Wellbeing and Health Partnership - Executive Group

1 April 2009

(2.00 pm – 4.40 pm)

SUMMARY SHEET

Present:

Ewen Weir	- Director of Adult Services, Newcastle City Council (Chair)
Danny Ruta	- Director of Public Health, Newcastle PCT
Gina Tiller	- Chair, Newcastle PCT
Anne McNulty	- Voluntary Sector Representative
Barbara Douglas	- Voluntary Sector Representative
Councillor Liz Langfield	- Newcastle City Council
Susan Tone	- Community Voice

In Attendance:

Helen Wilding	- Wellbeing and Health Partnership Co-ordinator
Roger Mould	- Voluntary Sector NCVS
Colin Williams	- Adult Services Directorate, Newcastle City Council
Kate Mellor	- Performance Management Officer, Newcastle Partnership
Richard Elliott	- Head of Business Management, Newcastle City Council
Elaine Campbell	- Democratic Services, Newcastle City Council

Also in Attendance:

Les Watson	- Audit Commission, CAA Lead

Item	Discussion/Decision	Responsible Officer
1. **Introductions and Apologies for Absence**	The Chair welcomed everyone to the meeting and those present introduced themselves. An apology for absence was received from Councillor B Hindmarsh.	EC
2. **Declarations of Interest**	The process for declarations of interest was noted.	
3. **Comprehensive Area Assessment**	R Elliott introduced the report as set out, highlighting a number of key issues as follows:-	

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	▪ The main focus was on local services and how they addressed priority outcomes. ▪ There would be an organisational assessment for key statutory organisations. (City Council, PCT, Tyne and Wear Fire and Rescue and Northumbria Police). The point had already been made by the City Council that further education/higher education was potentially a more significant partner and it was hoped that this issue would be addressed as further iterations of the CAA developed. ▪ There would also be an area assessment based on (but not exclusively) the activities of the Local Strategy Partnership/Sustainable Community Strategy. ▪ More regional issues such as transport, were likely to be addressed through a multi-area agreement. ▪ Three key questions were being asked around the priorities, including were they being delivered currently and would they continue to be delivered in the future. All underpinned by a number of principles around sustainability, equality and value for money. ▪ The organisational assessment would be scored, but not the area assessment as each area assessment was based on local circumstances and would not be comparable with other areas in the country. ▪ Green flags would identify notable or innovative activity which may be of interest to other authorities, whereas a red flag would identify those areas of concern where it was considered that insufficient action was being taken to address those concerns.	

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	▪ There would be a narrative element to the report which would be much more accessible via a user friendly web site. However, it was accepted that not all communities would have access to the web and therefore other mediums would be used, for example, Citylife. ▪ A further significant difference was that an early version of the CAA had removed a wide range of inspections (except Ofsted). However, those inspections relating to more vulnerable groups (for example Care Quality Commission) were now to be retained in addition to Ofsted. ▪ One other key difference was that this would be a continuous assessment with the Authority and Partners working closely with the Audit Commission as the assessment was jointly developed. ▪ The Newcastle Partnership Delivery Board would be the main forum for discussion of the various iterations of the CAA as it developed toward a more closely agreed report leading to final publication in November 2009. The Chair then invited comment and during the ensuing discussion, a number of issue were raised as follows:- ▪ A member sought clarification of the “flags” and whether a certain number of red flags would result in punitive action. In response, it was explained that it was not anticipated that any authority would have more then a handful of flags. It was reiterated that the intent was to draw attention to significant areas of good practice or innovation. It was unlikely that a red flag would be awarded if a particular issue, albeit an issue of concern, was being dealt with satisfactorily. It was only if a red flag persisted for more then one year that intervention might be considered. It was acknowledged that it may take some time for Partners to familiarise themselves with this process, as in the past, a different traffic light system had been used within other inspections/performance monitoring processes.	

