

Core Cities Health Improvement Collaborative (CCHIC)

Programme Director, OD Consortium's Report on the first six months

The first six months of the Collaborative have been busy, and successful. The Collaborative has been fully established, including arranging appropriate governance and management arrangements. A scoping event, and events on reducing alcohol harm and tackling all age, all cause mortality have been held in London, Leeds and Liverpool respectively. In addition, a session was held at the NHS Confederation Conference in June to discuss the work of the Collaborative to date. Collaborative work is developing outside of the main events and steps are in hand to further support this through the development of a CCHIC knowledge management system. A full programme of events is now in place that takes the Collaborative through to 2011. I expand on each of these areas in more detail below.

For anyone new to the CCHIC a summary of its aims and objectives is also included in appendix 1 [on page 4].

Governance Arrangements

Clear contractual arrangements are now in place and the Steering Group has convened three times in the first six months, as planned. Membership includes key staff from the OD Consortium supporting the Collaborative led by Finnamore, some Core City Chief Executives and other staff, DH inequality leads and NHS Institute for Innovation and Improvement representation. A Programme Initiation Document (PID) and plan have been agreed and reports on key items are taken to each Steering Group together with a summary Consortium Programme Director's report updating on progress and achievements to date. A finance report is tabled each time. Bi-monthly meetings are now scheduled through to 2010.

Events

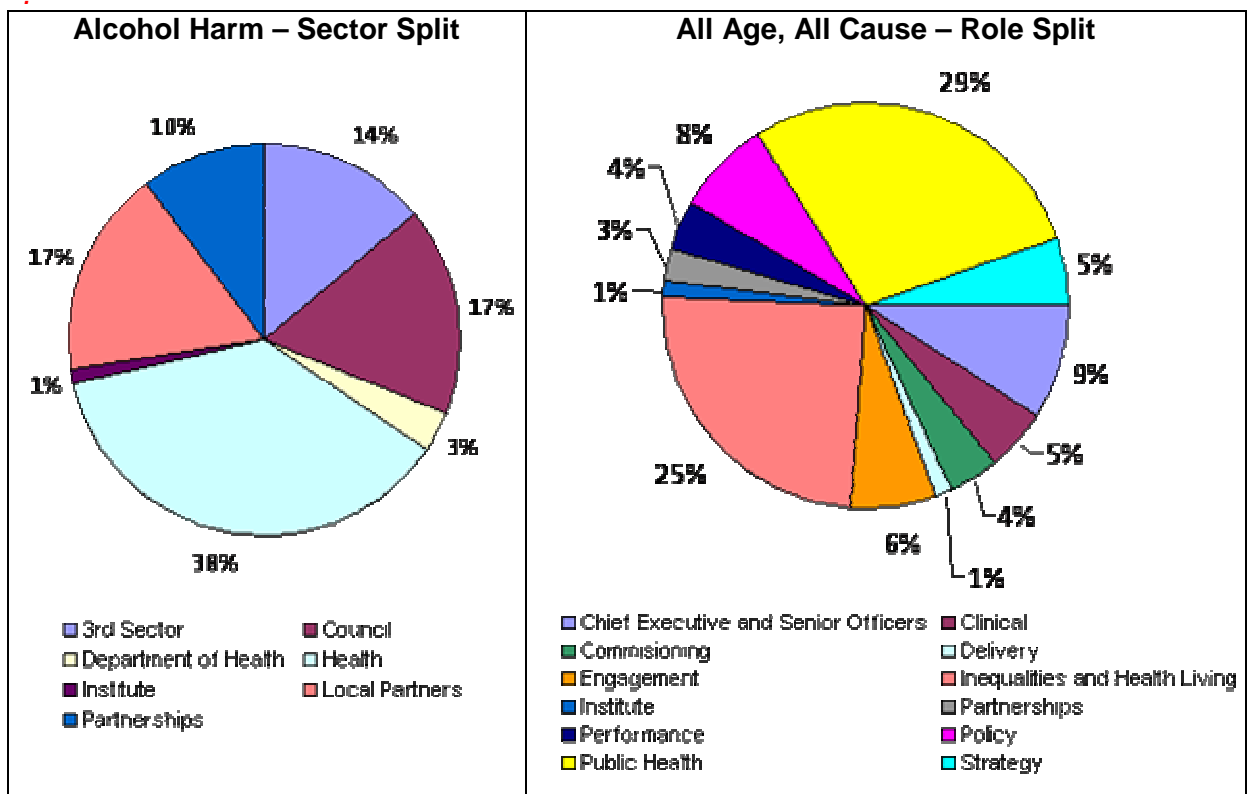
At the scoping event held in January representatives from across the Cities and stakeholder organisations agreed the two-year programme for the Collaborative. The first event, on alcohol harm was held on 27/28 April in Leeds and the All Age All Cause Mortality event of 19/20 May held in Liverpool. Both went well, as evidenced from the attendance, outcomes achieved at the events, the positive feedback received, and from follow-up action that has been instigated.

