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**Health, Social Services
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an Fowk Siccar**

HEALTH AND SOCIAL CARE REFORM

DHSSPS

Modernisation and Improvement Programme Board (MIPB)

PHA - Health Improvement

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Introduction

This paper has been developed by the Health and Wellbeing Improvement workstream of the Regional Agency for Public Health and Social Wellbeing (the Agency) project and will form a section of its operational framework. It has been developed in liaison with a wide range of stakeholders and has been endorsed by the Agency Project Board. The paper does not address the social and primary care functions as these are described separately in papers being developed by the Regional Health and Social Care Board project.

It has been approved by the Modernisation and Improvement Programme Board and is now free for circulation to HSC staff and other relevant stakeholders. A copy of the paper will be placed on the Health and Social Care Reform section of the departmental website -

www.dhsspsni.gov.uk/index/hss/rpa-home.htm

This paper describes a comprehensive set of functions associated with the provision and development of health and social wellbeing improvement. It identifies the respective roles and responsibilities of the various Health and Social Care (HSC) organisations in relation to health and social wellbeing improvement in Northern Ireland

It also provides a business model and accountability framework that shows how the new HSC organisations need to work together to commission, provide, monitor and quality assure health and social wellbeing improvement programmes.

Further information on this document or the Regional Agency for Health and Social Wellbeing Project may be obtained from the Project Director Carolyn.Harper@DHSSPSNI.GOV.UK Tel: 028 9076 5756

Modernisation and Improvement Programme Board

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Executive Summary

This paper outlines the scope and functions of the RAPHSW in the achievement of improvements in health and social wellbeing outcomes and the reduction of health inequalities.

A key means of achieving the aims of the RAPHSW will be through close working with other agencies including the Regional Health and Social Care Board (RHSCB), Local Commissioning Groups (LCGs) and Local Government.

Pilots on joint working with Local Government will be developed from April 2009. In the first instance, Agency staff will be co-located with Local Government staff in Local Government offices.

The model is based on the development of five Health and Wellbeing Improvement Teams, one to provide Regional functions and one in each of the Commissioning Support Units. The leader of each team would report to the Tier 3 lead for Health Improvement under the Director of Public Health. The Health Improvement staff in the Commissioning Support Units would support the commissioning of Health and Social Wellbeing improvement programmes and projects. Some staff in the Commissioning Support Units would also spend part of their time in Local Government offices to support the health improvement work of Local Government.

Section 1

Introduction

- 1.1 The overall aim of the Regional Agency for Public Health and Social Wellbeing (RAPHSW) is to protect and improve the health and wellbeing of the population and to reduce health inequalities. A key means of achieving this will be through working with other agencies to address the underlying determinants of health within the framework of principles outlined in the Regional Public Health Strategy 'Investing for Health'. These principles are included in Appendix 1.
- 1.2 Health Improvement has been defined as action “to improve the health and wellbeing of the population and to reduce inequalities.”
- 1.3 It is recognised that effective action to improve public health and social wellbeing requires wide-ranging measures in which people and communities are engaged in identifying need and co-designing and co-planning interventions to:
 - Address the wider determinants of health;
 - Reduce inequalities in health;
 - Reduce the risk factors associated with ill-health and social wellbeing;
 - Reduce the impact of major illnesses and other threats to health and social wellbeing;
 - Promote positive health and wellbeing.

Scope of Health and Social Wellbeing Improvement Functions in the RAPHSW

1.4 It is envisaged that the RAPHSW will have the lead role within the health and social care (HSC) system for shaping the commissioning of health and social wellbeing improvement programmes. These programmes will address the implementation of regional strategies for health improvement and related aspects of service frameworks. Key functions will include needs assessment, strategic and business planning, elements of delivery, evaluation and review. In this work the RAPHSW will engage with the people and communities it serves. The RAPHSW will also have a key role in engaging and working in partnership with those sectors and organisations that have impact on the determinants of health and social wellbeing. This will include strengthening the relationship with Local Government. In doing so it will act in line with the arrangements set out in a paper to be agreed by the DHSSPS Modernisation and Improvement Programme Board, “Guidance for the Regional Board, Local Commissioning Groups and the Regional Agency for Public Health and Social Wellbeing on Stakeholder Engagement”.

