

# **North East Commission for Health and Social Care Integration**

## **Summary of the Evidence Submitted**

### **Executive Summary**

Critical to the success of the North East Commission for Health and Social Care Integration and the work to implement its recommendations, is the ongoing engagement with, and support from, all the key partners. The Commission has taken an open approach to engagement, involving partners and the public from across the region. It sought input in three ways: listening events; a specific event with the voluntary sector; and a call for evidence.

centre of the work It was agreed that all engagement activity would be focused upon the core themes at the of the Commission:

1. Supporting people to stay well and independent (a shift to prevention);
2. Focussing more on health, work and wellbeing (health, wellbeing and productivity); and
3. Exploring opportunities to improve health and wellbeing through devolution (system leadership and governance).

### **Listening events**

Throughout April and May 2016 seven listening events were held, one in each local authority area. Each event was chaired by one of the Commission members and enabled them to hear from a cross section of stakeholders about their interests in the work of the Commission.

Over 300 participants attended these events with a wide and diverse range of attendees including statutory bodies (local authorities, NHS, Tyne and Wear Fire Service, Northumbria Police), regional partners (including Public Health England, social care providers) and the voluntary sector (including a range of carers' associations and voluntary sector provider organisations). A number of councillors, including some chairs and members of Health and Wellbeing Boards, attended the events.

Details of the events are attached as Appendix 1.

### **Voluntary Sector Event**

This event was held when the Commission was in a position to present some of the emerging themes from the feedback received from the listening events and call for evidence and led the Commission to pose the following questions:

- How does the system need to change to enable the voluntary sector to play its part?; and
- How is the sector going to change to deliver the North East Combined Authority (NECA)/ NHS ambitions for a shift in focus to improving health and wellbeing?

Approximately 75 people attended from across the NECA area, representing a wide range of voluntary sector organisations.

Details of this event are attached as Appendix 2.

### **Call for Evidence**

In April 2016, the Commission invited people and organisations from across the NECA area to submit written evidence to inform their work, based on the themes set out above. The Commission received 161 documents from 89 diverse organisations and individuals. Some of the submissions had been written specifically for the Commission, others were reports, presentations or articles that were thought to be of use.

The evidence submitted included contributions about the importance of a more joined up and integrated approach to addressing the health and wellbeing inequalities experienced by the NECA population, views about the barriers to achieving this and suggestions about how this could be tackled.

A full list of organisations that responded can be found at Appendix 3.

### **Common messages and themes**

#### **Supporting people to stay well and independent**

“We should have one system one budget with a focus on collaboration and system integration”. Views from the event held in Gateshead.

The NHS Five Year Forward View, published in October 2014, gave a clear message on prevention: ‘If the nation fails to get serious about prevention then recent progress in healthy life expectancies will stall, health inequalities will widen, and our ability to fund beneficial new treatments will be crowded-out by the need to spend billions of pounds on wholly avoidable illness.’

This message was supported by numerous organisations who submitted evidence and there was a strongly held view that the focus of the Commission’s recommendations should be on investing in prevention. Many respondents pointed to significant evidence to support the case for more prevention and stressed the need to provide more targeted services, which are funded, commissioned and delivered in partnership with statutory and voluntary sector organisations.

Respondents also highlighted the potential of community-centred approaches to improve health and well-being. These approaches value the skills, talents, capacity, knowledge, connection and potential or ‘assets’ in communities and seek to increase people’s control over their own health. This contrasts with the traditional approach of public bodies in focussing on the needs and problems within communities, such as deprivation or health-damaging behaviours. Commission members heard about a strong ambition to achieve a better balance between traditional service delivery and community approaches by helping to build more cohesive resilient communities.

Other issues raised included:

- the financial arrangements that would need to underpin the shift to prevention and more community based care;
- developing commissioning frameworks which incentivised the whole system to ‘do the right thing’ and the need for transformation funding to enable partners to deliver change;
- a plea to build public health and prevention agendas into mainstream commissioning and provision; and
- the success of local initiatives like Fresh and Balance tobacco and alcohol control programmes, Ways to Wellness in Newcastle and others.

### **Focusing more on health, work and wellbeing**

“We need to encourage employers to see the value of investing in health and wellbeing initiatives to support their workforce” views from the event held in South Tyneside.

Two key areas were highlighted:

- the importance of economic growth and employment as essential in improving the health and wellbeing of local people; and
- the need for employers to develop initiatives to help employees stay healthy.

A national organisation, which exists to protect and improve the nation’s health and wellbeing and reduce health inequalities, submitted a report, which acknowledges strong correlation between improving health of the local population and economic prosperity. The view from many of the submissions was that as system leaders, health and care organisations have a responsibility to ensure their staff take ownership for their health as well as encouraging staff to promote healthy living and healthy lifestyles among the patients and clients they see. Other issues raised included:

- the need for employers to support carers;
- the positive health impact of volunteering;
- supporting employers to have ‘healthy workplaces’;
- the need to focus on mental health as well as physical health at work; and
- the support some employers will need to promote the mental health of their workforce and to support individual workers who are experiencing poor mental health.

