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## **BHWP SIX-MONTHLY PROGRESS REPORT**

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### **1 Purpose**

This report aims to provide a brief half-year position statement of activities and performance within the Birmingham Health and Wellbeing Partnership (BHWP).

### **2 Introduction**

The BHWP was established in 2004 with an executive membership of the Chief Executives from Birmingham's three PCT's and the two Executive 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.
- To oversee priority work streams in health and social care.

Over the past six months, the activities of the BHWP Executive and the wider Partnership, represented by the Summit, has gained considerable momentum, in recognition of the importance of working in collaboration to tackle health inequalities and to improve the health and wellbeing within the city. Our approach is embedded in 'personalisation' by; increasing the scope for choice and control by the individual citizens of Birmingham; reaching out to communities who have historically either avoided or have been excluded from services; an increasing emphasis on early prevention, self-direction and service re-design; based on knowledge of need and engaging with the communities we serve.

Work of the Partnership has increasingly focused on our collaboration with the other seven strategic Partnerships within Be Birmingham in recognition of our role in 'place-shaping' through 'the creative use of powers and influence to promote the general wellbeing of a community and its citizens'.

We are committed to all our Partnership activities being evidence-based, focused on outcomes and sustaining a pace and scale which will make a difference.

The Partnership provides a vitally important function of taking a city-wide approach in delivering the Be Healthy outcomes of the Community Strategy and in meeting the challenges facing the city.

### 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 an 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 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:

- Tackling 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 annual plan for 2009-10. Critical to its success will 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 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).

The importance of ensuring that groups are appropriately resourced and supported has been recognised and is being addressed through the forthcoming appointments to the Partnership. Other work aimed at streamlining processes and enhancing capacity is under development. This includes a review the chair and leadership of groups in order to create the conditions that enable all participants to optimise their contribution and increase their effectiveness.

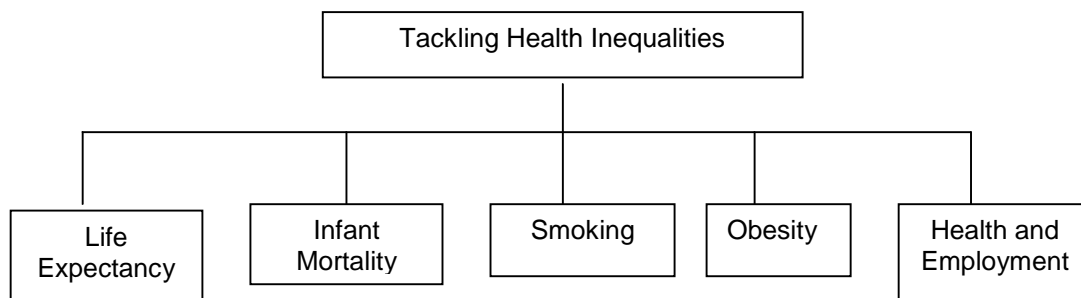
Once completed Delivery Planning Groups will be well placed to make progress.

#### 4 Strategic Priorities

The Partnership's main activities over the past six months 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 HOBt PCT and includes the



following work streams:

Reducing health inequalities is a major challenge for the city of Birmingham. The city is below average across a wide range of measures of health and there continue to be big differences between parts of the city. In recognition of this situation, two priority outcomes have been included in the Local Area Agreement 2008-11 relating to:

- all-age, all-cause mortality
- smoking cessation.

The Theme has produced a strategic framework on Tackling Health Inequalities with three key elements:

- 1 Improving access
- 2 Helping people to adapt healthy lifestyles
- 3 Addressing the wider determinants

First cut delivery plans have been produced for the five priority work streams.

