Herefordshire Council

AGENDA

Health and Wellbeing Board

Date: **Thursday 14 April 2011**

Time: **3.00 pm**

Place: **Council Chamber - Brockington, 35 Hafod Road, Hereford.**

Notes: Please note the **time, date** and **venue** of the meeting.

For any further information please contact:

Sally Cole, Committee Manager Executive
Tel: 01432 260249
Email: scole@herefordshire.gov.uk

If you would like help to understand this document, or would like it in another format or language, please call Sally Cole, Committee Manager Executive on 01432 260249 or e-mail scole@herefordshire.gov.uk in advance of the meeting.

Agenda for the Meeting of the Health and Wellbeing Board

Membership

Dr Sarah Aitken
Councillor LO Barnett
Chris Bull
Jana Burton
Mrs J Newton
Dean Taylor
Dr Andy Watts
Martin Woodford
Richard Beavan-Pearson
Wendy Coombey
Jo Davidson
Natalia Silver
Jane L Jones

GUIDANCE ON DECLARING PERSONAL AND PREJUDICIAL INTERESTS AT MEETINGS

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A personal interest is an interest that affects the Councillor more than most other people in the area. People in the area include those who live, work or have property in the area of the Council. Councillors will also have a personal interest if their partner, relative or a close friend, or an organisation that they or the member works for, is affected more than other people in the area. If they do have a personal interest, they must declare it but can stay and take part and vote in the meeting.

Whether an interest is prejudicial is a matter of judgement for each Councillor. What Councillors have to do is ask themselves whether a member of the public – if he or she knew all the facts – would think that the Councillor's interest was so important that their decision would be affected by it. If a Councillor has a prejudicial interest then they must declare what that interest is. A Councillor who has declared a prejudicial interest at a meeting may nevertheless be able to address that meeting, but only in circumstances where an ordinary member of the public would be also allowed to speak. In such circumstances, the Councillor concerned will have the same opportunity to address the meeting and on the same terms. However, a Councillor exercising their ability to speak in these circumstances must leave the meeting immediately after they have spoken.

AGENDA

		Pages
1.	**APPOINTMENT OF CHAIRMAN** To appoint a Cabinet Member as Chairman of the Health and Wellbeing Board.	
2.	**APOLOGIES FOR ABSENCE** To receive apologies for absence.	
3.	**DECLARATIONS OF INTEREST** To receive any declarations of interests of interest by Members in respect of items on the Agenda.	
4.	**TERMS OF REFERENCE, MEMBERSHIP AND WORKING ARRANGEMENTS** To note the terms of reference. To seek the Board's view on whether to allow named substitutes at Board meetings and whether to agree a standing list of substitutes, and to agree an initial schedule of meeting dates.	3 - 14
5.	**HEALTH IMPROVEMENT PLAN - TRANSITION REPORT** This report has been prepared to inform members of the Health and Wellbeing Partnership Board and the new Herefordshire Health and Wellbeing Board regarding progress to date in relation to health improvement and on the development and implementation of local plans for improving the health of the local population.	15 - 30
6.	**HEALTH AND WELLBEING PARTNERSHIP GROUP LEGACY REPORT** That the new Health and Wellbeing Board takes account of the work of the Health and Wellbeing Partnership Group as highlighted in the Transition Report.	31 - 34
7.	**PLANNING FOR HEALTH AND WELLBEING IN HEREFORDSHIRE** To review progress to date with the establishment of a Health and Wellbeing Board in Herefordshire. To explore the key issues to be addressed for the new arrangements and how this links to other health and social care developments and to agree key milestones for the shadow year.	35 - 64

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- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting. (A list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
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HEREFORDSHIRE COUNCIL

BROCKINGTON, 35 HAFOD ROAD, HEREFORD.

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Herefordshire Council

MEETING:	**HEALTH AND WELLBEING BOARD**
DATE:	**14 APRIL 2011**
TITLE OF REPORT:	**TERMS OF REFERENCE**
REPORT BY:	**DEMOCRATIC SERVICES OFFICER**

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To note the terms of reference. To seek the Board's view on whether to allow named substitutes at Board meetings and whether to agree a standing list of substitutes, and to agree an initial schedule of meeting dates.

Recommendation(s)

THAT: the Board

(a) notes the terms of reference as set out in the report to Council at Appendix 1 and approved at the Council meeting on 4 March 2011;

(b) approves the principle of a standing list of substitute members; and

(c) approves the schedule of meeting dates.

Key Points Summary

- The report approved by Council on 4 March 2011, which outlines the terms of reference is at Appendix 1 to the report.
- The Board is also asked to consider whether to allow named substitutes to attend Board meetings and to agree whether a designated named substitute should be provided for each member of the Board and to approve an initial schedule of meeting dates.

Alternative Options

1 Terms of reference have already been established.

2 Not to allow for substitute members at Board meetings or the schedule of meeting dates.

Further information on the subject of this report is available from
Sally Cole, Committee Manager Executive on 01432 260249

Reasons for Recommendations

3 The terms of reference, named substitutes and schedule of meeting dates are for approval in the interests of effective governance.

Introduction and Background

4 The report approved by Council on 4 March 2011 outlines the terms of reference is at Appendix 1 to the report. The Board is also asked to consider whether to allow named substitutes to attend Board meetings and to agree whether a designated named substitute should be provided for each member of the Board. The Board is also asked to approve a proposed schedule of meeting dates as at Appendix 2 to the report, which is to include a workshop for members in May.

Key Considerations

4 The meetings schedule has initially been set for Tuesday afternoons to accommodate current members of the Board. A standing named substitutes list will provide continuity at Board meetings when a designated substitute takes the place of a Board member.

5 Agenda papers will be publicly available and forwarded to members five clear days prior to the meeting date, inline with public access to information requirements. Agenda and minutes will also be made publicly available on the Council's website.

6 A forward plan of work for the Board will be developed and will be presented to the Board for consideration at the next formal Board meeting.

Community Impact

7 The Health and Wellbeing Board is a key national priority, highlighted within the joint corporate plan. Herefordshire is an Early Implementer and will need to reflect any requirements coming from national policy. Future reports will set out the elements of any community impact.

Financial Implications

8 None form this report.

Legal Implications

9 None from this report.

Risk Management

10 None from this report.

Consultees

11 None.

Appendices

10 Appendix A – Report to Council 4 March 2011.

11 Appendix B – Schedule of meeting dates.

Background Papers

- None identified.

Herefordshire Council

MEETING:	**COUNCIL**
DATE:	**4 MARCH 2011**
TITLE OF REPORT:	**SHADOW HEALTH AND WELLBEING BOARD**
PORTFOLIO AREA:	**ADULT SOCIAL CARE, HEALTH AND WELLBEING**

CLASSIFICATION: Open

Wards Affected

All Wards

Purpose

To advise Members of the proposed requirement to establish a Health and Wellbeing Board (HWBB) and to progress the Council's status as an Early Implementer for the Department of Health (DoH) by creating a shadow board.

Key Decision

This is not a Key Decision.

Recommendations

IT BE RECOMMENDED TO COUNCIL THAT:

(a) a Shadow Health and Wellbeing Board be created and chaired by a Cabinet Member;

(b) the powers and duties of the Shadow Board shall be:

(i) for the purpose of advancing the health and wellbeing of the people in Herefordshire, to encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner; and

(ii) to provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services; and

(iii) to encourage persons who arrange for the provision of health-related services in Herefordshire to work closely with the Health and Wellbeing Board; and

(iv) to encourage persons who arrange for the provision of any health or social care services in Herefordshire and persons who arrange for the provision of any health-related services in Herefordshire to work closely together; and

(v) to advise on how the functions of the Council and its partner commissioning consortia under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007 ("the 2007 Act") are to be exercised; and

(vi) to give to the Council its opinion on whether the Council is discharging its duty under section 116B of the 2007 Act;

(c) the membership of the Shadow Board shall include:

- **those executive members of the Cabinet whose current areas of responsibility are encompassed by the powers and duties of the Shadow Board**
- **the Chief Executive**
- **those officers whose jobs include the roles of Director of Adult Social Services, Director of Children's Services and Director of Public Health (as defined in clause 26 of the Health and Social Care Bill of 2011).**
- **a representative of LINK (Local Improvement Network)**
- **a representative of the Herefordshire Primary Care Trust**
- **a representative of Hereford Hospitals Trust or (from 1st April 2011) the new Integrated Care Organisation for Herefordshire**
- **a representative of the Herefordshire GP Consortium**
- **a representative of the voluntary and community sector in Herefordshire**
- **a representative of the business community in Herefordshire**

PROVIDED THAT the Shadow Board may at its discretion include such further representatives as it shall determine;

(d) the Shadow Board shall comply with the Standing Orders of Herefordshire Council in so far as executive members may make decisions at its meetings; and

(e) the Monitoring Officer report further on appropriate delegations and other constitutional requirements for a formal Health and Wellbeing Board once the Health and Social Care Bill has been enacted and the relevant implementation date is known.

Key Points Summary

- The Council's status as an Early Implementer of HWBBs requires a shadow board if we

are to meet our aspirations of early implementation and the DoH's timetable

- The Bill envisages that the HWBB will be set up by the Council and have certain statutory functions. The Bill specifies the membership that will be required. Currently these functions lie elsewhere – notably with the Cabinet and PCT – and the membership of the shadow board reflects this. It also reflects the fact that the proposed HealthWatch, which will have statutory membership of any formal HWBB in future has not yet been created: LINK will have membership of the shadow board instead at this stage.

- No new powers or delegations can be given to the shadow board at this stage. However, its terms of reference mirror those in the Bill and it has been structured in a way that allows executive members, directors, GP consortia and the PCT to act in concert to achieve similar outcomes.

- The Monitoring Officer will report back once the legal framework is more clear and a permanent board with appropriate powers can be created.

Alternative Options

1. The purpose of the shadow board is to explore alternative ways of working to inform the creation of formal boards to be created in due course.

Reasons for Recommendations

2. To fulfil the Council's aspirations for early implementation and obligations as an Early Implementer working with the DoH and as a statement of this Council's commitment to joint working to achieve outcomes in public health.