The alcohol harm event was particularly successful in attracting a range of stakeholders – from core city health services, local authorities, third sector and partnership agencies – to help develop strategies for their cities. The sector split for the 87 attendees is shown in the pie graph below. The all age, all cause mortality event was a less diverse gathering but still had good local authority, and other stakeholder representation. Public health professionals were the largest representative group but all key partners were involved as also shown in the pie chart overleaf.

Feedback from delegates at both events was positive. At the alcohol harm event 82 per-cent reported that they had met people and developed a network, and 71% gained insights from others and shared ideas. At the All Age, All Cause Mortality event 85% reported that they shared useful knowledge, experience and best practice and 92% found the event useful.

Laura Roberts, CEO of Manchester PCT, delivered a presentation on the CCHIC at the NHS Confederation National Conference in June as part of a larger session on *Health Improvement – Leading edge practice in health improvement and health inequalities* with East Lancashire PCT and Knowsley PCT. The session was well attended and the presentation well received and has generated a number of follow-up queries and requests for further information.

Alcohol Harm Event – Attendee by Sectors and All Age, All Cause Mortality Event – Attendee by Role



Extending ‘Deep Learning’

The Collaborative fully recognises that the ‘events’ will only be one part of ensuring and sustaining ‘deep learning’ through the collaborative. We need to both sustain and build learning after each event, and prior to events that will not take place until next year. A knowledge management system will be commissioned to support this shortly.

A ‘Birmingham Learning Set’ has been formed to learn from other cities experience of corporate health inequalities work. Following on from the Alcohol harm event an ‘Alcohol Lobbying’ group is also convening to promote minimum pricing for alcohol and it will be assisted by CCHICs appointed PR and Communication team at Beattie Communications

In addition, the Collaborative is generating interest from other potential groupings within the NHS (e.g., Northern Towns), who wish to explore the benefits of collaboratives as a means to share the learning and extend the benefits of communities working together to tackle deep-seated issues.

The Next Few Months

Work will continue in all these areas over the next few months. Our next planned event is to be held in Birmingham on 5/6 October and has mental health as its focus. After that, an event is being planned for January to be held in Nottingham on Obesity. As Andy Burnham pointed out in his speech to the NHS Confederation - according "to Department figures, getting the nation more active could save every PCT an average of £5 million a year," and the Cities will be learning how other cities are beginning to achieve the changes required.

The work of the CCHIC is core to all member PCTs and partner organisations achieving their overriding ambition to improve their populations health by cooperating, learning from each other, and making that learning available across the wider NHS.

Bruce Fynamore
Programme Director
OD Consortium – Core Cities Health Improvement Collaborative

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APPENDIX 1 - What is the Core Cities Health Improvement Collaborative?

The Core Cities Health Improvement Collaborative is a new network established to improve public health in England's eight biggest regional cities.

Built upon an existing network of local authorities, the Health Improvement Collaborative has been established to boost collaboration and share best practice between those working to tackle health inequalities in England's biggest cities outside London.

As well as all age, all cause early mortality – the subject of the last event – the collaborative will also spend the next two years focusing on ways of tackling inequalities relating to alcohol harm, smoking, teenage pregnancy, mental health and wellbeing and childhood obesity.

Background

The Core Cities group was originally established in 1995 as a network of local authorities in England's biggest cities outside London, namely:

- Birmingham
- Bristol
- Leeds
- Liverpool
- Manchester
- Newcastle
- Nottingham
- Sheffield.

Led by council leaders and chief executives, Core Cities continues its work today as a partnership dedicated towards boosting not only the regional economic performance of the eight cities and their surrounding areas, but also collectively driving national economic growth.

Core Cities Health Improvement Collaborative

In 2008, the chief executives of the 10 PCTs responsible for the health of people in those eight cities – Birmingham is represented by three PCTs – agreed to build upon

the existing group to create a network dedicated specifically to improving public health.

Part-funded by the Department of Health, the group will spend its first two years focusing on tackling six major health inequalities:

- Alcohol harm
- All age, all cause early mortality.
- Childhood obesity
- Mental health and wellbeing
- Smoking
- Teenage pregnancy

In each case, the primary aim of the Core Cities Health Improvement Collaborative is to promote closer collaboration between the cities and their other stakeholders.

In each of the initial events being organised the collaborative hopes to create an atmosphere of genuine collaboration in which to network, learn and make decisions about future work.

In this way, through a collective honesty and openness about the successes and challenges faced by each city, we hope to enable senior teams from each of the 10 PCTs to share their experiences – positive or otherwise – en route to further developing models of best practice which could be adopted by all cities, both within the collaborative and beyond.

Moving on from these events, the Core Cities Health Improvement Collaborative will investigate and adopt a range of other tactics at its disposal, including giving the eight cities a collective voice so as to be better heard within Westminster and in other organisations which may be able to help support our aims.

To assist with this process, a consortium of private sector partners has been appointed to facilitate the programme. Managed by Finnamore Management Consultants, that consortium also includes partners from Dr Foster Intelligence, VISTA and SOLACE Enterprises.