### **Exploring opportunities to improve health and wellbeing through devolution – including system leadership/governance**

“There must be a strong and collective voice across NECA and the NHS – to encourage the pooling of funding and responsibilities”. An attendee at the Sunderland event.

One of the strong themes that emerged from the evidence was the need for a NECA-wide approach to change. There was a general view that the current system feels fragmented, and the Commission was encouraged to be bold, to think big and to be aspirational in identifying their recommendations. Many respondents argued that stronger strategic leadership across local authorities and healthcare would be beneficial to residents within the NECA area.

## Introduction

In October 2015, as part of a proposed devolution deal agreed between North East Combined Authority (NECA) and central government, NECA and the NHS agreed jointly to establish the North East Commission for Health and Social Care Integration, to establish the scope and basis for integration, deeper collaboration and devolution across the combined authority's area to improve outcomes and reduce health inequalities.

The five Commission members brought a range of expertise and perspective from across the health and care system. The Commission was chaired by Duncan Selbie, Chief Executive of Public Health England, working with Dr Amit Bhargava, Chief Clinical Officer for the NHS Crawley CCG and executive board member of NHS Alliance; Professor Dame Carol Black, expert advisor on health and work to Department of Health and Public Health England and principal, Newnham College, Cambridge; Rob Whiteman, Chief Executive of the CIPFA; and Tom Wright, Chief Executive of Age UK and Chair of the Richmond Group of leading Health charities.

In developing their report the Commission worked closely with local health and care stakeholders, seeking views from across the region through a call for evidence and holding listening events in each of the seven local authority areas to gather views, in addition to an event organised for the voluntary, community and social enterprise sector (VCSE).

In announcing the Call for Evidence, Duncan Selbie posed three questions to indicate the wide remit of the Commission and provide a focus for debate.

- Supporting people to stay well and independent (a shift to prevention);
- Focussing more on health, work and wellbeing (health, wellbeing and productivity); and
- Exploring opportunities to improve health and wellbeing through devolution (system leadership and governance).

The Commission received 161 documents from 89 organisations and individuals from a diverse range of sectors including statutory bodies (local authorities, NHS bodies and Healthwatch), regional bodies (Public Health England, North East Local Enterprise Partnership, Northumberland Wildlife Trust) and the voluntary sector (VONNE, Changing Lives, Shelter and RNIB).

Some of the submissions had been written specifically for the Commission and addressed the questions posed by Duncan Selbie, whilst others were reports, presentations or articles that were thought to be of use to the Commission. An independent panel of colleagues from a range of backgrounds (including the voluntary sector, Public Health England, Local Authorities, Clinical Commissioning Groups, Healthwatch and Primary Care) was established to work together to carry out a more in depth independent review and prioritisation of the evidence submitted. The panel met on two occasions in June 2016 and agreed criteria for assessment that focused on relevance to the core themes of the Commission and enablers that will require attention to deliver recommendations associated with the Commission's core themes. The initial review was completed and the results were reported to the Commission at the meeting in July 2016.

It has proved difficult to do justice within the confines of this report to the range and complexity of the contributions received from a range of individuals and organisations. This report summarises some of the evidence contained within the responses and shows how it has informed the recommendations of the Commission.

## **1. Supporting people to stay well and independent (a shift to prevention)**

The NHS Five Year Forward View, published in October 2014, gave a very clear message on prevention: 'If the nation fails to get serious about prevention then recent progress in healthy life expectancies will stall, health inequalities will widen, and our ability to fund beneficial new treatments will be crowded-out by the need to spend billions of pounds on wholly avoidable illness.'

This message was clearly supported by numerous organisations who submitted evidence, including "The Commission needs to exercise its ability to levy additional funding to focus on prevention which in the long term should improve the health of the population and reduce the reliance on health and other services" Newcastle upon Tyne NHS Trust.

### **Where do we need to focus our efforts?**

A substantial amount of the feedback received focused on the financial arrangements that would need to underpin the shift to prevention and more community-based care – specifically supporting a place based focus. Views regarding this included:

- The impact on the whole system of individual decisions should be considered;
- Inpatient and community-based care for every locality should be commissioned together from one organisation in such a way that there is a financial incentive for organisations to move care from hospital to the community where this is clinically appropriate; and
- Spending on mental health and learning disability care as a percentage of total health and care spending should rise, given the "parity-of-esteem" agenda and the need to address past underinvestment in areas such as child and adolescent mental health services (CAMHS).

Many respondents suggested that there is significant evidence to support the case for more preventative services and stressed the need to provide more targeted services, which are funded, commissioned and delivered in partnership with statutory and voluntary sector organisations.

