



FEASIBILITY STUDY FOR DEVELOPING A COORDINATION/DELIVERY STRUCTURE FOR WIGAN CVD PREVENTION SERVICES

NHS Ashton, Leigh and Wigan

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INTRODUCTION

NHS Ashton, Leigh and Wigan (NHS ALW) is in the process of developing a strategy to coordinate the borough's cardio vascular disease (CVD) prevention and treatment services through to 2020. The strategy will look to address the following targets:

- Developing an approach that will meet the government targets for CVD treatment services by 2010
- Identifying individuals displaying CVD risk factors including a CVD risk factor screening programme and CVD preventative services by 2015
- Developing sustainable communities focusing on long term behaviour change by 2020.

NHS ALW acknowledges that to tackle CVD in the borough there is a need to focus on a population level intervention such as policy and environmental modification alongside more individual treatment and prevention work. As such, NHS ALW need to engage with a wide variety of public, private and community sector organisations within and outside the borough of Wigan.

To ensure that this engagement is effective NHS ALW has identified the potential to build an infrastructure that supports and develops the links between the various organisations and programmes that directly or indirectly impact on CVD levels within the borough. NHS ALW is therefore taking this opportunity for a borough wide service review to consider how it can enhance and strengthen the CVD prevention and treatment services, identify gaps in service delivery and consider a logical partnership framework within which all services can develop.

NHS ALW has commissioned HM Partnerships* to conduct an independent feasibility study to examine the potential of developing an umbrella organisation/structure – with a working title of '*Heart of Wigan*'- that could add value to the existing programmes and support coordination around the borough's CVD treatment and prevention targets.

** HM Partnerships is a public health consultancy, based in North West England and established as a Community Interest Company (social enterprise) in 2008. As a social enterprise, profits are re-invested into the prevention of cardiovascular disease through the charity, Heart of Mersey*

EXECUTIVE SUMMARY

Background

Cardiovascular disease (CVD) prevalence in the UK is high. CVD is accountable for over 40% of all UK deaths making it Britain's number one killer. In the areas of greatest deprivation these figures can be up to 50% higher. The rising UK economic burden of CVD is compounded by escalating societal and NHS costs. CVD is estimated to cost the UK economy in excess of £30 billion a year, yet 80%-90% of premature CVD is preventable.

Life expectancy within the Wigan borough is lower than the England and North West average and the life expectancy gap is widening. The main cause for this is CVD, accounting for 42% of all preventable deaths in men under 75 years and 43% for women. NHS ALW has therefore placed CVD as their number one public health priority and believes that the borough requires a new plan for the next decade and beyond. To achieve this NHS ALW needs to work closely with key stakeholders to develop a framework for CVD treatment and prevention that encompasses the wider environmental factors alongside direct intervention programmes.

NHS ALW Health Equity Audit: Cardiovascular Conditions (Jan 09) highlights the need to 'improve preventative care targeting persons at increased risk of CVD as the single most important area for the PCT in improving life expectancy and reducing health inequalities'. Analysis indicates that modest CVD investment might pay dividends in terms of improved outcomes. However, the Audit identifies the PCT as being below the national average for spend on CVD interventions.

Feasibility Study for the Development of a Borough Wide CVD Partnership

The main aim of this review was to conduct a feasibility study to determine and document the viability of a borough wide CVD treatment and prevention partnership.

The specific objectives were:

1. To carry out a contextual audit of CVD partnerships, networks and organisations offering a similar function.
2. To conduct a review of current local CVD delivery.
3. To conduct an options appraisal to help develop a structure that will link and strengthen CVD related activity across the borough.
4. To produce a comprehensive report, identifying a preferred option and outlining the main recommendations and processes required to implement it.

Contextual Audit

Internationally there are numerous examples of approaches to CVD prevention through a wide range of governance structures. These can be summarised as 'downstream, mid-stream and upstream' in their approach to tackling CVD. However, there are very limited examples internationally where programmes have attempted to combine the three approaches and even less that have received detailed evaluation. This study examined six of the more robust programmes in detail.

The key strengths of the programmes include:

- The development of a broad range of partners across all sectors, allowing for multi level intervention and community engagement
- A clear single 'Vision' with realistic aims and objectives for the partnership
- Long term commitment with plans for sustainability
- Clear and defined levels of accountability and reporting structures
- Clear and rigorous impact evaluation built in from the outset
- Strong financial commitment from a wide variety of partners.

Local Review

The study conducted a local literature review which, in turn, was supported by face-to-face interviews with key senior local individuals across all sectors. The interviewees were identified by NHS ALW based on their current and potential involvement in CVD work across the borough and their position in or knowledge of existing borough wide structures and partnerships.

In total, nineteen interviews were conducted between December 2008 and January 2009. The review found a variety of opinions and perceptions on existing delivery and support structures. However, there were a number of thematic clusters that emerged as to the vision for future delivery. These clusters particularly focused on the existing relationship between organisations and services and on the development and structure of a single CVD partnership.