Introduction and Background

Proposed Role of Health and Wellbeing Boards

3. In December 2010, the Government published a document entitled "Legislative Framework and Next Steps", which sets out the response to the consultation responses to the July 2010 Health White Paper (including "Local Democratic Legitimacy in Health").

4. The key points relating to HWBBs are as follows:

(1) Statutory Basis:

(a) The requirement for a HWBB has been included in the Health and Social Care Bill; the HWBB will be a statutory Committee of the Local Authority

(b) Local Authorities (LAs) will be able to delegate other functions to the HWBB

(c) GP Consortia (CPC) will be able to delegate inherited PCT functions to the LA or HWBB

(d) There will be flexibility about geographical scope for HWBB, allowing cross border or more local variants

(e) The HWBB will not be the commissioning body – LA and GPC will be responsible for commissioning

(2) Membership:

(a) The core membership requirements (in the Bill) will be:
- Elected Councillors
- Relevant GP Consortia
- Directors for Adult Social Care, Children's Services and Public Health
- Representative of HealthWatch

(b) Other members will be for local determination

(3) Joint Strategic Needs Assessment (JSNA):

(a) Local Authority and GP Consortia (GPC) will be jointly responsible for the JSNA (and the Pharmaceutical Needs Assessment), working through the HWBB

(b) There will be a legal obligation on the LA/GPC to have regard to the JSNA in exercising commissioning functions

(4) Joint Health and Well Being Strategy:

(a) There will be a requirement for the LA/GPC (working through the HWBB) to develop a high level Joint Health and Wellbeing Strategy having regard to the National Commissioning Board mandate (but no central approval will be required)

(b) There will be a legal obligation on the LA/GPC to have regard to the Strategy in exercising commissioning functions

(5) Joint Working:

(a) HWBB will be able to look at the totality of resources in the local area for health and well being and how to achieve better value

(b) There will be a statutory duty on GPC and LA to consider how best to use flexibilities (e.g. pooled budgets)

(6) Scrutiny:

(a) The Bill will confer health Overview and Scrutiny functions on the local authority itself – with greater flexibility to decide how these are exercised

(b) Scrutiny powers will be extended to any provider (NHS funded) and to GPC functions

Early Implementers

5. The DoH has established a network of Early Implementers for HWBBs, to work on a number of related policy issues. Early implementers will not have a special status, but will receive DoH support in return for co-producing guidance on HWBBs. The Early Implementer network will be informal and largely web based.

6. Herefordshire Council is an Early Implementer for HWBBs. This will provide the opportunity for both influencing the eventual Government guidance about HWBBs and to operate this element of the White Paper reforms in parallel with the development of the Herefordshire GP Consortium. The PCT Board and GPC will clearly be closely involved in this work as part of

the partnership between NHSH and Herefordshire Council.

7. The DoH has run two workshops for Early Implementers and a further workshop is planned on 10 February 2011. In practice most of the learning and cross sector discussion will be virtual and will focus on particular areas of geographical or thematic interest.

8. Key points for the development of HWBBs from these sessions so far are as follows:

(1) Localities start from different points – HWBBs will need to be different in different areas

(2) National guidance should be advisory, not prescriptive

(3) HWBBs should focus on trying to achieve transformation, not simply fulfilling a requirement to have one

(4) How do we balance achieving change and at the same time keeping the best of the current system eg: knowledge and people?

(5) How do we build new relationships between local authorities and GPs?

(6) How can we ensure accountability and transparency under the new arrangements?

(7) How will HWBB and local partners manage cross boundary issues and locality working?

Developing Health and Wellbeing in Herefordshire

9. It is clearly vital that we develop an approach to the HWBB which reflects the needs of Herefordshire, within the prescribed national framework. Establishing a shadow board will enable us to work through key questions such as:

(1) **Role of the HWBB**: in addition to the statutory requirements, what expectations should we have for the Herefordshire HWBB; what are the priorities and what are the challenges?

(2) **The JSNA**: will be the key planning document for the HWBB, leading to the development of the HWB Strategy. What should be the scope and purpose of the JSNA and how will it be different from now?

(3) **The HWB Strategy**: what will a HWB Strategy look like and what will it achieve?

(4) **Links with the Herefordshire Partnership**: the HWBB will be different from the Herefordshire Partnership Health and Wellbeing Partnership Board, but there will be a transitional aspect and the need for close links

(5) **Cross Border and Locality Working**

(6) **Pooling Budgets**: there are clear potential benefits to pooling commissioning budgets (alongside place based budgets) across the Council and the GPC:

(7) **Delivery**: there is little point in joining up needs analysis and planning if commissioning and delivery are not also joined up.

(8) **Public Accountability and Engagement**: there is a real opportunity to raise the profile of health and well being with Herefordshire residents, community groups, parish councils, local businesses etc and to get genuine engagement:

(A diagram setting out a high level view of a HWBB for Herefordshire is appended).

10 Stakeholder workshops will take place in February to work through these and other questions, linked to the reforms proposed in the Public Health White Paper.

Key Considerations

11. Health and Wellbeing Boards (HWBB) will be established by local authorities as part of the Health White Paper proposals. The consultation document "*Local Democratic Legitimacy in Health*" proposed statutory responsibilities for HWBBs to lead Joint Strategic Needs Assessment (JSNA) and support joint commissioning and integration.

12. The proposal for HWBBs is closely linked to the transfer of public health responsibilities from 2013, which are set out in the Public Health White Paper published on 30 November 2010.

Community Impact

13. The Health and Wellbeing agenda impacts on the entire community.

Financial Implications

14. None specific to this proposal. Allocation of budgets to a formal board may be considered in due course. Existing budgets will be used in the work of the shadow HWBB.

Legal Implications

15. The requirements for a Health and Wellbeing Board are contained in the recently published Health and Social Care Bill. The Shadow Board will draw on existing powers to explore ways of working which will inform the implementation of such boards nationally.

Risk Management

16. Failure to set up a Shadow HWBB and fulfil the Council's ambitions as an Early Implementer could result in solutions being imposed which are not suited to Herefordshire.

Consultees

17. There has been no specific consultation on this proposal. However, Early Implementers are developing the HWBB option as part of the Government's wider health proposals, which are subject to extensive consultation nationally. Stakeholder workshops will take place in February to develop thinking about the role of the HWBB. The PCT Board and GP Consortium will be central to this process.

Appendices

- Diagrammatic representation of how a Health and Wellbeing Board might work.

Background Papers

- Equity and Excellence – Liberating the NHS
- Local Democratic Legitimacy in Health
- Equity and Excellence – Legislative Framework and Next Steps

HEALTH AND WELLBEING BOARD
PROPOSED SCHEDULE OF MEETINGS

Report Deadline (1)	Agenda Despatch (2)	Meeting Date and Time (3)	Meeting Venue (4)
Proposed Workshop date:		*Either* 24 or 31 May 2011 (to be agreed)	Council Chamber Brockington
Monday 6 June 2011	Monday 13 June 2011	Tuesday **21 JUNE 2011** 2.00 pm	Council Chamber Brockington
Monday 4 July 2011	Monday 11 July 2011	Tuesday **19 JULY 2011** 2.00 pm	Council Chamber Brockington
Friday 26 August 2011*	Monday 5 September 2011	Tuesday **13 SEPTEMBER 2011** 2.00 pm	Council Chamber Brockington
Monday 3 October 2011	Monday 10 October 2011	Tuesday **18 OCTOBER 2011** 2.00 pm	Council Chamber Brockington
Monday 7 November 2011	Monday 14 November 2011	Tuesday **22 NOVEMBER 2011** 2.00 pm	Council Chamber Brockington
Monday 28 November 2011	Monday 5 December 2011	Tuesday **13 DECEMBER 2011** 2.00 pm	Council Chamber Brockington
Friday 30 December 2011 *	Monday 9 January 2012	Tuesday **17 JANUARY 2012** 2.00 pm	Council Chamber Brockington
Monday 6 February 2012	Monday 13 February 2012	Tuesday **21 FEBRUARY 2012** 2.00 pm	Council Chamber Brockington
Monday 5 March 2012	Monday 12 March 2012	Tuesday **20 MARCH 2012** 2.00 pm	Council Chamber Brockington
Thursday 29 April 2012*	Thursday 5 April 2012*	Tuesday **17 APRIL 2012** 2.00 pm	Council Chamber Brockington
Friday 20 April 2012*	Friday 4 May 2012*	Tuesday **15 MAY 2012** 2.00 pm	Council Chamber Brockington

Reports must be with the lead officer by the deadline dates shown in column (1) to allow clearance for inclusion in the Agenda.
The Agenda publication dates shown in column (2) give the required statutory notice of these public meetings. Further information is contained in the Council's Constitution.

*Dates affected by Bank Holidays

Herefordshire Health and Wellbeing Shadow Board

Date: 14/04/11

Subject:	Progress and Transition Report – Health Improvement and the Health Improvement Plan
Presented By:	Alison Merry

PURPOSE OF THE REPORT:

- To provide a Transition Report on Health Improvement and the Health Improvement Plan for the Herefordshire Health and Wellbeing Shadow Board.

KEY POINTS:

The report covers:

- progress and achievements to date in relation to health improvement;
- areas where work is continuing;
- areas where more work is needed;
- next steps that need to be taken to achieve improved population health and reductions in health inequalities.

RECOMMENDATION TO BOARD:

The Board is asked to receive the report.

CONTEXT & IMPLICATIONS:

Financial	n/a
Legal	n/a
Risk and Assurance *(Risk Register/BAF)*	n/a
HR/Personnel	n/a
Equality & Diversity	Addresses inequalities in health.
Strategic Objectives	Contributes to strategic objectives relating to improving population health and wellbeing.
Healthcare/National Policy *(e.g. CQC/Annual Health Check)*	
Partners/Other Directorates	
Carbon Impact/Sustainability	n/a
Other Significant Issues	n/a

GOVERNANCE

Process/Committee approval with date(s) *(as appropriate)*	JMT: March 2011 Health and Wellbeing Partnership Group: March 2011

Health Improvement and the 2010/11 Herefordshire Population Health Improvement Plan

Report for the Health and Wellbeing Partnership Board and Transition Report for the Herefordshire Health and Wellbeing Board

1. Introduction

This report has been prepared to inform members of the Health and Wellbeing Partnership Board and the new Herefordshire Health and Wellbeing Board regarding progress to date in relation to health improvement and on the development and implementation of local plans for improving the health of the local population.