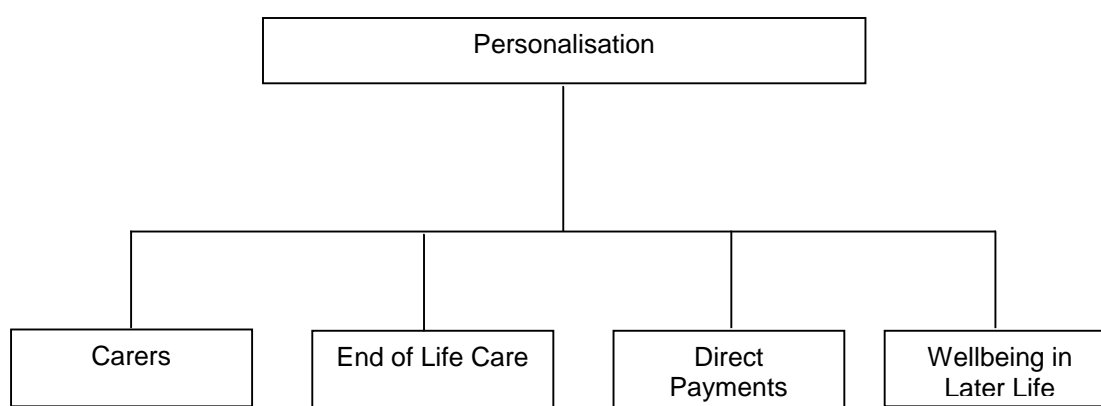
##### *Planned Developments*

- Future work on refining delivery plans, including defining targeted neighbourhoods and communities, and baseline resource mapping in terms of current and future interventions.
- A major piece of work with Audit Commission support is identifying the impact of the council's sports, leisure and arts services on tackling health inequalities.
- Consolidating the Partnership's current collaborative engagement with other key strategic partnerships, specifically focussing on the determinants of health.

- Securing £3m WNF investment in partnership with the Economic Development Partnership targeted at supporting the recovery, rehabilitation and re-entry into employment of people on incapacity benefit and these upstream developments aimed on prevention. In addition, securing a further £3m in WNF for the BHWP to specifically assist our work on obesity and delivering the Wellbeing Strategy for Later Life.
- Investment in programme management capacity.

### Personalisation

This Theme is led and championed by the Chief Executive of BENPCT and includes the following work streams:



The Partnership has made personalised care one of its priorities for development over the next few years in recognition of its commitment to increasing the scope for choice and control by the individual citizen – a major theme for public service reform.

The Theme has produced a draft strategic framework on Personalisation with four key elements of:

- Prevention
- Self-directed care
- Service transformation
- Internal capability

In recognition of the importance of personalisation and the added value of taking a partnership approach, three priority outcomes/indicators have been included in the Local Area Agreement 2008-21 relating to:

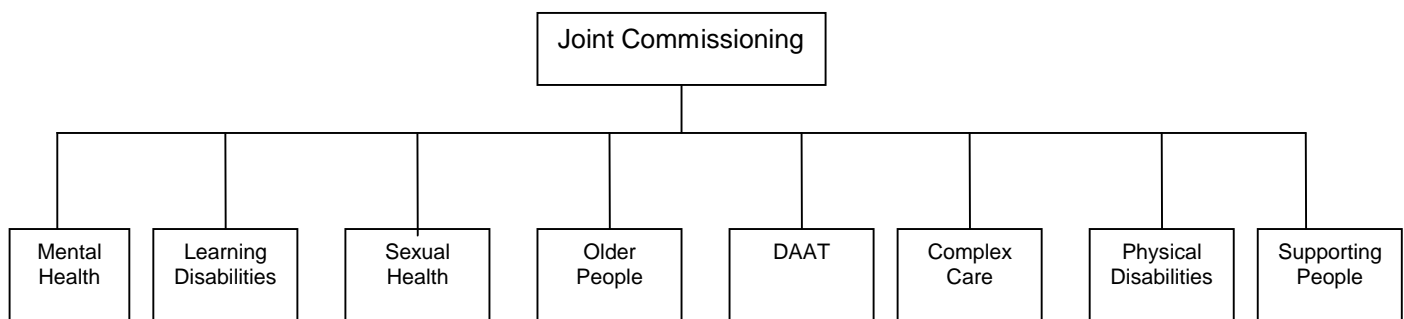
- Carers
- Direct Payments
- End of Life Care
- Safeguarding Adults

*Planned Development*

- Further work on refining delivery plans
- Developing the Partnership's joint understanding of Personalisation and its application to health through a series of planned workshops, including a city-wide event facilitated by the Department of Health.
- Additional investment in programme management capacity.

Joint Commissioning

This Theme is led and championed by the Executive Director of Adult and Communities and includes the following workstreams:



The Partnership has a clear view of the benefits of joint commissioning in terms of ensuring improved commissioning and performance, better outcomes for citizens within the existing level of investment.

Delayed transfer of care has been identified as a Local Area Agreement indicator/outcome in recognition of the existing performance in this area and the need for improvement.

Additionally, 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 commissioning priorities have been identified.