Roles and responsibilities of the various organisations with respect to health and social wellbeing improvement

The Department of Health, Social Services and Public Safety (DHSSPS)

1.5 The roles and responsibilities of the DHSSPS in health and wellbeing improvement are:

- To set health and wellbeing improvement policy, priorities and targets;
- To develop regional health improvement strategies;
- To assign lead and support roles to the RAPHSW and the RHSCB for specific programmes of work and time limited projects and to hold both accountable for performance;
- To identify and secure resources for health and wellbeing improvement;
- To link with Health Departments in Great Britain, Ireland and internationally;
- To introduce necessary supportive legislation
- To facilitate cross-departmental work to tackle health inequalities and improve health and wellbeing through leadership of the Ministerial Group on Public Health.

Regional Agency for Public Health and Social Wellbeing (RAPHSW)

1.6 Roles and responsibilities of the RAPHSW with respect to health and social wellbeing improvement are:

- To develop a strategic framework to strengthen national and international collaborative networks and inter-sectoral partnership approaches to address the social determinants of health and to reduce health inequalities;
- To engage with people and communities in identifying need and developing appropriate responses;
- To be a reliable and credible source of information on health and wellbeing for the public and professional staff;
- To develop robust plans for health improvement and ensure these are integrated into the commissioning plans of LCGs and the RHSCB;
- To lead on the implementation of regional health and wellbeing improvement strategies and policies;
- To monitor and evaluate the impact of work programmes on achievement of outcomes and regional targets;
- To support relevant training and capacity building in health improvement;
- To be a source of expert advice to DHSSPS and the Ministerial Group on Public Health.

The Regional Health and Social Care Board (RHSCB) and its Local Commissioning Groups (LCGs)

1.7 The roles and responsibilities of the RHSCB in health and social wellbeing improvement are:

- To ensure that commissioning plans are comprehensive and include measures to improve health and wellbeing outcomes and tackle health inequalities;

- To work with staff of the RAPHSW to ensure effective integration of contracts and service level agreements relating to health improvement with overall commissioning plans.

The Regional Business Services Organisation (RBSO)

1.8 The roles and responsibilities of the RBSO in health and wellbeing improvement are:

- To provide Human Resources support;
- To provide ICT support;
- To provide access to relevant data and information on population health and wellbeing, hosted by RBSO.

The Patient and Client Council (PCC)

1.9 The roles and responsibilities of the PCC in health and wellbeing improvement are:

- To promote public and user involvement in the design, commissioning and delivery of health and social care programmes and services including those relating to health and social wellbeing improvement;
- To represent the public interest in health and social care at regional and local level;
- To provide a public, patient and client perspective on the work of the RAPHSW and the RHSCB on health and wellbeing improvement.

Health and Social Care Trusts

1.10 The roles and responsibilities of HSC Trusts in health and wellbeing improvement are:

- To deliver health improvement programmes and services in line with commissioning plans;
- To participate (and provide local leadership) in the design, development, delivery, monitoring and evaluation of local programmes in response to local needs in order to achieve agreed outcomes within a commissioning framework;
- Inform commissioning plans through contributing knowledge based on established local relationships;
- To work with front line health and social care staff to maximise opportunities for health improvement for health and social care users and within health and social care settings;
- To work with communities, other statutory organisations, community and voluntary groups and the private sector at local level (for example through Neighbourhood Renewal Partnerships, Surestart, Health Living Centres) to support them in their efforts to improve health and reduce inequalities and to adapt programmes to local needs.

Summary

1.11 The achievement of health and social wellbeing improvement outcomes requires a shared commitment and joint working across a range of organisations. A challenge for the RAPHSW is to ensure integration:

- With other sectors, in particular Local Government;
- Within the RAPHSW, at regional and local levels and across the domains of public health;
- With the RHSCB and its LCGs;
- With Trusts and other HSC organisations.

1.12 Section 2 describes how partnership working with Local Government and others will be strengthened to improve health and social wellbeing and to tackle health inequalities. It describes the piloting in a number of areas of joint working arrangements between RAPHSW and Local Government teams for the improvement of health and social wellbeing.

1.13 Section 3 describes a business model that sets out how overall integration will be achieved in relation to the health and social wellbeing function.