The report looks at progress and achievements to date, identifies areas where work is continuing including areas where more work is needed and looks forward to the next steps that need to be taken in future years in order to achieve real improvements in population health and to reduce health inequalities affecting local people.

2. Background

In general, people in Herefordshire enjoy relatively good health. However, despite this, too many people suffer avoidable ill health or die prematurely from preventable conditions. In addition to the resulting unnecessary suffering for individuals and their families and carers, this also leads to unnecessary time off school or work and avoidable costs for society (for example, spending on health and social care, benefits payments, lost productivity for businesses).

During 2010/11 the Public Health Directorate has led on the development of a new Population Health Improvement Plan (HIP) for Herefordshire. At the beginning of this process, although a range of health improvement activities were in place, these were not coordinated and there were no strategic population health improvement plans in place locally from which the 2010/11 HIP could be developed. The process of developing a local HIP therefore had to start from scratch.

3. Overview of the 2010/11 Population Health Improvement Plan

3.1 Aim of the 2010/11 HIP

The aim of the HIP is to create a single strategic plan for improving population health and preventing avoidable illness and early death in Herefordshire by:

- identifying the top priority topic areas for population health improvement;
- bringing together and reviewing existing activity contributing to health improvement across a wide range of partner organisations;

- identifying new activity required to improve population health based on evidence of effectiveness and using a structured framework which addresses the wide range of underlying influences on health;
- identifying funding for existing and new activity;
- bringing existing and new activities together to form the basis from which longer-term plans for Population Health Improvement could be developed.

3.2 Contents of the 2010/11 HIP

The HIP identifies, and brings together into a single plan, nine priority areas which influence the main causes of avoidable illness and premature death in Herefordshire, namely:

- Smoking;
- Alcohol;
- Diet;
- Physical activity;
- Oral health;
- Infectious diseases;
- Sexual health, including teenage pregnancy;
- Accidents and injuries;
- Mental wellbeing.

Each section is structured to include the wide range of actions required to improve health using the following framework:

- Encouraging a healthy start in life;
- Reducing exposure to risk factors;
- Enforcement and ensuring a supportive environment;
- Inequalities;
- Advocacy;
- Early diagnosis and treatment.

Under each of these sections and their subheadings, the HIP brings together existing initiatives already being undertaken across the county and identifies new priorities areas for action.

3.3 The importance of the underlying wider determinants of health

Because of the fundamental influence of wider determinants such as socio-economic and environmental factors on population health, the 2010/11 HIP is not limited to health services and attempts to capture existing and proposed activity across a wide range of partner organisations. Where possible, the HIP also identifies how existing work is funded and sources of funding for new and proposed activities.

It is important to recognise that both the development and the implementation of the HIP has involved, and continues to require, joint working across a wide range of partners. Health is about much more than expecting individuals to adopt a more healthy lifestyle by giving them information or education. Whilst this has a role, we also need to make sure that people are encouraged and supported towards better

health by the community, their surroundings and environment in which they live and work. Crucially, it is important to recognise the role of the wider socio-economic and environmental determinants (the "causes of the causes") which underpin health and to work with partners who have influence over these determinants in order that action is taken to address them.

4. Progress to date

This section looks at recent achievements in population health improvement as a whole. It then reviews progress in relation to developing and implementing the 2010/11 HIP, looking in turn at what we have achieved to date, areas that we are still working on and areas where work hasn't progressed as much as we would have liked, but which are still priorities.

4.1 Key population outcome achievements

4.1.1 All Cause Mortality

Males: all cause mortality has dropped by 8.5% from baseline rate of 656.4 per 100,000 population (2006-08) to 600.8 per 100,000 population in 2009.

Females: all cause mortality has dropped by 3.8% from baseline rate of 430.3 per 100,000 population (2006-08) to 413.9 per 100,000 population in 2009.

4.1.2 Coronary Heart Disease

Coronary Heart Disease mortality has dropped by 7.8% from baseline rate of 79.2 per 100,000 population (2006-08) to 73.0 per 100,000 population in 2009.

4.1.3 Circulatory Diseases

Circulatory Diseases mortality has dropped by 3.9% from baseline rate of 61.8 per 100,000 population (2006-08) to 59.4 per 100,000 population in 2009.

4.1.4 Cancer

Cancer mortality has dropped by 0.6 % from baseline rate of 103.7 per 100,000 population (2006-08) to 103.1 per 100,000 population in 2009.

4.1.5 Land Transport Accidents

Land Transport Accidents mortality has dropped by 17.1% from baseline rate of 11.7 per 100,000 population (2006-08) to 9.7% per 100,000 population in 2009.

(NB; the rates are based on very small numbers, therefore significant drop should be interpreted cautiously. It may not be sustainable as only a few fatal accidents can avert the course of success.)

4.1.6 Life Expectancy at Birth

Male: Life Expectancy has increased by 0.6% from baseline of 78.1 years (2005-07) to 78.6 years in 2006-08.

Females: Life Expectancy has increased by 0.5% from baseline of 83 years (2005-07) to 83.4 years in 2006-08.

4.1.7 MMR Uptake

MMR Uptake rate has increased by 6.4% from 73.9% (in 2007-08) to 81.3% (in 2009-10).

4.1.8 Chlamydia Screening

Chlamydia screening uptake rate has increased by more than fivefold from 4.3% (in 2007-08) to 23.2% (in 2009-10).

4.2 Overall progress

4.2.1 Development of a written plan

During 2010/11 a "baseline" HIP was completed as planned. This has been an iterative process resulting in a "live" HIP document which will form a sound basis for future plans. This process has brought together existing initiatives and new ideas for action together into a structured plan covering the nine priority areas listed above.

4.2.2 Involving stakeholders

Work to develop and implement the HIP has involved and engaged a range of local partners. This process has helped to foster a greater shared understanding locally that health is everyone's business and that everyone has a part to play in working towards achieving good health and wellbeing for the whole population. Whilst the development of the HIP has been coordinated by Public Health, stakeholders have been involved both in its development and in work to implement it. For example, views were sought on all sections of the plan from a wide range of stakeholders at the Health and Wellbeing Conference held at the Point 4 centre in June 2010 and individual sections of the plan have been reviewed and/or received input and comments via a range of channels – for example, the Smoking Strategy Group and Dental Clinical Engagement Group were consulted about the Smoking and Oral Health sections respectively.

4.2.3 Action to improve health

It is widely recognised that improving health relies on action at a range of levels including changes to individual behaviour, community action, environmental improvements, policy and service development. Whilst this requires the coordinated, long-term efforts of a wide range people and partners, as individuals, communities, professionals, interest groups and organisations, considerable progress has been locally in developing the shared understanding and responsibility necessary for tackling the wider determinants influencing health. The joint work that has taken place to date on developing and implementing the HIP will provide a sound foundation for future partnership working for health.

4.2.4 Prioritisation

A prioritisation process has also been undertaken to identify priority areas for action within each section of the HIP (the methodology for this process took into account strategic priorities, evidence-base, inequalities and community engagement). This prioritisation process has identified 'best buys' and key target groups where efforts should be focused in order to achieve maximum population health gain including the regional QIPP priorities on alcohol and tobacco.

Activity in relation to different sections of the HIP has been prioritised throughout 2010/11. For example efforts to reduce smoking prevalence have been a high

priority because of the major impact of smoking on population health. This means that there has been more progress in implementing some sections (notably smoking, oral health, physical activity and diet) than in others (for example, accidents and mental wellbeing).

4.3 Smoking

4.3.1 Achievements to date

- Implementation of a new hub and spoke model for the Stop Smoking Service. This has involved a changed role for the Stop Smoking Team (Specialist Stop Smoking Service) which now focuses primarily on providing training and support for a network of Stop Smoking providers across the county along with specialist stop smoking advice for smokers with more complex needs and for groups of quitters.
- New management arrangements have been put in place for the Specialist Stop Smoking Team.
- A Service Specification for the Specialist Stop Smoking Service has been developed.
- Continued development of a network of trained Stop Smoking advisers across the county in GPs practices, pharmacies, HALO leisure centres.
- Implementation of stop smoking database within the "hub".
- Stop Smoking providers trained in HALO leisure centres across the county.
- Service Level Agreements agreed with HALO and pharmacies.
- Inclusion of brief intervention for smoking within the 2011/12 CQUIN.
- Pilot completed for provision of Stop Smoking advice in a local dental practice and development of an SLA for this new service provider.
- Development of a workplace-based stop smoking pilot scheme with local employer Amey Herefordshire, as part of the national Healthy Places, Healthy Lives programme.
- Training provided for staff in brief intervention, including HHT and community health staff as part of 2010/11 CQUIN.
- Established a multi-agency Smoking Strategy (Tobacco Alliance) Group.
- During 2010/11 the Specialist Stop Smoking Service has trained 187 people to be able to provide brief interventions for stop smoking (compared to 0 in 2008/09 and 2009/10) and 105 people to be able to provide Stop Smoking Advice (compared to an average of 43/year between 2004/05 and 2009/10) (see appendix 1).

4.3.2 Ongoing areas of work

- Continuing development of a network of trained Stop Smoking advisers across the county in GPs practices, pharmacies, HALO leisure centres.
- Roll-out of database to "spoke" providers.
- Promotion of new "hub and spoke" model.
- Develop and implement local communications/social marketing plans based on national campaigns eg Quit Kit, No Smoking Day.
- Further roll-out of workplace-based stop smoking.
- Implement a Local Enhanced Service to increase provision of smoking cessation services in primary care (GP LES).

- Further movement towards formal commissioner/provider relationship with Specialist Stop Smoking Service.
- Development of further capacity in brief intervention in range of settings/providers including secondary care.
- Implementation PGD and staff training for varenicline.

4.3.3 Priority areas where progress has not yet been made

- Develop further workplace-based smoking cessation activities, building on the Healthy Places, Healthy Lives pilot including within NHSH and HC.
- Delivery of smoking prevention and cessation interventions for children and young people.