*Planned Development*

- The Partnership has committed additional resources to provide the infrastructure to enable us to deliver on our joint commissioning priorities. This includes long-term investment in new programme manager posts as well as immediate resources to assist with the development of pooled budget arrangements for Mental Health and Learning Disabilities.
- Further development of Delivery plans, with clear targets and milestones to ensure the Partnership delivers on this ambitious programme.

Needs Assessment and Engagement

Needs assessment and engagement is one of the four key priority Themes for the Partnership, it is led and championed by the Chief Executive of SPCT.

Birmingham produced its first Joint Strategic Needs Assessment (JSNA) in April 2008. We recognise that this is just the beginning in terms of developing a city-wide systematic approach to needs analysis. The recently appointed city-wide Director of Public Health will be taking a lead role in developing the JSNA and the joint information and intelligence team to support the data flow and analysis.

*Planned Developments*

- Plans are in place to increase the capacity to support the JSNA, in recognition that this will be the main vehicle in driving the future commissioning decisions and interventions across the city. Priorities for further development are to expand the JSNA function to cover citizen, customer, patient survey and consultation data together with providing spatial information at neighbourhood, locality and super output level.
- Work in the Theme will take on overview of the development of LINKs to ensure effective relationships, responsiveness and consistent city-wide response and the development of a single contact point for development and engagement with the third sector, building on structures within BVSC and the emerging Third Sector Assemblies.
- The Partnership intends to invest further resources into this Theme (from Working Neighbourhood Fund) to increase capacity.

Current Performance – Strategic Priorities

Performance data for the first two quarters of 2008/9 is now becoming available and is summarised here. Clearly it is very early stages for the LAA because detailed delivery plans and resources will not be completed until early 2009.

*Please note RAG rating has been based on:*

- RED** = Not on target  
**AMBER** = Incomplete performance data/within planned trajectory  
**GREEN** = On target

Indicator	RAG rating
NI 120: All age all cause mortality - MALES	AMBER
NI 120: All age all cause mortality - FEMALES	AMBER
NI 123: Stopping smoking	AMBER
NI 129: End of life care	GREEN
NI 130: Direct Payments	GREEN
NI 131: Delayed transfers of care	RED
NI 135: Carers' services	GREEN
NI 141 Vulnerable people achieving independent living (SP indicator; joint with Housing)	GREEN
NI 39 Obesity in primary aged school children, Yr 6 (Joint with CYP)	RED
NI 56 Alcohol harm-related hospital admissions (Local indicator)	RED
Local indicator for Adult Safeguarding	Not available

**Details**

**NI 120: All age all cause mortality - Males**

Local monthly tracking data is available now for the period to April 2008. This is high level and not yet validated – hence the amber rating - but underlines the scale of the challenge for all age all

cause mortality. Performance is worse than the linear target trajectory but it is crucial to note that monthly tracking data is relatively volatile. Delivery groups will be undertaking much more detailed analysis – in line with the existing FTAP – during the next phase of delivery planning. Please also note that a target for the final year of the LAA – 2010 – has yet to be signed off by the SHA.

**NI 120: All age all cause mortality - Females**

As above.

**NI 123: Stopping smoking**

Q1 and Q2 performance is 288 quitters per 100,000 population against an annual target of 1015 per 100,000. Although clearly behind the “linear” position of c500 this level of performance is in line with previous years *at this stage of the year*.

**NI 129: End of life care**

Data is available to April 2008. Performance is flat, in line with expectations discussed during the target setting process. Once the interventions identified in the delivery plan are put in place it is expected that performance will improve towards target trajectory.

**NI 130: Direct Payments**

Performance is on track and ahead of target trajectory. NB: *DH has written to Directors of Adult Social Services to outline increased expectations in relation to this target with significant implications for delivery. This will need feeding into the Refresh process for the LAA. Adults & Communities staff are already assessing the implications of this directive.*

**NI 131: Delayed transfers of care**

Performance is currently off track – delays have **increased** marginally from Quarter 1. (Q2: 16.35 per 100,000 population. Target of 15.3 by end of 2008/9). Delivery plan submitted to Be Birmingham; appraisal pending.

**NI 135: Carers' services**

Performance is on track to achieve 08/9 target trajectory.

**NI 141: Vulnerable people achieving independent living**

Performance is on track.

