

REPORT

Discussion and Information

To: NTSP Executive

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Health and Wellbeing Partnership update

1.0 Overview

- 1.1 A new chair has been appointed to the Health and Wellbeing Partnership Board. Dr Fu-Meng Khaw, Director of Public Health for North Tyneside PCT and North Tyneside Council, took up the role in June 2010. The Partnership Board wishes to thank Mary Coyle for her role as chair; she will remain as vice-chair of the Board.
- 1.2 A review of the terms and reference and the membership of the partnership has taken place, to ensure appropriate strategic representation from partner organisations. This is crucial in moving forward in response to the NHS White Paper (see below). Newcastle Hospitals have welcomed the opportunity to be represented as it is important to maximise the ability to work across organizations ensuring the contribution of secondary and tertiary care to Health and Wellbeing.
- 1.3 Following agreement by the North Tyneside Strategic Partnership (NTSP) Executive to develop a Health Inequalities Strategic Plan, the Partnership Board will contribute to the development of the Strategy and develop processes for its performance management.
- 1.4 The Partnership Board will be reviewing the NHS White Paper proposals for a health and wellbeing board and consider the necessary transitional arrangements when these are established in shadow form in April 2011. The Partnership Board has delivered against a two-year work plan and will be developing a future work plan pending discussions on the future of the board in its present format.

2.0 Successes

- 2.1 The work on alcohol brief interventions, led by the PCT and supported by the health and wellbeing partnership, achieved its LAA stretch target, and is due to receive a reward grant for this achievement.
- 2.2 The Health and Wellbeing Partnership had also set LAA1 stretch targets on inequalities in childhood obesity and the Healthy School Standard (HSS), which

subsequently transferred to the Children and Young People and Learning Partnership Board. The HSS target has been exceeded and the provisional data on childhood obesity suggests that we have achieved the target on childhood obesity.

- 2.3 The Residents Survey showed a reduction in smoking prevalence from 25% in 2009 to 22% in 2010. This represents a significant drop in smoking rates and is in line with national estimates through the health survey.

3.0 Areas for improvement

- 3.1 The partnership needs to review its terms of reference, membership and governance arrangements as a priority. Specifically, we need to ensure high-level representation and that all relevant organisations/functions are represented. There are several health-related partnership groups that need to align with the health and wellbeing partnership board and reporting arrangements for these groups need to be defined.
- 3.2 The partnership does not have a designated theme co-ordinator. This limits the capacity of the partnership to develop and implement its workplan.
- 3.3 A specific risk relates to secondary and tertiary care providers and their involvement in discussions around service re-organisations in primary and social care. The partnership needs to ensure strategic awareness of changes to service provision and build on the benefits of recent updates on learning disability, suicide prevention and safeguarding.
- 3.4 Joint commissioning arrangements need to be developed and the governance arrangements for that work will need to be clarified and implemented. For instance, the executive joint commissioning group needs to be reconvened and review the themed joint commissioning groups.
- 3.5 In view of the NHS White Paper, the relationships between commissioners will change and new relationships will need to be formed with GP Consortia. As the GP Commissioning arrangements emerge it will be important to have effective collaborative processes across the Health and Wellbeing workstream to ensure that organizations can respond to a dynamically changing commissioning environment and ensure integrated work develops otherwise provision and planning may become very fragmented. Further work is required to develop these emerging ways of working.

4.0 Requests from the Health and Wellbeing Partnership

NTSP exec members are asked to:

- 4.1 Provide guidance on the future shape and configuration of the health and wellbeing board as proposed in the NHS white paper: Liberating the NHS. Specifically, it would be useful to have clarification regarding the timescale of implementation and how the transition should be managed.
- 4.2 Consider potential sources of funding for a health and wellbeing theme co-ordinator. The theme co-ordinator role could be combined with other related

functions, such as JSNA project management and health inequalities strategy implementation. The co-ordinator could also manage the transition of the health and wellbeing partnership board to the proposed health and wellbeing board. The NTSP is asked to consider the use of reward grant allocations to 'pump-prime' the post.

- 4.3 Encourage organisations and individuals to respond to the consultation on proposals in 'Liberating the NHS', particularly proposals to create a statutory health and wellbeing board.

5.0 Issues for discussion at the meeting

- 5.1 The future of the LSP and the themed partnerships in view of the proposals in the NHS white paper.
- 5.2 Future resources to support the co-ordination of the health and wellbeing partnership.