One of the regional Vanguard submitted evidence, which identified some key initiatives within their Out of Hospital model that contributes directly to supporting people to stay well and independent, including:

- Multi-Disciplinary Teams (MDTs) who empower patients to take control of their own health and social care needs. Patients and carers work in collaboration with members of the MDT to develop and agree their Health and Social Care Plan or Emergency Health Care Plan;
- Living Well Link Workers and Carer Support Workers are embedded in each of the Community Integrated Teams. The staff employed by Sunderland Carers Centre and Age

UK Sunderland support patients and their carers through the care pathway, signposting individuals to other support in both the public and third sector; and

- The Recovery at Home Service maximises independent living and promotes recovery from illness quicker. Wrap around support enables individuals to function and live well at home in a safe and secure environment.

Reference was made to the provision of social prescribing at community health venues having been proven to have a positive impact on people's physical and mental health and overall sense of wellbeing. A key factor for achieving this shift in focus is understanding the link between social isolation and poor physical and mental health. Several respondents spoke about the need to learn from Ways to Wellness and social prescribing initiatives.

Ways to Wellness which in partnership with Voluntary Organisations Network North East (VONNE) and Newcastle West CCG has been developing a social impact bond (SIB) model for social prescribing of a range of tailored activities for people with long term conditions. The operational model is about recruiting and training people from local communities as Link Workers who will work with geographical clusters of general practices and will accept referrals of people, aged 40-74, who need support in coping with their long term condition. The Link Worker using motivational skills and knowledge of their local community will be responsible for providing and supporting a personalised action plan which will be all about engaging in activities that build a range of supportive social networks, including peer-to-peer support, to improve the confidence of individuals in self-care.

Organisations across one local authority area are joining together to look at how they might better organise health and social care services to support the needs of the people in the city. We're all working towards creating a fully integrated health and care system designed to meet people's needs in a sustainable way. The work so far has brought together front-line staff from two Foundation Trusts, the local authority, the CCG, GP practices and voluntary community sector organisations. Supported by the local university's Design School they have begun to look at how we might all do things differently so that services can be more 'in tune' with people's needs.

The Chief Executive of Concern Group raised some key points about moving faster to an asset based approach to personal and community capacity instead of the current traditional 'needs based/service model'. Health and social care services are arguably 'flying on one wing' if we continue to only see 'community care' without community investment and support.

It was acknowledged within a high proportion of evidence submitted that alcohol and tobacco harm plays a large part in driving some of the problems the Commission is seeking to address. Both are leading causes of preventable illness and premature death. The locally commissioned tobacco and alcohol control programmes within the Northeast submitted two papers which provided a summary of the evidence on effectiveness of addressing tobacco and alcohol issues at a population level and the rationale for continued collaborative working on tobacco and alcohol.

However, there was recognition that it is often hard to measure outcomes and benefits and, in particular, the impact that a particular programme or initiative has had on outcomes that are also affected by a wide variety of societal factors. Evidence submitted suggested that a regional model of how to evaluate “return on investment” for health and social programmes could be helpful in this regard – this may also help promote long-term investment and help reduce the pressure to focus on tackling short term symptoms rather than addressing long and medium term drivers.

### **How can we work differently and what are the barriers?**

Issues were raised about the public health and prevention agendas and the need to mainstream this into commissioning and provision. The evidence suggested that the public health agenda is still too marginalised and separate to planning and delivery across Clinical Commissioning Groups (CCGs) and wider place based local authority led agendas, such as transport and housing.

Evidence received from the Northumberland Wildlife Trust highlighted the work and research carried out by the various organisations across the region focusing on the links between outdoor spaces/ the countryside and better health. Reference was made to ideas of how better access to nature provides a real opportunity to make a significant difference to health locally, which could be scaled up to have a greater impact.

Much of the evidence submitted within this theme focused on the complex and multiple needs of the population within the NECA region. For example within their evidence Shelter, a national housing charity, suggested that there is significant evidence to support the case for more preventative services and stressed the need to provide more targeted services, which are funded, commissioned and delivered in partnership with statutory and voluntary sector organisations. The report referred to the work undertaken in Manchester and in particular the development of a Health and Housing Working Group, which recognises the links between health and wellbeing and the ability to access, keep and improve a home and will provide opportunities for jointly funded projects.

Changing Lives, a north east based charity who support vulnerable adults with complex needs identified key a recommendation for the Commission in their submission “The Commission should aim to break the cycle of chaos and address the issues that prevent people especially those with multiple and complex needs from accessing the right services at the right time and who instead present at crisis point when the cost of supporting them is significantly higher.”

Evidence submitted by a regional commissioning support organisation provided information on their tested transformation model based on sources of intelligence, creating insight and preparing the system for change and references their effective business intelligence tool RAIDR used for population segmentation into patient cohort demographics and risk stratification.

