camden health inequalities forum

MEETING UPDATES

December 2010

Health & Wellbeing Board

Joint Strategic Needs Assessment (JSNA) A paper was presented proposing the following three options, as approaches, for taking forward the JSNA:

1. Thematic review
2. Focus on client groups
3. Maintain the current JSNA format.

Discussion included the following points:

- Need to minimise duplication
- The process and the JSNA document needs to be more accessible and reflect added value
- The JSNA Information should incorporate existing information; qualitative information and have a greater emphasis on wellbeing.
- The JSNA tools should reflect equalities and health impact for service changes over the coming months.

Decisions and Actions

- Option 3 (continue with the current JSNA format) was agreed
- As the Housing strategy is currently being reviewed, the needs assessment process should be looked at in relation to the JSNA (Thematic review)

HWBB Review of the 2009/10 A paper was presented proposing that given the changes signalled in the NHS White Paper, the terms of reference for the HWBB should remain largely unchanged, except for recognition of the JSNA steering group as a supporting function of the HWBB.

Discussion included the following points:

- There is a need to engage GPs.
- The role of the HWBB board needs an emphasis on partnership, but recognising the expertise of professionals
- Focus on health inequalities was reiterated
- It was noted that the sub-structural review, undertaken last year, highlighted the complexity of the HWBB networks which has a cost attached. These should be mapped against those that are mandatory.

Decisions and Action

- To amend the terms of reference in lieu of significant changes locally.
- Future meeting dates to be reviewed to maximise GP engagement
- Introduction pack was agreed, but to be kept informal

NHS Health White Paper – 'Liberating the NHS'

A presentation on the White paper based on information from HWBB members was given. The White Paper only refers to the health improvement functions of public health. It was noted that the effectiveness of many Public Health interventions are dependent on having a defined population, which may change given the proposals for removing geographical boundaries to GP lists.

Time-table:

- The report of the consultation is expected in December 2010
- The Health Bill is expected to be developed in the first 6 months of 2011.
- Public Health and social care papers are expected
- An additional paper was released the week of the HWBB which focuses on how the proposals will work with children's services.

Discussion included the following points:

General Practitioners (GPs)

- The proposals were not clear on whether GP consortia would be able to engage in Section 75 (Partnership) agreements.
- The need to raise awareness of local priorities (i.e. those identified in the JSNA) with GPs, as existing knowledge focussed on practice population and individual rather than community outcomes.
- Local GPs are already in discussion around potential consortia and may include Islington GPs

Local Authorities

- Co-terminosity with local authority boundaries has been emphasised by many stakeholders.
- The complexities of the local democracy proposals were noted and there needs to be a clear line between commissioning, strategic functions and scrutiny functions. Moves to bodies that include non-executive members, and other partners represents a significant change in working relationships
- Local Medical Council (LMC) has noted concern regarding the politicisation and accompanying bureaucracy that may accompany greater links with local authorities.
- The impact of the proposals across the council were noted, including on services currently commissioned and opportunities for closer working, such as links with health regulation and environmental health work.
- The role of joint commissioning was re-enforced, with recognition of the high cost / low volume nature of the work, which has been developed over the long term.

Local Involvement Networks (LInKs)/HealthWatch

- The additional restructuring of LInKs into HealthWatch was noted, this includes taking on an additional advocacy role.
- Potential for the development of local advocacy coalition, recognising expertise in health, children and vulnerable adults to be explored.

- It was noted that there have been some discussions regarding the role of the Greater London Authority (GLA) in public health. There may be potential for the GLA to be commissioned by councils on London-wide work

HWBB

- The structure of the HWBB Board, commissioning functions and structures that sit below these will need to be reviewed.