4.4 Alcohol-related harm to health

4.4.1 Achievements to date

- Inclusion of Identification and Brief Advice (brief intervention for alcohol) in 2011/12 CQUIN.
- Training programme established for IBA. An update on numbers of staff trained in IBA will be available in June 2011.

4.4.2 Ongoing areas of work

- Develop primary care LES for alcohol services and service model for Level 2 primary care based alcohol service.
- Increase capacity and provision of structured brief interventions (IBA) on alcohol in primary and secondary care and in locality settings.
- Provision of advice and treatment for harmful alcohol consumption, ensuring adequate capacity within existing specialist alcohol services to meet additional demand resulting from the structured brief interventions.
- Case management of frequent admissions due to alcohol.
- Undertake a needs assessment/service review of specialist alcohol services.
- Alcohol liaison nurse to identify and manage patients frequently admitted to hospital due to alcohol (including providing family support) – supported by new alcohol admissions database.

4.4.3 Priority areas where progress has not yet been made

- Develop a service specification for the delivery of IBA in secondary care.
- Building on existing good practice in the delivery of social marketing interventions for young people.
- Evaluate the impact of existing social marketing campaigns and look to identify future funding opportunities.

4.5 Healthy diet and physical activity

4.5.1 Achievements to date

- Launch of local Change for Life programme.
- Pilot of NHS Health Checks programme in local GP practices implemented.
- Local implementation of national Healthy Start programme.
- Completion of a number of MEND and post-MEND programmes for overweight children. Further data numbers completing MEND programmes will be available shortly.

4.5.2 Ongoing areas of work

- Continued promotion and roll-out of Healthy Start.
- Implementation of Start4Life and the Unicef Baby Friendly initiative.
- Build on local Change4Life programme including promotion of Ten Top Tips.
- Evaluation of interventions to manage and support children who are overweight and obese to lose weight, including MEND programme.
- Increase opportunities for physical activity including opportunities for walking, cycling and dancing.
- Increase the provision of lifestyle coaching support through development and implementation of a new Health Trainer service specification.
- Development of obesity care pathway to identify, manage and support people who are overweight or obese.
- Development of a children's obesity care pathway.
- Evaluation of pilot of NHS Health Checks programme.
- Roll-out of NHS Health Checks - depending on outcome of evaluation.

4.5.3 Priority areas where progress has not yet been made

- Launch the middle-age strand of Change4Life.
- Increase workforce capacity to deliver healthy lifestyle advice and support.
- Develop further local social marketing plans based on C4L.
- Develop care pathways to increase physical activity for those identified as at low/medium or high risk of cardiovascular disease from the NHS Health Checks programme, based on the Let's Get Moving programme.

4.6 Oral Health

4.6.1 Achievements to date

- Implementation of Herefordshire "Brushing for Life" programme (fluoride toothpaste/toothbrush distribution to pre-school children, delivered by Health Visitors). As at February 2011, 1,597 B4L packs had been issued to local preschool children.
- Implementation started of school-based supervised toothbrushing programme for nursery and reception children. 878 children in 13 local schools are now taking part in this programme with 2 schools due to join the scheme once training has been completed (as at March 2011).
- Work with local dental practices to increase the use of fluoride varnish
- Completion of training programme in oral health and the application of fluoride varnish for a cohort of local dental nurses.
- Provision of educational update for dental team staff as part of the local post-graduate programme.

4.6.2 Ongoing areas of work

- Further roll-out of the school-based supervised toothbrushing programme for nursery and reception children.
- Continue work with local dental practices to increase the use of fluoride varnish.
- Establish mechanism for ongoing provision of Brushing for Life programme and supervised school-based toothbrushing programmes.

4.6.3 Priority areas where progress has not yet been made

- Establish mechanism for ongoing monitoring of prevention in practice including provision of fluoride varnish as part of routine contract monitoring.
- Promote key oral health messages via communication/social marketing campaigns.
- Increase awareness of oral cancer.
- Explore options for provision of general health improvement, eg stop smoking within dental practices.

4.7 Infectious diseases

4.7.1 Achievements to date

- Roll-out of local MMR catch-up programme that led to increase of MMR uptake by 6.4% from 73.9% (in 2007-08) to 81.3% (in 2009-10).
- Launch of the Nurse-led immunisation service 6 month pilot in October 2010.
- Implementation of HPV Immunisation programme in September 2008.
- Implementation of Swine Flu vaccination programme in September 2009.
- Development of Pandemic flu plan and management of a) swine flu outbreak in 2009 and b) sharp rise in the flu cases in January 2011.
- Launch a local campaign to increase flu vaccine uptake in December 2010 that led to an uptake rate of 74% (provisional data) in individuals aged 65 and over against set target of 70%.
- Development and implementation of Herefordshire Health Care Associated Infection Strategy 2011-14.
- Development and implementation of Norovirus Toolkit. This ensures the effective and prompt management of diarrhoea and vomiting cases in the community reducing pressure on secondary care.
- Validation of the Infectious Disease Outbreak Plan through a multiagency table-top exercise in February 2011.
- Further information on progress in relation to childhood immunisations will be available in April 2011.

4.7.2 Ongoing areas of work

- Evaluation of the Nurse-led immunisation service pilot to inform future commissioning of this service.
- Establishing outreach vaccinations service to deliver vaccinations in a range of settings.
- Undertaking work to increase vaccination uptake rates in traveller communities, working with the county council Travellers' Service.
- Locally enhanced national campaigns to promote respiratory hygiene.
- Promotion of hand hygiene campaign.
- Provision of infection prevention and control service in nursing and residential care homes.
- Infection Control Audits across primary care.
- Review of pandemic flu plan.

4.7.3 Priority areas where progress has not yet been made

- n/a

4.8 Sexual health, including teenage pregnancy

4.8.1 Achievements to date

- Completion of Sexual Health Needs Assessment and development of sexual health strategy.
- Expansion of Chlamydia Screening programme to involve a third sector organisation. This led to more than fivefold increase uptake from 4.3% (in 2007-08) to 23.2% (in 2009-10).

4.8.2 Ongoing areas of work

- Developing a new sexual health service model employing a tiered approach.
- Implement a Local Enhanced Service to deliver Chlamydia screening through the GP walk-in centre.
- Implement a Local Enhanced Service to increase the provision of Long-Acting Reversible Contraception (LARC) in primary care.
- Review and revise the sexual health service specification in line with the recommendations from the sexual health needs assessment, including development of new service specification for specialist sexual health service in line with National strategy and local context.

4.8.3 Priority areas where progress has not yet been made

- Undertake a social marketing campaign to increase uptake of LARC and Chlamydia screening.

4.9 Accidents and injuries

4.9.1 Achievements to date

- Reduction in road traffic deaths at Herefordshire level.
- Falls strategy completed and new service commissioned.
- Accidents and injuries partnership group convened involving representation from a wide range of agencies.

4.9.2 Ongoing areas of work

- Develop an accidents and injuries action plan supported by needs analysis
- To link with the Maximising Independence workstream to ensure the Falls Strategy is implemented and links to reablement, telecare and risk stratification to prevent increases in fractured neck of femur.
- Resolution of performance issues with new falls service.
- Use of A&E data systems to identify accident hot-spots.

4.9.3 Priority areas where progress has not yet been made

- Evaluation of current interventions to reduce accidents and injuries.
- Implementation of evidence based interventions in schools.

4.10 Mental wellbeing

4.10.1 Achievements to date

- In depth review of deaths from suicide in recent years completed providing enhanced local understanding and no local evidence of specific pattern.
- Local roll out of the acclaimed Triple P (Positive Parenting Programme) supporting mental wellbeing from early children through parenting.

- A process of engaging with stakeholders and initiating local discussions on mental "wellbeing" has been started through the Health and Wellbeing Conference in June 2010.
- However, this is an area in which there has been limited progress to date.

4.10.2 Ongoing areas of work

- A shared understanding of mental "wellbeing" and the difference between mental health and mental wellbeing has been established between the Staying Healthy and Mental Health/Learning Disability workstreams.

4.10.3 Priority areas where progress has not yet been made

- This is an area for further development.

5. What priorities have we identified for 2011/12 – 2012/13?

It is important that local plans for health improvement are updated in line with local needs and in the context of local and national policy.

The following key issues are highlighted in the 2010 JSNA and remain priorities for 2011/12 onwards:

- smoking remains the single most important cause of avoidable ill-heath and premature death;
- rates of alcohol-related hospital admissions are increasing;
- obesity is emerging as a major contributing factor to poor health, disability and premature death. Herefordshire has a higher rate of obesity amongst adults than England generally and it is particularly concerning that more than one in four 11 year-old children are overweight or obese.

These priorities need to be reflected in the updated plans for 2011/12 onwards.

In addition, since the 2010/11 HIP was developed, fundamental changes to public services, including to the delivery of health services, local services and public health have been introduced including the NHS and the Public Health White Papers.[1, 2] Some of the funding streams identified in the 2010/11 HIP have been reduced or withdrawn. The impact of these changes and the current financial challenges will need to be considered in the development of the future HIP.

5.1 Priorities identified from the 2010/11 HIP

The following priority areas for prevention were highlighted by the prioritisation process discussed in section 4.2.4:

5.1.1 Reduce the prevalence of smoking

- Increase the routine provision of brief intervention by a range of providers and in a range of settings across the county;
- Increase provision of Stop Smoking Services in primary care and in locality settings;

[1] Equity and excellence: liberating the NHS
[2] Healthy lives, healthy people: our strategy for public health in England

- Increase provision of brief intervention and Stop Smoking Services from a range of providers within a new hub and spoke model of service delivery
- Target high risk groups, including pregnant women, people with chronic disease and those living in deprived communities.

5.1.2 Reduce alcohol related harm to health

- Increase provision of structured brief interventions on alcohol in primary and secondary care and in locality settings;
- Ensure adequate capacity within existing specialist alcohol services to meet additional demand resulting from the structured brief interventions;
- Build on existing good practice in the delivery of social marketing interventions for young people;
- Case management of frequent admissions due to alcohol.

5.1.3 Encourage healthy diets

- Focusing on the local implementation of the Change4Life brand.

5.1.4 Increase physical activity

- Increase physical activity in children;
- Increase physical activity in adults at risk of cardiovascular disease.