A university submitted evidence which identified a collaborative piece of work the “Star approach” which is intended to be one method for understanding where to prioritise resources and needs to be used in conjunction with other tools and approaches. It provides

a wide stakeholder group with a collective understanding of the issues around resource allocation for a specific service or condition.

### **What is the role of the voluntary sector?**

The role of the voluntary sector within the prevention agenda was raised by a number of organisations. The vast majority of the evidence suggested a strengthened role for the voluntary sector across the preventive agenda.

Evidence submitted suggested that the ‘focus needs to be in the community and on early intervention and prevention – reducing current demand and preventing and delaying later dependency on health and social care services. This can only be achieved by recognising and integrating VCS organisations as key delivery partners and understanding the value of ongoing low level support provision including advice information and guidance to key demographics of the community infrastructure’

A collaborative report submitted by two charities established to support women outlined the ways in which women's voluntary and community sector can combine to joint working to improve the health and wellbeing of women and families and address wider health inequalities

A regional voluntary network group suggests within their submission that the Commission need to focus efforts on person and community centred approaches as there is evidence that they improve health outcomes and don't look to scaling up. Focus needs to be on localities, close to home and meeting local needs, hence the importance of VCS collaborative working with local councils and CCGs (VONNE).

### **How the responses informed the recommendations in the report?**

Chapter 3 (page 22) within the report includes the following recommendations:

- NECA partners should set themselves an ambition to radically increase preventive spending across the health and care systems and wider determinants of health and wellbeing;
- Public sector partners across the NECA area should integrate preventive action and action to tackle inequalities in all decisions; and
- 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.

## **2. Focussing more on health, work and wellbeing (health, wellbeing and productivity)**

The view from many of the submissions, including another NHS Foundation Trust who stated within their evidence “as leaders, we have a responsibility as employers to ensure our staff take ownership for their health, supporting them where necessary via

Occupational Health and other programmes to address areas of risk such as weight management, diabetes and the like. We need to encourage our staff to promote healthy living and healthy lifestyles among the patients / clients they see.”

A number of organisations raised the need for employers to develop initiatives to help employees stay healthy.

The North East Local Enterprise Partnership (NELEP) stated “priority should be placed on supporting ongoing productivity, through maintaining health and increasing learning and skills development. This requires strong partnerships to maintain the size, engagement and skill of the NE labour force, with health working with employment services and education, and also with employers and our business community.”

Evidence was submitted which acknowledged strong correlation between improving health of the local population and economic prosperity. Issues raised included; turning challenges into opportunities, localism and devolution, air quality, inequalities, hospitals investing in the local area through the food economy, resilience and enshrining low carbon economies and sustainability in law.

One of the local authorities suggested that the links between health and employment are important and well documented. We think it will be important to strengthen the links between employment-focused programmes at regional and local authority level and health objectives, for instance by linking regeneration projects with support for disability friendly employers, and ensuring that enhancing the employment prospects of people with long-term health conditions, including mental health, is a core objective of education and skills programmes.

Some of the evidence suggested that previous employment-focused attempts to reduce health-related worklessness in the UK have not been particularly effective. The lack of focus on the health problems of incapacity-related benefit recipients could be an important reason for this lack of success. The evidence suggested that holistic, ‘health first’, case management approaches (including expert patient condition management programmes), commissioned and delivered by NHS providers, may improve the health and resilience of incapacity-benefit recipients and thereby enable them to participate more productively in employability initiatives and subsequently enter or return to the labour market.

The Voluntary Organisation Network North East (VONNE) wrote within their evidence “We need to work with local employers to ensure they recognise the value of volunteering and build relationships with local VCSE organisations who can support volunteers.”

Evidence was submitted by a local university, which was based on the findings of Professor Clare Bambra’s extensive research into work and health, with a particular focus on her 2011 book ‘Work, Worklessness and the Political Economy of Health’. The evidence suggests that “from a public health perspective, ‘bad’ quality jobs are those that entail exposure to poor physical, psychosocial or contractual working conditions. ‘Good’ quality jobs are those that offer better working environments. The health effects of low quality jobs are multiple and

extensive ranging from musculoskeletal pain through to mental ill health and heart disease”.

A not-for-profit organisation that helps to transform the circumstances of young people Identified within their submission that there is little evidence to suggest that locality based mental health prevention and promotion programmes are effective in tackling those who experience health inequalities as a result of socio-economic deprivation. In addition, many young people who experience socio-economic disadvantage also experience poor social capital and are not able to access the help and support they need to develop their mental well-being.

Another voluntary sector organisation stated within their evidence that “the employment and support of people with mental health issues and other disabilities which can fluctuate can be difficult for all concerned. How can an employer run a business / service effectively, how can employees not be frightened to speak out when they have problems? In a harsh job market this will inevitably discriminate against some people and make some staff reluctant to take time off work for sickness” NCVS.

