

Wellbeing and Health Partnership - Executive Group

17 December 2008

(1.00 pm – 3.00 pm)

SUMMARY SHEET

Present:

E Weir	- Adult Services, Newcastle City Council (Chair)
D Ruta	- Director of Public Health, Newcastle PCT
Cllr B Hindmarsh	- Executive Member, Newcastle City Council
L Dixon	- NHS North of Tyne PCT (deputy for G Tiller)
S Tone	- Community Voice
B Douglas	- Quality of Life Partnership

In Attendance:

V Clarke	- Adult Services, Newcastle City Council
S Kenney	- NCVS Regeneration Forum
L Cooper	- Adult Services, Newcastle City Council
W Norman	- Learning Disability Partnership Board
S Darroch	- Democratic Services, Newcastle City Council

Item	Discussion/Decision	Responsible Officer
1. Apologies for Absence	G Tiller, P Bamber and A Coulthard.	
2. LAA Performance Report – Presentation	<p>E Weir explained that there was an urgent need to improve reporting to the LSP on Delivery Board progress with meeting its targets under the Local Area Agreement (LAA). This was necessary to ensure the LSP was properly updated and also to help drive performance by improving focus on targets and priorities.</p> <p>V Clarke explained that the report outlined an approach to managing performance which should enable the Wellbeing and Health (WBH) Partnership to drive forward priorities and address areas of underperformance:-</p>	

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	<ul style="list-style-type: none"> <li data-bbox="472 331 1278 589">▪ The three key elements of the report were noted to comprise an Outcomes Framework (app 1); a summary of social care indicators under the LAA (app 2); and a template “Improving Outcomes Plan” to be used in conjunction with lead officers to steer actions and drive forward performance in key areas (app 3). <li data-bbox="472 622 1278 880">▪ It was explained that the Outcomes Framework identified key headline indicators for the Partnership and aimed to provide a roadmap for meeting its objectives. Objectives from the Sustainable Community Strategy (SCS) and the LAA were both noted to be included, with LAA priorities highlighted in bold. <li data-bbox="472 913 1278 1059">▪ V Clarke invited comments on the validity of this approach as a way of driving forward performance and noted that feedback was welcome outside of the meeting. <li data-bbox="472 1093 1278 1462">▪ D Ruta welcomed the proposed monitoring framework. He queried whether it would be possible to remove the Statement of Purpose from Appendix 1, to make it more generic so that it could be used more widely across the City Council and PCT. He noted that some objectives (not in bold), were actually LAA indicators. V Clarke acknowledged this point, but noted that the framework focused just on those with a specific Adult Services perspective. <li data-bbox="472 1496 1278 1641">▪ E Weir commented that it should be possible to create two versions of the Outcome Plan, one specifically for the WBH Partnership and a second more generic version. <li data-bbox="472 1675 1278 1776">▪ “Vital Sign Indicators” were noted to relate to the mechanism by which the Health Care Commission monitored the PCT. 	All
	<ul style="list-style-type: none"> <li data-bbox="472 1823 1278 2047">▪ E Weir welcomed the Outcome Plan as a useful visual representation of the performance framework, in an accessible format. However, he noted that the most important element of the process would be to determine how to tackle areas of underperformance. 	