The main findings from the local review are:

- The many significant and effective local programmes currently being delivered by stakeholders need 'strategically knitting' together
- There is strong support from the stakeholders for developing a specific CVD collaborative/partnership and that this partnership should fit into the existing Local Strategic Partnership (LSP) structure
- There is a need for a single 'CVD vision' and strategy that all stakeholders should be required to sign up to and, where appropriate, actively commission against
- The borough needs to 'be braver' in commissioning long term intervention work.
- There is a need for better community engagement relating to CVD
- There is a need for coordinated advocacy and lobbying for environmental and policy change to support healthier lifestyles
- There is a need for better knowledge-building, evaluation and research.
- Better use can be made of existing infrastructures and more engagement is needed with the commercial sector
- The public sector should look to improve in- house CVD practices.

Options Appraisal

In assessing the national and local reviews a range of different alternatives were considered. These included the following options:

1. Extend the role and tasks of the existing partnerships
2. Develop or create a new CVD partnership
3. A 'no action' scenario.

Development of a CVD Partnership

The development of a new CVD partnership was clearly regarded as the most adequate solution, with stakeholders agreeing that there is no existing network of partners able to take on the breadth of issues required to tackle CVD at a borough level. Stakeholders suggested that the aim of the partnership may include:

“The development of an infrastructure, across the borough that promotes and strengthens CVD delivery at a policy, environmental and service delivery level”

“The CVD partnership should give visibility to the importance of addressing CVD in the borough as well as to the stakeholders who can affect CVD prevention and treatment, building on expertise and pursuing a long-term focus.”

The partnership would perform the following functions:

1. To set a vision and strategy to combat CVD in the borough
2. To raise awareness at all levels of the importance of tackling CVD
3. To be a knowledge centre, at the service of all partners
4. To stimulate and support the collection of objective, timely, reliable and comparable data in order to help policy makers, commissioners and others
5. To commission specific borough wide joint initiatives
6. To advocate for healthier policies and environments
7. To stimulate and support organisations working in the fields that affects CVD.
8. To be a platform for exchange between experts and practitioners, including policy makers, who are working in or have the power to effect the environment for the positive promotion of CVD treatment and prevention.

It was identified by stakeholders that, in order to operate effectively, the partnership should address the following conditions:

- The partnership needs a clear mandate and must be accountable
- The partnership needs sufficient resources including budget and infrastructure
- The partnership requires senior level representation from stakeholders
- The partnership needs to have strong links with all delivery organisations
- The partnership needs to be ‘politically’ independent of any one organisation.

Partnership Management and Structure

The concept includes four levels of accountability for the partnership.

Accountability Level	Role in relation to CVD Partnership
Local Strategic Partnership	<ul style="list-style-type: none">• Ensure that the Community Plan supports CVD prevention through creating healthier communities• Ensure the LAA supports improvements to CVD• Encourage all sectors and groups to work together effectively• Raise the profile of CVD across partners• Guide the work of the partnerships by setting CVD related priorities for the borough
Health and Well Being Thematic Group	<ul style="list-style-type: none">• Overall management and steering of health related work• Selection of CVD partnership members

	<ul style="list-style-type: none"> • Integration of the aims of the partnership across other areas
Wigan CVD Partnership (<i>Heart of Wigan</i>)	<ul style="list-style-type: none"> • Development of a CVD vision and strategy • Coordinate the delivery and implementation of the CVD vision and strategy • Provide/Commission agreed joint services • Manage the information flow between partnership members • Evaluate performance of CVD related delivery • Implement an action plan • Give feedback to the Health and Well being Thematic Group, the LSP and partner organisations
CVD Partnership Advisory Group	<ul style="list-style-type: none"> • Act as an expert panel to the partnership on specific issues • Responsible for very specific and targeted advice or information including contributing to any relevant publications • Dissemination of partnership outputs

Financial Implications

It was not part of the scope of this feasibility study to perform an analysis of the budget for a CVD partnership or make a cost benefit analysis of the partnership. However, it is possible to point out the main considerations in this respect as follows:

- There will be a fixed cost to operate a partnership to include a senior level post established to drive the work of the partnership and administration costs of its work
- There will need to be an agreed operational budget to allow for implementation of the strategy
- Looking at existing models in the region the budget could range between £300,000 and £1,000,000 per annum.

Conclusions

1. The case for setting up a Partnership in the broad domain of CVD is strong.
2. Any initiatives taken should be coordinated by a joint vision (and strategy) for CVD and incorporate environmental modification, prevention (population and individual levels) and treatment.
3. Any solution has to be linked in an effective way to the LSP.
4. Although a reporting structure for the partnership was suggested, further consideration needs to be given by stakeholders as to the autonomous nature of a potential independent partnership.
5. There is a requirement for a committed budget to ensure the partnership can deliver against a strategy. Its position within this range would depend on HR and its delivery remit.
6. Further discussion is required with key stakeholders to breakdown the finer details of a partnership in terms of structure, organisational type and mandate.
7. The partnership must be specific about its anticipated impact and realistic about its aims and objectives. The effectiveness of the partnership should be assessed against strong base line data and be subjected to rigorous independent evaluation.