A high percentage of the evidence submitted identified best practice already achieved across the region. The Academic Health Science Network for the North East and North Cumbria’s (AHSN NENC) evidence stated that “ambitions to transform care provision are reliant on working across organisations on some of the common agendas affecting our region within health and social care. One of the assets on which we can build within the North East and North Cumbria is the work done on system integration by the AHSN. Members are already collaborating in a variety of initiatives to address shared regional issues in health improvement and supporting economic growth”

An evaluation was submitted which identified the effects and cost–benefits of a structured workplace health improvement programme in reducing sickness absence. This paper presents the results of an evaluation of the Better Health at Work Award—a structured regional workplace health programme which combined changes to the work environment with lifestyle interventions.

### **How the responses informed the recommendations in the report?**

Chapter 4 (page 31) within the report includes the following recommendation:

- 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 Commission recommends addressing mental health at three levels:
  - Enhancing leadership skills to create a supportive environment
  - Including employment support in Improving Access to Psychological Therapies (IAPT) services
  - Developing an integrated employment and health service;
- NECA partners should set a target for the proportion of the workforce working for employers involved in the Better Health at Work Award scheme and the scheme should be the preferred approach for employers to adopt to improve workplace wellbeing; and
- The refreshed Strategic Economic Plan and NECA's employment and skills programme should continue to address the importance of in-work progression and job quality.

One of the strong themes that emerged from the evidence was the need for a NECA wide approach to change. The Commission was encouraged to be bold, think big and be aspirational in identifying their recommendations. Many respondents argued that stronger strategic leadership across local authorities and healthcare would be beneficial to residents within the NECA area.

“There must be a strong and collective voice across NECA and the NHS – to encourage the pooling of funding and responsibilities” views of a stakeholder at the event in Sunderland.

### **Governance Systems**

There was a general view that the current system feels fragmented and we are all pulling in different directions but there was a really good opportunity to identify best practice from around the region and using evidence of what works to help move forward.

Examples were provided by a range of organisations including a new partnership approach in Gateshead which provides an integrated delivery model based upon a whole-system approach and will comprise three-tiers: locality-based integrated multidisciplinary teams (MDT) wrapped around practices, alongside a cohesive system of borough-based intermediate care services and specialist and supporting encompassing services.

The Directors of Public Health across the NECA region submitted a collaborative response which was based on key principles including the Marmot Review (2010) and Due North Independent Inquiry to reduce health inequalities, to maximise social value and to build in an emerging assets based approach to improving health and wellbeing. It makes a number

of specific recommendations on areas the Commission might focus upon and initiatives/ approaches to recommend across the three themes of the Commission:

- commissioning at scale and whole system commissioning;
- supporting prioritisation and health economic approaches; and,
- alignment with STPs, embedding public health within the other devolution work streams.

The majority of evidence received supported the need to enhance partnership working across the NECA area. One respondent suggested that ‘Health and Care Partnerships should be developed that are better placed to help deliver on the integration agenda. Could we pilot new organisational structures/models out with current local authority and NHS boundaries; i.e. integrated organisational models based on defined public need. This approach could also support increased commissioning flexibility and risk sharing to plan and run large scale change over the next 5 to 10 years.’

A number of Health Watch Partnerships across the NECA region submitted evidence relating to best practice and also advice and information to support the Commission’s themes, focusing on community based solutions and enhanced partnership working at all levels.

### **Financial systems**

A consistent view from these events was that the current payment system needed to be changed to remove adverse incentives and reconstructing incentive systems into population based commissioning and focusing on outcomes for populations and for individuals was seen as the way forward.

“We should have one system, one budget with a focus on collaboration and system integration”. Views from the event in Gateshead.

One of the local authorities within the region stated within their evidence that “We share the increasingly widespread view that the tariff funding system in the NHS has created a misalignment between financial incentives and policy objectives. We are working to develop arrangements based on an Accountable Care Organisation (ACO) which would receive capitated funding for all core health services and develop a system in which all major NHS providers know in advance what resources are available for services and are able to focus on achieving the best possible outcomes within those resources. The CCG will evolve into a smaller strategic commissioning function, hosted by the Council and integrated with the commissioning of social care and public health”.

A range of voluntary sector organisations raised the issues associated with financial payments, specifically a coalition of charities formed to improve policy and services for people facing multiple needs.

A collaborative report from the Women’s Commissioning Support unit and members of North East Women’s Network stated that “ Funding needs to be redirected towards specialist health and social care services. There needs to be a long-term view that recognises different models and approaches, such as those practiced by women’s VCOs that bring long

term outcomes. Commissioners need to think differently and take their focus away from the medical model. We are willing and committed to having early conversations and ongoing dialogue with the Commission for Health and Social Care Integration to help bring about the needed shift in thinking, systems, practices and approaches”.