**NI 53: Childhood obesity**

Local data suggests that there has been a marginal increase in childhood obesity from 2007 to 2008 (23.1% in 07/08 up from 22.4% in 06/07.) However, this is local and not yet validated data. DH will validate later in the year.

**NI 39: Alcohol harm-related hospital admissions**

Performance is off track: latest data shows admissions continue to increase against targets (different targets - one per PCT – in Vital Signs).

## **5 Annual Planning Arrangements**

In April 2008, the Partnership launched its proposal to develop a new planning and performance management process through the development of an Annual Plan. Agreement has been reached for the Annual Plan to also function as the Local Area Delivery Plan.

It is recognised that the Annual Plan (2008-9) should contain the following:

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

As part of the preparatory process, the Partnership is also committed to a resource mapping exercise, whereby all delivery plans have an identified financial base-line based on current activity.

The envisaged consultation process will include the following process:

November 19 <sup>th</sup>	Partnership Summit – a focus on partnership priorities and targets.
January 2009	Executive endorsement of strategies and delivery plans
January-March 2009	Consultation with the four main priority organisations and recommendations for future funding.
April 2009	Launch of the initial BHWP Annual Plan.

## 6 **Governance Arrangements**

The Partnership firmly believes that appropriate and rigorously applied governance and accountability arrangements are critical to producing successful outcomes. Considerable work has been undertaken over the last six months to put appropriate arrangements in place.

There is a formal executive 'chain of command' with each of the four priority themes run through a matrix structure across the Partnership.

- 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 will have a personal responsibility to take a city-wide approach in developing outcome focussed, costed and evidence-based delivery plans.
- The BHWP Executive is accountable to the Be Birmingham Strategic Partnership and through that body to GOWM for the achievement of LAA targets. The performance of the BHWP will be externally received by the Audit Commission, through the LAA.
- The Partnership will ensure that Summit meetings are convened on appropriate dates within the annual planning cycle.
- Additionally the BHWP Executive is responsible to the wide BHWP Summit and is held to account at these periodic meetings.
- The BHWP team is responsible for identifying and supporting organising the agreed governance arrangements for the Partnership. Specifically, it will provide guidance on frameworks for:
  - (i) Delivery planning groups
  - (ii) Delivery plans
  - (iii) Performance framework

### Financial Accountability

Within the last six months, the BHWP has established a dedicated partnership budget and has ensured appropriate investment from each of the four partner organisations.

Financial procedures and budget monitoring arrangements are hosted by BEN PCT.

The BHWP Team will receive monthly financial monitory reports with quarterly reports to the Executive.

#### *Planned Developments*

- The development of a performance framework and monitoring system.
- Further refinements are being made to further refine the accountability framework and governance arrangements for Delivery Planning.
- Work is in progress to further investigate the options for the Partnership's financial arrangements and the need to set up annual SLAs.
- A resource mapping exercise is currently taking place to determine the level of resources for each partner aggregate for each intervention in priority delivery plan.

## **7 Capacity**

Over the past six months, the BHWP has embarked on an ambitious programme of development. We acknowledge that our success will be in part dependent on our capacity to deliver. More specifically, priority has been given to expanding the current partnership infrastructure and transforming it from a small team of temporary programme managers with an interim director, to a permanent partnership structure with resources and capacity to march our stated priorities:

- The Executive has invested in a range of new posts which include:
  - City-wide Director of Public Health
  - Director of BHWP
  - Programme Managers x 7
  - Assistant Programme Managers x 2
  - Performance Manager x 1
  - JSNA post x 1
  - Comms/Marketing post x 1
  - Part time out-posted finance/HR support from BEN PCT
  - Administrator x 1

Investment of this scale will afford an ideal and probably 'once in a lifetime' opportunity to realise its priorities.

- Work is in progress to develop an OD induction programme for the core team, which will aim to ensure that staff have the appropriate individual and team core competencies to deliver all priorities set out in the Annual Plan.

## **8 Conclusion**

This is the Birmingham Health and Wellbeing Partnership's first six monthly report. Its aim has been to highlight the activities and performance of the partnership over the past six months.

Partnership activities over the next few months will be critical to its success. Specific priority areas of work include; the successful recruitment to new posts and the further development of infrastructure including development of the JSNA; the production of delivery plans for all our key interventions and the resource commitment each partner organisation makes to the partnership priorities during 2009-11 to ensure we achieve the outcomes identified in each delivery plan and sustain a pace and scope which will make a difference.