1.14 Separate papers are being developed through the RHSCB Project Board to describe the interfaces between Primary Care and Social Care teams and the RAPHSW.

Section 2

Strengthening Partnership Working to improve Health and Social Wellbeing and Tackle Health Inequalities

- 2.1 One of the key objectives of the 'Proposals for Health and Social Care Reform' is to strengthen inter-sectoral working, particularly between Health and Social Care and Local Government, as part of enhanced efforts to reduce health inequalities.
- 2.2 In taking this forward, it is important that action is consistent with and informed by the migration pathway being co-ordinated by the DOE Strategic Leadership Board (SLB) and its Policy Development Panels (PDPs).
- 2.3 One model of improved partnership working that has emerged from consultation and stakeholder engagement involves co-locating Health and Social Care staff with Local Government staff to support Local Government in their future power of well-being role, and local inter-sectoral partnerships. The Partnerships would include all of the sectors which contribute to improved health and social well-being, for example, Local Government, Trusts, the RAPHSW, Local Commissioning Groups (LCGs), communities, the community and voluntary sector, housing, education, and policing. The Partnerships are key to ensuring that the plans of the partner organisations align in ways that bring benefits over and above what can be achieved through the individual efforts of each organisation. The joint working arrangements will therefore need to have strong links into the proposed community planning

responsibilities of Councils and the commissioning responsibilities of the RHSCB and its LCGs.

- 2.4 Based on preliminary discussions and using a phased approach, the co-located Health and Social Care (HSC) staff would be drawn initially from the RAPHSW, but in the longer term, there may be scope for other Health and Social Care staff and staff from other partner organisations to be co-located in this way. Actual co-location of RAPHSW and other HSC staff in Local Government offices could generate synergies and therefore added value, and ultimately, help to ensure that local health and social well-being improvement plans are realised.
- 2.5 Co-located staff from the RAPHSW will be able to draw on support from the RAPHSW corporate in developing local health and social well-being profiles for each Council area and adapting local improvement plans to reflect local needs. They will also support LCG and RHSCB colleagues in developing commissioning plans to meet the health and social care needs of local communities and strengthen efforts to prevent ill-health. Local Government plans and commissioning plans will be underpinned by best practice, evidence of what works, and measurement of the impact of programmes and projects.
- 2.6 Longer term arrangements will depend on the outcome of Local Government reforms and associated support arrangements. In the interim, it is proposed to use the difference in sequencing between the health and social care and Local Government reforms to pilot potential local joint working arrangements in a number of areas. Pilots will test out the future development of partnership

approaches to improving health and wellbeing. They could have a key role in assisting transition planning and can also provide contrasting issues and challenges, thereby maximising learning.

- 2.7 Transition planning through to 2011 will require continued support of existing partnerships, whilst at the same time identifying the likely future communities of interest and successor arrangements to the current Investing for Health (IfH) and Health Action Zone (HAZ) partnerships.
- 2.8 Post-2011, co-located HSC and Local Government staff would continue to work together to assist the successor partnerships to develop plans for their local areas – plans designed to tackle the underlying causes of poor health and social well-being.

Section 3

Business Model: Arrangements for Health and Social Wellbeing Improvement Functions

Assumptions

3.1 The business model assumes that there will be a number of geographically dispersed Commissioning Support Units (CSUs) established to provide support to LCGs and that there will be a regional base for “headquarter” functions of the RAPHSW. It also assumes the establishment of local joint teams on a pilot basis to bring together key staff from Local Government and the RAPHSW.

Proposed model

3.2 The proposed model has the following design features:

- Each local CSU will have a Health and Social Wellbeing Improvement Team (HIT);
- Local HITs will integrate the functions of supporting partnership working including joint working with Local Government and supporting commissioning of health and social wellbeing;
- Each HIT will have a team leader who will have both local and regional roles;
- The local team leaders will establish arrangements for supporting local commissioning at programme of care level;
- Ideally the local team leaders would be in attendance at LCG meetings to advise on and inform commissioning plans;

- The team leaders will report through a Assistant Director for Health and Social Wellbeing Improvement to the Director of Public Health/Medical Director;
- There will be a range of central health and wellbeing improvement functions including public and professional communication, training and development (additional information on pages 16-17);
- Central health and wellbeing improvement functions will be led by a Central Team Leader who will also report through the Assistant Director for Health Improvement to the Director of Public Health/Medical Director.