One of the region’s Health and Wellbeing Boards submitted a range of evidence and examples of good practice within their locality. However, their submission included the following ‘Misaligned and sometime perverse funding incentives in the NHS payment system to service providers: general practice and community services are paid on a block; hospital care is tariff based – cost per case. While costs need to be moved from hospital services to transfer the funding to ‘out of hospital’ services, the payment system acts as a disincentive to this’.

### **How the responses informed the recommendations in the report?**

Chapter 5 (page 38) within the report include the following recommendations:

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

## Appendix 1

### Listening Events

Throughout April and May, seven listening events were held, one in each local authority area. Each event was chaired by one of the Commission members and enabled them to hear from a cross section of stakeholders about their interests' in the work of the commission.

Over 300 participants attended these events with a wide and diverse range of attendees including statutory bodies (local authorities, NHS, Tyne and Wear Fire Service, Northumbria Police), regional partners (including Public Health England, social care providers) and the voluntary sector (including a range of carers' associations and voluntary sector provider organisations). The events were attended by a number of councillors, including some chairs and members of Health and Wellbeing Boards.

The venues for the events were:

- Monday 16<sup>th</sup> April: Gateshead Old Town Hall. Hosted by Gateshead Council and chaired by Rob Whiteman.
- Monday 16<sup>th</sup> April: Ramside Hall, County Durham. Hosted by Durham County Council and chaired by Rob Whiteman.
- Tuesday 3<sup>rd</sup> May: Newcastle Centre for Life. Hosted by Newcastle City Council and chaired by Amit Bhargava
- Tuesday 3<sup>rd</sup> May: Choppington Welfare Centre, Northumberland. Hosted by Northumberland County Council and chaired by Amit Bhargava.
- Tuesday 3<sup>rd</sup> May: Stadium of Light, Sunderland. Hosted by Sunderland City Council and chaired by Tom Wright.
- Tuesday 3<sup>rd</sup> May: Living Waters, South Shields. Hosted by South Tyneside Council and chaired by Tom Wright.
- Wednesday 4<sup>th</sup> May: North Tyneside Old Town Hall. Hosted by North Tyneside Council and chaired by Tom Wright.

### Headline Feedback from the events:

#### Gateshead

- Finance and contracting mechanism - new models of care to be developed flexibly - invest in the 3rd sector
- Stop looking at the problem – look at the person
- One system one budget / collaboration / system integration

- Be holistic – need to see whole person, information sharing and systems
- Aspirations and expectation – physical labour workforce historically, employers should be flexible to encourage people to work / shifting cultural norms
- More control at local level re planning / licensing
- More control at local level re planning / licensing / green space
- Align planning cycles, high level legislation is actually very similar – it is the operational level of systems and mind-sets that cause barriers

## **Durham**

- Increase investment in early identification services for key health issues.
- The third sector was recognised as a valuable asset which could be used more effectively and consistently across the region to increase their role in supporting communities to stay well.
- Communities were identified as having a pivotal role in supporting themselves, with a need to identify and support community assets and utilising asset based approaches more effectively.
- Organisations are to consider combining resources wherever possible, underpinned by a change in organisational cultures, to encourage increased identification of shared goals, targets and outcomes.
- Employers can help shape positive lifestyle choices
- Identifying best practice from around the region and learning from this to encourage employers to see the value in investing in health and wellbeing initiatives to support their workforce.
- Housing was identified as a critical element in improving health and wellbeing and it was suggested powers should be devolved to allow for flexible planning of housing stock which meet North East housing need rather than the southern housing crisis
- Learning from other areas, such as Scotland where commissioning and providers were thought to work more closely together, should be given more focus and utilised where possible and appropriate.

## **Newcastle**

- Massive job to undertake and there is a huge difference in timescales between the work of the commission and local decisions that need to be made.
- Lots of change has already taken place – accelerated due to funding issues within the localities
- Need a change in systems and power shift needed – big trusts need to change
- Need to adopt a place based approach
- Huge importance levied on trust – need to let organisations get on with delivering their business
- Needs to be a collective voice across NECA: pooling of funding and responsibilities
- Investment required in shared spaces and information
- Accountable officers need to have responsibility for collective working and get rid of barriers

- Employers need to be more supportive – but need to have flexibility
- Plan for a healthy workforce
- Value the person – enhance their benefit
- Place based approach to HSC Integration to avoid silos
- Need to emphasise the digital agenda
- Scarce resources to be used more effectively
- Need to work more with the general public, need to take them with us and enhance our communications
- Schools need to be brought into this agenda – this needs to be negotiated with central government

