

# BHWP Half Year Report 2009

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## **Overview**

The attached report has been prepared to update and help PCT Boards and City Council elected Members to reflect on the work of the Partnership.

The report gives a brief background to the Partnership, its four main priority programmes and constituent projects, governance arrangements, progress in relation to planning and performance management, and proposed future developments. These are particularly mindful of the current financial climate and increasing pressures on partners' resources and capacity.

Scrutiny Committees and PCT Boards are asked to consider whether they are sufficiently assured that the joint work and planned developments described here properly address the City's most important health and wellbeing priorities.

**Alan Lotinga**  
**Director, BHWP**

## **1. Purpose of Report.**

To provide a half year position statement of activities and high-level performance within the Birmingham Health and Wellbeing Partnership (BHWP);

To seek support and guidance from the primary partners for the BHWP's direction of travel and future priorities;

To put forward for consideration at operational level a number of general and programme specific questions (please see attached Appendix).

## **2. Background.**

The BHWP was established in 2004 with an executive membership of the Chief Executive from Birmingham's three PCT's and the two Strategic Directors of Adults and Communities and Housing and Constituencies from Birmingham City Council.

The original objectives of the Partnership were three fold:

- To deliver Government targets relating to health and social care.
- To agree and deliver targets within the Be Healthy block of the Local Area Agreement (LAA).
- To oversee priority workstreams in health and social care.

The momentum gained in the latter half of 2008 through the activities of the BHWP Executive and the wider Partnership represented by the Summit, has continued into 2009. In the light of significant greater resource pressures and a stark medium – term financial outlook, it is even more important to work in a focussed, effective and trusting manner to tackle the City's health inequalities and improve the health and wellbeing of its residents.

We need to continue with the emphasis on earlier prevention, self -direction and service re-design / transformation, based on a much stronger and sophisticated knowledge of need and engaging with the communities we serve – with particular regard to those who have historically either avoided or have been excluded from services.

Re-organising our role in “place shaping”, the Partnership is increasingly concentrating on collaborating with the other seven strategic partnerships within Be Birmingham. We are also starting to explore the opportunities afforded by the existence of stronger, more effective neighbourhood structures and ways of working.

We are working harder to ensure our priorities and work are widely understood and built on within and outside Birmingham. This, in turn, presents us with opportunities to develop mutually - beneficial projects with other major cities, for example.

All our Partnership activities need to be driven by robust evidence, focussed on outcomes, and maintain a pace and scale to make a positive difference.

### **3. Summary**

In summary, the key components of the Partnership's activities have been in the following areas:

**Needs assessment** – Partnership focus and investment in the assessment of health and social care need across the city, through a re-organisation and expansion of the current Public Health Information Team to support the Joint Strategic Needs Assessment (JSNA).

**Strategic Priorities** – Based on our existing knowledge of the need, national and local drivers and the City's increasing engagement with our public and patients, the Partnership has agreed its focus on four priority themes:

- Health Inequalities
- Personalised Care
- Joint Commissioning
- Needs Assessment and Engagement

Each theme is being led and championed by a member of the Executive.

**Annual Planning** – preparatory work has taken place with the aim of establishing the Partnership's first Plan for 2009. Critical to its success continues to be our ability to translate our four priority themes into well-defined, outcome focused and costed delivery plans, which will include those targets and priority outcomes included in the Local Area Agreement together with the other priority areas identified by the Partnership.

**Governance Arrangements** – with the increasing role of the Partnership, work has also focused on developing clear governance and business support arrangements. The focus of our activities has included:

- The role of the Executive and the Summit – the wider Partnership body.
- An accountability framework and governance arrangements to ensure delivery of key priorities in each of the 4 themes.
- Joint budget arrangements
- Utilisation of one set of finance, HR policies for the Partnership, hosted by BEN PCT.
- Developing a performance framework.

**Capacity** – in recognition of the importance of the Partnership's function and a Pan-Birmingham approach, the four key partner organisations are committed to increased investment and particularly to increase the capacity with a particular focus on Delivery Planning Groups (work streams). But this investment is less than envisaged. With this and the future public sector medium-term financial scenario in mind, it is even more important, therefore, to concentrate on ensuring that positive activity and behaviour extends to all relevant mainstream activity, not just in relation to "extra" or "new" projects and programmes.