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	▪ The move toward a continuous assessment was welcomed with the only fixed point in the process being the annual reporting in November 2009. Whilst this would provide a greater opportunity to monitor and adjust performance on a continuous basis, the content would very much determine how useful it was. A view was expressed that the use of the flags might be less useful than the narrative. ▪ It was noted that in respect of Adult Services, there was little change and in fact the process could be considered more demanding. As a three star authority Adult Services were required to complete a Self Assessment Survey (SAS) plus three outcome reports with the possibility of an annual inspection. How the flag system might align itself to that process was still under discussion. In response, it was explained that the outcomes from those reports would be fed into the organisational and area assessments and it was at that stage there would be an indication as to whether it would generate a red and/or green flag. ▪ It was acknowledged that both Adult Services and Children's Services were in a different position to the rest of the local authority and had a significantly higher burden. It was reported that there had been notification that the first inspection by the Care Quality Commission for nine years was to take place during the second part of 2009/10. ▪ A query was raised as to whether information would be communicated to partners, in particular the voluntary sector, in order that other partners fully understood the process and their role within it. ▪ It was acknowledged that communication, almost on a live basis, was essential with a debate to be had around how best to work with partners in order that they could influence any change which might be necessary to achieve continuous improvement. ▪ Whilst the focus within the discussion had been on the red flag, the award of a green flag should also be mentioned as it was almost to a similar standard as conferring becon status.	

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	▪ Whilst this would be an item for discussion at the next four meetings of the Newcastle Partnership Delivery Board on the basis it was an evolving assessment it was important to recognise this was a two way flow of information and Delivery partnerships and other Partners should be regularly engaged . ▪ The Chair agreed there was a need for a communication strategy (with a number of key principles, including plain English, not using initials etc.) The communication mechanism must be carefully considered in order not to exclude other parts of the Partnership structure, for example the rich sub-structure of the community and voluntary sectors. ▪ The background note circulated with the papers was simply that, to provide background for partners, and should not be considered in any way as a first draft. ▪ It was however a useful starting point and if partners considered there were any major misconceptions or gaps within the report, they should advise R Elliott. ▪ It was reiterated this was a continual assessment and the relationship between the CAA lead, the City Council and Partners and how they communicated was crucial to the success of the process. It was acknowledged that during that evolving process there may be incomplete information that was not fully understood by either party and must be treat with caution. ▪ It was also pointed out that whilst the CPA had been very much internally focused, the CAA was more externally focused and brought a range of external partners to the discussion. ▪ The Audit Commission were fully aware of the communication issues. However, there were reservations around how the more confidential/sensitive discussions might be included within papers to the Delivery Board and the dangers of those being released into the public	

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	domain. Consideration would therefore have to be given as to how these more confidential/sensitive issues were handled.	
	AGREED – That the briefing note on the final framework be noted and further reports be submitted in due course.	RE/HW
4. **Workforce Development: Public Health Skills Framework**	Gwen Ellison introduced the report and guided members, in some detail through the skills and career framework and proposing to use a number of recommendations how the framework could be taken on board as a reference point for workforce plans and development:- ▪ The Chair in welcoming the presentation, suggested that it would be useful before considering the recommendations, to be clear as to what was being asked of the Executive Group and whether indeed the Executive Group was in a position to endorse any of the recommendations. ▪ The Vice Chair commented that this was a crucially under resourced area and it was essential that consideration should be given as to how best to influence workforce planning in raising the profile of health. ▪ There was a general consensus that this approach would be of great benefit and a training programme (along the lines of the equal opportunities training) should be developed in order to encourage all staff to consider health issues within their own working practices. ▪ However, this was an enormous task and it was suggested that the focus should be on identifying a more manageable discrete piece of work – perhaps identifying and working with one particular employee group as a pilot. ▪ The Chair agreed that there was further work to do and whilst not losing the ambition of this, a robust implementation plan was required. In particular, identifying where this might be mainstreamed. It was essential that a cost benefit analysis was undertaken if there was to be investment in this over the longer term.	

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	▪ The health improvement priorities were already identified and it was already known which sections of the workforce were in most regular contact with a range of clients. The primary target of the health improvement strategy was around alcohol and the care at home workforce within Adult Services were the most likely to be in regular contact with a range of clients. ▪ The Chair welcomed the support for the framework and highlighted the following key points:- - Whilst welcoming the framework overall, it was overwhelming. - There was a need to identify an area of the workforce which could in effect pilot the proposed training. - There was a need to build in evaluation to identify value for money. - The need to identify who would take this work forward was discussed acknowledging that it was a wider issue then simply Adult Services or the PCT and would include partners both in the statutory agencies and the voluntary and community sectors. The community and voluntary sectors in particular worked extensively with young people. ▪ It was agreed that Helen Wilding, as Partnership Co-ordinator, would be tasked with coordinating a group to develop a proposal to put before the Executive Group having consulted with a range of partners. (Councillor Liz Langfield indicated her interest in working with Helen to develop a model for what could be a five to 10 year programme). ▪ The Chair was anxious that time was taken to develop a robust and fully costed proposal and highlighted the following:-	Helen Wilding