3.3 This arrangement will provide a simple yet robust structure for:

- Maintaining integration of the regional and local health and wellbeing improvement functions and teams of the RAPHSW
- Ensuring support to the other functions of the RAPHSW (eg screening and health protection)
- supporting effective linkages between the RAPHSW, the RHSCB and its LCGs in relation to commissioning of health and social wellbeing improvement
- supporting effective external relationships, including those with Local Government
- supporting the effective delivery of Ministerial and DHSSPS priorities and targets in relation to health improvement and social wellbeing.

3.4 Each local HIT will support both local partnership working and health and social wellbeing commissioning and ensure the integration of these functions.

Supporting local partnership working

3.5 Arrangements to support local partnership working, including teamwork with Local Government, would be as follows:

- Each local Commissioning Support Unit will have a local HIT with staff that support partnership working and partnership based commissioning. The HIT will have access to a range of skills and expertise including the following - strategic and business planning, community participation, community development, programme development, needs assessment monitoring and evaluation, health and wellbeing improvement, and multi-sectoral partnership working.
- A sub-set of the HIT staff will be identified to work in a dedicated base with Local Government staff and in the longer term with other stakeholders.
- To ensure that the work of the joint team influences, and is reflected in, the wider work of the RAPHSW and the commissioning plans of the LCGs, HIT staff working in a joint team base will also work 1-2 days/week outside that team. Sessional time would therefore be allocated to working both:
 - a) In the CSU, engaging with other HIT colleagues, relevant local RHSCB staff and LCGs;
 - b) At regional level contributing to or leading the implementation of work on issues such as fuel poverty, Black and Minority Ethnic issues, and Health Improvement strategies.

Supporting Commissioning

3.6 Arrangements for support to the RHSCB, LCGs and local health and social wellbeing commissioning would be as follows:

- HIT staff will be based in local Commissioning Support Units;
- They will have both local and regional roles;
- A minimum of 3 days/week would be allocated to local roles:
 - a) Supporting LCGs in their commissioning role to ensure that health and wellbeing is embedded in the commissioning of all programmes of care. As such, they will work closely with contracting staff of the RHSCB to ensure the effective integration of contracts and service level agreements into overarching RHSCB/LCG commissioning plans. Services will be commissioned from a range of providers. These will include Trusts, Healthy Living Centres and the wider Community and Voluntary sectors at local and regional level.
 - b) Ensuring effective linkages with the arrangements and planned activities to support partnership-based commissioning.
 - c) Supporting Primary Care led programmes for health and social wellbeing improvement in General Medical, Dental, Pharmaceutical and Ophthalmic services.
 - d) Liaising with Trusts and other providers to monitor the quality of health and wellbeing improvement services delivered and leading or contributing to (as appropriate) local performance management arrangements;

- Sessional time will be allocated to regional roles, contributing to or leading regional health and wellbeing improvement work, and supporting and engaging with colleagues in local joint teams and related partnerships.

Health and Wellbeing Improvement Local Team Leaders

3.7 The role of the HIT leaders will be central to the achievement of local and regional targets and priorities for health and wellbeing.

3.8 Locally, the Team Leader will be responsible for:

- Leading and managing the development, planning, integration and implementation of local work programmes within the HIT;
- Ensuring integration with the commissioning processes and work programmes of the RHSCB and its LCGs;
- Being the key local point of contact with the LCG on health improvement issues;
- Acting as a senior point of contact with Trusts and other providers of health and wellbeing improvement services in the locality;
- Ensuring that providers are implementing required actions, providing services to the required standards and achieving agreed outcomes;
- Ensuring that providers take corrective action if performance is unsatisfactory;
- Being the identified lead to support RAPHSW Directors and HIT staff in their contact with District Councils and other statutory, private, community and voluntary organisations on health and wellbeing issues;

- Ensuring support for health protection, screening and service development programmes;
- Leading stakeholder engagement and personal and public involvement in health and wellbeing improvement and ensuring arrangements are co-ordinated with those of local Trusts and colleagues in RHSCB and LCGs;
- Providing leadership to staff located in joint teams, especially in the pilot stages;
- Ensuring co-ordination of health improvement work implemented by the HIT in the Commissioning Support Units, Health and Social Care Trusts, the local partnerships for health and social wellbeing and co-located staff in joint teams;
- Ensuring that health improvement commissioning plans complement those of Local Government and other partners;
- Ensuring that District Councils/other partner organisations and LCGs have access to specialist skills in health and wellbeing improvement.