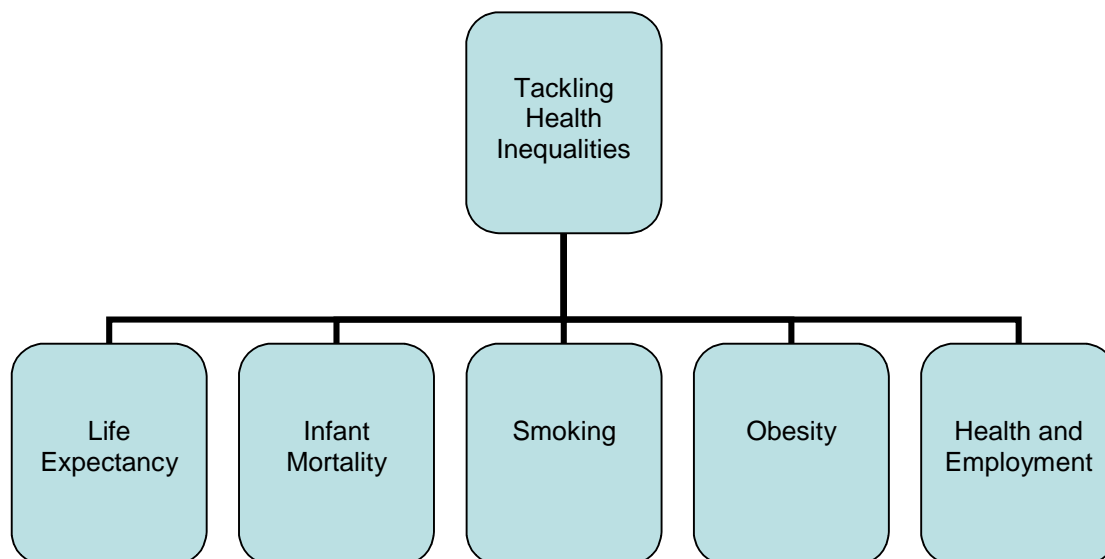
The importance of ensuring that groups are appropriately resourced and supported has been recognised and has been and is being addressed through permanent appointments to the Partnership. Other work aimed at streamlining processes and enhancing capacity is under development. This includes ongoing review of the leadership and support of groups in order to create the conditions that enable all participants to optimise their contribution and increase their effectiveness. Furthermore all Partners need to support Lead Directors and their own officers including programme managers to ensure they are enabled to contribute fully. It is clearly even more important to ensure, therefore that all parties are satisfied that the Partnership’s workstreams are regarded as priorities.

**4. Strategic Priorities**

The Partnership’s main activities over the past year has been directed through its four strategic priority themes of Tackling Health Inequalities, Personalisation, Joint Commissioning, and Needs and Engagement.

**Tackling Health Inequalities.**

This theme is led and championed by the Chief Executive of HOB PCT and includes the following workstreams.



Whilst progress has been made, and in many respects Birmingham fares well in the light of its unique challenges and levels of deprivation, gaps in health inequalities in key priority areas remain unacceptably wide, with big differences in some parts of the City. Particular concerns (see recently produced Health Profiles) include high levels of infant mortality, life expectancy, early deaths from heart disease and stroke, drug misuse, and number of older people who assess their own health as “not good”.

The main successes and challenges are summarised in the following table.