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	- The need for cross cutting conversations with other LSP Delivery Boards. - Liaison with the Children and Young Peoples Strategic Partnership. - Discussions with a range of other external partners for example YHN. - Identifying a staff group to undertake a pilot – a suggestion had already been made around the youth service and reference was made to a health training module for youth workers developed by Andy Gibson. - This should be the initial scoping work for a proposal. - The need for a cost benefit analysis to demonstrate both affordability and effectiveness. ▪ It was suggested that when the competencies for the proposal were developed, they could potentially apply to other agendas as well. ▪ D Ruta referred to additional non recurrent PCT funding which might be available in 2009/10 through 2010/11. The Chair indicated this should be factored in as part of the proposal. ▪ It was suggested that whilst initially a pilot training programme could be introduced, the overall plan needed to be much wider. **AGREED** – That Helen Wilding be tasked with coordinating a Group to develop a proposal (including a robust cost benefit analysis) for submission to a future meeting of the Executive Group (in three months time). Once considered by the Executive Group there could then be an informal conversation with other partners. Councillor Liz Langfield, Danny Ruta and Gwen Ellison indicated their willingness to be involved in the Group.	Helen Wilding
5. **Newcastle Wellbeing and Health**	H Wilding gave a detailed presentation (circulated at the meeting) and this was welcomed by the Chair and members of the Executive Group as a useful tool	

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Partnership: Overview of Current Strategies/Plans and Governance	providing helpful information to communicate much wider. During the ensuing discussion, a number of issues were raised as follows:- ▪ The document as circulated provided clarity of purpose for the Partnership, but did raise a number of issues around membership. ▪ Reference was made to partners it was considered should be part of this Executive Group - including representatives from the Northumberland, Tyne and Wear NHS Trust and the Newcastle Hospitals NHS Trust. It was acknowledged however that the representation should be at an appropriate level within the organisation and demonstrate a commitment to the work of the Executive Group. ▪ Following further discussion, it was agreed that the Chair contact the organisations in question to discuss the possibility of identifying a representative to attend meetings of the Executive Group. ▪ It was noted that there were no obvious linkages between the Executive Group and a number of the Boards/Groups identified in the charts. **AGREED** – That (i) the presentation be received and the Co-ordinator thanked for providing a useful and clear explanation of the role of the Wellbeing and Health Partnership and how it linked to a wide range of other groups and initiatives; (ii) in due course, the presentation be cascaded to a range of partners (including elected members);	All
	(iii) the Chair be authorised to contact the Northumberland, Tyne and Wear Trust and the Newcastle Hospitals Trust to identify representatives to serve on the Executive Group.	Chair
6. **Partnership**	The report was presented by the Co-ordinator and she	

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Improvement Plan to March 2010	indicated this was very much an overview and she invited the Executive Group to feed back by email following the meeting. ▪ She intended to present an update on the Improvement Plan to every other meeting of the Executive Group as a work in progress on targets and refreshed information. ▪ Since the document had been circulated, it had been proposed that an awayday be arranged for members of the Executive and Partnership Boards and this would be subject of further discussion at a future meeting. The Chair welcomed what was a very clear action plan, particularly as it went beyond the immediacy of the Local Area Agreement. It also provided a good architecture for the Executive Board to ascertain whether it was working effectively beyond the immediate performance indicators. **AGREED** – That the report and Partnership Improvement Plan be endorsed and members of the Executive Group be invited to provide any further comments direct to the Partnership Co-ordinator.	All
7. **Outcome Indicators and Performance Measures: Current Position**	The Partnership Co-ordinator, in introducing the report, explained that the discussion today was not to focus on the "numbers", but to seek the Executive Group view as to whether the style of document was appropriate. ▪ It was confirmed that the summary position only included the Local Area Agreement targets, but would expand over a period of time. That particular element of the document would be maintained as a live document inputting information as it became available.	
	▪ The remainder of the report provided a background for each indicator with detail as to its current performance. ▪ The key issues to highlight within the document at this stage were to draw attention to the changes arising from the LAA refresh which were primarily	