5.1.5 Improve oral health

- Reduce dental caries in children by ensuring optimal exposure to fluoride in line with *Delivering better oral health: an evidence-based toolkit for prevention (DH, 2009).*

5.1.6 Reduce the prevalence of sexually transmitted infections and reduce the number of teenage pregnancies

- Increase uptake of Chlamydia screening;
- Increase uptake of Long Acting Reversible Contraception (LARC);
- Improve access to sexual health services, particularly in deprived communities.

5.1.7 Reduce the burden of infectious disease

- Increase vaccine uptake rates;
- Increase access to immunisation services in deprived communities to reduce health inequalities;
- Local campaigns to promote respiratory and hand hygiene.

5.1.8 Reduce accidents and injuries

- Develop a co-ordinated approach to reducing accidents and injuries within the county;
- Use A&E data systems to identify accident hot-spots;
- Evaluate current interventions to reduce accidents and injuries.

5.2 Have any other priorities emerged?

5.2.1 Herefordshire localities

Future plans for health improvement need to be closely aligned to the localities agenda in Herefordshire, both in terms of identifying the health needs of local communities and in implementing initiatives to address these needs.

5.2.2 Economic climate

The potential of preventative health approaches to deliver significant cost-savings to both the NHS and wider public services is increasingly being recognised. This has been considered in identifying the priorities outlined in section 5.1. There will, however, continue to be a need to keep this under review and to ensure that the system as a whole delivers the most clinically and cost-effective interventions to ensure we are maximising value for money, and making real progress in reducing the burden of preventable disease in the Herefordshire population.

5.2.3 Other areas

The following additional priorities have also been identified since the 2010/11 HIP was written:

Drugs (following changes affecting the National Treatment Agency for Substance Misuse)

- recommendation to include this with alcohol section

Cancer-screening

- recommendation to develop a framework for the reporting of cancer screening uptake, to develop plans for cancer screening targets and to work with GPs to identify and refer cancers at an earlier stage.

6. Summary and next steps

Most of the major causes of ill-health and mortality in Herefordshire are influenced by lifestyle behaviours including smoking, diet and physical activity. A range of simple, affordable and cost-effective interventions have the potential to improve population health in Herefordshire significantly and include:

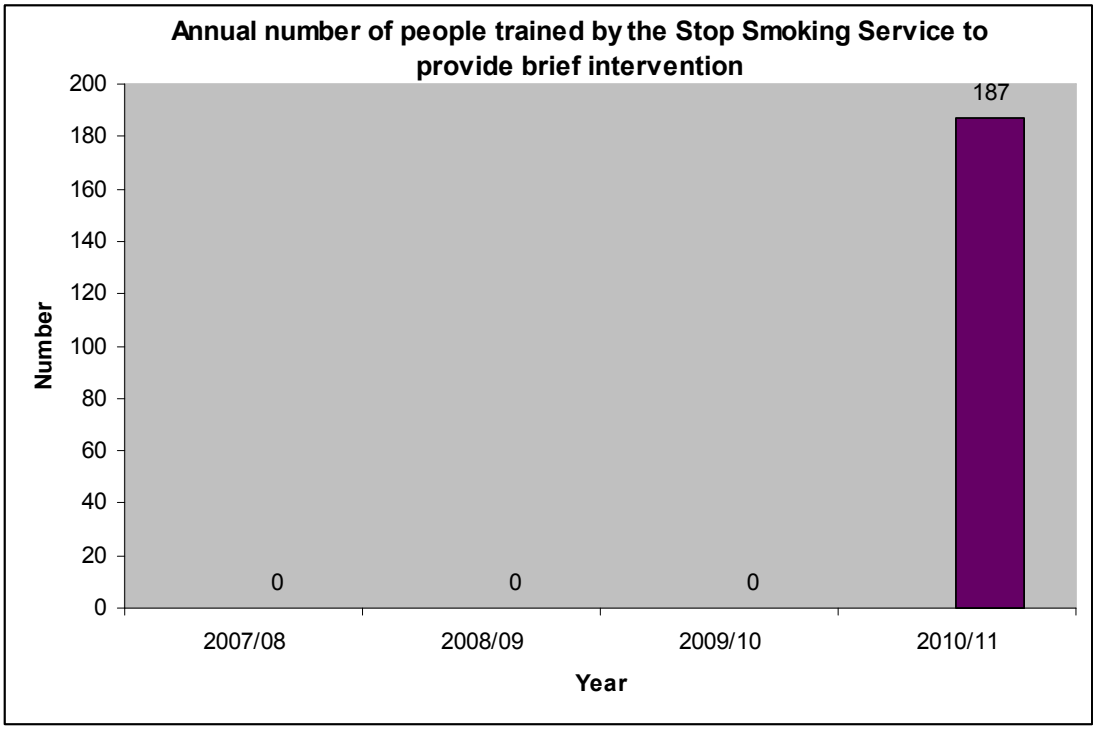
- identifying and treating hypertension, high cholesterol levels and diabetes at an early stage for example via NHS Health Checks programme;
- supporting smokers to quit;
- supporting people who are overweight or obese to lose weight and
- reducing tooth decay in children by promoting appropriate use of fluoride toothpaste and professionally-applied fluoride varnish.

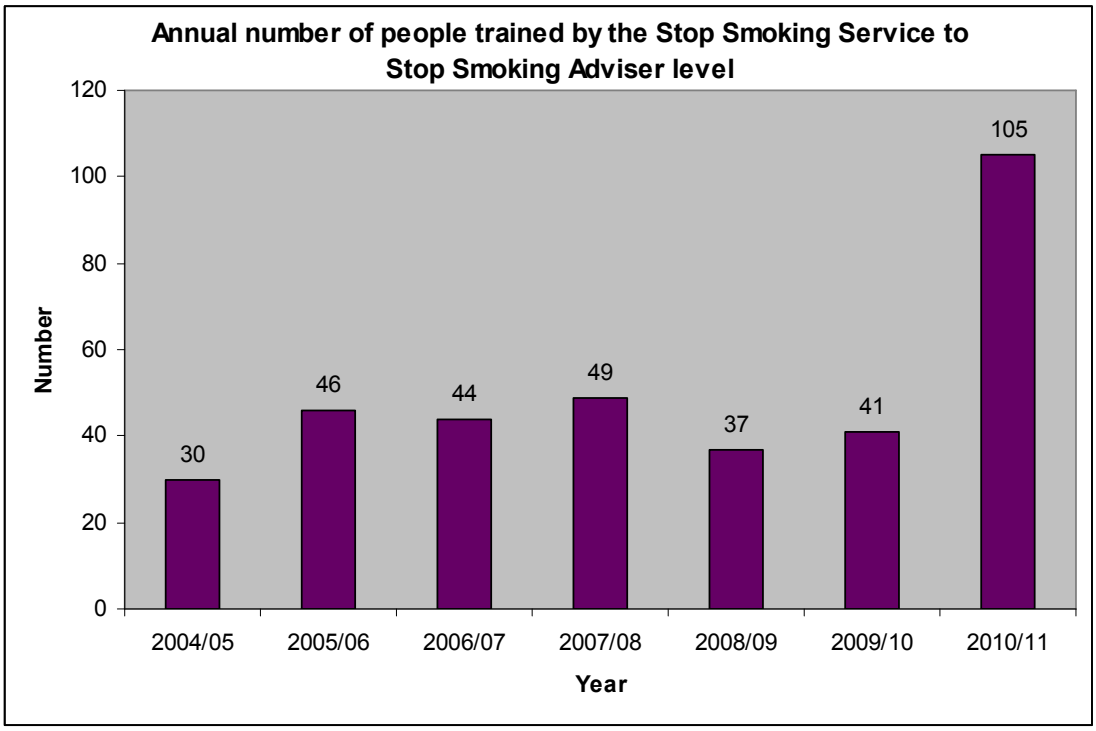
It will be important that these (and other) simple measures continue to feature in our plans for population health improvement and that these are implemented on an “industrial scale” if we are to have the greatest impact on population health and great potential for saving future health and social care costs.

The 2010/11 HIP has provided a foundation for the development of future health improvement plans. In order to build on the current HIP and develop comprehensive plans for health improvement during 2011/12-2012/13, the priorities identified in sections 4.2.4 and 5.1 will need to be reviewed in the light of local needs as identified, for example, in the JSNA. The updated plans will also need to take account of emerging new structures for the delivery of services across the public, private and third sectors, including new structures within local government (including the introduction of a Health and Wellbeing Board), the NHS and new

arrangements for the delivery of public health. A life-course approach is recommended as this would build on the conceptual framework used in the 2010/11 HIP and be aligned to the national approach to health improvement and reducing health inequalities outlined in the Marmot Review.[3]

Appendix 1





[3] The Marmot Review: Fair Society, Healthy Lives.

Herefordshire Health and Wellbeing Shadow Board
Date: 14/04/11

Subject:	Health and Wellbeing Partnership Group Legacy Report
Presented By:	Alison Merry

PURPOSE OF THE REPORT:

- To formally recognise the work of members of the Health and Wellbeing Partnership Group and to thank them in relation to progress achieved to date
- To make recommendations to the new Health and Wellbeing Board in relation to priorities for further action.

KEY POINTS:

- Considerable progress has already been made and priorities for future work have been identified.
- The establishment of the Health and Wellbeing Board is an opportunity to build on the achievements of the Health and Wellbeing Partnership Group.
- This report also includes recommendations in relation the influence of employment on health and wellbeing, and opportunities to work with employers and the business community to improve and protect population health and wellbeing.

RECOMMENDATION TO BOARD:

The Board is asked to discuss and agree the report.

CONTEXT & IMPLICATIONS:

Financial	n/a
Legal	n/a
Risk and Assurance *(Risk Register/BAF)*	n/a
HR/Personnel	n/a
Equality & Diversity	Health inequalities
Strategic Objectives	Health and wellbeing
Healthcare/National Policy *(e.g. CQC/Annual Health Check)*	n/a
Partners/Other Directorates	n/a
Carbon Impact/Sustainability	n/a
Other Significant Issues	n/a

GOVERNANCE

Process/Committee approval with date(s) *(as appropriate)*	Health and Wellbeing Partnership Group: 29/03/11

HEALTH AND WELLBEING PARTNERSHIP GROUP RECOMMENDATIONS

- That the Health and Wellbeing Partnership Group acknowledges the recent achievements in improving population health, including the development of plans for the improvement of population health in Herefordshire.

