

SUNDERLAND HEALTH AND WELLBEING BOARD

24 July 2015

HEALTH AND WELLBEING PEER REVIEW

Report of the Assistant Chief Executive, Sunderland City Council

1.0 Purpose of the Report

The purpose of the Report is to advise the Board of the outcome of the Local Government Association Health and Wellbeing Peer Review follow-up which took place in April 2015.

2.0 Background

The original peer review took place in March 2014 and produced a number of recommendations from which an implementation plan was prepared. The peer team returned in April 2015 to take stock of progress against the plan and a number of Board members or their representatives met with the team to provide their input.

3.0 Focus of the Review

The review considered a number of topics including Health and Social Care Integration, the role of the Boards Advisory Groups and the role of the Council's Public Health team. The full timetable is attached as Appendix 1.

The review team's feedback letter is attached as Appendix 2 and a summary of this is provided below:

- In terms of integration:
 - Although the ASE are very impressive, more needs to be done to communicate to the health sector the progress being made in respect of integrated commissioning and integrated locality working, including what it means for them
 - The Board should be clear about the outcomes of integration and articulate these to local people
 - Future relationships with Providers need to be reviewed based on the impact of the BCF and Vanguard and to ensure the best is made of future opportunities
- The future role of the Adults Partnership Board and Children's Trust need to be considered. There is currently a disconnect between these Advisory Groups and the Board and linkages need to be made between the Boards priorities and the work agenda of the groups
- The Board should ensure that a coherent set of action plans is developed for its recently agreed priorities and that these are implemented quickly
- The Public Health team is in a transition period due to the departure of the Director of Public Health and this affords the opportunity to strengthen the team and the role of public health more generally. The team should be

part of the decision-making process and be the lead for an increasing number of projects and workstreams. Also, further work is needed to tackle population health inequalities and the views of local people should be sought in order to establish how best to do this

- In terms of community engagement there is evidence of strong relationships and lots of activity at the local level, however there is an opportunity to join up activity across partners and make best use of diminishing resources.

4.0 Recommendations

The Board is recommended to:

- Develop a revised action plan based on the overall findings of the LGA Peer Review.
- Receive 6 monthly updates on progress against the action plan.

Day 1	
Peer Team 1	Peer Team 2
Welcome Meeting Date: 16 th April 2015 Time: 9.00am till 9.30am Venue: Chief Executives Conference Room Attending: Sarah Reed (Assistant Chief Executive, SCC), Gillian Gibson (Interim Director of Public Health, SCC), Fiona Brown (Chief Operating Officer, SCC)	
Workshop to discuss progress against the Health & Wellbeing Strategy Date: 16 th April 2015 Time: 9.45am till Noon Venue: Committee Room 4 Attending: Cllr Mel Speding (Cabinet Secretary, SCC), Phil Spooner (Head of Community Leadership Programmes, SCC), Sandra Mitchell (Head of Community and Family Wellbeing, SCC), Jane Hibberd (Head of Strategy and Policy for People and Neighbourhoods, SCC), Jacqui Reeve (Washington Mind), Gillian Gibson and Sam Meredith (People Communications Manager, SCC – tbc), Karen Graham (Associate Policy Lead for Health, SCC)	
Public Health integration and influence across the council Date: 16 th April 2015 Time: 1.00pm till 2.00pm Venue: Chief Executives Conference Room Attending: Sarah Reed, Gillian Gibson	
Engagement and Resources at a Locality Level Date: 16 th April 2015 Time: 2.15pm till 3.15pm Venue: Chief Executives Conference Room Attending: Charlotte Burnham (Head of Scrutiny and Area Arrangements, SCC), Jackie Spencer (CCG Senior Commissioning Manager), David Robinson (CCG Commissioning Manager), Lesley Wilson (CCG Practice Manager)	Understanding the role of the HWBB Advisory Groups: The Children's Trust Date: 16 th April 2015 Time: 2.15pm till 3.15pm Venue: Committee Room 4 Attending: Beverley Scanlon (Head of Educational Attainment & Lifelong Learning, SCC), Agnes Rowntree (Business Relationship and Governor Support, SCC), Jane Hibberd
Health and Social Care Integration Date: 16 th April 2015 Time: 3.30pm till 4.30pm Venue: Chief Executives Conference Room Attending: Dave Gallagher (CCG Chief Executive), Ian Holliday (CCG Head of Service Reform and Joint Commissioning), Debbie Burnicle (CCG Director of Commissioning, Planning & Reform), Sonia Tognarelli (Director of Finance, SCC), Fiona Brown	Understanding the role of the HWBB Advisory Groups: The Provider Forum Date: 16 th April 2015 Time: 3.30pm till 4.30pm Venue: Committee Room 4 Attending: Cllr Mel Speding, Ken Bremner (Chief Executive, City Hospitals Sunderland NHS Foundation Trust), Karen Graham
	Understanding the role of the HWBB Advisory Groups: Adults Partnership Board Date: 16 th April 2015 Time: 4.45pm till 5.45pm Venue: Committee Room 4 Attending: Graham King (Head of Integrated Commissioning, SCC), Karen Graham
	Peers phone call with Neil Revely (Executive Director, People Directorate) Date: 16 th April 2015 Time: 6.00pm till 6.30pm
Day 2	
Breakfast with Health and Wellbeing Board members, including a summary of the Peer Teams findings. Date: 17 th April 2015 Time: 9.00pm till 10.15am Venue: Committee Room 1 Attending: Graham King, Gillian Gibson, Dave Gallagher, Ken Bremner	