### **Northumberland**

- Need to be bold and ambitious
- Leadership and devolved leadership are crucial to success
- Total pathway approach rather than step approach – children and adults
- Healthy workforce – fit for work a good example
- Need to prevent poor health generally – across the whole life cycle
- Devolve responsibilities - need to link more with wider aspects including housing and transport
- Issue: short term commission outcomes don't support the health and social care agenda.
- Need to look at region wide commissioning/procurement processes
- Need to focus on the areas that we need to improve – rather than looking at everything
- Equality an important issue to support healthy family life
- Equality supporting employment and work opportunities
- Focus on rural aspects within Northumberland – good examples of integrated work “Corbridge Dementia Village”
- Rural SMEs – are affected by different issues
- Need to look at Health and Wellbeing Boards leadership – where do they fit into the work of the commission
- Leadership and management – key issues to drive forward the HSC agenda
- Postcode lottery an issue – specifically in Northumberland

### **Sunderland**

- Focus on one thing rather than trying to do everything – priority would be smoking
- Do fewer things but do them really well – how do we make HSC every body's business for the regional economy
- Encouraging people to take more control over health and wellbeing and ask them what they want to enable them to do this – listen more
- True engagement with people, devolving power to communities, listen to what they want

- Be more proactive with info we receive as employers around improving health and wellbeing
- What can we put in place as an evidence base to enable employers to see the benefit of addressing the health and wellbeing of their workers, more enabling approach than punitive
- Should do more to help people into work, public sector should be role models
- Devolution needs to be bottom up and hard pressed communities coming up with the ideas
- Do we really need devolution to do some of the things we want to do – we can do a lot without devolution
- More commissioning frameworks to incentivise the system – e.g. acute care paid to admit, could be more effective at a regional level and not just HSC but also housing
- Developing a regional approach like Fresh and Balance on obesity

### **South Tyneside**

- Make better use of community assets
- System feels fragmented and pulling in different directions – build on integration work to address this? Use navigators to address this
- Keeping people involved in their communities so more focus on prevention
- Implications of aging population and opportunities to do more prevention work with this group e.g. using optometrists
- More focus in schools, using apps etc.
- Health pathways as a way of increasing knowledge about the role of different organisations
- Volunteering have to be real opportunities
- Be aware that people need different things at different stages of their lives
- How to encourage businesses to be healthy employers and contribute to the community
- Health and employment – role of GPs,
- Publicise benefits of health at work awards
- Housing – different incentives to help bring people into the community e.g. skilled workers we can't attract
- More power on designing training so it is what it needed and nearer to home
- Looking at private landlords
- Alcohol pricing
- Move into housing – decent housing should be for all sectors
- Communities to have more power to decide what they need
- We need big players to be on board
- Concerns that South Shields may not be able to deliver the workforce needed for some of the bigger employers
- Bylaws on alcohol etc.

- More funding for prevention – we need double running costs. How do we deliver this at pace? Transition support
- Police and crime – where are they in these arrangements?
- Joining up with DWP – using all the funding not just HSC

## **North Tyneside**

- Sustainable funding is an issue
- Holistic approach to people and families and avoiding loneliness to address/ prevent mental health issues, relevant for us to work in this holistic way
- Raising awareness of lifestyle choices throughout life course beginning as early as possible
- Need mechanisms that encourage longer term approaches to prevention but acknowledging that there will be a need for double running costs
- NELEP/ NECA/ TUC joining up to progress health and work
- Huge role for employers including bringing people often excluded into the workplace eg people with LD
- How do we encourage new employers to come into HAW schemes and asking big players to be a role model and advertise their work?
- How do we support small businesses to address health at work?
- Fit to work programmes need to be improved and more focus on assets rather than deficits
- Role of HWBs and working with the commission and role going forwards – could the commission bring together HWBs to hear from them and discuss potential recommendations
- Changing PBR system and flexibility around organisational objectives but make sure this doesn't put the region at a disadvantage
- Commissioning frameworks can be very limiting especially tendering processes
- Funding models need to be relevant for inequalities within the region, and between the region and rest of England
- importance of role of employers
- Getting people into employment with a range of options
- Need to draw linkages between different parts of the system, this is about the system working together and thinking about what and how there will be different delivery mechanisms, using best evidence of what works
- We are describing a period of time moving from acute into preventative but we haven't addressed how we will do this – 'acute is in your face' how do we move our focus and our attention to achieve this?
- How do we shift the culture of our system as well as the public to make some of the transformational shifts we have been talking about? A leadership issue and an issue for working with the public.



**NECA/NHS Joint Commission for Health and Social Care Integration**  
**Exploring the Role of the VCSE Sector in Health and Wellbeing**  
**30<sup>th</sup> June 2016**

**Background**

The joint NECA (North East Combined Authority) / NHS Commission was established as part of the proposed devolution deal agreed between NECA and central government in October 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 was 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 met a further three times up to the end of September 2016. They identified three core themes to shape their work:

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

Members of the Commission worked closely with local stakeholders, seeking views from across the region through a call for evidence which 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. 7 Listening Events were arranged in each of the local authority areas and a specific event for the voluntary, community and social enterprise sector was arranged working with VONNE (Voluntary Organisations Network North East). This report sets out the key themes and discussion points from the VCSE (Voluntary, Community & Social Enterprise Sector) event.