- That the new Health and Wellbeing Board takes account of the work of the Health and Wellbeing Partnership Group as highlighted in the Transition Report.

- In addition, that the important relationship between work and health is recognised, along with the other factors influencing health, in future plans for improving population health and wellbeing:
    - employers and business need a healthy workforce;
    - the majority of people are in work which provides opportunities for a greater role for employers in relation to supporting and improving the health and wellbeing of their staff – and opportunities for those charged with improving population health to work more closely with local employers and the business community. Whilst there has been progress in this area – for example the establishment of a pilot employee-led workplace Stop Smoking scheme within Amey Herefordshire, there is scope to further develop and expand workplace-based health improvement;
    - there is a need to recognise the influence of employment and unemployment on health and wellbeing and, in particular, the potential influence of the current economic climate and its consequences on mental wellbeing.

- The move of Public Health to the Local Authority and the establishment of the Health and Wellbeing Board will provide greater opportunities to address the influences which underpin health and wellbeing such as employment, housing, education and regeneration. The role of partner organisations from across the voluntary, public and private sectors in improving population health should not be underestimated and the Health and Wellbeing Board and Herefordshire Partnership will have a pivotal role to play in achieving success and ensuring that health and wellbeing are seen as being everyone's business.

- Finally, to formally thank members of the Health and Wellbeing Partnership Group for their hard work and their contributions to the achievements in health improvement in Herefordshire as highlighted in the Transition Report.

Alan Curless (Chair) and the Herefordshire Health and Wellbeing Partnership Group
March 2011

PLANNING FOR HEALTH AND WELL BEING IN HEREFORDSHIRE

DISCUSSION PAPER

1 Purpose

1.1 The purpose of this paper is to:

- *Review progress to date with the establishment of a HWBB in Herefordshire*
- *Explore the key issues we need to address for the new arrangements and how this links to other health and social care developments*
- *Agree key milestones for the Shadow year – the first year is as much about organisational development as putting in place new governance and processes*

1.2 Given the time available we may not be able to answer all the questions at this first meeting, but we can create a work plan for the future. It is proposed that the next meeting is a Workshop Session where we can explore these questions (and any others) in more detail. We may wish to include other people and organisations in this session.

1.3 It is also proposed that a Facilitator is engaged to provide support and challenge to the Board in the exploration of the relevant issues. The Facilitator would work with the Board and stakeholders during the first year of planning.

2 Progress To Date

2.1 So far we have:

- *Established Herefordshire as one of the "Early Implementers" for a HWBB and have engaged in DoH meetings about this (we have also had a number of queries from other parts of the country about our plans)*
- *Produced a discussion paper on how a HWBB might work locally, to raise awareness about the importance of the new arrangements*
- *Held a Stakeholder Consultation event (21 February) on the Public Health White Paper and the HWBB*
- *Established a Shadow Health and Well Being Board for Herefordshire (Council decision 4 March 2011)*

2.2 The flipchart notes from The Kindle Centre event on 21 February are attached as **Appendix A.** Some key reflections from the feedback received:

- *Enthusiasm for the concept of a HWBB*
- *Strong desire to get real community engagement in this, at many levels*
- *Must focus on a few priority areas and target vulnerable groups, we cannot do everything*
- *Links to employment, economy, education etc are important*
- *Big opportunities to join up partners, budgets, intelligence, knowledge, skills etc to deliver better outcomes*
- *Must avoid duplication between the roles of the HWBB and the Herefordshire Partnership*

2.3 We have had a Health and Well Being Partnership Group as part of the Herefordshire Partnership for several years. This Group has planned a final meeting on 29 March. The Group has produced a "Legacy Paper" for the new HWBB with recommendations on the future direction for HWB (see separate agenda item).

2.4 As an Early Implementer it is clearly important that we make visible progress: the proposed workshop event is intended to identify what the key next steps are.

2.5 Are there any issues from what we have done so far that we need to address?

3 Planning for Health and Well Being in Herefordshire

3.1 A Discussion Paper on the HWBB was produced in January 2011 to start a local debate about the new arrangements (including at the Kindle Centre event). The Discussion Paper has been developed in the light of the views received so far and has been replaced by this paper.

3.2 A number of key questions need to be debated during the "shadow" stage abut the fundamental purpose of the HWBB, or how we will make a difference.

3.3 A key principle that people have been clear about from the outset is that we must ensure we don't simply focus on establishing a new piece of governance, but that we think through *how we can use the new arrangements to transform health and well being outcomes for Herefordshire residents.*

Key Issues

3.4 The following 10 key issues are suggested for discussion at the Workshop Session (others can be addressed as well, or instead):

Key Issue	Possible Outcomes
1. Role of the Board	• Shared vision of what we want to achieve for Herefordshire • Understanding of statutory requirements • Clear and effective governance
2. Capacity and Capability	• Right Board membership • Secretariat in place to support the Board • Subject matter expertise in place to deliver aims across many agencies
3. Links with Other Parts of the System	• Mapping of relevant stakeholders etc • Clear understanding of respective roles and responsibilities • Effective communications
4. Joint Strategic Needs Assessment (new title to be agreed)	• Fully integrated assessment of health and well being for all ages • Assessment of the needs of different localities • Alignment of needs assessment and resources
5. Health and Well Being Strategy	• Comprehensive plan addressing the broad determinants of health and well being • Clear and manageable set of priorities

	• Funding aligned to priorities • Measurable improvements in health and well being in Herefordshire
6. Public Accountability and Community Engagement	• High profile for health and well being in Herefordshire • Public engagement in the work of the Board • Increase in personal responsibility for health and well being
7. Delivery	• Integration of health and well being services, interventions and workforce • Pooled budgets • Local delivery teams working in each of the 9 localities
8. Performance Management	• Evidence based performance improvements • Return on investment • Performance outcomes supported by qualitative evidence
9. Organisational Development	• Shared understanding of what we need to do be successful • Workforce is developed to deliver outcomes
10. Roadmap	• Comprehensive plan is in place to achieve our aims • Effective communications

3.5 Each Key Issue is explored in a little bit more detail in the following sections.

3.6 **The Board needs to discuss whether these are the right key issues for detailed exploration at the Workshop Session, or whether the list needs to be amended or added to. The Workshop will also be used to define clear outcomes so that we know what we are aiming for.**

4 Role of the Health and Well Being Board

4.1 Possible outcomes are:

- *Shared vision of what we want to achieve for Herefordshire*
- *Understanding of statutory requirements*
- *Effective and clear governance*

4.2 The intial functions of the Board are set out in the Health and Social Care Bill. In summary these are:

- The HWBB will be a statutory Committee of the Local Authority (LA)
- LAs will be able to delegate other functions to the HWBB
- GP Consortia (GPC) will be able to delegate inherited PCT functions to the LA or HWBB
- There will be flexibility about geographical scope for the HWBB, allowing cross border or more local variants
- Local Authority and the GPC will be jointly responsible for the JSNA (and the Pharmaceutical Needs Assessment), working through the HWBB
- There will be a legal obligation on the LA/GPC to have regard to the JSNA in exercising commissioning functions
- There will be a requirement for the LA/GPC (working through the HWBB) to develop a high level Joint Health and Well Being Strategy having regard to the National Commissioning Board mandate (but no central approval will be required)
- There will be a legal obligation on the LA/GPC to have regard to the Strategy in exercising commissioning functions
- HWBB will be able to look at the totality of resources in the local area for health and well being and how to achieve better value
- There will be a statutory duty on GPC and LA to consider how best to use flexibilities (e.g. pooled budgets)

4.3 Clearly we will need to understand and comply with the statutory requirements. But of greater importance is a shared vision of what we want to achieve for Herefordshire residents – how we will make a difference to health and well being of individuals, families and communities in the county.

4.4 Set out below are some possible headline roles and challenges:

HEALTH AND WELL BEING BOARD POTENTIAL ROLES
• *Whole system leadership – bringing together health, social care and well being services across the County* • *Comprehensive health and well being needs analysis for all ages, for different communities, across all needs* • *Setting the strategy and commissioning outcomes across all sectors – the widest range of services, the wider determinants of health, not just health and social care* • *Commissioning against pathways of care, building in prevention alongside direct intervention* • *Prioritising investment (and disinvestment) and interventions to tackle health inequalities, particular health improvement aims and priority localities* • *A focus for service change – transformational outcomes for people, not simply organisational change* • *Increasing collaboration and integration – not simply better partnership working, or just information sharing* • *Challenging partners and holding them to account at a strategic level* • *Seeking better value from the system (eg: incorporating QIPP)*

4.5 The HWBB will not:

- Be the commissioning body… LA and GPC will be responsible for commissioning
- Get involved in detailed management of the system, or day to day performance management… but will need assurance about where this is being done
- Be responsible for scrutiny… there will continue to be a separate local authority health scrutiny committee

4.6 It is fundamental to the future work of the Board and the achievement of health and well being improvements that a shared vision of the Board's role is agreed at the outset.

5 Capability and Capacity

5.1 Possible outcomes are:

- *Right Board membership*
- *Secretariat in place to support the Board*
- *Subject matter expertise in place to deliver aims across many agencies*

Membership

5.2 The core membership requirements are set out in the Bill as follows:

- Elected Councillors
- Relevant GP Consortia
- Directors for Adult Social Care, Children's Services and Public Health
- Representative of HealthWatch

5.3 Other members are for local determination. The Shadow Board also currently includes:

- Local Authority Chief Executive
- Primary Care Trust representative
- Voluntary Sector Representative – from The Alliance
- Business Sector Representative – from
- Integrated Care Organisation representative

5.4 The right people round the table will be crucial to success. However, much of the work will not be at meetings of the Board – we should aim for a "health and well being network".

5.5 Some question to consider are:

- Who else should be on the Shadow Board?
- Do we need (now or later) working groups to support planning and delivery?
- How should we involve Providers in the work of the Board eg: via a Provider forum?