3.9 Regionally, the Team Leader will be a member of the regional Health and Wellbeing Improvement Senior Team. This will include:

- Leading on agreed regional health and wellbeing improvement work programmes, for example, the implementation of regional health improvement strategies and developing and supporting regional partnerships for health and wellbeing;
- Contributing personally, or via team members, to regional health and wellbeing improvement activities;

- Developing plans to achieve local and regional targets for health and social wellbeing improvement;
- Advocating for action to address local and regional identified need;
- Participating, as required, in formal performance management arrangements.

Arrangements to support central health and wellbeing improvement functions

3.10 In addition to the HITs at the local Commissioning Support Units there will be a Central Health and Wellbeing Improvement Team.

Key Functions of Central HIT

3.11 Key functions of the Central HIT include:

- Being a credible, reliable and accessible source of information on health and wellbeing for both the public and professional staff in the RAPHSWB, RHSCB and LCGs, as well as other agencies and sectors;
- Signposting and supporting access to evidence based literature and resources for health and social wellbeing improvement;
- Identifying and highlighting best practice;
- Influencing the development of information systems to address gaps in public health intelligence on health improvement issues, including the determinants of health and wellbeing;
- Monitoring trends in population health in collaboration with the Public Health Observatory of the Institute of Public Health in Ireland (IPH), the Northern Ireland Statistics and Research Agency (NISRA), Universities, the N Ireland Cancer Registry and the

DHSSPS Information and Analysis Directorate (IAD) and using primary care data which will be held by the RBSO and RHSCB;

- Leading social marketing and public information campaigns;
- Influencing the identification of regional research and development priorities;
- Working jointly with the RHSCB to commission regional health and wellbeing improvement programmes;
- Advising the DHSSPS on the development and evaluation of health and wellbeing activities of independent contractors through processes including Directed Enhanced Services;
- Developing and providing training and professional development programmes for staff from the statutory, community, public and voluntary sectors in health and wellbeing. In particular this will focus on capacity building and training for staff from outside the traditional health and social care sector, which will increasingly become aligned to it through joint teams;
- Leading and contributing to the strengthening and development of regional partnerships and relationships for health and wellbeing;
- Providing a strategic lead for North/South, East West and International collaboration building on and developing existing networks. This will be supported and implemented by local action through the HSWITs in the BSUs and joint teams. Consideration should be given to the representation of senior executives of the RAPHSW on the management boards of organisations including:
 - Co-operation and Working Together (CAWT);
 - Institute of Public Health in Ireland (IPH).
- Supporting stakeholder and public engagement for health and social wellbeing improvement at both regional and local levels.

Existing local arrangements and practice should be supported and built on where possible. It will be essential to avoid duplication and potential disengagement by stakeholders and so co-ordination of processes within the RAPHSW and between it and the RHSCB and their LCGs and Health and Social Care Trusts will be vital;

- Ensuring that local HITs will have access to the regional resources of the RAPHSW, including information on population health;
- Providing a link between the RAPHSW and the PCC and RBSO for health and social wellbeing improvement.

3.12 Role of Central Team Leader:

- To be a member of the Regional Health and Wellbeing Senior Team;
- To lead, develop and co-ordinate the range of central functions;
- To support the Assistant Director for Health and Wellbeing Improvement ;
- To ensure access to central resources for the local HITs;
- The senior health and wellbeing improvement team will comprise the Assistant Director for health and wellbeing improvement, the Local Team Leaders and the Central Team Leader. This team will report to the Director of Public Health/Medical Director.