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	<ul style="list-style-type: none"> ▪ Performance data in App 2 was noted to incorporate data as at 24 November 2008 in the case of the PCT and to the end of September 2008 in the case of Adult Services. Both data sets would require updating in January 2009. ▪ E Weir explained that some LAA indicators were not included in the performance data, because as no baseline information was yet available, it was not possible to report on them. These included NI138 "Older People Feeling Safe/Secure". ▪ In response to a query, V Clarke undertook to confirm when the Place Survey would be carried out. ▪ L Robinson noted that a number of officers were already engaged in preparing a range of performance reports and queried whether the new framework would impact on this. E Weir confirmed that the proposals would lift data from existing systems. Any extra reporting would be prepared by V Clarke. D Ruta also noted that the Newcastle Partnership was seeking to appoint a performance manager who may also be able to assist with performance reporting. ▪ V Clarke noted that in addition to introducing the proposed performance framework, it was also planned to work closely with officers leading each area under the LAA. The template at App 3 would be developed to facilitate this. Action plans would then be developed to deliver on the objectives. 	V Clarke
	<ul style="list-style-type: none"> ▪ There was agreement that performance reporting should be on an exception basis at each meeting with quarterly updates for those areas on target. ▪ D Ruta noted that there was a need to consider how best to monitor and report on performance at the next level down, i.e. Health Improvement Board and Older Persons Board. It would also be necessary to carry out risk assurance work at that level to develop a Risk Register for each outcome. ▪ It was confirmed that there was general support for the proposed performance framework. 	

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	<ul style="list-style-type: none"> ▪ Partnership members were invited to consider the proposals and provide comments back to V Clarke. ▪ Final proposals for the performance monitoring and reporting framework would be brought to the next meeting, including consideration of how this could be linked into performance at Delivery Board level. <p style="text-align: center;">RESOLVED – That the report be received and comments noted.</p>	<p style="text-align: center;">All</p> <p style="text-align: center;">V Clarke</p>
<p>3. Frequency of Meetings in 2009</p>	<p>E Weir reported that to date, the Executive Group had met quarterly. However, he felt this was insufficient if the partnership was to meet the expectations of the LSP and deliver on its LAA targets. He noted that there was an expectation by LSP that the Executive Group would meet more frequently.</p> <p>D Ruta confirmed that he also supported the need to meet more frequently. He noted that the Partnership was now in its delivery phase and questioned whether the associated delivery boards also needed to meet more often.</p> <ul style="list-style-type: none"> ▪ E Weir noted that in deciding to increase the frequency of meetings, it was vital to ensure that the voluntary and community sector could accommodate the increased level of commitment. He also expressed the view that if the Executive Group met more frequently, the reference groups would also need to match this. 	
	<ul style="list-style-type: none"> ▪ A query was raised as to whether meeting bi-monthly would be adequate. E Weir reiterated that the Executive Group was not currently meeting frequently enough but noted that he did recognise the pressures of monthly meetings, in terms of meeting attendance and turn around time for work. ▪ D Ruta queried whether a sub-group focusing on implementation issues could meet monthly, with the Executive Group meeting six weekly. Councillor Hindmarsh expressed concern that this approach may unnecessarily split the Group. ▪ L Dixon of NHS North of Tyne PCT commented that they would prefer six weekly meetings. 	

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	<ul style="list-style-type: none"> ▪ It was agreed that the next three meetings would be arranged on a six weekly basis and then reviewed. ▪ E Weir commented that he was keen that the Partnership should be proactive in tackling those of its targets to be measured under the Place Survey. ▪ E Weir noted that several parties had indicated that they were keen to attend Executive Group meetings. Following discussion, it was agreed that these representatives should be contacted and invited to participate at Delivery Board level with a view to reinforcing the work of the Board and promoting stronger links into the Executive Group. ▪ Consideration would also be given to considering how to progress cross-cutting issues which impact on more than one Delivery Board. It was therefore suggested that representatives from each Delivery Board should be invited to attend Executive Group meetings to focus on cross-cutting issues. Each Executive Group meeting could have a specific cross-cutting issue included on its' agenda. 	<p>Democratic Services/ J Elcoat</p> <p>E Weir</p> <p>E Weir</p>
	<ul style="list-style-type: none"> ▪ Following a request from the Chair, the Executive Group gave its consent to E Weir to give further consideration to the development of an Implementation Group, which would seek to link up key statutory officers involved in delivering the Partnership plan. 	<p>E Weir</p>
<p>4. Adult Services Transformation Board – Presentation</p>	<p>L Cooper, Project Manager, provided a presentation outlining the Adult Services Transformation Programme. The following key points were highlighted for the Executive Group's information:-</p> <ul style="list-style-type: none"> ▪ It was explained that the programme aimed to ensure all activities designed to progress the social care reform agenda and the corporate transformation programme were governed and managed under one overarching programme of activity. ▪ The programme was noted to be underpinned by a Programme Definition Document comprising three key elements (i) the basis for the programme; (ii) 	

