

**SUNDERLAND EARLY IMPLEMENTER
HEALTH AND WELLBEING BOARD**

30 March 2012

**SUNDERLAND HEALTH AND WELLBEING STRATEGY AND
PERFORMANCE MANAGEMENT UPDATE**

**Joint report of the Executive Director of Health Housing and Adult
Services and the Head of Strategy, Policy and Performance Management**

1. Purpose of Report

To update the Board on the process and timetable for the development of the Health and Wellbeing Strategy and to approve the vision and values, operating principles and structure.

To inform the process of developing the performance management framework the HWB Board will need to consider to support delivery of the strategy.

2. Background

The Health and Social Care Bill gives the local authority the responsibility for five key areas of development –

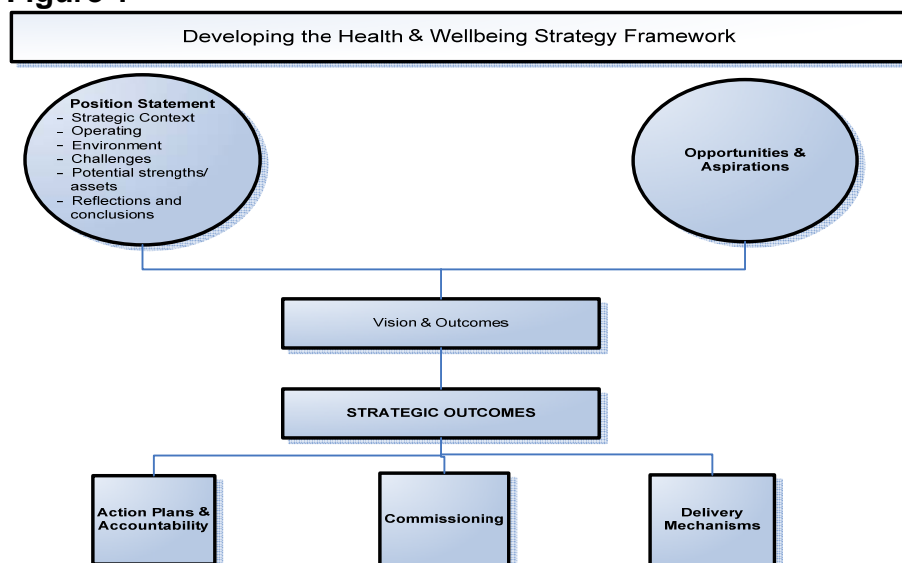
- To establish a Health and Wellbeing Board
- To complete a Joint Strategic Needs Assessment
- To produce a Joint Health and Wellbeing Strategy
- To set up a local Health Watch
- To transition public health responsibilities.

The Health and Wellbeing Strategy is to be completed by October 2012 and must be a joint high-level strategy that spans the NHS, social care, public health and the wider health determinants of health such as housing and child and community poverty.

3. Current Situation

The broad process for developing the Health and Wellbeing Strategy is highlighted in Figure 1 below.

Figure 1



The Board has committed to joint production of the strategy, broadly engaging a wide range of partners in its development and as such has developed a full engagement and consultation programme as set out in Figure 2. Although engagement windows are based around central consultation exercises, there is a commitment to engage with partners in a variety of methods which meet the needs of groups and individuals. Iterations of the strategy will be taken to statutory bodies and partnerships throughout the process for comment and amendment.

An officer working group has been established to oversee the drafting and editing of the strategy. Membership is open to interested parties and currently includes representatives from the local authority, Primary Care Trust (PCT), Clinical Commissioning Group (CCG), acute foundation trusts and Sunderland University. It is chaired by the Executive Director for Health Housing and Adult Services.

A position statement was established in a broad process that built on the revised JSNA and involved a wide range of partners in reviewing the strategic context, operating environment, challenges, strengths and assets, opportunities and aspirations. These partners included all the directorate management teams of the council, the PCT, CCG, Foundation Trusts, pharmaceutical, dental and medical committees and the University. The analysis was further developed at the first engagement event held at the Stadium of Light in January at which over 100 participants provided their views.

The second engagement event was held on the 8th March at the Quayside Exchange Buildings and the 40 participants focussed on validity checking of the vision and values, debating potential strategy formats and discussing ways of prioritising health and wellbeing issues through family and assets scenarios.

The Board itself has been engaged at 2 development sessions – the first looking at vision and values and the second at the principles of setting joint priorities.

In a parallel process, the Sunderland Clinical Commissioning Group has established outline vision and values through a process of development and consultation and for consistency across the City, the visions and values closely mirror each other.

The Board should note that the development process for both the Health and Wellbeing Strategy and the CCG Clear and Credible plan are both ongoing and that amendments to visions, values and principles are still possible.

4. Vision and Values

Vision

Further to the development process outlined above, the following is a proposed vision for the Health and Wellbeing Board that will form the basis of the development of the Health and Wellbeing Strategy.

“Better Health and Wellbeing for Sunderland”

By which we mean

- Improve the health and well being of all local people; to live longer, with a better quality of life and a reduction in health inequalities across the locality;
- Integrate services better across health and social care;
- Underpinned by evidence and the effective use of community insight and professional expertise.

This vision closely mirrors that of the Clinical Commissioning Group, but currently is not reflected in the Sunderland Partnership's Sunderland Operating Framework or the City Council's Corporate Operating Framework. It is proposed that this vision is used to update the Sunderland and Corporate operating frameworks.

Values

There are currently a number of approved value sets that are relevant to the Health and Wellbeing Strategy including:

- The Sunderland Council values of being Proud, Decent and Together
- The CCG values of open and honest, empowering, responsive, inclusive, integrity.
- The Sunderland Partnership values to - Put people first, Be fair and open, Act with integrity, Strive to be the best

The Board needs to discuss if it wants to undertake further work to develop independent values or adopt a version of the values above.