## Successes and Challenges in Health Inequalities

Successes	Challenges
<ul style="list-style-type: none"> <li>• As part of a unified approach to information, intelligence and modelling, the city's Director of Public Health leads on the JNSA which will cover all needs across the City, not just health and social care.</li> <li>• The Four Directors of Public Health and senior public health colleagues have together formed a virtual public health team to develop a shared vision and approach to health inequalities in the City</li> <li>• Within the BHWP's 3-year business plan, there are comprehensive delivery/action plans covering all agreed major health inequalities</li> <li>• Work is also in hand to align across BHWP partners the way performance is measured and managed, to ensure we are better working towards common targets and goals.</li> <li>• We are pro-active partners in the Core Cities Health Work programme, this maximising the potential for securing better outcomes from bench marking and learning.</li> <li>• The Joint Director of Public Health has established and will support a network of health "champions" across the City Council. It is important the Council shows leadership on this, mirroring successful initiatives within PCT's e.g. staff wellness programmes.</li> </ul>	<ul style="list-style-type: none"> <li>• Infant mortality – while reducing, Birmingham still has one of the highest rates in the country, and there are disproportionate rates across the City and within certain ethnic communities</li> <li>• Premature death and life expectancy although reducing, remains significantly worse for males. The City is not on track to meet the 2010 trajectory. Gaps with the England average on early death rates from heart disease, stroke, cancer have not narrowed significantly.</li> <li>• The BHWP 3 year plan is still "draft". To finalise this we need to be realistic about which parts of delivery plans can be resourced and focus harder on giving Lead Director / Project Leads the authority to help re-shape mainstream activity and budgets.</li> <li>• Teenage pregnancy – recent reductions have been at a slower rate than nationally. A more targeted approach is being implemented.</li> <li>• Obesity in Children and increasingly in adults remains a challenge and we need to have a co-ordinated and concerted approach to this.</li> <li>• Better evaluation is needed of the impact of health and wellbeing projects to ensure they are reaching people from under represented groups and are making a tangible difference.</li> </ul>

Successes	Challenges
<ul style="list-style-type: none"> <li>• Infant mortality is showing a reduction in rates over recent years, with recent indications of particular improvement in some of the most deprived areas;</li> <li>• We have seen reductions in all age, all cause mortality; reduction in early death rates from heart disease, stroke and cancer;</li> <li>• We have seen reductions in teenage pregnancy in recent years;</li> <li>• the annual childhood obesity LAA target was only just missed and some areas have seen reductions contrary to national trends;</li> <li>• We have shown an improved rate of progress against an ambitious smoking cessation target;</li> <li>• Within the City Council a number of wellbeing pilots are completed and evaluated. A range of services to offer advice and information to improve health and wellbeing has been developed.</li> </ul>	<ul style="list-style-type: none"> <li>• The impact of poverty on health remains a significant factor in avoidable mental ill-health, disability and death.</li> <li>• Smoking in the City remains a substantial cause of avoidable disease, sickness absence from work, disability and death and the City Council should consider what more it can do to support reduction in smoking prevalence.</li> <li>• Improving air quality in Birmingham would result in a reduction in hospital admissions for acute bronchitis and contribute to a 1% reduction in deaths from cardiovascular disease, according to Health Protection Agency findings.</li> </ul>

Two priority outcomes have been included in the LAA 2008 – 11 relating to

- All age; all cause mortality.
- Smoking cessation.

Three key elements / challenges apply across this theme, mainly.

- Improving access to services and support, particularly for disadvantaged communities.
- Helping people to adopt healthy lifestyles.
- Addressing the wider determinants of health and wellbeing.

Delivery plans for the above five priority workstreams have been produced and costed, but these are currently being scaled back in line with available funding, and efforts focussed more on re-designing / transforming mainstream activities to get better outcomes and value for money from existing spend. Lead Director / Project Leads need to be given clearer authority and support if we are to achieve this successfully.

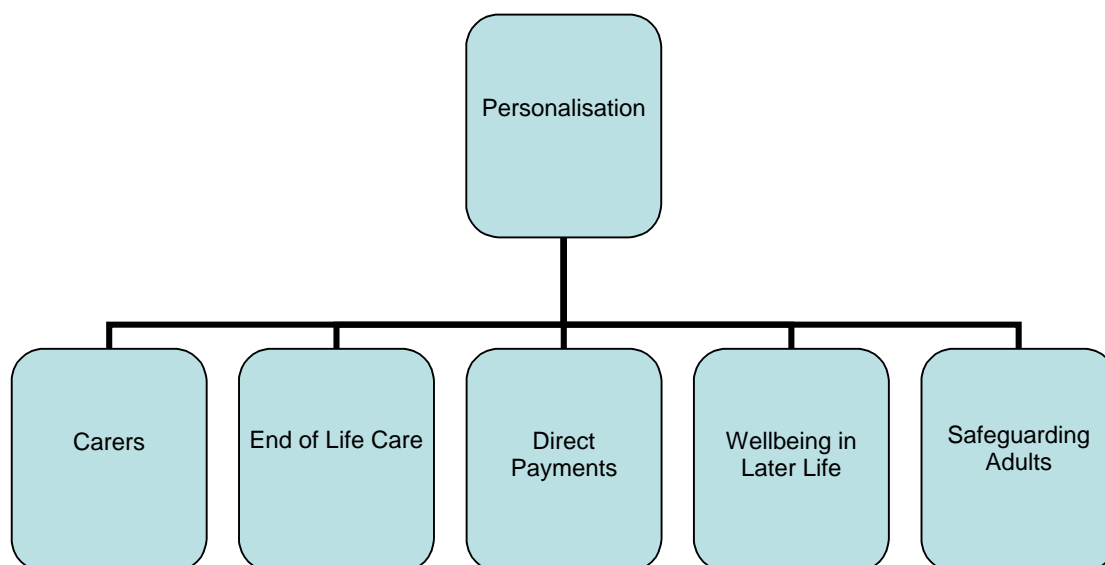
#### Planned Developments:

- More focussed work on sharpening up delivery plans, including baseline resource mapping of current and future interventions and defining targeted neighbourhoods and communities.
- Ensuring service re-design clearly evidenced as offering success is applied consistently and is sustained across the City – with particular regard to infant mortality and life expectancy.
- Developing the Partnership's current collaborative engagement with other key Strategic Partnerships (including the Neighbourhoods Board), focusing specifically on the wider determinants of health, and maximising positive joint work with other major Cities.
- Ensuring the £3m Working Neighbourhood Fund (WNF) joint investment with the Economic Development Partnership is properly approved and applied to support the recovery, rehabilitation and re-entry into employment of people on incapacity benefit, with "upstream" developments aimed at prevention.
- Similarly, ensuring the further £3m WNF for BHWP is secured and applied to help drive our work on obesity and deliver the Wellbeing Strategy for Later Life.
- Clarify the permanent programme management structure, and confirm the roles and support capacity available to lead Project Directors across the board.

With the above in mind, we had a timely visit from the DH National Support Team on the 8<sup>th</sup> July 2009. The NST will assist Birmingham and 12 other areas in the Country in the coming months, as part of a concerted effort to reach stretching national Public Service Agreement Targets for 2010. This, allied with detailed discussions with our Health Inequality Lead Directors, will focus on the key challenging issues, such as Life Expectancy and Infant Mortality.

## **Personalisation**

This theme is led and championed by the Chief Executive of BEN PCT and includes the following workstreams:



The Partnership has made personalised care one of its priorities for increasing the scope for choice and control by the individual citizen – a major theme for public services reform.

Four Priority outcomes have been included in the LAA 2008 – 11 relating to:

- Carers
- Direct Payments
- End of Life Care
- Safeguarding Adults

Four key elements / challenges apply across this theme, namely:

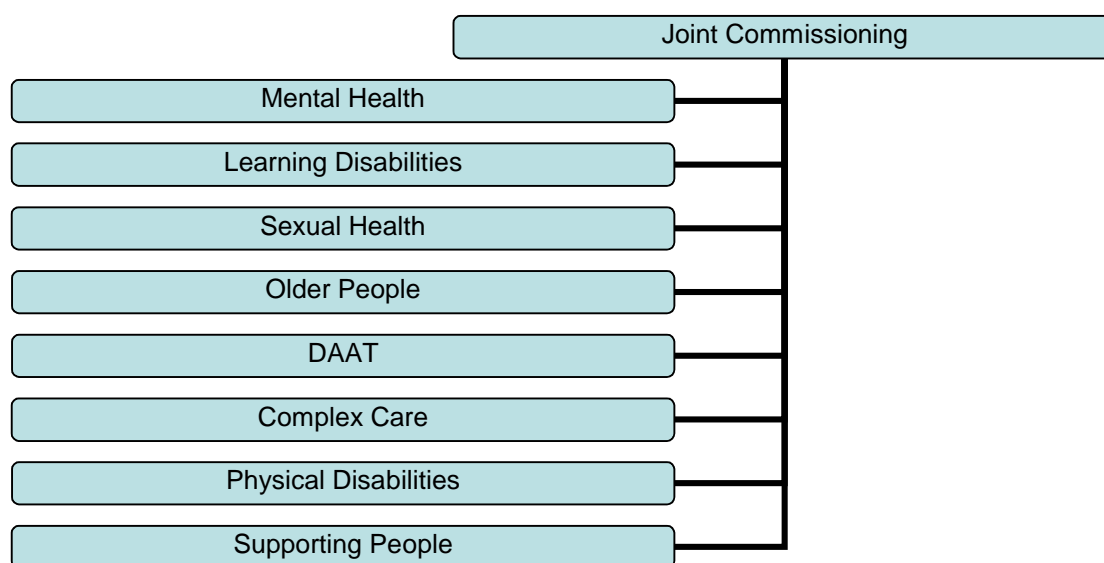
- Prevention
- Self Directed Care
- Service transformation / re-design
- Internal Capability

