



**REPORT TO HEALTH AND SOCIAL CARE
SCRUTINY AND PERFORMANCE PANEL**

Ref No.

15TH SEPTEMBER 2004

Title of report **A WIDER VIEW – STRATEGIC FRAMEWORK FOR HEALTH AND
HEALTH SERVICES IN BIRMINGHAM, SOLIHULL AND THE
BLACK COUNTRY 2004-2010**

Ward(s) **ALL**

Portfolio **HEALTH AND SOCIAL CARE**
Service Area **SOCIAL SERVICES**

Summary of report

This report informs members of the response by the executive director, health and social care to the consultation document A Wider View.

Background Papers - No

Recommendations

1. Members are recommended to endorse the Executive Director's comments on A Wider View as set out in his letter of 8th September 2004 to the chief executive of the Birmingham and The Black Country Strategic Health Authority.

Signed -----

Executive Director Health and Social Care

Date: 8th September 2004

<p>Resource and Legal Considerations</p> <p>The council's response to the Strategic Health Authority Strategic Framework 2004-2010 reflects the council's function of scrutiny of local health services under the Health and Social Care Act 2001.</p>
<p>Citizen Impact</p> <p>The Strategic Framework set out in A Wider View will impact on all those citizens of Walsall for whom Primary Care Trusts within the Birmingham and The Black Country Strategic Health Authority area have responsibility.</p>
<p>Environment Impact</p> <p>None directly.</p>
<p>Performance Management</p> <p>There are interdependencies between the performance of Walsall Council and the performance of the NHS locally and regionally through cross-cutting indicators, for example frequent re-admissions to acute hospital. This is among the issues addressed in the Strategic Framework.</p>
<p>Equality Implications</p> <p>The Strategic Framework includes proposals for reducing health inequalities and achieving race equality within NHS services.</p>
<p>Consultation</p> <p>The Strategic Health Authority has undertaken extensive consultation on its draft Strategic Framework.</p>
<p>Contact Officer</p> <p>William Henwood, Major Projects Manager, Social Care and Supported Housing</p> <p>Tel: 01922 658366</p> <p>E-mail: henwoodw@walsall.gov.uk</p>

1. BACKGROUND

On 25th May 2004 the Board of Birmingham and The Black Country Strategic Health Authority approved for consultation the Wider View - Strategic Framework for Health and Health Services in Birmingham, Solihull and The Black Country 2004-2010. The consultation period ended on 8th September 2004.

Since the Health and Social Care Scrutiny Panel did not meet during the consultation period officers have responded on its behalf – copy of letter attached at appendix 1.

2. THE STRATEGIC FRAMEWORK

A copy of the Strategic Framework document is available to members on request.

The proposals can be summarised as:

Health inequalities (strategy summarised on pages 21-23 of A Wider View):

- Lifestyle: co-ordinated and evidence-based programmes by each PCT on obesity, smoking and tobacco control, alcohol, drugs, sexual behaviour
- Chronic illness: linked to that section of report
- Wider determinants of health: “Partnerships with a purpose”
- Specific initiatives: targeting over 50s, including Health at Work programmes; targeting vulnerable groups’ access to primary care; targeting winter deaths
- SHA to make best use of scarce public health resources: supporting PCTs, encouraging better public health networks, developing a centre of expertise for public health information and evaluation

Race equality (pages 29-30):

- Accountability: SHA to publish an annual report and action plan
- Equality of access to services: improve measurement of access to services, learn from existing projects, sponsor new projects, local targets for PCTs
- Equality of access to information: review provision of language services and health information services; fill identified gaps with “community advocates” and mainstream these
- Equality of access to choice: policies tailored to ensure that factors affecting access to choice do not exacerbate race inequality in access to choice
- Employment: review of employment and recruitment policies to identify practical measures for improvement; enhancement of training on race equality and for ethnic minority employees

A healthy start to life (pages 39-40):

- Integrate midwifery services within primary and community based settings to promote better access to services for the most deprived populations
- Mainstream those breastfeeding initiation interventions which work
- Improve the mental wellbeing of children and identify a number of key areas to improve *CAMHS*
- Develop a consensus on the optimum configuration of children's services across primary, community and hospital sectors
- Develop SureStart and SureStart Plus; integrate and change existing health service support to families to fit better with a model of integrated services for mothers and children
- Mainstream the school fruit project and the healthy schools project and further develop the role of the school in the delivery of health by identifying "Enhanced School" pilots

Chronic Illness and Chronic Disease Management (pages 47-48):

- A model of care will be developed which identifies the small number of patients who are admitted to hospital many times in a year and reduces this level of admissions by providing enhanced support. Based on research and evidence from elsewhere the model is likely to be characterised by strong clinical leadership, a high degree of integration and six clear components shared by all parties involved in the care of patients: organisation, community, self-management, case management, choice and information

Choice (pages 50-52):

