



# **Community Wellbeing and Older People Partnership**

**Annual Report 2010/11**

(also the Final Report of the Partnership)

## About the Partnership

The role of the Community Wellbeing and Older People Partnership (CWOP) was to bring together organisations and groups with an interest in activity that impacts upon the Health and Well Being of the residents of Essex, in order to deliver health and well being related outcomes and so improve the quality of life of the residents of Essex.

The Partnership took a whole community approach that was focused on improving well being and delaying or preventing the need for health and social care intervention, and in addition, a specific focus on:

- Older people and their health and well being concerns in the widest context
- Health Inequalities, their causes and reduction.

The Partnership also held responsibility for the Joint Strategic Needs Assessment (JSNA). This was overseen by a sub committee of the Partnership, the JSNA Steering Group. The JSNA covered all of the areas of the 5 Primary Care Trusts (PCTs) in Essex including the unitary authorities of Southend and Thurrock and so the Steering Group included representatives from these unitaries in its membership.

All of the Partnership's papers (meetings and reports) and the Joint Strategic Needs Assessment can be accessed via the Essex Partnership Portal:

[www.essexpartnershipportal.org](http://www.essexpartnershipportal.org)

## Local Area Agreement (LAA) Indicators

CWOP held responsibility for ensuring the targets for 7 of the indicators in LAA2 were met. A target lead was designated for each of these and reports on progress were made to every meeting with in depth reports taking place biannually:

<b>Indicator</b>		<b>Target Lead</b>
NI 120	All Age All Cause Mortality	Dr Mike Gogarty NHS NEE and ECC
NI 123	Stopping Smoking	Dr Andrea Atherton NHS SEE
NI 134	No. of emergency bed days per head of weighted population	Matt Bushell NHS NEE
NI 135	Carers receiving needs assessment or review and a specific carer's service or advice and information	Liz Chidgey ECC
NI 141	"Supporting people" service users moved in a planned way	Simon Harniess ECC
LI 2.1	People over 65 who say that they receive the information, assistance and support needed to exercise choice and control and live independently	Sharon Longworth ECC
LI 3.1	No. of people with mental health problems who are helped into employment or education	Pauline Stratford ECC

## Key Tasks for 2010-11

The 2009-10 Annual Report for the partnership stated the key tasks for the year ahead to be:

1. Continued improvement in the performance management of the targets in the final year of the LAA;
2. Implementation of an Essex Partnership-wide approach to reducing health inequalities as a key contribution to achieving the Essex Strategy's outcomes;
3. Continued strengthening of the relationship with the other thematic partnerships and district/borough LSPs;
4. Assessment of the future role of CWOP;
5. Leading on the development of partnership initiatives to increase access to wellbeing and preventative services.

## Major Developments

In the early summer of 2010, the Coalition Government enacted three major national policy changes which impacted on the activities of CWOP:

1. Local Area Agreements were terminated;
2. Performance Reward Grant (PRG) payments were decreased by approximately 50%;
3. A White Paper proposing radical NHS Reforms was published.

Additionally, the Essex Partnership carried out a review of its structures with the objective of simplifying and improving the partnership landscape in Essex.

These major changes meant that the action taken in focusing on CWOP's key tasks for the year took a very different approach than had initially been envisaged. This report covers the year by reviewing the response to the three government policy changes and under the third policy change, also takes account of the Essex Partnership review.

## Termination of the Local Area Agreement

Although the Local Area Agreement was terminated, the Essex Partnership reaffirmed that the targets were still a commitment within the Essex Strategy. CWOP members including Essex County Council and the Primary Care Trusts also included these targets as part of their own performance management regimes. They therefore continued to be monitored throughout 2010-11 which was the final year of the LAA.

Ref	Indicator	2010/11 Target	2010/11 Performance	Comments
NI 120	All age all cause mortality rate	677.53	n/a	Available Spring 2012
NI 123	Stop Smoking	859	970	☺ Target surpassed
NI 134	No. of emergency bed days per head of weighted population	0.33	0.33	☺ Target matched
NI 135	Carers receiving needs assessment or review and a specific carer's service or advice and information	30%	36%	☺ Target surpassed
NI 141	"Supporting People" Service Users moved in a planned way	80%	73.08%	☹ Target not met
LI 2.1	People over 65 who say that they receive the information, assistance and support needed to exercise choice and control and live independently	33%	n/a	Difficulties with final data collection with the result that a figure will not be produced
LI 3.1	People with mental health problems helped into employment or education	223	612	☺☺ Target significantly exceeded

The table above shows the performance for each of the LAA indicators for 2010-11. Full details including district breakdowns (where available) can be found on the Essex Partnership Portal in the [LAA 2010/11 Report](#)

In conclusion, four of the five indicators met or exceeded their year three target. The performances for NI 135 and LI3.1 are worthy of specific mention. In the case of NI 135, this indicator under performed significantly during the first year of the LAA. Effective performance management was responsible for matching the target in year two and exceeding it in year three. Contrastingly, LI 3.1 produced outstanding results throughout the full three years of the LAA and was recognised at a national level for its success.