Secretariat and Subject Matter Expertise

5.6 The Board will need the right support to function effectively, including:

- Lead Officer
- Governance and committee services
- Partnership executive team
- Research and intelligence
- Commissioning advice
- Public health advice

5.7 Herefordshire Council will provide the initial support, but drawing on resources from other partners, notably the PCT and GP Consortium. A partnership team approach will be fundamental to success.

5.8 The Board may wish to identify support requirements.

6 Links with Other Parts of the System

6.1 Possible outcomes are:

- *Mapping of relevant stakeholders etc*
- *Clear understanding of respective roles and responsibilities*
- *Effective communications*

6.2 The HWBB will be pivotal to overseeing the new system of heath and social care, but we need to work through how it will relate to other parts of the system:

- *What learning from the current Partnership Board will be valuable in developing our local model?*
- *How will the GPC and the HWBB interact, do we need to have some relationship building with the local authority?*
- *What are the opportunities to pool commissioning budgets (alongside place based budgets) across the Council and the GPC*
- *How does the HWBB relate to the Herefordshire Partnership and the other thematic groups*
- *How will scrutiny operate with the HWBB?*
- *How will we ensure there is a locality (ie: the 9 areas) aspect to the HWBB? Including identifying priority communities for more intensive work*
- *How will we work with HealthWatch and promote community engagement at all levels?*
- *How will we ensure Cluster/cross border links (West Mercia, Wales etc) are maintained?*

6.3 Some case studies are being produced to illustrate the potential role of the HWBB in the future and interaction with other bodies. The Workshop Session will be used to test possible future scenarios. For example:

- *How joint commissioning/pooled budgets operate*
- *Closure of community health facility*
- *When there is dispute between GP Consortia and the Council about a countywide priority*
- *How would a HWBB manage a proposal like the ICO?*

6.4 The Board may wish to identify any linkages that we need to explore in particular and/or scenarios for the Workshop discussion.

7 Producing the Joint Strategic Needs Assessment for 2012/13

7.1 Possible outcomes are:

- *Fully integrated assessment of health and well being for all ages*
- *Assessment of the needs of different localities*
- *Alignment of needs assessment and resources*

7.2 The JSNA will be the key planning document for the HWBB, leading to the development of the HWB Strategy. What should be the scope and purpose of the JSNA and how will it be different from now? For example:

- *It should describe the total health and well being needs of the area – should this also include safer communities, environmental issues, stronger communities **and** all age ranges?*
- *Should we rename JSNA eg: State of Herefordshire Needs Analysis?*
- *Be strongly evidence based about interventions that work and those that have not (so that can disinvest where necessary)*
- *A greater focus on the needs of different places, not just client groups eg: analysis across the 9 localities (9 local chapters as well as key themes)*
- *Can we start to plan out now what the JSNA will look and feel lime for 2012/13?*

7.3 The Board may wish to add to these questions for the Workshop Session.

8 Developing an Outline Health and Well Being Strategy

8.1 Possible outcomes are:

- *Comprehensive plan addressing the broad determinants of health and well being*
- *Clear and manageable set of priorities*
- *Funding is in place*
- *Measurable improvements in health and well being in Herefordshire*

8.2 We already have a Health Improvement Plan for 2011/12, but there is value in working through what a Health and Well Being Strategy might look like:

- *How will the Strategy be different in process, content and delivery*
- *It should describe the total health and well being needs of the community (and the different needs of the 9 areas)*
- *How will this different from the sustainable community strategy?*
- *How will we ensure ownership for delivery across the sectors?*
- *There is little point in joining up needs analysis and planning if commissioning and delivery are not also joined up. How will we achieve this?*

8.3 Linked to the development of the Strategy is the debate about our approach to prevention, for example:

- The principle of adopting a longer term view, a shift of funding from direct care
- Key interventions across mainstream services that can prevent later and more expensive health and social care
- Return on investment: how we judge investment decisions
- Evidence base: focusing on what works locally or from experience elsewhere
- Disinvestment: being clear that we will need to stop doing some things and redirect funding

8.4 The Board may wish to identify the key questions for the Workshop Session around the HWB Strategy.

9 Public Accountability and Community Engagement

9.1 Possible outcomes are:

- *High profile for health and well being in Herefordshire*
- *Public engagement in the work of the board*
- *Increase in personal responsibility for health and well being*

9.2 There is a real opportunity to raise the profile of health and well being with Herefordshire residents, community groups, parish councils, local businesses and so on **and** to get genuine engagement.

9.2 But achieving genuine and sustainable community engagement will be one of our greatest challenges. There are three main elements to our objectives here, which are best addressed across the full range of health and social care changes locally:

- *Informing residents about the change and seeking their views about how this should happen locally*: using the 9 locality areas to tailor messages to the distinctive needs of each, bringing together local GPs, Elected Members, local delivery teams, parish councils and voluntary sector groups
- *Seeking to persuade residents to change their behaviour to promote better health for themselves and their families and to take personal responsibility*: this is a role for all agencies (via the Herefordshire Partnership) in the context of health and well being, where a few simple messages need to be communicated repeatedly
- *Ensuring public involvement in the new system and appropriate local accountability*: this will be a key aim for the Consortium and the Board, working with HealthWatch and the wider VCS across the County

9.3 Amongst the issues that the Board will need to address are:

- Promoting the work of the HWBB and make it real for local people
- Supporting the role of HeathWatch in this
- Link to the new Herefordshire Partnership engagement framework
- Agreeing engagement outcomes
- Integrating engagement teams
- Training community representatives: Neighbourhood HealthWatch/Community Health Champions
- Capacity building in communities facing the greatest health challenges
- Behaviour change – social marketing – big conversation
- Engagement in priority setting for the HWB Strategy

- A Plain English version of the HWB Strategy
- Social media/digital initiatives

9.4 Again, what are the key points that we want to get out of the Workshop Session?

10 Delivery

10.1 Possible outcomes are:

- *Integration of health and well being services, interventions and workforce*
- *Pooled budgets*
- *Local delivery teams working in each of the 9 localities*

10.2 There is little point in joining up needs analysis and planning if commissioning and delivery are not also joined up.

Integration

10.3 Integration will need to encompass:

- Research and intelligence (including customer insight)
- Needs analysis
- Commissioning
- Mainstreaming (community safety learning)
- Management
- Local Delivery teams
- Frontline
- Performance management

Pooled Budgets

10.4 The benefits of pooled budgets include:

- Lever for change
- Sharing costs
- Focus on the place, family or individual
- Reducing organisational friction

10.5 The current proposal is that the public health budget will be ring fenced!

Local Delivery Teams

10.6 How will we achieve joined up local delivery? For example:

- *A HWB Commissioning Team that supports the HWBB*
- *Integration of commissioning teams, linked to the new role for the local authority in supporting the GPC as PCTs are phased out*

- *Integration of local delivery across the 9 areas – there are different locality groups at present*
- *Organisational development interventions to support learning together and working together*

10.7 What are the key questions about local delivery for the Workshop Session?

11 Performance Management

11.1 Possible outcomes are:

- *Evidence based performance improvements*
- *Return on investment*
- *Performance outcomes supported by qualitative evidence*

11.2 The health and well being performance management framework will need to be easy to understand and should build on existing frameworks, rather than result in a separate reporting burden:

- What are the key outcomes for health and well being?
- Are there existing KPIs for Health and Well Being that we should retain or do we take a completely fresh look at what we doing?
- How can we ensure that we give due weight to qualitative data?
- What does the Board need to focus on to add value?
- How do we ensure we have a performance improvement culture across the health and well being workforce?

11.3 The Board is asked to consider the key questions on performance management for the Workshop Session.

12 Organisational Development

12.1 Possible outcomes are:

- *Shared understanding of what we need to do be successful*
- *The health and well being workforce is developed and empowered to deliver outcomes*

Development Plan

12.2 The objective of increasing health and well being in Herefordshire, reducing health inequalities, addressing funding constraints and securing system reform is a huge challenge. The Board will need to set out a development plan to ensure that we are equipped for the journey ahead.

12.3 Such a plan may include the following elements:

- SWOT exercise – understanding the challenges
- Relationship building
- Finding a common language
- Agreeing ways of working and our we behave
- Understanding respective roles and responsibilities
- Resolving disputes
- Developing a shared vision
- Scenario planning
- Assessing the capabilities required
- Pooling budgets
- Integrating people
- Better community engagement

12.4 It may be helpful to agree some principles to underpin how we will work together. For example:

- Collective leadership
- Keep it simple
- Collaboration
- Respect for different roles
- Presumption of integration
- Promote local accountability
- Focus on community outcomes
- Evidence led

12.5 Many of these topics are picked up in this discussion paper. The Board is invited to agree the scope of an OD Plan and the support that will be needed to address this.

Workforce Reform

12.6 The second element of workforce reform is equally important. This will need to include:

- Focus on the place
- Focus on the family
- Focus on outcomes
- Joint training
- Make Every Contact Count
- Transfer of public health staff

12.7 The Board may wish to highlight key workforce issues that we will need to address.

13 Roadmap

13.1 Possible outcomes are:

- *Comprehensive plan is in place to achieve our aims*
- *Effective communications*
- *Clear links with other major and linked change plans*

13.2 The roadmap will be drawn together as the Board agrees its role and priorities. It will include:

- Key accountabilities
- Resources
- Timescales
- Interdependencies
- Risks

13.3 The Board may wish to offer guidance on the development of the Roadmap.

Event 1 Health and Wellbeing Board 21 February 2011 event

Table 1

Discussion Three
Challenge

Older adult in dispersed community – social capital ebbing away
Alcohol and drug culture in rural setting
Higher suicide rate

Bed-based social care system with lack of community provision.

Re-engineering partnership landscape
Need to judge what is a real priority
Differentiate between different determinants
= choice/priority setting

Eliminating the causes, need to decide which gives greatest health benefit
→ to achieve maintainable change

Making touch choice: Environment
Social
Economic

Table 2

Developing the Health & Wellbeing Board

Links with the Herefordshire Partnership

How will the new Board work with, or take responsibility for, aspects of the Herefordshire Partnership?

It should take responsibility for aspects of the Herefordshire Partnership - it makes health and wellbeing an holistic entity - it avoids duplication.