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	<p>governance and management; and (iii) theme definitions.</p> <ul style="list-style-type: none"> ▪ A robust Governance framework had been put in place led by a Programme Board, supported by six Theme Boards which met monthly to ensure delivery and management of interdependencies. Each Theme Board was led by the relevant Head of Service, designated as the “Theme Executive”. ▪ An overview was provided of each of the six Theme definitions. 	
	<ul style="list-style-type: none"> ▪ Additional resources were being put into place to build capacity to deliver. It was expected that the Transformation Team would be in place early in the new year. ▪ Work was being carried out to develop a Communications Plan for staff and stakeholders. ▪ E Weir proposed that it would be useful for the Executive Group to receive regular updates on the Transformation Programme. It was noted that given the wide scope of the project and the fact that it may result in more services being delivered on an integrated basis with the PCT, progress with the Programme was relevant to the work of the Partnership. ▪ It was agreed that given the relevance, importance and complexity of the Adult Services Transformation Programme, each meeting of the Executive Group would receive a report on a relevant theme. 	L Cooper
<p>5. Joint Strategic Needs Assessment</p>	<p>D Ruta provided an update on development of the Newcastle Joint Strategic Needs Assessment (JSNA), including a demonstration of the JSNA website.</p> <p>It was explained that the JSNA was a statutory requirement for the PCT and local authority to produce. Newcastle had opted to develop an interactive process, rather than a document, which would provide a resource for decision makers, planners and front line service providers.</p> <ul style="list-style-type: none"> ▪ It was confirmed that the JSNA would be publicly 	

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	<p>accessible although this would not be its' primary audience.</p> <ul style="list-style-type: none"> ▪ D Ruta explained the background to the process for compiling information on the 39 topics currently included in the JSNA. These had been selected from the LAA) although not all were yet active. 	
	<ul style="list-style-type: none"> ▪ Each topic had two main elements; the first relating to information known about a particular issue and the second highlighting what this information implied and the actions that should be taken in response. Each topic would have no more than five recommendations. ▪ It was confirmed there was a strict control mechanism for sign off of information relating to a particular issue. ▪ Each topic included in the JSNA would enable source data to be identified. ▪ In due course, it was planned that the software would enable topic incidence to be mapped across the City. ▪ A soft launch of the website would take place in January 2009 with official launch in mid February 2009. ▪ In response to a query, it was confirmed that the collation and summarisation of data had been outsourced. Responsibility for interpretation of each topic summary lay with a relevant middle manager, with senior managers having responsibility for final sign off. ▪ E Weir explained that there had been a deliberate focus on issues arising from the LAA. ▪ Consideration was also being given to how, in future, there could be effective engagement with partners and the community to ensure that the JSNA developed as an iterative tool. ▪ D Ruta proposed that where a topic was to be updated, there should be a report to the Executive Group. 	

