

PAPER
MC 03/2010

Report to the Meeting of the Members' Council

For Information and action

16 February 2010

Thames Valley Health Innovation and Education Cluster: update

Executive Summary

This paper reports on the successful application to establish a Thames Valley Health Innovation and Education Cluster, its structure, governance framework and initial work programme. Because OBMH will host TVHIEC, the risks and opportunities are mentioned.

Suggestions are invited from Governors for how patients, carers and the public might be involved in shaping the development and work of the HIEC.

Recommendation

The Members' Council is asked to note the report, and Governors are invited to contribute ideas for patient, carer and public involvement in the TVHIEC.

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Date: 8 February 2010

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Introduction

One of the specific outcomes of Lord Darzi's review of the NHS, Health Innovation and Education Clusters are vehicles for driving up the quality of health care through enhancement of education and training for the wider health and social care workforce, ensuring that key research findings are adopted more quickly into clinical practice, and promoting innovations in health care. The Thames Valley Health Innovation and Education Cluster (TVHIEC), which was authorised by the Department of Health in late December, is a partnership of (currently) over 30 organisations: all of the NHS organisations except South Central Ambulance, all six Universities, and a number of local authorities, not for profit and commercial organisations. OBMH led the bid for TVHIEC, and will host the partnership for the first year at least.

Governance, Organisational Form and Funding

The work programme of TVHIEC will be overseen by a Partnership Board which includes representation from all partner organisations. Its activities will be managed by an Executive Group, led by the HIEC Director and supported by a Programme Manager and administrative staff. An expert Advisory Board will advise the HIEC about priorities and direction. Because OBMH will host TVHIEC, a Trust Executive Director will sit on the HIEC Executive Group.

Because of the differing status of statutory, third sector and commercial partners, which bring a range of motivations (including commercial interests) to the HIEC, the Partnership Board will need to determine whether more than one "class" of membership should be recognised. In addition, the partners will determine at some point what legal form the HIEC will adopt. OBMH will have a particular interest in the formal organisational structure in order to manage any potential legal and financial risks. Initially the Trust's solicitors have recommended that the HIEC be established as a Joint Contractual Venture, which would allow partner organisations to work collaboratively without relinquishing their independence and autonomy.

Subject to contract negotiation with South Central Strategic Health Authority, TVHIEC will commence activities in April 2010 and will access just over £750,000 "set up" funding allocated by the Department of Health for its first year of operation. While there may be further "tapered" funding from the DoH for years 2 and 3, TVHIEC will need to generate income in the future both to support its organisational infrastructure and to fund its activities.

TVHIEC Work Programme

TVHIEC's successful application included commitment to a number of priorities including:

1. development of innovative education and training programmes to transform the NHS and related (social care and third sector) workforce which is required to deliver integrated physical/mental/social care in the community, closer to the patient's home, and capable more often of averting admission to hospital and accelerating discharge from hospital. This will be valuable particularly for people with long term conditions (e.g. diabetes, chronic obstructive pulmonary disease) as well as chronic mental illness and dementia.
2. Improving the accessibility and effectiveness of statutory and mandatory training for NHS staff in order to enhance patient safety and to reduce staff "down time".
3. Support innovations in treatment and care delivery, for example by extending the use of mobile phone and blue-tooth technologies to enable remote monitoring of mental and physical health states (e.g. for bi-polar disorder, diabetes, high blood pressure).

Patient, Carer and Public Involvement

TVHIEC's application also emphasised a central role for service users, carers and the public in defining the priorities and design for future healthcare improvements. Two not for profit patient-facing partner organisations (the Picker Institute and Oxford University's new Health Experiences Institute) will bring expertise to the partnership, but TVHIEC is determined also to engage the users of health and social care services, their carers and the wider public in assuring the relevance of its work programmes and the quality of its outcomes. Foundation Trust members, and the governors who represent them, can play a key role in this important aspect of TVHIEC's development. Because OBMH will host TVHIEC, OBMH governors and members could influence TVHIEC's wider potential.

Conclusion

The Board of Governors is invited to propose ways in which Governors and FT members can contribute to the development and future work programmes of the Thames Valley HIEC.

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February 2010