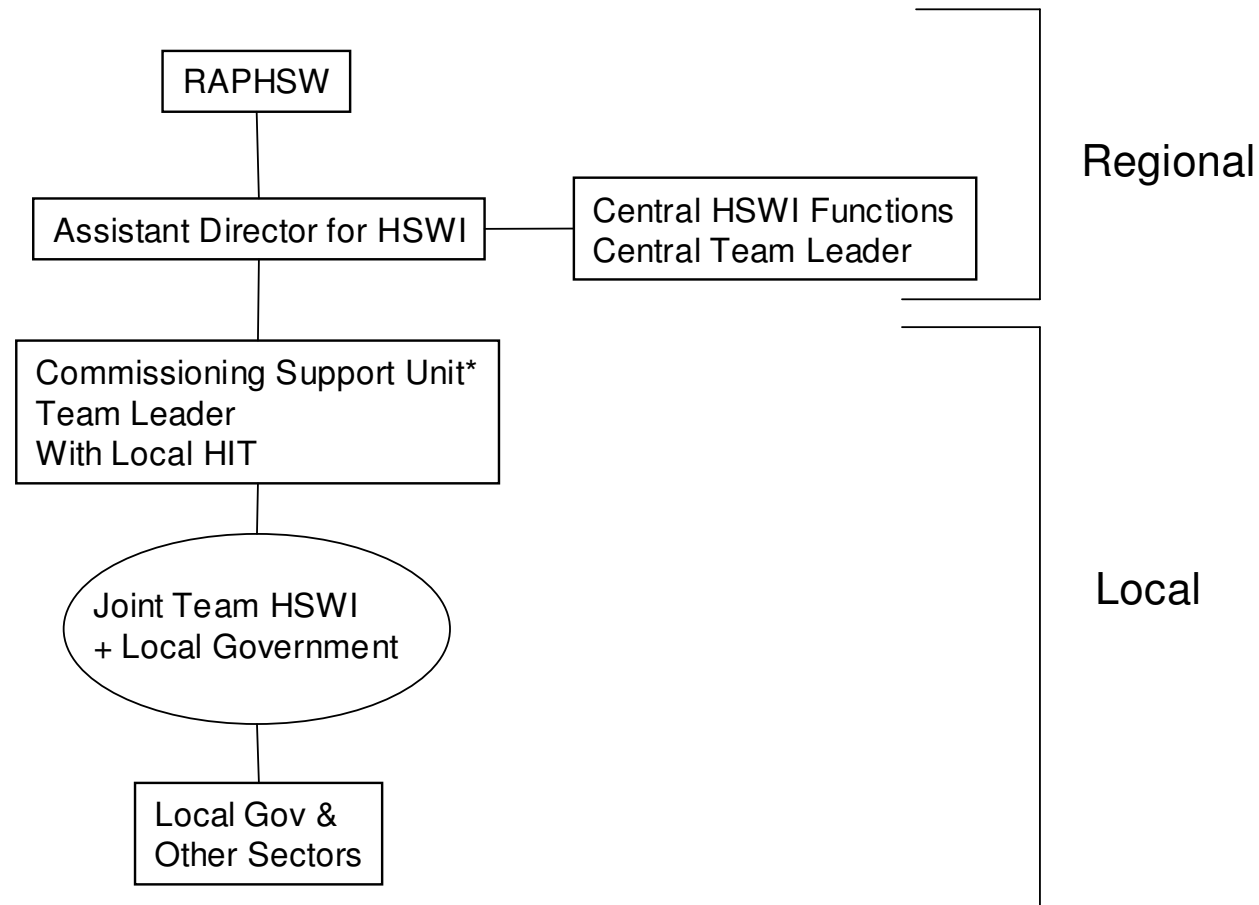
3.13 Role of the Regional Health and Wellbeing Senior Team will be to:

- Implement and inform Departmental strategy and policy for health and wellbeing improvement;
- Strengthen and foster local, national and international collaboration and partnerships to achieve improved health and wellbeing outcomes for the population of N Ireland;

- Lead on programmes and specific time-limited projects assigned by the DHSSPS;
- Be a source of expert advice to DHSSPS and the Ministerial Group on Public Health;
- Develop robust plans for health improvement and ensure these are integrated in the commissioning plans of LCGs and the RHSCB;
- Lead and integrate the work of the local and central teams to achieve improved outcomes and regional targets;
- Monitor and evaluate impact of work programmes and commissioned activity.

3.14 The following diagrams illustrate the suggested arrangements and show the proposed links and communication channels between the regional and local HITs.