Decisions and Action
- Work on identifying existing advocacy provision across health and social care to be commenced.
- To explore how best to engage GPs

Agenda for next meeting includes
- a discussion about shadow HWBB board, its structure, governance and accountability
- progress on Data Observatory
- progress on Housing JSNA
- Children's safeguarding – PCT improvement team visit
- Sector wide Quality, Innovation, Productivity and Prevention (QIPP) planning and stakeholder engagement

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Joint Strategic Needs Assessment

Data Observatory Update

The Data Observatory (DO) will be the vehicle for all JSNA information. Spreadsheet of content mapping of the first three themes - health & social care, economy & business and people & places has been circulated.

Issues discussed and to be raised in the data observatory groups include:
- Need for clear governance
- Need to decide how much historical data is uploaded and why such information is required e.g. for identifying trends.
- Information about updating frequency of any document is important
- Need commitment and resources to ensure information makes sense and links together
- Need named nominated officers for uploading – two stage process
- Importance of good metadata emphasised again

JSNA

Feedback from JSNA event was that people wanted JSNA information in bite size chunks rather than one large document. This is next stage in the development of JSNA.

JSNA grid was presented. The grid will enable the identification of gaps in information as well as showing where information exists or if absence, why

It was agreed that information should include briefings. Discussed how to prioritise briefings and to start with suicide, adult obesity and physical activity.

Shadow GP Commissioning Board

An Interim Shadow GP Commissioning Consortium Board: comprising membership from the Professional Executive Committee (PEC) and Practice Based Commissioning (PBC)) groups was formed. Membership comprises:
- Joint Chairs- PEC and PBC Chairs
- 5 PBC GPs
- 2 further PEC GPs
- 1 Practice Manager
- 1 Practice Nurse
- Allied Health Professional

- Local Medical Council Chair
- 2 North and South GP representatives, one from each (voted by GPs)
- 2 Sessional GPs (selected/voted by the representative group of sessional doctors)
- 1 Patient representative/Link
- Voluntary sector (PEC)
- Local authority (PEC)

The following were discussed and approved by the Shadow Board:
- The core functions
- The Clinical Governance Lead
- A time-table for all Shadow Board GPs to observe the Commissioning Executive and receive papers.
- Rationalisation of the current existing PCT committee structure taking into account the committees which have statutory functions.
- An amended membership of the Commissioning Executive. As a learning experience the Shadow Board GPs in rota will be able to sit as observers.
- Priorities for early and rapid implementation in the next 6 months (likely duration of Shadow Board).

<u>The Shadow GP Consortium Board away day</u> looked at and developed the Pathfinder Consortium bid; QIPP and how it relates to GP Commissioning; relationships with stakeholders and why their inportance, and the role of the management team and PCT Board /PCT structure April 2011

<u>Formation of a Pathfinder Consortium in Camden:</u> *(A plan to move from a shadow to a pathfinder consortium).* This is a national programme to support those GPs who are ready to press ahead with commissioning care for patients. Alongside this the <u>London's GP consortia development programme</u> has been designed to align with the national pathfinder programme.

The benefits of becoming a Pathfinder Consortia will be the development funding of £1.66 per patient that comes with it. For Camden this is approximately £380,000 per year till 2013. This will come from management savings. The funding can be taken as money or as people. However, the funding is for the development of consortia and is separate from the management costs. NHS London will offer development support to GP consortia in the pathfinder and authorisation phases of the development framework. Development support will cover development for individual consortia leaders, support for consortia leadership teams, and organisational development for consortia as a whole.

The pathfinder phase has the following three stages to it:
1. Design, planning and preparation
2. Some delegated responsibilities
3. All delegated responsibilities.

Each stage of the pathfinder phase has a set of criteria that a GP consortium will need to meet in order to enter that stage and a set of outcomes the consortia should be working towards during that stage.

London's GP consortia development programme has been designed to align with the national pathfinder programme and has the following three aspects:

1. A development framework which provides a set of 'phases' consortia will progress through as they develop and work towards authorisation as statutory bodies

2. Development support which will provide GP consortia with support in developing their leaders, teams and organisations
3. Funding to support the development of GP consortia.