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	for technical reasons (for example around the methodology). ▪ Attention was drawn in particular to NI136 subsequently refreshed with new data of 3032 per 100,000 thus indicating a "green" flag. ▪ Work was ongoing to look more broadly at the Care Quality Commission requirements in order to link them more closely. ▪ A further question was raised around other outcome indicators and the Chair indicated that whilst clearly the LAA indicators had to be given priority, there was a debate ongoing with Government Office around the lack of social care indicators albeit there were a number of key proxy indicators. However, as Director of Adult Services he was satisfied from a social care perspective that they were the right indicators. ▪ It was also confirmed that other indicators from the national set were subject to an annual assessment. However, from the LSP perspective it was the LAA indicators which this Delivery Partnership was responsible for. ▪ A query was raised regarding target NI039 and why it was not identified as red even though there was an upward trend and it was explained that the information provided predated the introduction of the LAA targets so it is not yet possible to evaluate performance against target. ▪ In relation to NI138 and NI119 there was new information available emerging from the Place Survey data.	
	Overall members welcomed the report and the clarity with which it was presented and congratulated the Co-ordinator suggesting that this model should be used more widely as it was helpful providing a visual representation, figures and historical trends. The Co-ordinator wished to extend her thanks to the officers who	

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	had helped to produce the document and it was agreed that the Chair would send an email to officers thanking them for their contribution. **AGREED** – That the report be received and updates be submitted to future meetings of the Executive Group.	Chair Helen Wilding
8. **Risk Register**	The Co-ordinator introduced the report as set out. ▪ The Co-ordinator drew attention to the actions required, in particular those relating to governance with a number of the actions reflecting those included within the Partnership Improvement Plan. The Partnership Improvement Plan would be used as a mechanism to update the Executive Group on the status of these actions. ▪ A number of amendments were suggested in terms of the wording with particular reference to the actions within risk one where it was suggested that reference should be to the Environment and Housing Delivery Board. **AGREED** – That (i) the risk register for the Partnership be endorsed subject to slight re-phrasing of parts of risk one; (ii) the position against the risks to be reassessed at the November 2009 meeting.	 HW/DR Helen Wilding
9. **Executive: Forward Plan and Future Agenda Structure**	The Co-ordinator introduced the report as set out and during the discussion a range of issues were highlighted as follows:- ▪ Dates for 2010 meetings were to be better aligned with meetings of other Groups. ▪ In relation to proposed topic discussions, this would inevitably include further debate around the Transformation Programme. The topic of transport must include the issue of community transport.	
	▪ Within the Transformation Team, there had been discussion with a range of key groups around universal services and where there might be shared problems. It was suggested that the initial report from the Transformation Team be submitted	

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	which might help identify topics. ▪ It was known that the local authority were currently reviewing their transport policy and any observations of this Executive Group could influence those discussions identifying any gaps or misconceptions. Examples included recognising the needs of older people who were important to the economy. ▪ It was essential public transport was accessible to everyone, Nexus were already undertaking work around a budding system for those with learning difficulties. ▪ There was a general consensus that transport was closely linked to health and whilst it was noted there was specialist provision available, it was not necessarily in the right location. ▪ There was reference to Adult Services transport provision and the Chair gave an assurance that the starting point would be to ensure the right principles were in place and there would be engagement with necessary partners. ▪ The Strategic Services Development Plan (SSDP) is a joint plan with Newcastle City Council and North Tyneside Council and the NHS North of Tyne Hospital Trust, providing a joint approach to estate/building development. Colin Williams to broker an invitation to the North of Tyne Associate Director to attend a future meeting. The importance of community engagement in terms of design and the links to neighbourhood management and neighbourhood charters was highlighted. **AGREED** – That the forward plan be endorsed.	
10. **Minutes of Meeting held on 18 February 2009**	**AGREED**	

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Matter Arising:-	Susan Tone advised that the Community Empowerment Network had disbanded as from 31 March 2009. However, there was no clarity as yet as to how community representation would continue and therefore she would continue to attend meetings of the Executive Group until other arrangements were put in place. The Chair indicated on behalf of the Executive Group, that her continued attendance was very welcome. There was a need to ensure there was a link into the voluntary sector formal reference group.	RM
11. **Date and Time of Next Meeting**	11 May 2009 at 1.00 pm to 3.00 pm.	