

**SUNDERLAND EARLY IMPLEMENTER
HEALTH AND WELLBEING BOARD**

27 JULY 2011

DEVELOPMENT OF THE HEALTH AND WELLBEING BOARD

Report of Executive Director Health, Housing and Adult Services

1.0 PURPOSE OF THE REPORT

- 1.1 To provide board members with an overview of the health and wellbeing board.
- 1.2. To set out proposals for the development of the board in Sunderland.

2.0 BACKGROUND

- 2.1 The Health and Social Care Bill states that each local authority must establish a Health and Wellbeing Board (H&WB) for its area. The Bill also states that the H&WB will be a committee of the local authority. It brings together key NHS, public health and social care leaders in each local authority area to work in partnership.
- 2.2 Sunderland Council endorsed the creation of an Early Implementer Health and Wellbeing Board at its Cabinet on the 22nd June 2011 which was ratified by full Council on the 20th July which confirmed the elected member representation for the board with the Leader of the Council as chair of the board.
- 2.3 As an early implementer Sunderland will be able to trial new working arrangements before the establishment of the formal shadow board form in 2012 and then subject to Parliamentary approval, the establishment of full boards from 2013.
- 2.4 The report to full Council endorsing the earlier Cabinet decision set out the Membership of the Early Implementer Board. Subsequent to the drafting of that report the Sunderland GP Consortium has been formally established, and recognising the desire for strong and clear linkage between the Boards it is recommended that in addition to the Chair of the Consortium Board, a further GP Board Member be co-opted to the Early Implementer Health and Wellbeing Board. The complete membership of the Board will be reviewed prior to the establishment of the formal Shadow Board in 2012.
- 2.5 Many local authorities have become early implementers of health and well being boards and there are a number of learning networks in place that share the evolving thinking and development of boards. At a regional level there is an ANEC task and finish group for elected members and a NHS North East Health Transition Programme Board.

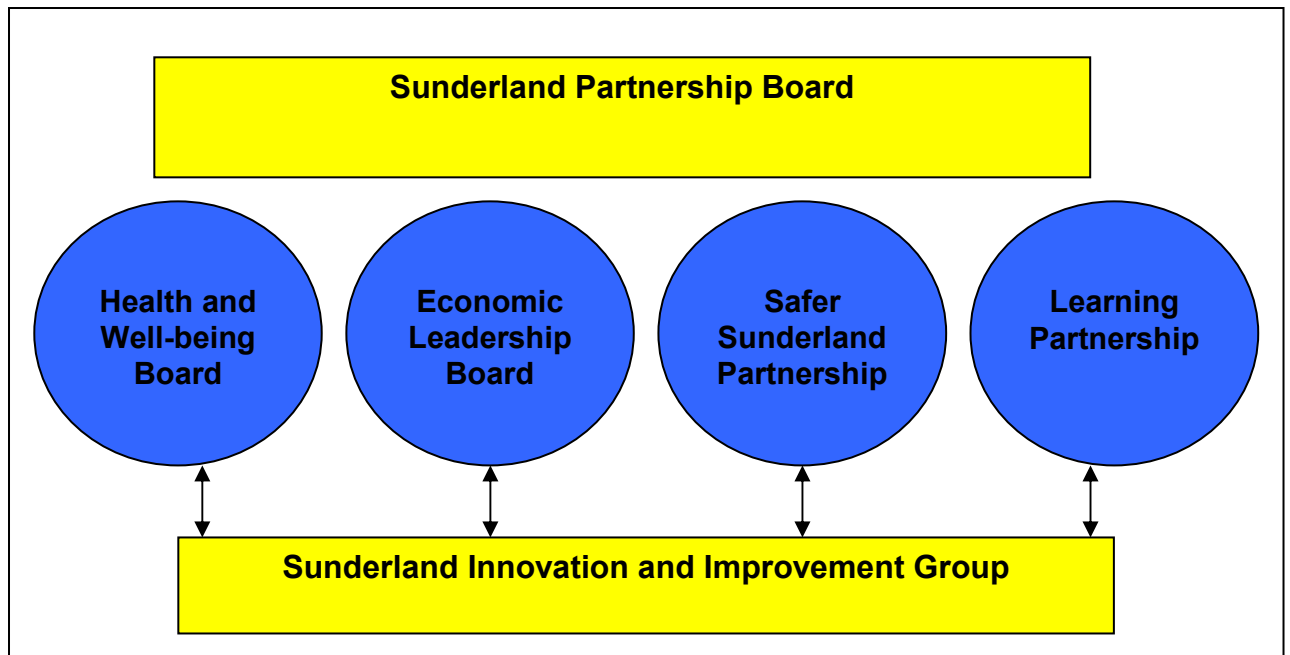
It is also the intention that an officer level regional community of interest is established to develop learning. Nationally a Department of Health online early implementer learning network has been established. Learning from these networks will be reported to the Board.

