, has identified services and activities that are already being delivered by VCS organisations. This information has been pulled together and is to be used as a 'community directory' which will not only help to signpost residents to those activities but will also help to determine where there are gaps and try to avoid duplication of activity.</p> <p>This will allow members to inform and influence decisions on the enhancement of activities delivered within their communities, and in some area(s) pilot an approach to utilising 'Community Connectors' who can help to signpost members of the public to relevant services and activities being delivered in their areas and over the longer term help to reduce demand on Public Sector Services.</p> <p>Additionally, as part of the process organisations were asked to identify issues and opportunities in terms of capacity to continue to deliver, especially if more residents were being signposted to them. There were a range of issues/opportunities identified which included e.g. infrastructure funding, volunteers and equipment. Area Committees have/are responding to those issues raised through identification of their own resources where possible e.g. funding one off equipment costs or enhancing activities etc. that would endeavour to reduce social isolation within communities.</p>			
<p><b>Action to be taken prior to completion</b>  <b>November 2014</b> Review of volunteering arrangements in the city to consider VCS requirements.  <b>November 2014</b> Intel Hub - identify data requirements to provide information to VCS organisations in order to support their sustainability, this might include funding opportunities, information to support bid development (local data) etc.  <b>Ongoing</b> Maintain links with VCS organisations via Area VCS Networks to continue to understand issues and consider responses. This will include input from Council, CCG colleagues and other partners where relevant.</p>			

ID	Improvement Actions	Lead	Timescale for completion
C2	At an area level map how area activity best supports the delivery of the HWB Strategy ensuring that local interventions are properly evidence based and are informed by professional judgements about what works. Ensure that there are robust evaluation approaches in place for Area based initiatives.	Charlotte Burnham	November 2014

**Progress to date**

See update provided at C1.

During this last year Area Committees and their People Boards have been involved in the reviews of both the Integrated Wellness Model and Sexual Health in the city. As further outcomes are determined members will consider how that further evidence will help to determine future interventions at a local level.

Area Committees/People Boards working with CCG Locality Teams to determine where we can work most effectively together to support joint priorities and as such support the delivery of the Health and Well Being Strategy and CCG priorities.

The Executive Director of the People Directorate has nominated a Head of Service to represent the Directorate in Area Arrangements, along with a dedicated Public Health Representative for each Area. Both attend and work alongside People Boards to add professional judgement in determining and delivering local interventions.

**Action to be taken prior to completion**

**October/November 2014** Determine evaluation processes are sufficiently robust.

**November 2014** Community Directory integrated as part of the development of the Council's Intelligence Hub.

**November 2014** consider further linkages to intelligence hub to identify information requirements to ensure interventions properly evidenced based.

**Ongoing** Continue to work with CCG Locality Teams on joint priorities. This will include the ongoing involvement of the People Directorate via the Head of Service Representative and Public Health Representative in Area Arrangements.

ID	Improvement Actions	Lead	Timescale for completion
C3	Build upon Area arrangements to co-design effective consultation methods to achieve best reach into communities.	Charlotte Burnham / Kevin Morris	November 2014

**Progress to date**

- Healthwatch Manager attended Area Committees in July 2014 to outline the organisations purpose and progress to date.
- Linkages beginning to be made between Healthwatch and Area VCS Networks.

**Action to be taken prior to completion**

End September/October 2014 Meeting Kevin Morris, Charlotte Burnham and Allison Patterson to develop proposals and agree implementation arrangements.

**d) Are there effective arrangements for evaluating impacts of the health and wellbeing strategy?**

ID	Improvement Actions	Lead	Timescale for completion
D1	Put in place and use a sound performance framework for planning future activities.	Neil Revely/Dave Gallagher	November 2014
<p><b>Progress to date</b> H&amp;SC Integration board in place.</p> <p>More robust governance arrangements being developed – to include performance measures.</p> <p>Performance indicators agreed for BCF.</p> <p>Discussions relating to A3 will inform production of timelines and performance measures.</p>			
<p><b>Action to be taken prior to completion</b> Discussion to be finalised on increasing the robustness of governance arrangements for health and social care integration through the Integration Board. A paper will need to go the HWB to finalise and agree this.</p> <p>Transformation Board discussion re aligning planning and associated milestones – September 2014</p> <p>CCG development session on primary care commissioning and a strategy for primary care in Sunderland – September 2014.</p> <p>Follow up to ASE event to share progress and plan / inform next steps – November 2014.</p>			

ID	Improvement Actions	Lead	Timescale for completion
D2	Ensure that the intelligence hub is informed by the expertise and knowledge of health partners and supports the effective delivery of the HWB Strategy.	Liz St Louis	December 2014
<p><b>Progress to date</b> Intelligence Hub featured as one of the key strands at the recent Health and Social Care Accelerated Solutions Event.</p> <p>CCG actively engaged in recent meet and greet days with new specialist intelligence partner.</p> <p>The HWBB have sponsored one of the early adopter projects, 'admission and re-admission to hospital', which is a key priority for the HWB Strategy; CCG and other NHS partners are involved with the delivery of the early adopter project.</p> <p>Early discussions around complexities of interpretation of legislation in relation to data sharing.</p>			

**Action to be taken prior to completion**

Briefings at the next meetings of the HWBB – 19<sup>th</sup> September 2014 / 28<sup>th</sup> November 2014.

Commencement of ‘admission and re-admission to hospital’ project with key partners – 1<sup>st</sup> September 2014.

Conference Call with Intelligence Strategic Partner, CCG and Council regarding information and data sharing across health and social care system – 27/8/2014.

ID	Improvement Actions	Lead	Timescale for completion
D3	Measure the impact of the re-profiling of the Public Health Budget to provide assurance that it is generating sufficient efficiencies but also gaining real effectiveness from it for the PH function.	Nonnie Crawford/ Sonia Tognarelli	November 2014
<b>Progress to date</b> Work is currently in progress to assess the impact (August/September 2014).			
<b>Action to be taken prior to completion</b> Review re-profiling in October 2014 after analysis complete.			

ID	Improvement Actions	Lead	Timescale for completion
D4	Use Public Health expertise to develop collaborations with PHE and local universities to deliver the evaluation of the HWBS.	Nonnie Crawford/Sunderland University	November 2014
<b>Progress to date</b> The HWBS action plans were brought to the HWBB in May 2014. These are being further developed through the actions within the Peer Challenge process and other workstreams such as the series of communication workshops that are planned – the first workshop is on the 20 <sup>th</sup> October 2014. There have also been early conversations with PHE and some universities to establish a monitoring framework for the strategy. As a result of this on-going work a full evaluation plan has not yet been established. An additional senior member of staff is joining the Public Health team and this will allow two consultants to establish more robust arrangements for this improvement activity.  PHE have secured the assistance of a Professor from Leeds metropolitan University to assist with Evaluation of H&WB activity across the North East Centre and we are engaged with her over evaluation of our approach to Integrated Wellness. The development of that relationship will push forward action in this area.			
<b>Action to be taken prior to completion</b> We will have an initial evaluation plan in place for elements of the H&WB strategy. These will necessarily be built upon as the actions plans develop.			