

Commission for Health and Social Care Integration – Update October 2016

This briefing outlines headlines and recommendations in a report produced by the Commission for Health and Social Care Integration, set up by the North East Combined Authority (NECA) and the region's NHS organisations to provide a fresh look at how the significant health and wellbeing challenges across County Durham, Gateshead, Newcastle, Northumberland, North Tyneside, South Tyneside and Sunderland could be addressed through joint working.

The report, *'Health and Wealth: Closing the Gap in the North East'*, outlines a vision for transforming the health and wellbeing of people living across the North East and, in doing so, closing the gap with the rest of the UK and helping to improve the economy and the prosperity of individuals. It sets out ten recommendations which cover:

- Increasing spend on prevention by rebalancing existing local government and NHS resources, including establishing a dedicated, cross-system prevention fund to tackle inequalities.
- Supporting people to get back to work after illness, including developing a training programme for primary care staff specifically focused on how they can help people with mental health conditions get back to work.
- Urging health and care leaders to look beyond the interests of their own organisation's boundaries to ensure that funding is used most effectively to support wellbeing across the region.
- Bringing together local authorities, NHS organisations and the community and voluntary sector through new governance arrangements to drive forward a new push to improve the health of the area.

The report has been presented to leaders of health and care organisations. In the coming weeks and months, each of these organisations will be considering the detail of the report and agreeing their response to the recommendations.

Background

The Commission was established as part of the proposed devolution deal agreed between NECA and central government in September 2015. This recognised that despite having strong health and care services across the region and life expectancy increasing faster than

other parts of the country, there are still too many residents suffering from poor health and wellbeing, with many unable to work and trapped in a cycle of poverty.

In January 2016 Duncan Selbie, chief executive of Public Health England, was appointed to chair the Commission and he has been supported by four members who are national experts in their own fields in health and social care.

The Commission met for the first time in February 2016 and identified three core themes to shape its work:

- A shift to prevention
- Health, wellbeing and productivity
- System leadership and governance.

The Commission has worked closely with local stakeholders, seeking views from across the region through a call for evidence and holding listening events in each of the seven local authority areas as well as an event for the voluntary, community and social enterprise sector. This resulted in more than 150 documents being submitted from over 80 individuals and organisations and conversations with hundreds of people with an interest in health and social care.

Feedback from this activity has informed the report and Commission members have also worked collaboratively with local health and care organisations, testing emerging thinking with a steering group of representatives of NECA and NHS partners. In addition, it has taken a close interest in the development of Sustainability and Transformation Plans (STP) for the region, which set out how local partners will work together to deliver the NHS Five Year Forward View vision of a more efficient and sustainable health and care system, built around the needs of local populations. Through this process NECA partners are redesigning a model of care currently not suited to addressing underlying health needs.

Although in September 2016 NECA leaders decided not to take forward a mayoral devolution model at that time, the work of the Commission remains relevant in driving forward improvements in the health and wellbeing and economic prosperity of the region. Recommendations could be implemented through existing structures alongside further discussions on devolution.

Headlines and recommendations from *'Health and wealth: closing the gap in the North East'*

The report says that the NECA area has strong health and care services and has seen the fastest increase in life expectancy of any region in the UK. However, the health and wellbeing gap with the rest of the UK and health inequalities within the region remain high, with behavioural factors, including lifestyle, and deprivation levels impacting on health and wellbeing. Such poor population health has resulted in an over focus on the treatment of ill health, with an over reliance on health and care services, at the expense of prevention. It also reduces productivity and hampers economic growth which entrench the income inequalities that contribute to poor health.

The Commission was established to cut through this vicious circle, with all partners recognising the value of an independent Commission taking a fresh look at the issues and the scope to address these through joint working.

Currently, the NECA area spends £5.2bn on health and care each year of which over 60 per cent is on tackling the consequences of ill health through hospitals and specialist care, more than 20 times the amount (3 per cent) spent on public health. Spending is organised around institutions, not the needs of individuals. The report says the reliance on hospital care is neither necessary nor affordable and reflects an over-focus on treating disease at the expense of preventing it arising in the first place. There is a clear need for a substantial shift in resources to prevention with people helped to manage long-term conditions better and stay well at home for longer. Care will need to move closer to the community, with people playing a greater role in looking after their own health and hospital care focused on those who most need to be there.

Recommendation 1: NECA partners should set themselves an ambition to radically increase preventive spending across the health and care system and wider determinants of health and wellbeing.

The report recognises that freeing up the resources needed to radically increase such spending will be challenging and that the shift in focus from treating people in hospital to helping them to stay well in the community will require a radical change to configuration and capacity of hospital services. The STP process offers an opportunity to achieve this change but that alone will not be sufficient to deliver the change recommended in the report. Preventive investment will be needed in areas beyond the health and care system, such as in housing quality and early years support.

Addressing these wider determinants of health will require public, private and voluntary sector partners across the NECA area to unite around a shared vision of a society which supports people to make the right choices for their health and wellbeing. And promoting wellbeing must be integral to all public policy decisions, for example considering the health and wellbeing impacts of planning, transport or skills policies.