Sarah Reed
Assistant Chief Executive
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11 June 2015

Dear Sarah

Health and Wellbeing peer challenge follow up visit 16-17 April 2015

On behalf of the peer team thank you for the opportunity to revisit Sunderland Council fourteen months on from the original peer challenge. The purpose of the follow up was to gauge your progress and specifically provide feedback on areas where we believed that improvement could still be made.

In advance of our visit we reviewed a range of papers and had telephone discussions with some of your key stakeholders including the Leader of the Council. During our 1.5 day with you the team (Jamie Morris, Jane Moore, Sue Stevenson, Dr Adrian Hayter and I) met or spoke with over forty people in interviews, workshops and telephone calls. That level of commitment told us a lot. You are system leaders who are open to critical-friend challenge and are intent on improving health and wellbeing outcomes for the people of Sunderland. You were excellent hosts and we would like to thank Stuart Cuthbertson in particular for all his help both before and during our visit.

We fed back our findings verbally on 17 April to representatives of the Health and Wellbeing Board (HWB) and this letter provides a summary of that feedback. Inevitably the feedback and therefore this letter dwelt more upon the areas where we believed you should give further consideration to. However, it is important to state our overall view was that tangible improvement was being made right across the board and your improvement plan clearly outlines this. We identified 6 core areas to focus our feedback. These were: Vision, Priorities, HWB, Public Health, Community Engagement and Integration.

Vision

Inevitably during the last year the work of the board, like all HWBs has concentrated on the growing integration agenda and in particular the Better Care Fund (BCF). You have nevertheless made a renewed effort to focus upon the areas of greatest inequality since our last visit and we commend you for doing so. We were very impressed with

your Accelerated Learning Events (ALE) and the way you have used those opportunities to galvanise stakeholder around what will make a real difference to people's health outcomes in Sunderland in the longer term.

We recommended in February 2014 that you set out a vision for how the health and social care system would operate in the future. The outputs from the ALE take you some way to achieving this. We suggest you use these outputs to produce a simple narrative describing how the system will operate and use this to increase understanding across the partnership.

We were impressed with the coherence and simplicity of your three over-arching priorities for the city of education/skills, economy and health. We would encourage you (and the other partnerships in the city) to explore further the interfaces between these three priorities – i.e. how work in one area can contribute to objectives in another. We discussed for example with Gillian Bishop, the work to engage the business community on the health agenda.

We had some discussions about the future of the health and social care economy across the territory of the proposed combined authority and the wider North East Region. With continuing financial pressure on providers and the expected push towards more integration from central government (whoever is in power after the election), this debate is likely to become increasingly significant. We would encourage you to begin partnership discussions about the longer term planning of the health and care system, potentially over a wider footprint than the city, and to consider how in this scenario you would protect your current strong Sunderland-centred focus for health and wellbeing. The HWB will have a key role in progressing this.

Priorities

We were pleased that you have sought to recalibrate your priorities and from work you undertook in February 2015 we can see that you now have eight. You have a renewed focus on short, medium and longer term improvement and this will garner pace, confidence and momentum. This is positive.

Importantly when we visited in February 2014 we identified the need to provide coherent action plans for the delivery of your then priorities and given you have refreshed these the same feedback, albeit for a new set of priorities is repeated here. Given the work you have done to refresh these, we honestly believe you can produce these plans quickly and we would urge you to do so. As such our advice is to focus quickly on the next steps, making it happen and keeping a watching brief to these key longer term outcomes.

We were impressed with the potential for your 'Intelligence Hub'. We heard about it last year and saw now upon our return that it has massive capability. The need to keep this front and centre with your priorities and planned outcomes from your health and wellbeing strategy is key. This will inform and reinforce your priorities and demonstrate whether your actions are making a difference.