3.0 PROPOSAL FOR THE SUNDERLAND BOARD

- 3.1 The early implementer board is intended to be a developmental board that will use the remainder of the year to develop an approach that is suitable for Sunderland. This means considering future membership on the group, development of terms of reference and operational arrangements.

The following proposals have been put forward and the board is asked for their comments:

- 3.2 The current thinking is that the new board is a decision-making and shaping board which works closely with its “advisory” boards which are the existing Children’s Trust and Adults Partnership Board as highlighted in Appendix 1. This relationship needs to be developed to ascertain how best to engage these boards both in feeding into the overarching board and dealing with actions from the board. Currently there is also an officer group that meets on a monthly basis to support the transition of arrangements.
- 3.3 Consideration will also need to be given as to how best to ensure all stakeholders are fully engaged and actively involved in the development of the arrangements. This especially applies to the role of providers – consideration could be given to a provider forum, a clinical senate or other groupings of partners. The potential of the Sunderland Innovation and Improvement Group to fulfil the broader engagement role could also be examined. In addition consideration needs to be given to the role of the Community and Voluntary Sector in terms of these arrangements.
- 3.4 It is intended that the overarching board meets on a formal bi monthly basis and minutes and papers to these meetings will be posted on the council’s public Committee Management Information System. There is also the opportunity for additional meetings or developmental sessions.
- 3.5 Although the board is a council “committee” it is a key partnership board and in relation to the wider Sunderland Partnership arrangements in the city, it will be a key component of the partnership going forward. It will be autonomous from the overarching Sunderland Partnership but the work on health will contribute to the overarching Sunderland Strategy (2008 – 2025) which is currently being refreshed and overseen by the Sunderland Innovation and Improvement Group.



3.6 As the arrangements develop there are a key number of activities that will be required to be undertaken by the end of March 2012. This includes the following which will also need to be reflected in the Terms of Reference for the board as well of those for the two advisory boards.

- To assess the broad health and wellbeing needs of the local population and lead the statutory citywide needs assessment, known as the Joint Strategic Needs Assessment (JSNA)
- To develop a new joint high-level health and wellbeing strategy (JHWS) that spans NHS, social care, public health and the wider health determinants such as housing and child and community poverty
- To promote integration and partnership across areas through promoting joined up commissioning plans across the NHS, social care, public health and other local partners
- To ensure a comprehensive engagement voice is developed as part of the implementation of Healthwatch.

(For the JSNA and the implementation of Healthwatch more detail is covered in other reports for this board meeting)