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	<ul style="list-style-type: none"> ▪ D Ruta and E Weir joined in thanking Liz Robinson for her efforts in developing the project. <p style="text-align: center;">RESOLVED – That the report be received and comments noted.</p>	
<p>6. Citizens First: Making Valuing People Happen in Newcastle</p>	<p>Bill Norman, from Newcastle Learning and Disability Partnership Board (LDPB) was in attendance to provide an update on the Citizens First Project.</p> <ul style="list-style-type: none"> ▪ The Executive Group was explained that the LDPB was tasked with implementing the Government’s White Paper “Valuing People”. It had therefore prepared a three year strategy “Citizens First” on how to promote people with learning disabilities as full citizens in Newcastle. ▪ Publication of the strategy had been delayed pending the release of an updated “Valuing People” paper from Government. This was now expected to be available in January 2009. ▪ E Weir explained that at present, the LDPB had no formal strategic reporting or support relationship with the Partnership. This needed to change in order to drive forward the work of the LDPB. ▪ The LDPB’s “Citizens First” Strategy contained nine key themes. As closely as possible these reflected issues arising from the LAA with relevance to Learning Disability. Each theme had been prioritised across a three year programme. ▪ W Norman reiterated the concern that at present, the LDPB had no direct link to the Local Strategic Partnership. E Weir reaffirmed his view that the LDPB should report into the LSP. It was proposed that there should be a regular performance update from the LDPB to the Wellbeing and Health Partnership Executive Group. This would be on an exception basis. <p>It was recognised that in Newcastle, tackling Learning Disability represented a key challenge for both the local authority and PCT. This issue needed to be effectively taken forward.</p>	

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	<p>RESOLVED – That traffic light based exception performance reporting be developed from the LDPB into the Executive Group.</p>	W Norman
<p>7. Promoting Mental and Emotional Wellbeing – Action Plan</p>	<p>C Drinkwater presented an overview of the Action Plan for Mental and Emotional Wellbeing, arising from the Health Improvement Strategy (HIS).</p> <ul style="list-style-type: none"> ▪ The objectives of the HIS were highlighted. It was noted that these supported a national focus to develop and sustain the concept of mental capital throughout life. ▪ In terms of local delivery, the importance was stressed of the role of the voluntary and community sector. This included the development of Voice Advocacy Campaigning, Direct Service Provision and improved co-ordination between relevant voluntary organisations such as LInks, CAH and NCVS. ▪ The Action Plan aimed to deliver across four key areas. These included Educational Settings (including children’s centres, through to further and higher education), Work place settings and Community settings. ▪ By way of example, in relation to work place settings, the concept of “mindful employers” was explained as a proactive initiative being progressed to encouraged positive mental health based on early intervention to prevent mental illness. ▪ C Drinkwater noted that in order to take forward the Action Plan, it was necessary to ensure buy-in at the correct level. He welcomed views on how best to market the message on positive mental wellbeing. 	
	<ul style="list-style-type: none"> ▪ E Weir commented that he was particularly interested in the work on developing “Mindful Employers”, noting that some similar initiatives were being implemented for staff in Adult Services. ▪ D Ruta welcomed the Action Plan and stressed the importance of ensuring that there could be clear 	

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	<p>measurement to demonstrate progress. This in turn, could be reported regularly to the Health Improvement Partnership and on an exception basis to the Executive Group. The role of the Executive Group could then be to escalate any issues, blocking progress, with implementation of the plan, up to the LSP Board.</p> <ul style="list-style-type: none"> ▪ D Ruta commented that the action plan needed to be harnessed to resources in the NHS, noting that in due course there would be a manager in NHS North of Tyne who would lead on mental health issues. ▪ E Weir suggested that when evaluated data was available to support the Action Plan, in terms of the Work Place settings proposals, a case could possibly be made to the City Council and PCT as two of the major employers in the region. ▪ Councillor Hindmarsh queried whether GPs were sufficiently proactive in dealing with mental health matters. C Drinkwater commented that it was hoped that the move to “fit notes” rather than the continued issuing of “sick notes” may help to alleviate some of these problems. ▪ C Drinkwater asked that comments on the Action Plan be provided to Malathi Natarajan at Newcastle PCT by Friday 16 January 2009. <p style="text-align: center;">RESOLVED – That the report be received and comments noted.</p>	All
8. Health Improvement Strategy Board	E Weir reported that a temporary Wellbeing and Health Partnership Co-ordinator would be appointed early in the new year with a full time appointment being made during 2009.	
9. Minutes of Meeting held on 17 September 2008	RESOLVED – That the minutes be approved subject to the removal of S tone from Apologies for Absence.	
10. Date and Time of Next Meeting	To be confirmed following discussion between Democratic Services and J Elcoat with regard to a possible six week cycle.	