## Planned Developments

- Respond positively and quickly to build on the recent DH award of pilot status for Individual Health Budgets work in Birmingham.
- Work on sharpening up delivery plans (as with Tackling Health Inequalities). Again, as above, but there is a particular need under this theme to confirm the roles and support capacity available to lead Project Directors.
- Developing the Partnership’s joint understanding of the Personalisation workstream and their application to health through workshops and other means, to ensure they are not seen as single – agency projects.

## Joint Commissioning:

This theme is led and developed by the Strategic Director of Adults and Communities and includes the following workstreams:



The Partnership has a clear view of the benefits of joint commissioning in terms of ensuring better outcomes for citizens, improved commissioning and performance, and at better value for money.

Mental Health and Learning Disabilities have been identified as a priority with proposals to create “section 75” pooled budget arrangements following a rigorous scoping exercise. Within physical disability, some early joint commissioning priorities have been identified, but in general terms the other workstreams above do not appear as developed at this point.

Delayed Transfers of care has been included in the LAA 2008 – 11 as a priority outcome in recognition of performance, and most recently performance has deteriorated.

#### Planned Developments:

- As above, the respective delivery plans need to be sharper and in some cases lead responsibilities and available capacity are not yet clear.
- Continue apace, under the leadership of the recently appointed Director of Joint Commissioning (MH and LD), the establishment of the Joint Commissioning Team and pooled budgets.

#### **Needs Assessment and Engagement:**

This theme is led and championed by the Chief Executive of SB PCT.

Birmingham produced its first Joint Strategic Needs Assessment (JSNA) in April 2008. Since then, and with the appointment of the City Wide Director of Public Health before Christmas and the more recent population of the Public Health Information Team (PHIT), JSNA and associated information and intelligence is already significantly more sophisticated and robust including more reliable data at local level. This will help greatly to improve commissioning decision - making and positive actions.

Significant progress has also been made in relation to the engagement and experience work within this theme, including the development of well received common standards for engagement.

The BHWP Summit on 9<sup>th</sup> July 2009 concentrated on the JSNA and Engagement.

#### Planned Developments:

- Maximising the potential of the recently formed PHIT team and fully expand the JSNA further to cover citizen, customer patient survey and consultation data together with providing spatial information at neighbourhood, locality and super output levels.
- Working closely with LINKS to ensure effective relationships, and consistent City-wide responses, and the development of a single contact point for development and engagement with the third sector, building on structures with BVSC and the Third Sector Assemblies.

#### **Current Performance and Strategic Priorities:**

This follows the high – level format used in December, with the focus here on the delivery of the LAA targets, but we need to quickly introduce a more sophisticated and effective performance management framework to include oversight of agreed key action plan interventions reaching across all the priority areas agreed to be under the aegis of the BHWP.

As a minimum, a quarterly reporting cycle is recommended for the BHWP Executive.

Results for the first of the three years of the 2008 – 11 LAA are now largely available. For the 10 high – level indicators previously reported the year-end position was as follows:

**Indicator and Comments**

**RAG Rating**

- **NI 120(a) All age all cause mortality** **Red**  
 MALES  
 Ambitious target of 721.6 (per 100,000 population) this and 694 next year. 2006 baseline was 824, latest performance for (2005/7) is 791. 2008 estimates available shortly. Male life expectancy is 75.60 years for 2005/7; Public Service Agreement (PSA) target is 76.19.
- **NI120(b) All age all cause mortality** **Red**  
 FEMALES  
 As above. Targets of 511 this and 499 next year. 2006 baseline was 553.25, latest performance (2005/7) is 544 female life expectancy is 80.76 years, 0.01 years under the PSA target.
- **NI123 Stopping Smoking.** **Green**  
 Target of 1015, 4 week quitters, per 100,000 population. 2004 – 7 average baseline of 1013.6. Latest performance 1030.
- **NI129 End of Life Care** **Amber**  
 Targets of 21.8% (home death rate) this and 24.8% next year. Baseline of 17.8%. Latest performance (Dec 2008) 18.5%. Expected that LDP investments would 'bite; in years 2 and 3 but improvements need to show now.
- **NI 130 Direct Payments** **Green**  
 Ahead of trajectory. Targets to be amended in line with new definitions. Previous baseline 101.2 per capita. Latest performance 511.2 compared to 2008/9 target. Performance includes one-off payments to carers.
- **NI131 Delayed Transfers of Care** **Red**  
 Target of 12.7 per 100,000 this and 10.2 next year. 2007/8 baseline 16.6. Latest performance 17.7.
- **NI 135 Carers Service** **Green**  
 On track. Baseline 40% (2007/8). Target next year 46.3%, already at 46.4%.

- **NI 141 Vulnerable People Achieving Independent Living** **Green**

On track. Baseline 71.3% (2006/7). Target rising to 75%. Awaiting current data but on track based on Q2.
- **NI56 Childhood Obesity (year 6)** **Red**

Baseline (2006/7) 21.5%. Target of 21.8% this and 21.7% next year. Latest performance (2007/8) 22.1%. Data not available until November 2009.
- **Local Indicator for Adult Safeguarding** **Green**

Number of care homes with nursing classed as poor at CSCI/CQC level 1. Baseline (November 2007) 14. Target next year 8, latest performance 2.

## **5. Performance, Governance and Planning Arrangements:**

In this report last December, reference was made to the April 2008 launch of a new planning and performance management process through the development of an Annual Plan. This would also function as the Local Area Delivery Plan.

The Plan would contain: -

- Agreed strategic framework for each of our four priority areas.
- Comprehensive delivery plans for each key intervention identifying key activities and milestones.
- Appropriate measures of performance and monitoring systems.

The Partnership was also supporting this crucially by committing to a comprehensive resource – mapping exercise. Covering current activity relating to delivery plans.

Whilst enormous effort and progress was made in the above, leading to the launch of the initial BHWP Annual (actually 2009 – 11) Plan in April 2009, there are important gaps and – for various reasons – there has been slippage.

Reasons include:

Having to tailor interventions and capacity to lower funding; movement of key people, mixed responses to requests for resource – mapping and other information and support across partner agencies.

With the appointment of a new BHWP Director end of April 2009, the movement to a permanent (smaller) Core Team, and renewed collective top – team commitment towards partnership working and simple –pot commissioning across all agencies, we are now picking up the above key outstanding issues.

Amongst other things, the focus is on: -

- More realism in relation to actual as opposed to anticipated funding for delivery plans and infrastructure.
- Resource - mapping, with open sharing of information and supportive positive behaviours, of all current activity relating to priority workstreams.
- Revisiting a number of the delivery plans to ensure they are complete, truly joint, and have clear actions / targets to monitor and manage.
- Introduce a sharp, reflective future performance management framework covering specific interventions and agreed mainstreams activity.

With the above in mind the BHWP Executive has agreed to look to a strengthened regular meeting of Directors of Commissioning / Finance to support these key requirements and lead on modelling the positive behaviours needed to deliver more from less resource in future.

Again much work has been done over the past year to strengthen governance and accountability.

As a reminder:

- The responsible Chief Executive for each theme is responsible to the BHWP Executive for the collective performance of his / her theme and will ensure a City-wide approach.
- Each member of the Theme has personal responsibility to take a City – wide approach in developing outcome focussed, costed and evidence based delivery plans.
- The BHWP Executive is responsible to the BeBirmingham Strategic Partnership and through that body to GOWM for the achievement of LAA targets. The performance of the BHWP will be externally reviewed by the Audit Commission, through the LAA and the Comprehensive Area Assessment process.
- The Partnership ensures that Summit meetings (3/4 per year) are convened. Increasingly, these will focus on specific subjects related to BHWP core business and feedback from the wide Summit membership.
- The BHWP Team itself is responsible for identifying, supporting and organising the agreed governance arrangement for the Partnership, specifically; it provides guidance on frameworks for delivery groups, their plans and performance.

