

Northumberland Tyne & Wear & North Durham STP Health Scrutiny Committee

Regional Progress – Sustainability and Transformation Plan Prevention Board

Background

1. The North East Combined Authority (NECA) and local NHS organisations established the Commission for Health and Social Care Integration in 2016 with all partners recognising the value of an independent Commission able to take a fresh look at the issues associated with health and social care integration and the scope to address these through joint working.
2. The Commission's report 'Health and Wealth: Closing the Gap in the North East' set out a vision for transforming the health and wellbeing of North East residents and in so doing helping to improve the performance of its economy and the prosperity of its people.
3. The Commission examined how the NHS, councils and other public, private and Voluntary & Community Sector (VCS) bodies can take a place based approach to further develop the work they do together to improve health and wellbeing and reduce health inequalities across the North East against a backdrop of significant financial pressures across the system.
4. It highlighted the fact that although the north east has had the fastest increase in life expectancy of any region of the UK, the health and wellbeing gap with the rest of the UK and health inequalities within the region itself remain high. It stated that closing this gap with the nation as a whole over the next decade would lead to 400,000 additional years of healthy life for people within the NECA area.
5. The report described a system over-focused on the treatment of ill health at the expense of preventing it, with 60% of expenditure on health and care tackling the consequences of ill health (hospital care, specialist care), compared to only the 3% devoted to public health and 17% to adult social care.
6. Crucially, it argued that 'health' and 'wealth' are two sides of the same coin. Poor health and shorter life expectancy were identified as both consequences and causes of the fact that average Gross Value Added per capita in the region was only three quarters of the national average. It noted the relationship between peoples' health and wellbeing and the north east's ability to increase economic growth, attract investors and increase productivity.

7. Nowhere is the link between health and wealth more important than in relation to work and the commission identified 'good' work as the best route out of poverty and the surest basis for good health. It also highlighted the need to improve support for keeping people in work as a key component of the north east Strategic Economic Plan (SEP).
8. The Commission's ten key recommendations (see Appendix 1) were therefore widely seen as a 'call to action' for leaders across the health and care system in the NECA area to work together to mobilise the system around the objective of improving health outcomes and reducing health inequalities across the life cycle, from school readiness through good and fulfilling employment to healthy and independent old age.

The Commission's recommendations are being progressed against a context of significant change locally, regionally and nationally. This includes:

- Preparations for Brexit and the effect of leaving the EU on the economy of the north east. Clearly, it is important that the priorities for the north east economy are understood and the region's potential is supported. This is of particular importance given the links between Health and Wealth as outlined within the Commission's report.
- The local devolution landscape in the light of the Autumn budget statement announcement, confirming a devolution agreement between Newcastle, North Tyneside and Northumberland.
- Sustainability and Transformation Plan (STP) arrangements, which continue to evolve, including the establishment of single STP governance arrangements for Cumbria and the North East (CNE) and the appointment of a lead for the combined CNE STP. As part of these arrangements, it is envisaged that the key 'Prevention' work stream will be based on a regional 'do once' approach (in dialogue with local system leaders) resourced and led on an ongoing basis.

Progress Update

9. A Prevention Board has been established across the region. The Board was established as part of the remit for the STP and details of its membership are set out at Appendix 2.

The board has a senior responsible officer (SRO) Dr Guy Pilkington, clinical chair of NHS Newcastle Gateshead Clinical Commissioning Group, and a Local Authority sponsoring chief executive Terry Collins, chief officer of Durham County Council.

The aim of the Board, as set out in its terms of reference, is to provide leadership to each of the identified prevention priorities of the STP

programme and to implement the recommendations from the Commission's report Health and Wealth – Closing the Gap in the North East. The board's initial focus has been on embedding prevention, at every level, within the NHS. In particular, there has been a focus on:

- the development of key programmes that will close the health and wellbeing gap;
- ensuring the delivery of the NHS 5 Year Forward View and Mental Health Forward View;
- an evidence based approach;
- areas where a north east approach, alongside local delivery, makes most sense.
-

10. The Prevention Board has priorities key programme of work aims to provide support and an interface across programme areas including:

- Primary prevention
- Secondary prevention
- Tobacco Free NHS
- Best start in life
- Flu immunisation
- Work place health / work and health
- Community centred and asset based approaches
- Making Every Contact Count
- Shift of resource to prevention
- Public health campaigns

Each of these priorities are delivered locally via joint Health and Wellbeing strategies and by health and wellbeing boards – and the benefit is working collectively at scale where the biggest health gains can be made.

11. The terms of reference emphasises that the Prevention Board is not a decision making forum but instead will act as an advisory body, ultimately to the Board of the STP and NECA through the development of:-

- A suitably detailed Case for Change that the programme can build upon; and
- Specific work plans for each priority with identified outcomes and monitoring arrangements.

12. In this respect, a work plan has been developed which includes actions, potential Overview and Scrutiny Committee initiatives and identified leads across the programme areas outlined above.

13. An example of the work undertaken by the STP Prevention Board in one of these programme areas – A Tobacco Free NHS – is set out below.

‘Treating Tobacco Dependency’: Support for the implementation of National Institute for Health and Care Excellence (NICE) Public Health (PH) Guidance 48/45

14. The STP Prevention Board prioritised the regional ambition to reduce the prevalence of smoking to 5% by 2025. This ambition was endorsed by all of the region’s Health and Wellbeing Boards in 2014.

15. In April 2017, a dedicated Regional Taskforce on Smokefree NHS / Treating Tobacco Dependency was established; jointly chaired by Professor Eugene Milne, lead Director of Public Health in the NE for tobacco and Dr Tony Branson, Consultant Oncologist and Clinical Lead for the Northern Cancer Alliance. The Taskforce utilised the significant learning from a focussed Smokefree NHS regional event held in February 2017 and has senior level membership from a wide range of clinical specialities and across the NHS sector and public health system.