Effective performance management of NI 141 proved difficult during 2010-11 due to 3 factors which had knock on impact in Essex:

1. the late release of performance data by the government meant that the time available to effect changes with commissioned services was minimal;
2. the abolition of the ring fence of Supporting People government funding triggered a rationalisation and mainstreaming of the programme in Essex which led to reduced capacity for carrying out performance management and reduced service provision with no ability to address failing outputs
3. the reduction of the Performance Reward Grant (see below).

### **Reduction of Performance Reward Grant (PRG)**

On 19 June 2010, the government wrote to the Essex Partnership with notification of a cut in the performance reward grant that had been allocated to Essex of approx. 50%. After an extensive period of consultation with all partners and grant recipients, the partnership was awarded a total of £454,649. When compared to the original allocation of £1,050,747, this represented a cut of 43%. The reductions for each separate project and the implications are detailed in the table below.

<b>Indicator</b>	<b>Project</b>	<b>Initial Allocation</b>	<b>Final Allocation</b>	<b>% Reduction</b>	<b>Impact</b>
NI 120	Reach Out	£120,000	£60,000	50%	Basildon project not delivered
NI 120	Extension of healthy arts project	£60,000	£42,000	70%	Project continued with ECC picking up additional costs
NI 141	Percentage of vulnerable people achieving independent living.	£40,747	£28,366	70%	Project terminated
NI 135	Carers receiving needs assessment	£120,000	£90,390	75%	Project terminated
LI 3.1	Helping people with mental health problems into volunteering	£230,000	£158,893	69%	Project terminated
N/A	Joint Commissioning	£150,000	£75,000	50%	Project continued with ECC picking up additional costs
N/A	Activities for older people in care homes to reduce falls	£330,000	£0	0%	Project not started
	<b>TOTAL</b>	<b>£1,050,747</b>	<b>£454,649</b>	<b>43%</b>	

As can be seen from the previous section, for NI 135 and LI 3.1, although the performance of the indicators in receipt of funding was significantly disrupted, the LAA targets were still achieved. The loss of funding for NI 141 was a factor in this target not being met.

## **Joint Strategic Needs Assessment (JSNA)**

Performance Reward Grant funding also threatened to affect the JSNA. An information portal (ENIMS – Essex Neighbourhood Information Management System) was scheduled to receive a grant through the Safer Essex Partnership but this was withdrawn when the PRG funding was reduced. Essex partners were successful in securing alternative funding and the project was relaunched and following successful commissioning process the [Essex Insight website](#) went live in July 2010. This information portal continues to be developed to meet the needs of users.

Other work to develop the JSNA continued fairly unhampered by the structural changes that occurred to the partnership during 2010/11. This is because the requirement for localities to produce JSNAs was retained and strengthened within the NHS Reforms (see next section). During 2009/10 a review of the JSNA had been initiated and this was carried through to 2010/11 with a peer review exercise undertaken by the Local Government Improvement and Development agency (LGID, formerly IDeA). This exercise made a series of recommendations with a view to making the JSNA a more useful tool for commissioners. The JSNA Steering Group is also scheduled to be revised in line its new governance falling under the Health and Wellbeing Board.

## **NHS Reforms and Essex Partnership Review**

On 12 July 2010, the Government published the White Paper “Equity and Excellence – Liberating the NHS”. This proposed a series of changes to the NHS scheduled to take effect from April 2013 which would have a significant impact on the role of the partnership:

- PCTs are to be abolished and the responsibility for commissioning primary care is to shift to consortia of GPs (later termed Clinical Commissioning Groups);
- Public health duties will be transferred to local authorities and a new national executive agency, Public Health England;
- Health and Wellbeing Boards are to be established as statutory committees of upper tier local authorities with a role to advance the health and wellbeing of the people in its area, including through the provision of health and social care services in an integrated manner;
- Health and Wellbeing Boards are required to produce Joint Health and Wellbeing Strategies, based on the Joint Strategic Needs Analysis, which will guide the commissioning plans of Board members.

CWOP members contributed to the responses made by Essex organisations to the government’s consultation on the NHS Reforms and to the Public Health White Paper that was later published in November 2010.

At the Essex Partnership Forum meeting on 14 September 2010, the Essex Partnership initiated a review of its own structure in order to improve the efficiency and effectiveness of the partnership and to take account of the national policy changes. CWOP members were active in the consultation and engagement activities that followed this meeting.

## **Dissolution of the Partnership**

As a result of the significant events that occurred during 2010, the last meeting of the partnership took place on 11 January 2011. A paper proposing the dissolution of CWOP was circulated electronically during July. Following unanimous feedback from members, with effect from 12 July 2011, the partnership was formally dissolved. Responsibilities, including for the JSNA, were passed to the Essex Health and Wellbeing Board. The Shadow Health and Wellbeing Board met for the first time on 15 October 2011.