



Core Cities Health Improvement Collaborative

1 Purpose

A collaboration between the core cities to develop and share expertise on how to maximise health improvement impact using evidence based approaches and improvement science.

2 The Partners

The Core Cities network is well known across local government and comprises the following cities: Birmingham, Bristol, Leeds, Liverpool, Manchester, Newcastle, Nottingham, Sheffield

These cities have been working together since 1995. They have an established infrastructure and core work streams which include:

- Transport and connectivity
- Innovation
- Skills and employment
- Sustainable communities
- Culture and creative industries
- Climate change
- Finance and industry
- Governance and partnerships

The consolidation of Primary Care Trusts in 2006 has allowed the 10 PCT chief executives covering the 8 core cities to work together on matters of common interest. The increasing priority given to health improvement and similarity between the major cities has created a fruitful collaboration for the chief executives.

We have approached the DH Inequalities Unit, the NHS Institute for Improvement and the Department of Health about this work.

3 Values

All the core cities PCTs and local authorities have adopted appropriate public sector values. For this collaborative, we particularly wish to emphasise:

- openness and collaboration – so we can make progress faster by working together
- copying from each other and giving others the credit
- using the best evidence available to us and evaluating new approaches

4 Methodology

From initial discussions with colleagues within the health service, it seems that a successful approach might include the following elements:

- identifying a small number of common priority health improvement areas
- benchmarking our current position of the agreed priorities across the core cities, with other statistical neighbours and nationally. This will include finance where possible
- undertaking a well prepared crash event for each priority in which we review the evidence for what works, identify the means to accelerate progress, share good practice and learn from each other. The product for each core city will be an 'added value' action plan to enhance current performance
- assuming that our joint work identifies some skills development issues, we could either commission support to be given as a core cities group or which can be offered in individual locations
- creating networks across the core cities which allow informal information exchange
- a review event at which participants share learning and progress

5 What might the priorities be?

PCT Chief Executives were asked to indicate an initial sense of priorities. They were:

Teenage Pregnancy

Alcohol harm reduction

Life expectancy (inc CVD & infant mortality)

Obesity

Tobacco Control (not smoking cessation, but enforcement, smoke free homes, etc)

Health inequalities is a core theme running through all of these priorities, which reflect the respective 8 Local Area Agreements and World Class Commissioning Health Outcomes adopted by each city.

6 Core Cities Public Health Conference

The Birmingham core cities public health conference in June 2008, co-hosted by Birmingham and Bristol was a great success. We have now agreed an annual programme, with the next scheduled for 20-21 May 2009, co-hosted by Liverpool and Manchester. We may choose to use this event to showcase some of our early learning, as the basis for an organisational raid on the host PCT taking one agreed priority or to follow sequential from a crash event or follow up session.

7 Linkages

Some linkages include:

- DH Health Inequalities Unit. Professor Chris Bentley has indicated a willingness to support this work. Access to expertise and advice about evidence base would be of

great benefit to the core cities collaborative. Equally a platform for some of the National Support Team to work with a collective of core cities might be attractive for them.

- NHS Institute. The Institute is working with a learning network of PCT CEOs who have chosen to focus on similar priorities. The Institute has commissioned consultancy support from PWC to that programme (with a focus on improvement approaches).
- World Class Commissioning. There is a read across to the selected WCC outcome indicators, competencies and OD plans. It may be that the DH would want to sponsor this work in the same way, and Gary Belfield, Director of Commissioning is supportive and interested in being involved.
- Knowledge Management. BEN PCT has a partnership agreement with Dr Foster Intelligence which could cover collective access to intelligence against our chosen priorities. Bristol can offer some capacity from their contract for lean which is with KM&T if this is useful. Others may also be able to make similar offers (see appendix 1).
- OD support. The Institute has received 3 strong tenders for the support to the PCT CEOs leadership group; we may be able to access one of these for support. One of the tenders involved Vista Consulting who are already the BEN OD partner with an extended network of sub-contractors.
- About half the core cities are members of the WHO Healthy City programme. Half the core cities (not necessarily the same ones) are members of Race for Health. Both of these collaboratives are valuable and present further opportunities for importing expertise and enrichment.

8 Tender for Support

The Core Cities Health group has developed a specification for support for this programme. The Contract will be let and managed by the NHS Institute on behalf of the Core Cities Project. The Project will be jointly branded. It should be noted that individual PCT Chief Executive Officers may have varying requirements and these will be agreed at the Project start-up. The clarified requirements will form part of the Contract between the NHS Institute and the successful Contractor.

The milestone dates for this invitation to tender are as follows:

Date	Activity	Responsibility
29 th Oct 08	Issue Invitation to Tender	NHSI
31 st Oct 08	Confirm receipt of Invitation to Tender	NHSI
10 th Nov 08 12:00 Noon	Submission deadline for clarification Questions	Bidders
12 th Nov 08	Suppliers briefing day (2pm – 3pm) Bristol	Bristol PCT
20 th Nov 08 12:00 Noon	Submit Invitation to Tender response by electronic copy	Bidders
24 th Nov 08	Bidders short-listed and invited for interview	NHSI
26 th Nov 08	Selection Panel	
28 th Nov 08	Issue Preferred Bidder Letter	NHSI
5 th Dec 08	Complete contract and pricing agreement	NHSI
	Commence work. First crash event 26/27 January 2009	Bidder

Note: The NHS Institute reserves the right to change the schedule at its discretion.

The selection panel will take place in Birmingham and include a cross-section of core city representatives.

9 Timescales

The Project will be completed by March 2011

Phase 1 will be completed by May 2009 and a key milestone will be the 20/21st May Health Inequalities Conference.

Phase 2 will be completed by March 2011

The Contract will be for an initial period of 16 months, and may be extended for a further period up to a maximum of 6 months, subject to the agreement of the NHS Institute and the Contractor. This will include a post-project evaluation process.

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On behalf of Core Cities Health Group