**VONNE Event: 30th June 2016**

On behalf of the Commission VONNE arranged an engagement event on 30th June providing an opportunity for the voluntary sector to inform the Commission's recommendations and to identify the issues associated with what needs to happen to ensure the VCSE is enabled to be a key design and delivery partner of health and wellbeing in the future.

Guest speakers included:

- Tom Wright, Commission Member and Chief Executive of Age UK England and Chair of the Richmond Group of charities, who provided an update on the role of the Health and Social Care Commission and work undertaken to date.
- David Gallagher, Chief Officer, Sunderland Clinical Commissioning Group presented an overview of the emerging work on the Sustainability and Transformation Plans (STP) and described the work being undertaken to align this work with the work of the commission.
- Jane Hartley Chief Executive, VONNE, provided an overview of the recently published report: 'Joint review of the role of the VCSE sector in improving health, wellbeing and care outcomes & partnerships'. Department of Health, Public Health England, and NHS England

The above presentations were central to setting the scene for the table discussions which followed. The focus of the group discussions was to encourage voluntary sector representatives to play an active part in the work of the commission, and the event sought feedback from the participants in relation to 2 questions:

- How does the system need to change to enable the voluntary sector to play its part?
- How is the sector going to change to deliver the NECA/NHS ambitions for a shift in focus to improving health and wellbeing?

One table (Group 5) specifically focused upon capturing the issues for voluntary, community and social enterprise (VCSE) organisations "led by and for" equality or identity groups (such as women's, black and minority ethnic, disability, faith, young people or older people's VCS organisations). This group also looked at three case studies which demonstrated the complex needs and marginalization of some individuals.

### **Plenary Session**

The event included an interactive plenary session with an opportunity for the participants to briefly summarise some of the key issues raised, to provide an opportunity for the guest speakers to emphasise what had been highlighted over the course of the event and to provide a synopsis of the next steps for the commission over the next few months.

### Organisations that responded to the call for evidence

Accenture

Age UK

Age UK Newcastle

Age UK South Tyneside

Alzheimer's Society

Association of North East Councils

Beamish - The Living Museum of the North

Business Durham

Carers Trust

Changing Lives

Concern Group

County Durham and Darlington NHS Foundation Trust

Cumbria and North East Local Eye Health Network

Durham and Darlington Local Pharmaceutical Committee

Durham Alliance for Community Care

Durham County Council

Durham Dales Health Federation

Durham University, Public Health, Geography

Durham University, Centre for Public Policy and Health

Escape

Foyer Federation

Change Your Mind about Young People (CYMaYP)

Fresh and Balance

Gateshead Council

Gateshead NHS Foundation Trust & Gateshead Care Partnership

Greater Manchester Public Health Network

Healthwatch Gateshead

Healthwatch Middlesbrough  
Helen McCardle Care  
Helping Hand North East  
International Community  
Organisations of Sunderland  
London School of Economics (LSE)  
Newcastle City Council and Partners - Newcastle System Integration Taskforce  
Newcastle Council for Voluntary Service  
Newcastle Gateshead Clinical Commissioning Group  
Newcastle Director of Public Health  
Newcastle Society for Blind People  
Newcastle upon Tyne Hospitals NHS Foundation Trust  
NHS North Tyneside  
North East Ambulance Service NHS Foundation Trust  
North East Autism Society  
North East Directors of Public Health  
North East Local Enterprise Partnership (NELEP)  
North East Local Nature Partnership  
North East Trading Standards  
North of England Commissioning Support Unit  
North of England Mental Health Development Unit  
North of Tyne Local Pharmaceutical Committee  
North Tyneside Clinical Commissioning Group  
North Tyneside Council Public Health  
North Tyneside Winter Support Network  
Northern England Clinical Networks  
Northumberland Community Voluntary Action (CVA)  
Northumberland County Council  
Northumberland Vanguard

Northumberland Wildlife Trust  
Public Health England  
Royal National Institute of Blind People (RNIB)  
Shelter  
Sight Service  
Slow Shopping  
South Tyneside Council - Integrated Care & Commissioning  
South Tyneside NHS Foundation Trust  
Sunderland City Council, Health and Wellbeing Board  
Sunderland Clinical Commissioning Group  
Sunderland Out of Hospital Vanguard  
Tees Esk and Wear Valleys NHS Foundation Trust  
The Academic Health Science Network for the North East and North Cumbria  
The Open University in the North  
The Richmond Group of Charities  
Thirteen  
TUC Better Health at Work  
Voices from the Frontline & Homeless Link  
VONNE  
Ways to Wellness  
Wellbeing for Life  
Women's Commissioning Support unit and members of North East Women's Network

**Individual Contributions**

Guy Pilkington  
Iain Kitt  
John King  
Julia Bates  
Paul Goldsmith  
Sheila Beniams