



Management Committee Paper

Title of meeting	Management Committee
Date	Tuesday 28 April 2015
Sponsor	Michael Brodie
Title of paper	Well North Update Report

1. PURPOSE OF THE PAPER

- 1.1 Following on from the last meeting of the Management Committee in March 2015, where it was agreed to provide an update on Well North, highlighting how the actions agreed by the Management Committee in June 2014 to address outstanding business case issues around governance, finance and operational activity had been addressed, this paper provides that update.

2. RECOMMENDATION

- 2.1 The Management Committee is asked to:
 - (a) **NOTE** the contents of this report

3. BACKGROUND

- 3.1 Professor Ian Jacobs, the Dean of University of Manchester and Director of the Manchester Academic Health Science Centre (MAHSC) with colleagues approached PHE in January 2014 with the proposal to work together on a programme to address health inequalities in the North of England.
- 3.2 PHE agreed in principle to explore the options for a collaborative approach and the scope and methodology for a proposed Well North project because it clearly linked with PHE's duty to address health inequalities and looked to complement the parallel work with University of London Institute of Health Inequalities led by Sir Michael Marmot.
- 3.3 In February 2014 the Resourcing and Prioritisation Committee reviewed a range of proposals for refocusing a proportion of PHE's budget from inherited activity to areas which were fully aligned to its remit and strategic focus. A marker bid for the Well North programme, its first at scale project to tackle health inequalities, was approved with a commitment highlighted of £3m per annum for 3 years.
- 3.4 The PHE budget incorporating funding for Well North was agreed by the National Executive in March 2015 and its commitment to Well North was set out in its business plan published shortly thereafter.

- 3.5 Throughout discussions with University of Manchester/MAHSC, the provision of the funding from PHE was caveated with an overriding principle that PHE's commitment needed to be at least matched by resource from other partners in the collaboration and that the agreement was subject to the need for a robust business case, including clear governance arrangements from the University of Manchester as the host of the programme.
- 3.6 Between March 2014 and June 2014, staff from PHE finance and the North Regional Team worked alongside colleagues from University of Manchester/MAHSC to support the development of the business case.
- 3.7 In June 2014, the Management Committee reviewed the business case and concluded that there was a clear vision for the programme, evident need and close fit with PHE's remit in relation to inequalities. The Management Committee confirmed PHE's ongoing commitment to the level of investment budgeted, but recognised that there was also further work required to ensure that the business case was as compelling as it could be and appropriate governance was in place. In particular, the Management Committee requested:
- (a) that commitments to matched funding must be in writing, and 50/50 from the outset (thereby sharing the financial risk between PHE and partners to the collaboration)
 - (b) the five major universities in the North region, and the Academic Health Science Centre needed to take leading roles
 - (c) that further clarity be provided on the evaluation methods
 - (d) that interventions needed to be more specific and linked more strongly to outcomes and any overlap with existing activities conducted by statutory bodies needed to be clarified and removed
 - (e) that support for Well North would need to extend to stakeholders beyond Manchester and wider into the North
 - (f) that explicit arrangements for sharing lessons learned from the North to other areas of the country where inequalities existed would need to be built into the Programme
 - (g) that clarification was needed on how the Programme would be more sustainable after the matched funding from PHE was removed.

4 PROGRESS

- 4.1 On 28 June 2014, as requested by the Management Committee, the PHE Finance and Commercial Director wrote to Professor Ian Jacobs, Director of MAHSC outlining PHE's agreement in principle to the business case and setting out the areas where further development of the case was required.
- 4.2 The response from MAHSC was particularly positive and sufficient progress was made in early meetings to allow the PHE Chief Executive to announce PHE's commitment to the collaboration in his Friday message of 18 July 2014 (which was endorsed by the DH Public Health Director General) :

"PHE has been tasked by Parliament to play its part in reducing inequalities and in reaching those in the poorest health fastest. There is, of course, inequity in every community, even within the most wealthy, but the social gradient in health, the health of the poorest, is of particular concern in the North of England. As the New England Journal of Medicine reported in 2007, medical care accounts for only about ten percent of the variation we see in health outcomes. Behavioural and lifestyle factors are major contributors in around 50 per cent of all premature deaths. There is a need to address the causes of ill health as well as seeking to cure

the consequences. This has inspired the North to come together in a programme, led by the Academic Health Sciences Centre in Manchester, they are calling Well North, a strategically collaborative programme which seeks to tackle the wider determinant complexity of the whole problem, making visible the previously invisible (predominantly inner city) at risk people and attempting to solve rather than only manage their illnesses and anxieties. The programme will pilot innovative approaches to tackling the North's significant health inequalities and premature mortality. Building on early prototype work in Aintree, Liverpool, it will initially also work within three localities in Greater Manchester (Gorton, Salford and Oldham), widely sharing lessons learned, across major cities in the North of England. PHE is partnering Well North in fulfilling our duty on inequalities and, on behalf of the nation, we will be looking to see how this might be, in time, spread more widely."

- 4.3 Between July 2014 and February 2015 a significant amount of effort was invested by the Deputy Chief Executive/Chief Operating Officer and the Finance and Commercial Director to work with the then newly appointed Well North Programme Director to address the residual matters raised with the business case by the Management Committee. These discussions focused on improving the core document produced by the University of Manchester, which went through many drafts and the latest version of which has been put on the University's website.
- 4.4 Each of the outstanding matters have been addressed by MAHSC and with the agreement of partnership letters in February 2015 with the three pilot sites (stretching outside of Manchester as required) the final and fundamental prerequisite for PHE funding, that of matched funding from partners, was confirmed.
- 4.5 The first meeting of the Well North Board, chaired by the PHE Chief Executive, with the most senior representatives of all sectors from across the North, has since successfully taken place and the first Executive Board meeting (with PHE representation) is scheduled for early May.
- 4.6 PHE has also committed the services of a senior public health professional based in the North (from within our matched funding), to work near full time on the programme to help shape interventions and deliverables and support our collaborating partners.

5 CONCLUSION

- 5.1 Well North provides a unique opportunity for PHE to address, at scale, its inequalities duties and to support local authorities and CCG's in the North to make a step change in the health of the most disadvantaged members of their communities.
- 5.2 The approach from the University of Manchester/MAHSC and the subsequent discussions over the past year has enabled PHE to ensure robust governance is in place over the delivery of the programme and to ensure that partners provide resource commitment to match that of PHE.

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