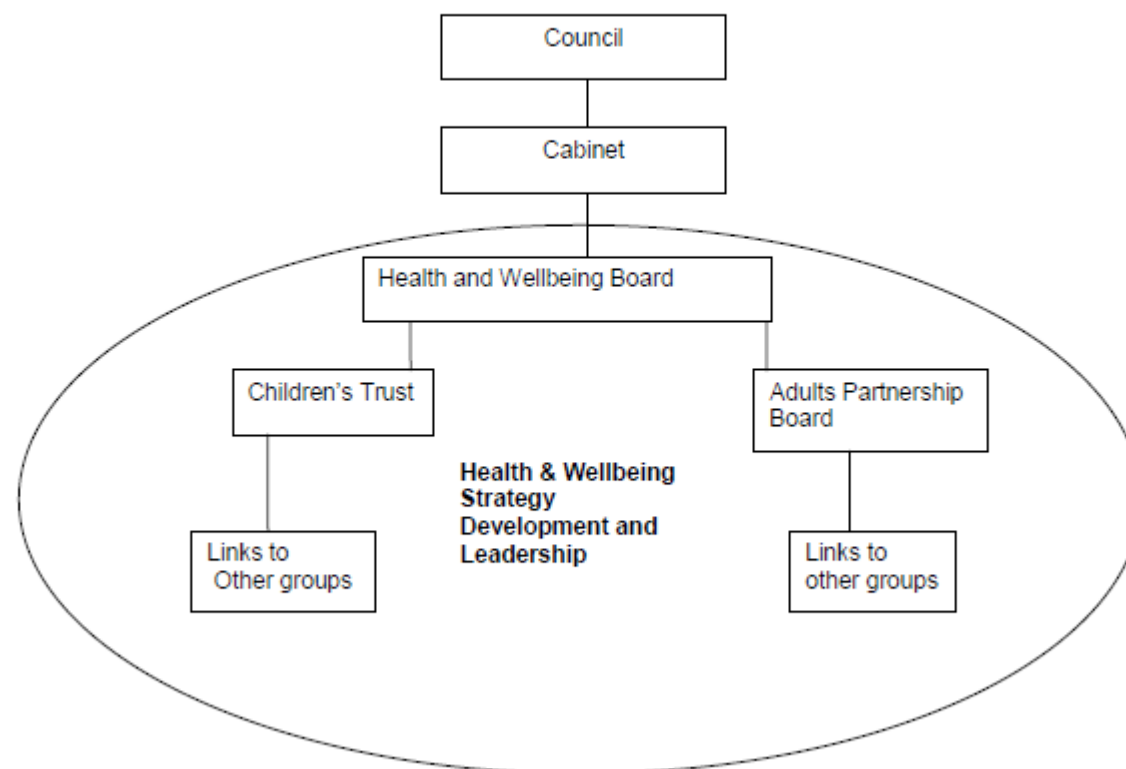
3.7 The health and well being strategy will reflect the assessment made through the JSNA and consideration will also need to be given to other key priority areas from across the city, reflecting also the needs of providers in the city. The board will be responsible for delivering key parts of the Sunderland Strategy and these strategies need integration. The strategy will identify the key priorities to making significant

improvement and provide the overarching direction to all stakeholders and provide leadership for its implementation.

- 3.8 To support this overall work programme (See Appendix 2) it is important that the new board identifies what success will look like by the end of March 2012 to provide strategic direction. This could include:
- 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 transition of the public health function to the City Council including finance implications
 - To have a final draft of the Health and Wellbeing Strategy to include outcome measures
 - To make progress on greater integrated service provision at a locality level across the city

4.0 RECOMMENDATIONS

- 4.1 Early Implementer Health and Wellbeing Board is requested to receive this report and provide comments and suggestions.
- 4.2 Early Implementer Health and Wellbeing Board is requested to agree to the proposal to co-opt a second Board Member from the GP Consortium.
- 4.3 Early Implementer Health and Wellbeing Board is requested to agree the next steps, reflecting the discussions on the work programme and the role of advisory groups.
- 4.4 Early Implementer Health and Wellbeing Board is requested to agree to receive regular updates.



Appendix 2

Health and Wellbeing Board Draft Agenda Forward Plan

27 th July 2011	<ol style="list-style-type: none"> 1. Apologies 2. Welcome from the Chair 3. Establishing the HWB 4. The Health of the City 5. JSNA and the link to commissioning 6. Development of Health Watch 7. GP Commissioning Pathfinder Bid 	Leader NR NC NC NR IP
September 2011	<ol style="list-style-type: none"> 1. Agree JSNA priorities including deep dive commissioning 2. Public Health transition plan 3. NHS change 4. Feed in from Children's & Adult's Boards 5. Council Directorate 3 year plans <ul style="list-style-type: none"> • Marmot & Best Start • Families and Neighbourhoods 6. ISOP Refresh 7. Engagement and involvement 	NC SR/NC JC NR&KM RO/KM/NR KM RO DH SW?
December 2011	<ol style="list-style-type: none"> 1. Stakeholder analysis – non members 2. Update on JSNA priorities 3. Decisions following deep dive findings 4. Health Watch update 5. Feed in from Children's & Adult's Boards 6. Commissioning Intentions 	VT NC NR NR/SW NR&KM All
February 2012	<ol style="list-style-type: none"> 1. Agree structure & membership of shadow board 2. Agree work plan for shadow board 3. Report on impact of commissioning/decommissioning against JSNA 4. Draft Health and Wellbeing Strategy 5. Feed in from Children's & Adult's Boards 	NR NR NC VT NR&KM
April 2012	<ol style="list-style-type: none"> 1. Establish Shadow Board 2. Health and Wellbeing Strategy 3. Feed in from Children's & Adult's Boards 	NR VT NR&KM

