

## **Briefing**

### **The Commission for Health and Social Care Integration in the North East – May 2016**

This briefing provides an update on the Commission for Health and Social Care Integration in the North East. It includes initial headlines from the seven listening events held during late April and May and from the call for evidence which ran from 18 March to 22 April, attracting 153 submissions. The listening events and the Call for Evidence have resulted in a huge amount of feedback which is still being analysed. The Commission members would like to thank everyone who has taken the time to contribute to this important work.

#### **1 Background**

The Commission was set up jointly by the North East Combined Authority (neca) and the NHS to look into how the NHS, councils and other public, private and community and voluntary sector bodies could further develop the work they do together to improve the health and wellbeing of the local population.

This happened as part of the proposed devolution agreement between the combined authority and the Government. The proposed agreement recognises that while there are real strengths in the North East, the area faces huge challenges. Poor health is a key issue and despite excellent health and social care provision, outcomes are among the poorest in the country so there is a need to look at the whole system and address the wider issues that impact on people's health and wellbeing. For example, employment has an important role to play in improving health and there is also a need to improve health to enable people to take up jobs.

The proposed agreement acknowledges that improvements to health and wellbeing must be done in a climate of constrained resources and recognises that the current system is unsustainable both financially and clinically. As such there is a need to explore how resources can be freed up to focus more on health improvement and to reduce demand for residential/nursing care and reliance on hospitals.

#### **2 Listening events**

A listening event was held in each of the seven local authority areas that come within the North East Combined Authority boundaries (Durham, Gateshead,

Newcastle, North Tyneside, Northumberland, South Tyneside and Sunderland) during April and May. These were attended by more than 300 people from a wide range of organisations across public, private and community and voluntary sectors.

Attendees were identified and invited as key stakeholders by local authority and NHS colleagues. The events were organised by colleagues from the relevant local authority and clinical commissioning group, supported by the neca programme team, following a common agenda and brief to ensure consistency of approach.

Discussions focused on the following themes identified by the Commission:

- Supporting people to stay well and independent
- Focusing more on health, work and wellbeing
- Exploring opportunities to improve health and wellbeing through devolution.

A wealth of information has been generated from these events which will take some time to analyse in detail. It will also need to be triangulated with the information received following the Call for Evidence. However, some early headlines about the main issues raised consistently at the events are set out below.

#### **Added value of the Commission**

- How can the Commission support work already taking place?
- How will the Commission feed into the change that has already taken place, accelerated due to funding issues within the localities? What steps will be taken to avoid the Commission cutting across this?
- Is devolution really needed? Organisations can do a lot without devolution.

#### **Budgets/funding**

- Change the payment system to remove adverse incentives.
- Reconstruct incentive systems into population based commissioning and outcomes for populations and for individuals.
- Have one system, one budget/collaboration/system integration

#### **Focus on prevention**

- More funding for prevention, including running costs to support the transition. How can this be delivered at pace?
- Prevent poor health generally, across the whole life cycle.
- How will the focus be moved from acute care to prevention?

#### **Commissioning of services**

- More commissioning frameworks to incentivise the system to do the right thing and reduce adverse incentives, which could be more effective at a regional level, and not just across health and social care but also in housing.

#### **Leadership/systems**

- The system feels fragmented and pulling in different directions. Will it be possible to build on integration work to address this?

- Linkages drawn between different parts of the system and an understanding of the different delivery mechanisms in different areas, using best evidence of what works.
- Identify best practice from around the region and use this to encourage employers to see the value of investing in health and wellbeing initiatives to support their workforce.

### **Holistic/place based approach and community assets**

- Communities identified as having a pivotal role in supporting themselves. This includes identifying and supporting community assets and using asset based approaches more effectively.
- Place based approach to health and social care integration to avoid silos.
- Support for a life course approach so that needs are addressed at every stage – children and adults, later in life and end of life.

### **Role of Health and Wellbeing Boards**

- Look at the role of Health and Wellbeing Boards and their leadership of this agenda with consideration of how can they support the work of the Commission and the implementation phase.

### **Role of community and voluntary sector**

- The sector was recognised as a valuable asset which could be used more effectively and consistently to support communities and individuals to stay well
- Develop new models of care and commissioning to enable increased investment in the community and voluntary sector.

### **Wider determinants of health and wellbeing**

- Many stakeholders expressed the view that housing has a critical role to play in improving health and wellbeing.
- Provide more support for people with very little experience of the workplace and workplaces to show more leadership in this as well as their role in providing a healthy workplace.
- Rurality and transport highlighted as issues in Northumberland and Durham.

## **3 Call for Evidence**

On 18 March the Commission invited individuals and organisations from across the combined authority area and beyond to submit written evidence to inform its work. Stakeholders were notified that evidence could be in the form of existing or new reports, presentations or letters. To ensure consistency with the listening events, evidence was requested to support the following themes:

- Supporting people to stay well and independent

- Focusing more on health, work and wellbeing
- Exploring opportunities to improve health and wellbeing through devolution.

In addition to an extensive email distribution targeting public, private and community and voluntary sector organisations, the Call for Evidence was promoted using a press release. The Commission was also very grateful for the support received from a range of regional and local organisations which cascaded the Call for Evidence through their own networks and internal communications mechanisms.

A total of 153 documents were received from 84 organisations and individuals covering a diverse range of responsibilities and interests from within and outside the region. These included submissions that had been compiled specifically to respond to the Call for Evidence, some with associated reports, while others sent reports, articles and documents that they thought would be relevant. Many of the submissions included links to other documents or websites.

Due to the volume of submissions, at this stage it has only been possible to carry out an initial assessment. The intention now is to establish a panel with colleagues from a range of backgrounds to work together so that there can be a more in depth and independent review and prioritisation of the evidence received.

However, the initial high level assessment has shown the following emerging key messages:

- Strong support from stakeholders to move forward the health and social care integration agenda within the region
- Lots of positive collaborative work has already been undertaken within the localities
- Excellent examples of regional best practice to address health inequalities
- Significant evidence to support the case for more preventative services
- Future focus on the potential of the health and social care system organisationally to enhance productivity in the regional economy
- Opportunities for the community and voluntary sector to contribute more to this agenda at a number of different levels from strategic to the level of individuals to improve health and wellbeing and reduce health inequalities
- Strong links with the wider devolution themes, specifically employment and housing.

While the Commission members were pleased at the number and range of organisations that submitted evidence, there are some key stakeholders who may not have been able to do this within the timescales set out. Members of the programme team will now undertake further, more targeted work with these stakeholders to ensure that their views and feedback are captured.

In addition, as indicated earlier in this briefing, some work will be carried out to ensure that feedback from the call for evidence is triangulated with that from the listening events.

## **4 Next steps**

As outlined above, further work is ongoing to ensure a detailed analysis of the feedback from the listening events and the Call for Evidence. Work also continues on the three themes identified by the Commission (investing in prevention, health wellbeing and productivity and system leadership and governance).

Consideration will also be given to how to ensure that local people are engaged in the process and understand the implications of any Commission recommendations for their health and wellbeing. This will include reviewing previous work on communicating with and engaging the public on health and wellbeing issues to help frame the report to be prepared by the Commission and also considering how to incentivise greater responsibility from communities and individuals for their own wellbeing.

The next meeting of the Commission will be held in mid July with a final meeting planned for late September.

**Further information on the proposed devolution agreement and the Commission for Health and Social Care Integration in the North East is available on the neca website [www.northeastca.gov.uk](http://www.northeastca.gov.uk) or contact: [rosemary.granger@northeastca.gov.uk](mailto:rosemary.granger@northeastca.gov.uk)**