Figure 1 – Framework for Health and Social Wellbeing Improvement



* Number of Commissioning Support Units still to be determined

Figure 2 – Local HI Team - based in Commissioning Support Unit

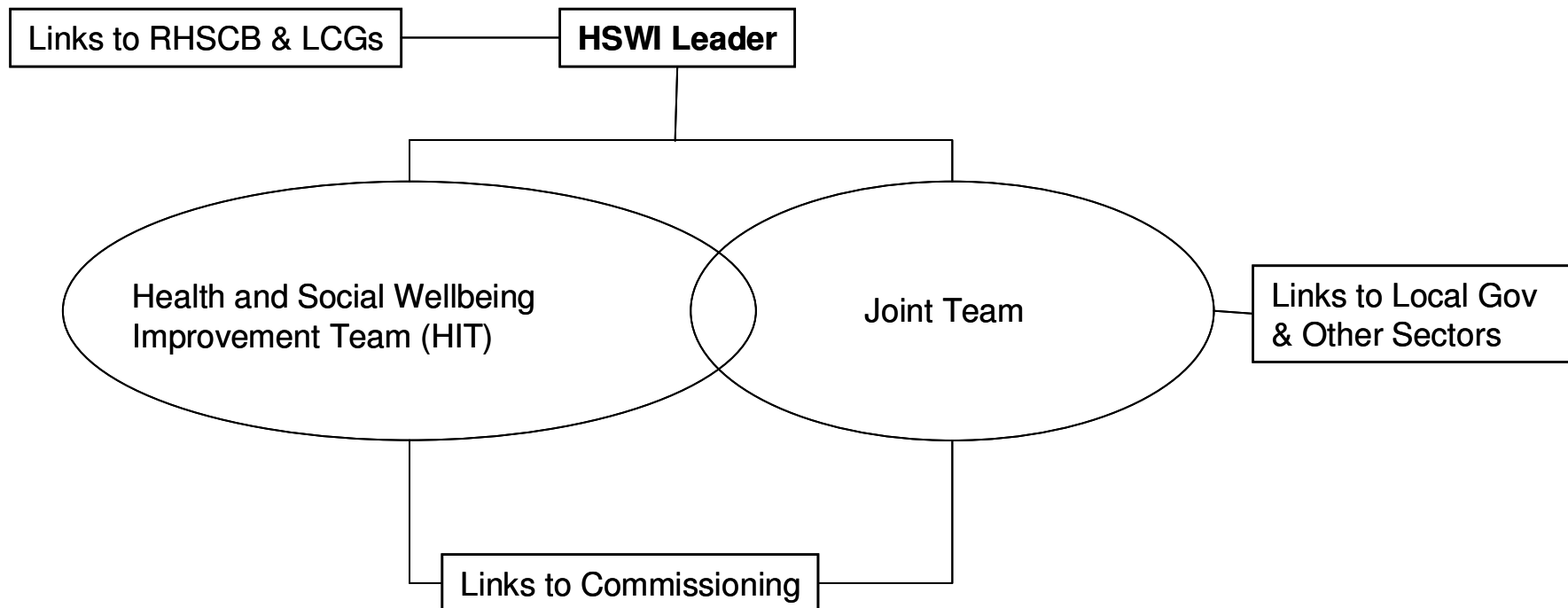
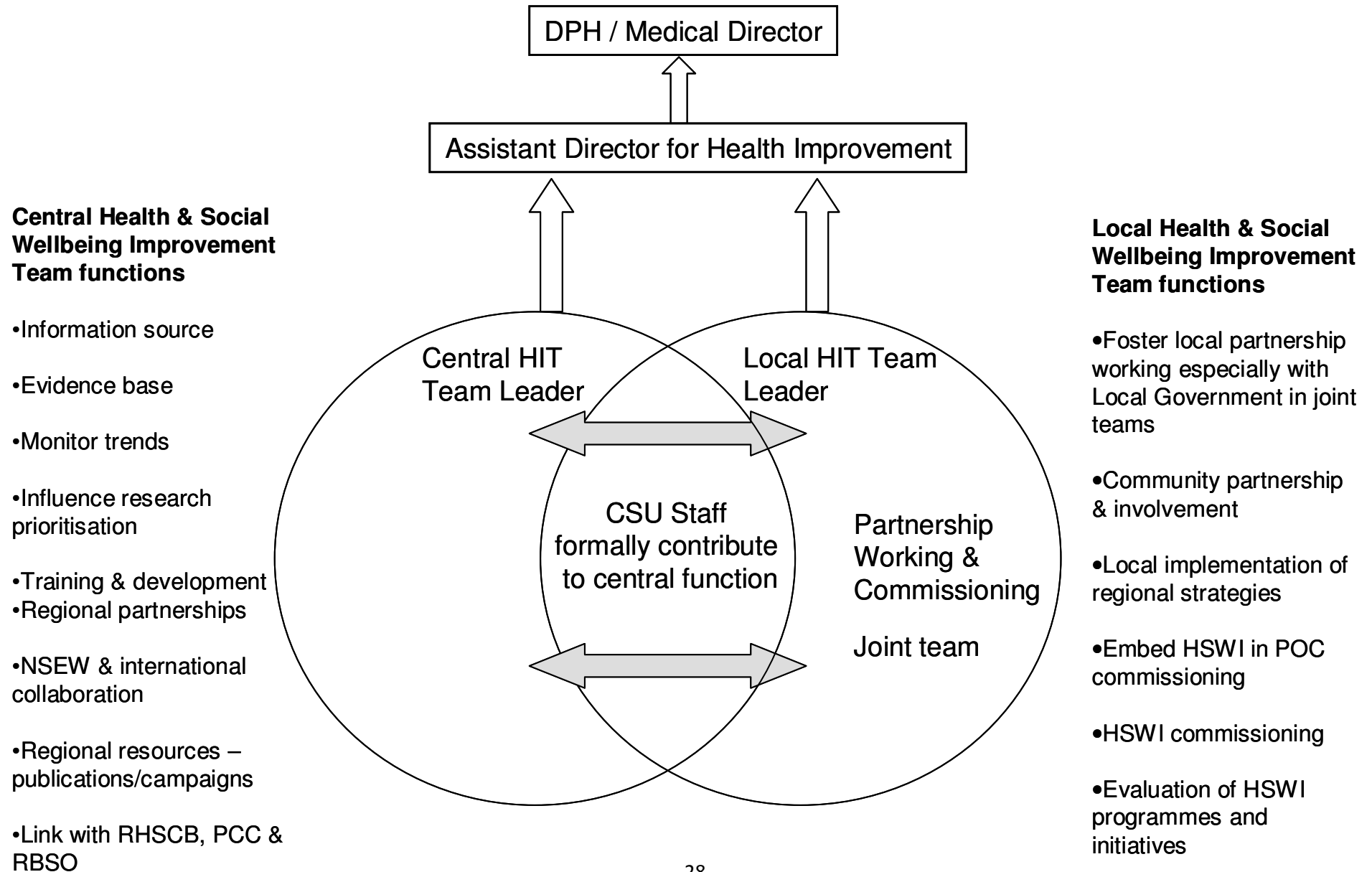


Figure 3 – Regional and Local Functions of HSWI Teams and Reporting Lines



Appendix 1

Overarching Investing for Health Principles:

- target social inequalities
- tackle social exclusion
- combat discrimination and injustice
- encourage community involvement in improving health, especially in disadvantaged neighborhoods
- work in partnership with local and interest group communities
- improve employment opportunities and income levels of those who are most disadvantaged
- promote coping skills in individuals, families, and communities
- engage individuals in their social context
- maximize opportunities for individuals, families and communities to protect and improve their own health
- focus public policies generally towards improving health and wellbeing
- base actions on the best available evidence

Document History:

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This document required the following approvals

Title	Name	Date of Approval	Version
Modernisation and Improvement Programme Senior Responsible Owner (SRO) and Modernisation and Improvement Programme Board (MIPB) members	Dr Andrew McCormick, Permanent Secretary Linda Devlin Julie Thompson Sean Donaghy Michael McBride, David Bingham Hugh Mullen Linda Brown Sean Holland Colm Donaghy Karen Meehan Tom Creighton, Philip Robinson Ken Jarrold, Bernard Mitchell George O'Neill John Compton Edward Rooney Maeve Hully	22 nd January 2009	1.0

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