Recommendation 2: Public sector partners across the NECA area should integrate preventive action and action to tackle inequalities in all decisions.

The report says it will be necessary for the NECA area to set up arrangements so that the increase in spending can be tracked over time. To make sure that preventive spending is not diverted to other areas, allocated funds should be ring-fenced to a dedicated preventive fund, managed on a cross-system basis. It should invest in interventions likely to have the greatest impact across the system, irrespective of the original source of the funding.

This approach would result in savings for a range of partners including health and social care bodies and central government.

Recommendation 3: Increased preventive spend should be assigned to a dedicated investment fund managed on a cross-system basis and bringing together contributions from all partners who stand to benefit from the expected savings, including central government.

The report says it will be for NECA partners to determine how the increased preventive resources should be invested. However, the report continues that the particular challenges of the region suggest that increased resource should be divided equally between early years support, wider determinants of health, sustaining social care while improving integration with health services, and secondary prevention. Smoking prevention should be a key priority.

However, while a radical increase on preventive spending should narrow the health gap between the region and the country as a whole, without good jobs and meaningful activity, such as volunteering, this will not be enough to tackle the area's wellbeing challenges. The report says that greater action will be needed to help people stay in work and return to work after sickness. This work should complement NECA's existing work on Employment, Skills and Inclusion, with its focus on supporting those furthest from work.

Recommendation 4: NECA partners should develop a programme of primary care training to support primary care staff in helping people access the best support to enable them to get back to work as quickly as possible.

The report highlights that mental health is a significant barrier to work in the NECA area, with over half of those claiming Employment and Support Allowance doing so due to a mental health condition.

Recommendation 5: The Commission recommends addressing mental health at three levels:

- i. Improve the leadership and skills of managers at all levels within NHS and local authority organisations to create a supportive environment that enables employees to be proactive in protecting their own wellbeing.
- ii. Commissioners of Improving Access to Psychological Therapies (IAPT) services should work with their service providers to ensure employment support is included as part of the IAPT offer on a sustainable basis to support those individuals who require this service to avoid sickness absence or to return to work as quickly as possible.
- iii. NHS commissioners and providers should work with the NECA Employment, Skills and Inclusion workstreams to develop an integrated employment and health service.

The report says that alongside the health and care system, employers have a key role to play in maintaining and improving the health and wellbeing of their workforce and supporting those with health conditions to remain in the workforce.

Recommendation 6: The Better Health at Work Award (BHAWA) scheme should be the preferred approach for employers to adopt to improve workplace wellbeing. NECA partners should set a target for the proportion of the workforce working for employers involved in the award scheme, and monitor progress towards this target.

Increasing employment and ensuring that employment opportunities are high quality and offer the chance to progress is vital to health and wellbeing. The report recognises that NECA's Strategic Economic Plan has an objective to achieve more and better jobs for the region.

Recommendation 7: The refreshed Strategic Economic Plan and NECA's employment and skills programme continue to address the importance of in-work progression and job quality.

Achieving a radical shift in funding to prevention will require strong and visionary leadership from across the health and care system. The report says that ensuring prevention investment is focused in areas where it will have greatest impact will require leaders to take on shared responsibility for outcomes, putting aside organisational boundaries and interests to lead a cultural change to the health and care system.

Recommendation 8: Leaders within organisations will need to look beyond the interests of their own organisations to drive improvement in wellbeing objectives across NECA, leading a cultural change to a health and care system in which each health and care £ is used most effectively to support wellbeing, independent of the source of funding.

Recommendation 9: A governance system should be established at NECA level to drive forward implementation of these recommendations, bringing together local authorities, Clinical Commissioning Groups, NHS Foundation Trusts and the voluntary sector to progress the health and wellbeing agenda through shared accountability and a focus on implementation and delivery.

The report says it is essential that all of this integrates with the STP governance arrangements. It stresses that this is not about a 'one size fits all' approach across the NECA area; on some issues a NECA-wide approach will be most effective, while on others it will be appropriate for local health and care partners to have the flexibility to determine how best to meet agreed outcomes.

As well as funding, the region's assets will also need to be aligned with this new approach. There must be a commitment to develop a shared approach to use of key assets such as workforce, estate and information and also those of the community and voluntary sector.

To enable the transition to a more integrated system in which resource is focused where it can have the greatest impact, the report sets out one final recommendation.

Recommendation 10: The NECA area should align financial payment systems and incentives with the overall objectives of the health and care system to improve health and wellbeing and reduce health inequalities.

The report stresses that the action called for needs to be delivered by every part of the system. It says the prize is great: if the NECA area reached national average healthy life expectancy in a decade's time this would amount to 400,000 additional years of active, healthy life for the people of the region.

The report adds that the Commission hopes that local and national leaders will study their report carefully and work together on delivering the recommendations.

For a copy of the report and further information about the work of the Commission, please go to www.northeastca.gov.uk