### Financial Accountability.

Again, much progress has been made over the past year, with dedicated budgets, procedures and monitoring arrangements established (hosted by BEN PCT).

However, it is felt this needs to be stronger, including clear schemes of delegation supported by an explicit Partnership Agreement and SLA's/contracts as necessary. Internal Audit and other guidance is currently being sought with this in mind.

### **6. Capacity:**

The movement from a small team of temporary programme managers, and Interim Director to a permanent Partnership structure is "work in progress". Working alongside the City Director of Public Health and Public Health Information Team, the new Director of Joint Commissioning and that emerging function, it is crucial that the combined influence from these joint appointments are converted quickly into the delivery of "more service, for more people for less resources".

The anticipated permanent structure has had to be scaled down to fit with actual available funding. It is also important to plan for pick-up of available funding currently financed from specific external grant / support e.g. Working Neighbourhoods Fund.

We also need to recognise that it is not possible for all theme workstreams to have one-for-one dedicated programme manager capacity. All the more reason for all Partners to fully support Director Leads and Programme Support provided from "mainstream" capacity – through allowing colleagues to spend sufficient time on these programmes and projects and supporting them with appropriate positive behaviours, etc.

### **7. Conclusions**

This is the second BHWP half yearly report. It's aim has been to highlight the activities, progress and performance of the Partnership since December 2008. Key current challenges and developments for the Partnership have also hopefully been made clear.

To pick up and sustain the pace and scope previously and now envisaged, particularly with the current public-sector medium-term financial scenario, will require a sharper focus on delivery, performance management, positive behaviours, mutual support and trust and increasing commitment towards partnership working applying to all relevant activity, not just at the margin.

**Alan Lotinga**  
**Director, BHWP**

## **Appendix**

### **Birmingham Health & Wellbeing Partnership (BHWP)** **Half-Year Report – Operational Questions**

The Partnership is seeking support for its suggested priorities and planned developments, and is requesting a steer for the future through response to a small number of operational questions.

These questions, both generally and specific to each of the current four main priority themes, are as follows:

#### General Questions

- Without changing agreed top priorities, (e.g. around health inequalities) should we rationalise the number of BHWP workstreams to fit available programme and performance management capacity?
- This said, should we consider developing into the following areas with other Partnerships – subject, of course, to clear identification of dedicated capacity and support to deliver the work?
  - Housing and health issues: to improve support for the Housing Partnership in relation to the supply of and access to safe, quality homes, with particular challenges during a recession.
  - Citizens and local communities / neighbourhoods: exploit emerging local structures and processes to help people to take more control of their own health and care through building and maintaining their own support networks.
  - More assertive approaches to joint commissioning and provision in Partnership with children and young peoples services.
- Similarly, and again subject to clarification of scope, should we focus our efforts more on:
  - Joint “whole system” commissioning / de-commissioning activity in relation to secondary and long-stay residential care capacity.
  - Improving the quality and consistency of primary care.
  - Efficiency and effectiveness of key, common support systems e.g. information, performance management, procurement and contract management.

*Joint Strategic Needs Assessment (JSNA) and Engagement*

- Do you support the planned developments described in the attached report?
- Are you satisfied with the direction of travel outlined for the JSNA, in particular the intention to establish a “Triangulation Group” including representatives of local residents, to challenge / give oversight to key messages coming from the JSNA and ensure these are acted upon?
- Do you support the recently developed engagement standards, as long as they are applied consistently and fairly – for example, in relation to the provision of reasonable expenses for patients / service user / carers?

### Joint Commissioning

- Do you support the planned developments described in the attached report?
- Are we now at the point of committing to a full joint commissioning structure, with necessary support systems and processes across the City?
- In the meantime should we continue to concentrate on key specific challenges such as delayed transfers of care?

### Personalisation

- Do you support the planned developments described in the attached report?
- Should we do more to clarify/sharpen up what we are trying to achieve, jointly, under this theme – for example, with regards to the safeguarding of adults, and wellbeing in later life?

### Health Inequalities

- Do you support the planned developments described in the attached report?
- In particular, do you support the need to concentrate more on sharing information on the current allocation of resources across relevant areas of mainstream activity and challenging the extent to which that is delivering on agreed top priorities?
- Do you agree there is an urgent need to prioritise efforts to show delivery against key national Public Services Agreement targets set for 2010?

**August 2009**