It ensures health and wellbeing works further "upstream"

What has worked well in the past?

Must not replicate the same "silos"
Have governance without bureaucracy
Have "process" in place for making decisions.
Look at different way of engaging people, the locality level will feed in
Engage with people "where they are", eg. Young People
Localism is the way forward

Table 3

Nothing more important that Health & Wellbeing
How does it fit together?
If it doesn't – why not?
What if Health & Wellbeing Board takes over the Herefordshire Partnership Board?
Strategic objective setting
Health Scrutiny monitors achievement

PH money being ring-fenced –

Pharmacy
Optometry exempt from HWBB
Dentistry

Health & Wellbeing indicators – breaking down the barriers across the fiefdoms for budgets. Not too big for Health & Wellbeing Board

Table 4

<u>Community Engagement</u>

See other responses eg. Young Farmers Groups, community from Table 4.

Stick to Bill's list of notes and then look at style of how H& WB operates.

Use local/community interest/diversity of group to advantage - by fee costs for innovative thinking/how to get things done.

Feedback and engagement. Need to make sure this happens to wider groups/communities (not a strength of operation in Herefordshire in terms of feeding back)

Build on locality structures to feed into this – provides community engagement.

Stimulate communities by sharing data with them and looking to them for proposals/solutions.

Have formal and informal Board meetings to provide different style/ethos of participation/engagement.

Not everything will be fundamentally interesting to community/some community groups – that's okay and pitch it right for engagement.
Role of press and moving to more positive engagement.

Table 5

- How do we involve people?
- Different expectations of people getting involved
- Look at what works in other areas
- Feedback from staff working in community
- Use of technology:
    - blogs
    - website
    - facebook/twitter
    - youth groups
- Use of language

ICO work in speaking in community setting

- depends on process
- context
- targeting message to audiences too

Via schools)
Libraries) interaction

Recognise variety, focus of interaction – ad hoc ⟶ formal –
facebook/twitter in between

Clarity of message – community – geographic – community of interest

Working in existing structures

Clarity about messages, eg. personal responsibility

Use of social interactions – supporting key managers for different proportions

Balance – focus on children
focus across life course.

Using children to <u>influence parents</u>

What's in it for me …..

Identify key priorities
Identify key managers

- window of opportunity
- whole system

Effective 2-way communication

"Tell me and I will target
Involve me and I will remember"

Table 6

- Key challenges – making sure all engage
- Need know powers of group to agree membership – need know influence and and reason to attend
- Need communicate how important the work group is and engage
- Takes over from Partnership – but potential to duplicate
- Needs practicalities short-term and manage long-term perspective
- Resources needed? Dedicated Team?
- Committee needs support
- Need to think how operates with delivery teams – needs mechanisms

Focus on what we know – key challenges – focus on a few things and do well (assumption it's the Partnership groups) or have wider remit – Public Health or bigger.
Doing well in actions around healthcare
Need focus on areas affecting health in other fields.

Table 7

LSP – what does it – did it do? responsible for mechanisms for £s and place.

Need to move to community ownership – bottom up approach, not top down.

Will there be confusion? Need for place based partnerships, and engagement of local community.

What have we learnt? Relationships a real strength at top level. Established. Genuine will to work together.

So major **strength** of existing relationships being excellent, and must now be built around places, and harness the desire to work together to deliver – joined up services.

Table 8

- Resources to pool include experience and data rather than money in terms of shrinking budgets - all about focus
- It's about people not just money
- Board would enable you to target resources and people in a deprived area
- Helps to subsidise services and spots facilities in deprived areas
- Mainstreaming = making HWB objectives feature in our budgets etc.
- Big tension between mainstreaming HWB outcomes and individual civil liberties
- Specific interventions in specific areas
- Problems of "positive discrimination" inherent in pooling resources on a grand scale to deal with areas of deprivation

Table 9

Get Real Engagement not Tacit Representation

Community Engagement

- Good start with localities
- Excellent examples eg. MIRA – migration impact in rural areas, Gypsy and Traveller liaison BUT we are not all aware of
- What other "segments" do we need to target interventions?
- We consult but we don't listen
- Role for Healthwatch?
- Challenge to get real engagement rather than representation

Table 10

What can we do?

- Work out the priorities/outcomes
- Keep the children in the county
- Sort out economic regeneration strategy
- Identify the correct membership
- Identify the relevant resources
- Begin the debate within Herefordshire Council

– and don't forget the children!

Event 1, H&WB Workshop, SWOT analysis 21 February 2011

STRENGTHS

Small County
Leadership from PCT/Council
Know each other
Good lines of communication between public services and HPS
Health and local government partnership
We are already one system
Strong Herefordshire identity
Will be able to access more data from wider partners to share and inform solutions
Chance to build shared understanding of Herefordshire's problems
Chance to write the blueprint
We're already ahead with this so can build on integrated processes
Shared skills base and understanding
Partnership work and building on this – ICO, Mental Health tender, Shared Services
Honesty in partnership work
Demographic and geographic – "Herefordshire makes sense"
Attractiveness of place/lifestyle, eg attractive to GPs, hospital staff/consultants
Recent success of satellite cancer bids – reducing misery miles
Not reinventing processes
Logical conclusion of work
Building on what's there
Sharing of shared services
Customer insight
Public health already within local authority
Thinking population health – Public Health brings this to the table
Good leadership at strategic level around health and wellbeing
ICO – first in country
Existing integrated networks
Starting from a position of trust
Demonstrative accountability
Joined up working for wider determinants
Settled population, enormous wealth of information, opportunities in varying use of surgeries.

WEAKNESSES

Same people and time being duplicated
Lack of resources
Lack of clarity regarding health and wellbeing remit
Introspection
Accountability – who is in charge, GP commissioning facing two ways
Evidence for return on investment linked to outcomes, long game
Must not lose PH expertise versus service delivery and utilisation
Difficult to get key in in early stages
Need to build in checks
Need public buy in want to check the HWBB is delivering outcomes

How do you access vulnerable and hard to reach groups
"Herefordshire makes sense" – doesn't have critical mass to make an impact and questions of viability, but mitigated by working together across hospital, PCT and LA, but still a threat
Choice is limited re provision, patients/distance
Rural isolation
Talking about the same issues
Development of local Healthwatch
GPs need to understand governance around Health and Wellbeing Boards
GPs needing to come to terms with corporate governance
Lack of detail
Uncertainty
Everything happening at the same time
Perfect storm
Institutionally destabilising
Negativity/lack of buy-in
Tension "I know what's best for my patients" vs groups commissioning
Time/buy in by GPs
Tension between commisioning for patients/individual vs for community/population
Where does accountability lie for commissioning eg in Health and Wellbeing Board
And for provision/ quality/patient outcomes
Money/timescales
Resources
Tend to work short term but obesity needs long term strategy – how will Health and Wellbeing Board relate to this?
Getting the right representation for reporting and communicating
Do we use the information? Variable

OPPORTUNITIES

Proactive and prevention
Health improvement
Housing/fuel poverty/green spaces
Staff resources and people's skills
Local community buildings
Private sector involvement
HPS is still developing
Resource efficiencies
Early implementer – chance to shape
System coordination, leadership
Strong partnership to build on
Design something from scratch
To include physical activity instead of certain mainstreamed issues, eg, alcohol, drugs
Engage issues like employment/supporting people in wider health agenda
Links to strengthen local economics
Bring in credit unions
Housing issues

Supercedes many existing partnerships
Health issues relevant to planning and licencing decisions
“Herefordshire makes sense” – need to make out case to national government – seen as a backwater
Alter perception of “well off” and good quality of life
Reduce/get rid of bureaucracy – work in a leaner way
Engage wider services and issues – wider employment, education, housing, infrastructure/transport
Co-terminus boundaries
Early implementer
Pathfinder status
Health and Wellbeing Board
Making connections to what’s already there
Power of wellbeing – social, economic and environmental wellbeing
Mental Health – new provider
Early adopter – good learning opportunities
Need to maintain momentum
Pathfinder GP commissioning
Public Health in the local authority
Opportunity to be more joined up
JSNA – turning this into delivery that has accountability
Stakeholders are wanting a Herefordshire-led solution
Opportunity to influence
Build on what we already know works
To develop employment etc (wider determinants) in Public Health
Perfect storm
Renewed focus
Whole systems
AWB – opportunity for entrepreneurs
How to build on achievements of public health
What will really impact on people’s lives
Risk if overambitious - if it fails – then what
Public Health – whole systems approach
Links to schools – work with them at local level
Health and Wellbeing Board controlling budgets and commissioning to influence
Flexibility in budgets
Social Marketing, targeted. People need to take on responsibility.
But there are potential risks – we need to help people make the right choices.
Maximise potential.

THREATS

Same people
Forced into spending money on older people
Lack of critical mass in the county
Ageing population
Capacity, capability and resources
PH £ underwrites other cost pressures
How does it fit with current structures and processes

We reinvent the old partnership board as they are what we know
Don't focus on what is easy to get information/statistics on instead of new initiatives
"Herefordshire makes sense" – still unsure about critical mass
Health community may switch off if message is to focus on wellbeing vs close relevant health deliver
Only public health matters or has primacy
Need to manage message well, eg if we do something preventable this can create benefit elsewhere
If don't address the real issues that won't deliver benefits
Some providers voices heard more than others
Culture shifts between NHS and LA and vice versa
Imposition of national model when Herefordshire is doing local model
Imposition of national strategy
PH moving to local authority (although perspective depends as necessary)
Whether have capacity and capability to reform
Dual nature of GPs as commissioners and providers
Difficult grey areas – eg risk C&T for GP (which was taken away from PCTs)
AWP system
How will Health and Wellbeing Board improve population health outcomes
What powers will it have
How to ensure don't duplicate, eg performance monitoring
How to ensure it will look at outcomes
Large agenda and risk don't take it forward
Not enough focus to achieve
Will it deliver?
Can't do everything and need to prioritise
Some voices will be heard more than others – they can't all be represented on the Health and Wellbeing Board
Need stability to take things forward
How will Herefordshire Health and Wellbeing Board communicate with neighbouring Health and Wellbeing Boards?
GPs – not whole picture