16. This work was seen as a vital part of the required radical upgrade in prevention and treating tobacco dependency, and one of the key steps towards this ambition is to ensure that NHS Trusts implement smoking cessation support and smokefree policy in line with NICE Guidance PH 48. This is not simply about having a smokefree grounds policy which is only one of the 16 key recommendations contained within the guidance. Systematically identifying smoking status and then treating tobacco dependency and reducing harm is the core of the guidance. The Taskforce agreed a target date for all Trusts within the region to be Smokefree by April 2019.

17. A supporting business case was presented to the Northern CCG Forum on 7th September which was supportive, in principle, to a number of proposals including the roll out NICE PH 48 with additional external support and regional marketing.

18. Prevention Board - Next Steps

The Prevention Board will consider whether it has the right membership and focus given the breadth of the recommendations set out by the North East Combined Authority for Health and Social Care Integration.

It will also consider governance and decision making, recognising this is a challenge in partnership working when making decisions across a health and care system.

Work will continue to deliver a Smoke Free NHS and reducing harm from alcohol, other priorities include focus on flu immunisation and a shift of investment into prevention.

APPENDIX 1

The North East Commission for Health and Social Care Integration
'Health and Wealth – Closing the Gap in the North East'

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.

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

Recommendation 3: Increased preventive spend should be assigned to a dedicated preventive 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.

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.

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

- i. Improve the leadership and skills of managers at all levels within local authorities and NHS organisations to create a supportive environment that enables employees to be proactive in protecting their own wellbeing.
- ii. Commissioners of 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 work streams to develop an integrated employment and health service.

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.

Recommendation 7: 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.

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

Recommendation 9: Governance should be established at NECA level to drive forward implementation of these recommendations, bringing together local authorities, CCGs, NHS FTs and the voluntary sector to progress the health and wellbeing agenda through shared accountability and focused on implementation and delivery.

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.

Appendix 2

STP Prevention Board Membership

Ailsa Rutter Fresh
Alan Foster North Tees & Hartlepool Hospitals NHS Foundation Trust
Alice Wiseman Gateshead Council
Alison Featherstone Northern Cancer Alliance
Amanda Healy Durham County Council
Amanda Taylor Public Health England
Andrew Copland NHS Hartlepool and Stockton-on-Tees CCG & Darlington CCG
Andy Billett Public Health England
Andy Graham Gateshead Council
Ann Farrar North Tees & Hartlepool NHS Foundation Trust
Anne Moore Northumberland Tyne & Wear NHS Foundation Trust
Bev Wears British Lung Foundation
Carol Worfell Northumberland Tyne & Wear NHS Foundation Trust
Caroline Wild Mental Health STP Workstream (NTW)
Catherine Monaghan North Tees & Hartlepool Hospitals NHS Foundation Trust
Catherine Parker Public Health England
Claire Sullivan Public Health England
Clare Beard North Yorkshire Council
Colin Martin Tees, Esk & Wear Valleys NHS Foundation Trust
Colin Shevills Balance
Damian Robinson Mental Health STP Workstream (NTW)
Dan Cowie Newcastle Gateshead CCG
Dan Jackson Sunderland CCG
Dave Turton Cleveland Fire & Rescue Service
David Chandler Sunderland CCG
David Hambleton South Tyneside CCG
Emma Roycroft North of England Commissioning Support Unit
Esther Mireku Hartlepool Borough Council
Eugene Milne Newcastle City Council
Gillian Gibson Sunderland City Council
Glen Wilson Public Health England
Guy Pilkington Newcastle Gateshead CCG
Helen Aitken Newcastle Gateshead CCG
Ian Hayton Cleveland Fire & Rescue Service
James Duncan Northumberland Tyne & Wear NHS Foundation Trust
Jane Hartley VONNE
Janine Ogilvie North of England Commissioning Support Unit
Jeanette Scott South Tyneside CCG
Jim Brown Northumberland County Council
John Matthews North Tyneside CCG

John Pratt Tyne & Wear Fire & Rescue Service
Jon Connolly North Tyneside CCG
Jon Tose South Tyneside CCG
Judith Stonebridge Northumbria Healthcare NHS Foundation Trust
Julie Bailey South Tees CCG
Karen Hawkins Hartlepool & Stockton on Tees CCG
Katie Elmer North Tees & Hartlepool Hospitals NHS Foundation Trust
Katie Needham North Yorkshire Council
Keith Wanley Durham & Darlington Fire & Rescue Service
Lee Mack County Durham and Darlington NHS Foundation Trust
Lincoln Sergeant North Yorkshire Council
Michelle Stamp Newcastle University Trust Hospital
Miriam Davidson Darlington Borough Council
Natalie Goodman Newcastle City Council
Nicola Allen Gateshead Health NHS Foundation Trust
Paul Edmondson-Jones Hartlepool Council
Peter Kelly Public Health England
Phil Lancaster Cleveland Fire & Rescue Service
Rachel Chapman NHS England (North East & Cumbria)
Sarah Bowman-Abouna Stockton on Tees Borough Council
Steve Pett North Tees & Hartlepool Hospitals NHS Foundation Trust
Steve Rose Catalyst Stockton
Sue Gordon Public Health England
Tanja Braun Stockton on Tees Borough Council
Terry Collins Durham County Council (LA Sponsor)
Tom Hall South Tyneside Council
Victoria Ononeze Middlesbrough Council & Redcar & Cleveland Council
Wendy Burke North Tyneside Council