Health and Wellbeing Board

Your engagement with partners and providers had improved from an already good base. Your provider forum has now been in place for over a year and is working effectively. You recognise that there needs to be more engagement with providers beyond the foundation trusts and to that end you have arranged an event with providers from the third sector. You are also getting all providers to articulate how they can contribute to the health and wellbeing agenda. We see these as very positive developments.

We believe though that some of your existing infrastructure would benefit from a refresh. Both the Adult Partnership Board and the Children's Trust are in our view struggling with focus and purpose. The Children's Trust has met infrequently and the renewed focus on 'Best Start' could reignite this. The Adult Partnership Board equally has struggled. Again a refresh of the priorities and how these boards can make a difference in terms of a people, place and locality agenda might be a useful way to reflect upon their best purpose.

Public Health

We recognise that you have had significant change in your public health staffing arrangements. You managed the transition of public health into the council well and have sought to make health and wellbeing endemic throughout your service areas.

You are currently managing a transition in the leadership of public health and that provides you with a significant opportunity. This is about looking again at the capacity, influence, resources, relationships for public health and the team as a whole. Our impression over a year on was that that this has diminished somewhat and that is something you should reflect upon.

We endorse your view that public health should reflect the wider city and system needs and this only serves to reinforce our view that this needs strengthening. We believe if you take the time now to review how to best utilise its leadership and the function across not just the council but Clinical Commissioning Groups (CCGs) and the wider system too, the potential for a stronger and purposeful public health voice will be rekindled. We would suggest you pay this attention to this sooner than later.

Community Engagement

You have strong relationships at a city level and a real strength in relationships and ways of working at local level through the council's own area arrangements and also through the area partnerships. The co-terminus configuration of a number of organisations and services has ably supported very practical and also more strategic improvements which have had a direct benefit to local people. Examples here would include the role of local health and mental health champions, community connectors and the collaborative work to create dementia friendly environments.

We also noted the extended use of local signposting through the community directory and were pleased to see increased involvement of the third sector which was echoed in the development of the wider provider forum which met on Monday 20 April 2015.

One observation to consider would be the potential disconnect between the allocation of local funds and the strategically expressed outcomes from your revised eight health and wellbeing priorities. It is always important to be able to respond to locally expressed need, but we would advise you to aim for greater alignment to improve overall outcomes without compromising your local community engagement approaches.

We particularly wanted to highlight the 'All Together Sunderland' work which provides a clear, consistent and recognisable brand for engagement and integration. We saw the posters displayed in the council building and heard this seems to be working especially well with children and young people. We would urge you to ensure that appropriate feedback mechanisms are employed along the lines of "you said", "we did" to demonstrate that the council and its partners have listened and taken action. The potential exists for this to be rolled out across place and with a focus on different groups, since this is indeed an effective way of identifying additional capacity in communities.

Finally we wanted to suggest a possible enhanced role for Healthwatch Sunderland to help to consolidate local engagement and link this more strategically, through, for example, the Healthwatch seat on the HWB. Healthwatch Sunderland is actively involved in extending its reach and networks and should be a rich source of data – at times this may be used to provide challenge but equally it can be analysed and used proactively to inform improvements.

Integration

Understandably your HWB has been dominated by the BCF for last twelve months. This is true of many places. We were very impressed with the commitments in your plan. The role of the HWB in driving that integration and the £150m investment puts you ahead of the curve. It is important that your longer term plan also keeps the health prevention agenda front and centre.

Our latest visit reinforced the impressive way you manage your locality structures. Your locality work is progressive and very much 'work in progress' in that you are constantly looking to improve it. You could do so further now in line with our comments in relation to vision, priorities and engagement referred to above.

We have already made reference to the improved working with providers and your extended forum with in excess of sixty providers having a voice is very commendable. This will allow you to engage providers as key agents to really drive change and improvement in the system.

We saw many examples of good integration practices and initiatives. Your approaches around Mental Health, Best Start and the Integrated Wellness Model are just some. In line with the comments around vision and priorities it is important to keep focussed on the longer term outcomes being sought for integration and to constantly revisit this. An example is that we heard about you creating integrated teams across the city and we commend you for co-locating people. It is a positive start but a longer term plan for an integrated workforce will soon be a key requirement of you.

In summary, we were pleased that you had positively reflected upon the peer challenge from February 2014 and were acting upon the findings to improve. We saw strong and sustainable evidence that this was in place. As such the suggestions we have made in this letter, should be read in that vein.

Yours sincerely

Paul Clarke
Programme Manager
LGA
On behalf of the Challenge Team