These three aspects of the programme are linked as GP consortia will be able to access the development support and funding arrangements as they move through the development framework. The development framework provides consortia with a set of outcomes to work towards as they develop and take on more responsibilities. These outcomes are set out across the three phases of development:

1. *Mobilisation phase*: many GP practices are already in the mobilisation phase and have already identified the GP consortia that they wish to form
2. *Pathfinder phase:* this aligns with the national pathfinder programme and aims to empower and support GP consortia as they move forward with commissioning care
3. *Authorisation phase*: during this phase consortia will be applying for authorisation as statutory bodies, after which they will take on full commissioning accountability for patient care.

Next Steps
- NHS Camden Board to approve the formation of a Camden Pathfinder Consortium
- Start up the initiatives that are almost ready to go, that fits the Quality, Innovation, Productivity and Prevention (QIPP) agenda, are achievable in the next few months, will be the first priorities.
- Submission of application form in January or February 2011
- Formalise working relationship with local authority and agree formation of new HWBB as well as joint working processes.
- Formalise working relationship with Public Health.

Recommendations
- Camden should form a pathfinder consortium by March or April 2011.

(Applications for Pathfinder status must be are able to demonstrate an ability to contribute to the delivery of the local Quality, Innovation, Productivity and Prevention (QIPP) agenda). `

<u>Quality, Innovation, Productivity and Prevention (QIPP)</u>
The key objectives of the QIPP programme are:
- To improve quality and productivity
- To engage, inspire and empower staff
- To create a legacy of change leaders and a quality culture.

The key principles underlying the QIPP programme are;
- Effective management with clinicians and other key stakeholders through the philosophy of co-production
- An ability to challenge established thinking and current practice
- The application of knowledge of national and international best practice
- A drive to share knowledge and learning
- Clear and honest communication at all stages of change
- Focus on benefits measurement and realisation
- Application of robust programme management and assurance arrangements

The focus of QIPP is to
- Deliver operational improvements in quality and productivity benefits

- Promote tactical shifts across the whole health economy, delivering significant reductions in costs and shifts in patient flows within current clinical and business models
- Create strategic change, delivering long-term and major improvements in cost and quality, through changing both model of care and the business models of service providers.

Closing the Gap: Inequality in London (London Voluntary Sector Council & Trust for London)

This event marked one hundred years of tackling poverty and inequality in the capital, coinciding with the 2010 European Year for Combating Poverty and Social Exclusion. Its focus was on why poverty and income inequality is relevant to all Londoners, particularly at a time when the capital is not only still recovering from the recession but also facing severe cuts in public sector spending.

The half-day conference aimed to:

- Raise awareness of London's poverty and inequality profile
- Explain and champion the role of London's Voluntary and Community Sector (VCS) in combating poverty and inequality issues
- Highlight examples of London VCS organisations work in addressing poverty and inequality
- Broker a two-way conversation between leading politicians, sector specialists and individuals from London's VCS

The plenary sessions analysed the specific issues facing London and identified potential action. Case studies looked at issues and solutions being implemented by the VCS in London, whilst profiling initiatives that are working to tackle inequality.

Speakers included:

- Sarah Teather, MP for Brent Central and Minister of State for the Department for Education.
- Professor Danny Dorling, The University of Sheffield,
- Professor Jane Wills, University of London
- Neil Jameson, The London Living Wage campaign,
- Professor John Hills, The London School of Economics
- Emma Stewart, Women Like Us
- Graham Fisher, Toynbee Hall
- Dr Saul Marmot, Bromley by Bow Centre.
- Jeremy Crook, Black Training and Enterprise Group (BTEG)
- Anna Bird, Fawcett Society
- Tom Campbell, Greater London Authority

The Camden Health Inequalities Forum (HIF) is run as a partnership between the voluntary and community sector, NHS Camden and L.B. Camden to contribute to tackling health inequalities and reducing the gap in morbidity (disease) and mortality for residents.

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