

Briefing Note

Development of the Redcar and Cleveland Health and Wellbeing Board



To: Tees Valley Joint Scrutiny Committee

Date: 15 March 2012

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Ref:

1.0 Purpose

This paper aims to inform the Tees Valley Joint Scrutiny Committee of the development of the Health and Wellbeing Board (as outlined in the NHS White Paper (“Equity and Excellence: Liberating the NHS”, July 2010) and subsequent Public Health White Paper (“Healthy Lives, Healthy People: a strategy for Public Health”; November 2010)), specifically against the following areas:

- The progress on establishing the Health and Wellbeing Board in Redcar and Cleveland
- Building key relationships
- Establishment of priority areas
- Access to appropriate expertise to fulfil the planning and strategic role

2.0 Progress

The principles underpinning the operation of the Health and Wellbeing Board were agreed at Cabinet in March 2011 as part of a paper detailing the changes described in the NHS White Paper.

The period from March to September (when the first Board met) was used constructively to further develop relationships between the partners, in particular between the Council and Clinical Commissioning Groups.

The governance arrangements agreed include:

- Relationships with existing infrastructure, in particular the Local Strategic Partnership and the Children’s Trust
- Authority of the Health and Wellbeing Board and relationship with the commissioning bodies (Cabinet and PCT Board)
- Membership – this was agreed as being limited to that outlined in the paper, and in addition the Chair of the LSP and the Chair of the Children’s Trust (specifically to ensure the Health and Wellbeing Board and Children’s Trust compliment each other on the outcome related to children, as opposed to duplicating work). There are currently no provider organisations on the Board (although this may change in the future).
- Sub-groups – the Board is supported by a functioning Executive Group (including provider representation), meeting more frequently and ensuring delivery of the agenda. The engagement and involvement of providers, particularly South Tees Acute NHS Foundation Trust will be critical. The Board will also be supported by a

“Provider Forum” (to include all providers of relevant services) and an “Engagement Forum” (building on the existing partnerships across carers, older people and disabled people, operating across the whole partnership agenda).

- The responsibility to flex the structure supporting the Health and Wellbeing Board in order to meet the aims has been delegated to the Health and Wellbeing Board.

The Board meets quarterly and has met three times since September where the following has been discussed:

- Priority areas (see below)
- Work programme
- JSNA – drafted to provide background detail behind the priority areas to enable a better understanding of underlying causes, and agree a set of “key areas of consideration” to support the development of the Health and Wellbeing Strategy
- Commissioning intentions across partners including the Clear and Credible Plan, to develop an understanding of how the plans are consistent with the delivery of the priority areas and to understand any implications for partners
- Board development requirements, building on the diagnostic work by the NHS Institute for Innovation and Improvement Health and Social Care System Support Programme

3.0 Relationships

A relationship management plan has been developed to support the development of critical relationships with both internal and external partners, with key activities being:

- Regular meetings with lead GPs and PCT support for Clinical Commissioning Groups
- Commissioning the VCS to develop areas of the JSNA
- Engagement with the VCS through “Connecting Together for Change”
- Full Council Members Briefing
- Health Scrutiny Committee
- Regular discussions at Executive Management Team
- Discussion of the JSNA with all Directorate teams
- Managers Conference to develop further the principles of “whole Council action”
- Inclusion with the Councils “Our Plan” and Business Transformation Programme
- Inclusion within other cross-cutting programmes, specifically Troubled Families and Ageing Well

4.0 Priority Areas

The priority areas were discussed across the Council as part of a Cabinet paper on the new arrangements for public health; and in individual sessions with key partners (including the (at that time) emerging Clinical Commissioning Groups, PCT Chief Executive and Chair of the Children’s Trust.

The priority areas were agreed following a discussion at the first meeting of the new Health and Wellbeing Board.

The Health and Wellbeing have agreed three priority areas as detailed over the page.

| Development of a sustainable system of care that promotes independence | Delivery of “Healthier and longer lives for all” outcomes | Development of integrated services for children that promote aspiration and resilience |
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| <p><u>Key Measures:</u></p> <ul style="list-style-type: none"> ▪ Reduced emergency admissions ▪ Reduced care home placements <p><u>Workstreams:</u></p> <ul style="list-style-type: none"> ▪ Development of integrated services to increase care closer to home (includes reablement, intermediate care, home care, use of Primary Care Hospitals) ▪ Promotion of self care and independent living ▪ Improve access to planned care (includes “finding the missing thousands”, reducing variation in primary care, exceptions strategy) | <p><u>Key Measures:</u></p> <ul style="list-style-type: none"> ▪ Reduced harm caused by tobacco and tobacco products ▪ Reduced harm caused by alcohol ▪ Decrease levels of obesity <p><u>Workstreams:</u></p> <ul style="list-style-type: none"> ▪ Whole Council approach to reducing smoking through the Tobacco Alliance (includes development of stop smoking services, health promotion and enforcement) ▪ Development of the “prevent, treat and enforce” model for alcohol ▪ Development of a co-ordinated “healthy weight, healthy lives” model | <p><u>Key Measures:</u></p> <ul style="list-style-type: none"> ▪ Reduced gap in attainment for children and young people ▪ Earlier identification, intervention and support for children and young people in need <p><u>Workstreams:</u></p> <ul style="list-style-type: none"> ▪ Development of the Healthy Child Programme ▪ Development of the Family Nurse Partnership programme <p>Note: need to ensure this adds value to the Children’s Trust work programme</p> |

Rationale

A critical consideration for the successful operation of the Health and Wellbeing Board is the management of the breadth of the potential agenda to ensure both delivery and buy in from the diverse membership –to ensure *involvement*, not just *attendance*. Involvement will be critical to the development of mutually beneficial relationships.