- The document sets out a strategy to extend patient choice in primary care, for people with chronic diseases, in hospital care and in children's services
- Proposals are made for empowering choice to reduce inequalities in access and service, with a recognition that choice has implications for organisational development and that there is a need to change the way in which health care is delivered

Capacity and Investment Planning (page 72):

- By the end of 2004, each PCT or health economy group of PCTs will be asked to publish a short strategic vision of how the pattern of health service for its population will change over the next 8-10 years
- The SHA will continue to work with health organisations on three common areas of capacity constraint: orthopaedic surgery, diagnostics and workforce
- The SHA will work with PCTs this year to develop shared expertise in capacity planning

3. CONSULTATION QUESTIONS

The letter enclosing the Strategic Framework welcomed general responses and comments on the document. However, it stated a particular interest in responses which specifically address key questions which arise from the Strategic Framework, namely:

1. Do you agree with the priorities set out in the Strategic Framework document?
2. Do you agree with the strategy set out for reducing health inequalities?
3. Do you agree with the strategy set out for achieving race equality?
4. Do you support the emphasis given to the development of enhanced community midwifery services in the section on a "Healthy Start to Life"?
5. Do you support the establishment of a new model of care as set out in the document to improve care for the most vulnerable people with long-term illness in our community?
6. Do you support our intention to implement patient choice further and faster than required by national policy?
7. Do you support the proposal that the SHA should actively seek to change the balance of care in our patch towards greater investment in primary and community services?
8. Do you support the ambition to end waiting lists: that the typical experience of patients in our area should be that they only wait for health care because of clinical factors or because waiting is more convenient for them?
9. What do you see as the main barriers to implementation of this strategy and how should these barriers be overcome?

4. CONSULTATION RESPONSE

Both the general content and the key questions have been considered, and a copy of the response is attached at appendix 1.

5. RECOMMENDATION

Members are recommended to endorse the Executive Director's comments on A Wider View as set out in his letter of 8th September 2004 to the chief executive of the Birmingham and The Black Country Strategic Health Authority.

Your ref: SFcover/B

Date: 8 September 2004

David Nicholson
Chief Executive
Birmingham and the Black Country Strategic Health Authority
St. Chad's Court
230 Hagley Road
Edgbaston
Birmingham B16 9RG

Dear Mr. Nicholson,

A Wider View – Strategic Framework for Health and Health Services in Birmingham, Solihull and The Black Country 2004-2010

Thank you for your letter of 16th June 2004 giving me the opportunity to comment on the consultation document A Wider View by 8th September 2004. I welcome the chance to do so.

Overall, I support the priorities set out in the Strategic Framework document. I am pleased to note that the strategy makes specific reference to the needs of vulnerable groups, and contains a strong focus on meeting the needs of black and minority ethnic people. It is good to see the emphasis on reducing inequalities and promoting a healthy start in life.

I particularly welcome the recognition that successful strategies will connect health care reforms with other social reforms, involving the development of true partnership working, and the emphasis on the key role of Local Strategic Partnerships. I endorse the linkage of strategies to the regeneration of disadvantaged areas and the aspiration for service re-design which breaks down the barriers between health and social care.

In relation to race equality there is a proposal for a stretched target for senior NHS leaders. Given that this is a strategy to 2010, this outcome seems somewhat vague. One would hope for something more tangible – a specific target and how it will be achieved.

It is good to see an emphasis on a healthy start in life which gives children and young people a greater focus in the health economy. This section identifies the areas in which action is needed, but these are already well known (supporting mothers in early years, teenage pregnancy, etc.). The detail of the proposals is neither specific nor particularly challenging, for example “clinics will be held in a wide range of locations” and “our strategy for a healthy start in life [includes] improving the mental well being of children and identifying a number of key areas to improve CAMHS”. Given that this is a strategy to 2010, these outcomes seem weak. One would expect more specific outcomes, with targets and milestones to improve these important areas of service.

In relation to chronic illness and chronic disease management there needs to be a stronger link with social care, and the strategy needs to look wider than the reduction of repeat emergency hospital admissions. For example, many people with learning and other disabilities have complex multiple health needs (such as epilepsy, diabetes and heart conditions). Such people are too often subject to another “revolving door” syndrome, in that they are in and out of continuing health care or nursing home, rather than acute hospital.

The proposals on extending choice in primary care and hospital care, in children’s services, and for people with chronic diseases are welcomed. However, the risk outlined in the section on empowering choice, that the policy could allow educated, articulate citizens to further access choices not available to all, thereby increasing rather than reducing health inequalities, is very real. I am not convinced that the proposals outlined to mitigate this risk are sufficient.

The proposals on changing the balance of care towards primary and community services are supported, though history tells us that progress on achieving this desirable and long-held shared goal has been limited and patchy. I see the continuing tension between public expectations and national targets for acute services on the one hand, and the desire to deliver more services in primary and community settings on the other, as probably the greatest single barrier to the delivery of the Strategic Framework.

If you need any further information or clarification, do not hesitate to contact me.

Yours sincerely,

DAVID MARTIN
EXECUTIVE DIRECTOR