Principles

Proposed principles for the Health and Wellbeing Strategy are:

- Early intervention and prevention - seeking to identify and tackle issues before they become deeply engrained problems
- Equity – equality of provision and access to services
- Promoting independence and self care – enabling individuals to make effective choices
- Joint Working – delivering integrated services
- Marmott principles – best start in life, allowing all to maximise their capabilities, healthy standard of living for all, fair employment for all, healthy and sustainable communities and ill health prevention
- Lifecourse – ensuring appropriate action throughout an individuals life

5. The Strategy Structure

There are a number of potential ways to order the Health and Wellbeing Strategy

- By assets
- By the Marmott principles
- By lifecourse

The preferred approach as highlighted in the officer working group and at the 2nd engagement event on the 8th March was an assets based approach but under the understanding that it would be cut by the marmot principles and be presented in a way that made clear the impact throughout the lifecourse. It is suggested that Marmott principles and lifecourse become key values for the Board as highlighted in section 4 above.

An asset approach builds on a community's existing strengths and potential to help it address its own needs. It would identify those assets which enabled a healthy individual, family and community and the action that is necessary to firstly build on these assets and secondly develop them where they are missing. An example of how this approach might be developed is in the table below.

| Assets | Actions that Follow |
|--|---|
| Strong and Stable Families | Family based intervention |
| Coast and Countryside and a passion for sport | Active city |
| Large employers | Employer-led campaigns |
| A vast number of contacts with residents | Every contact is a health contact |
| New technology leadership | Deliver services online (and make them more personal) |
| A range of local service providers and local network of facilities | Locally responsive provision |

Following on from the Boards decision on structure, the next stage in the strategy development process is to develop strategic objectives and actions, linking the assets identified in the position statement to the needs as identified

in the joint strategic needs assessment. This will be the subject of further engagement and development sessions.

6. Developing a performance management framework

The Health and Well Being Board performs an important role in driving improvement of health and social care outcomes. Alongside the development of the strategy it is intended to develop performance management arrangements which will support the HWB board in this role.

The development of the performance management arrangements will need to reflect the vision and values and provide the opportunity to measure progress against achievement of outcomes. Increasingly key questions will be about how different parts of the system relate to each other and achievement of outcomes for service users rather than the outputs of individual services. The development of the HWB strategy provides the opportunity to develop a common performance management framework which it is intended will support a 'whole system view'.

Future performance management framework and performance reporting will be predicated on the following key principles

- Issues to be dealt with at the appropriate level i.e. operational, HWB board, Advisory Boards
- Opportunity to escalate broader issues 'upstream' e.g. from Advisory Board to HWBB
- Oversight of and draw attention consistently to the important issues
- Support delivery of the strategy and aligned to the vision and values with focus on how integration of services improves service user outcomes
- Include performance measures which provide 'whole system' view of performance
- Drive interventions by the HWB board for actions to be considered by other partnerships including advisory boards (Adults Partnership and Children's trust)
- Develop a common approach to 'performance' language across the agencies e.g. identifying areas of 'strength' and areas of 'underperformance'
- Support locality performance and focus on early intervention
- Be agile and identify issues for action to address underperformance

It is recognised that this approach will evolve and develop over the next few months aligned to the development of the strategy and the joint strategic needs assessment. It is the intention to develop interim performance reporting later in 2012 with full implementation in 2013

7. National Outcomes Frameworks

The local performance framework including measures will be developed in light of new national outcomes frameworks which have been launched over the last year. Whilst these have been published not all the information and

data is available and some of this will not be published until the autumn of 2012.

7.1. Public Health Outcomes Framework

This introduces the overarching vision for public health, the outcomes we want to achieve and the indicators that will help us understand how well we are improving and protecting health. It covers the broader social determinants of health, like poverty, education, housing, employment, crime and pollution.

The framework focuses on two high level outcomes:

- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life with supporting performance indicators grouped into four domains:
 - improving the wider determinants of health
 - health improvement
 - health protection
 - healthcare public health and preventing premature mortality.

7.2. NHS Outcomes Framework:

The first NHS outcomes framework sets out the outcomes and corresponding indicators in the journey towards improving outcomes, and offers an opportunity for the NHS to begin to understand what an NHS focussed on outcomes means for individuals, organisations and health economies. The NHS Outcomes Framework contains five domains:

- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

7.3. Adult Social Care Outcomes Framework:

The purpose of the ASCOF is to:

- Nationally, give an indication of the strengths of social care and success in delivering better outcomes for people who use services.
- Locally, provide benchmarking and comparison between areas.

In addition to statistical returns that are already in place and used to count specific performance indicators the outcome framework looks at the service user experience within four domains:

- Enhancing quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support
- Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

7.4. Outcomes for Children

There is no national outcomes framework for Children's in place as yet and whilst the government recognise that within the Outcomes frameworks there are determinants of children's health and well being issues including poverty, school readiness, truancy and sexual health, there is a view that measuring health, public health and social care outcomes is too simplistic to understand the effectiveness of services to improve the health and wellbeing of children and young people. Healthcare can't be delivered to try to meet just these narrow and high-level indicators for children's health – it should look at the wider determinants of children's health. The development of the strategy and performance management arrangements provides opportunity for ensuring a strong emphasis on outcomes for children and young people in Sunderland.

8.

Further work will be undertaken on the development of the performance management framework and performance reporting through the Officer Group ensuring that appropriate officers from the key agencies are involved.

9. Recommendations

The Board is requested to:

- Note the Strategy development process
- Discuss and agree vision and values
- Discuss the proposed strategy structure
- Note the performance management framework development process

Figure 2