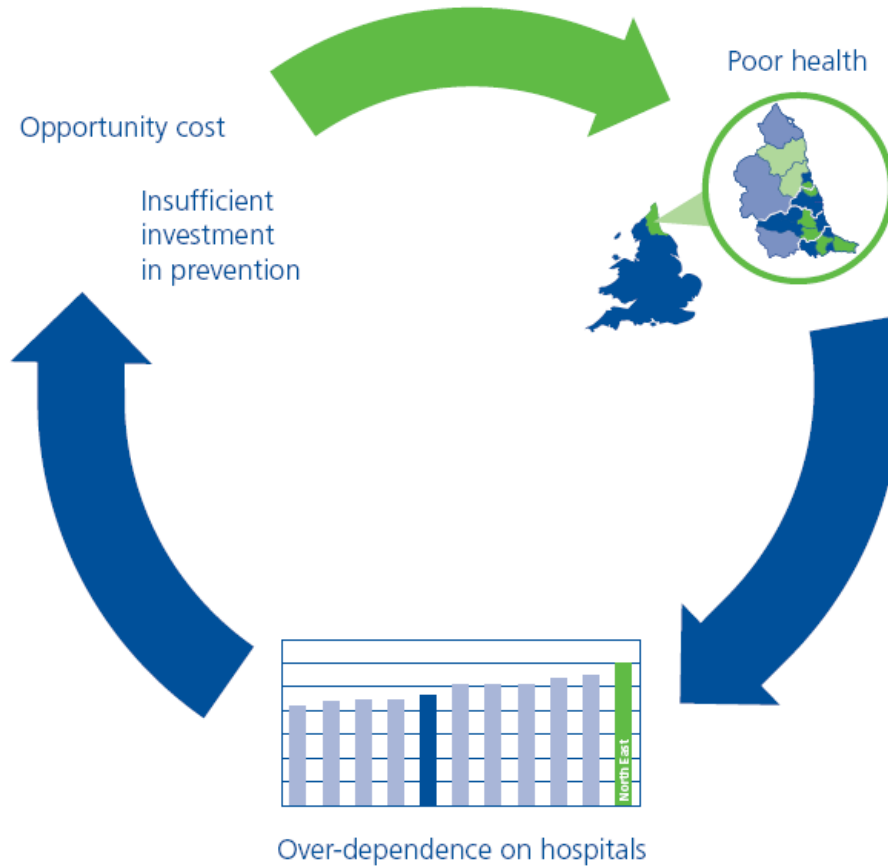
A key area for consideration is ensuring implementation of the National Support Team (NST) recommendations on Health Inequalities. This could be further extended to cover a critical area for both the NHS and the Council – reducing emergency admissions (this was later extended to the outcome “development of a sustainable system of care that promotes independence” in line with the move towards Outcome Based Accountability across the Local Strategic Partnership).

The Council has a critical role to play as local leader, taking the lead in promoting the health and well-being of all its citizens and in securing co-ordination of all local resources which might reduce the threats to, and increase the opportunities for, a better quality of life in local communities.

The Council also has significant gains to make. Unplanned hospital admissions can undermine self-confidence, disrupt diet, and increase dependency and the likelihood of infection. The consequences are often more medical treatment and expensive long-term institutional care. “Hospital-induced dependency” creates unnecessary demands on Council community services, in particular care home placements and home care provision. If these services are considered to be “demand led”, unplanned hospital admissions fuel that demand.

From a health perspective emergency admissions create similar demand on community services as outlined above, but also cause a huge financial drain to the acute sector to the detriment of the development of other services, detailed in the Strategic Health Authority strategy (“Our vision, our future: Our North East NHS”), as the “cycle of missed opportunity”: the over-dependence on hospitals reduces the available investment for prevention that in turn retains the picture of poor health in the area.

The case for change – a cycle of missed opportunities



The delivery of “healthier and longer lives for all” can be seen as a longer term programme to support people to better manage their own health and in so doing reduce health inequalities, and deliver elements of the NST recommendations.

The development of integrated services for children that promote aspiration and resilience aims to support the delivery of the Healthy Child Programme and provide coverage across the Partnership of the expansion of the Health Visitor and Family Nurse Partnership models.

5.0 Access to Expertise

Expertise to support the decision making of the Health and Wellbeing Board has been discussed, specifically at Health Scrutiny. This will be a key area, with the selection of the relevant expert, ensuring no conflict of interest being critical.

This area remains open for debate.