

AGENDA

Health and Wellbeing Board

Date: **Tuesday 21 June 2011**

Time: **2.00 pm**

Place: **Council Chamber - Brockington**

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

For any further information please contact:

Tim Brown, Democratic Services

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Agenda for the Meeting of the Health and Wellbeing Board

Membership

Chairman **Councillor PM Morgan**

**Dr Sarah Aitken
Jacqui Bremner
Peter Brown
Chris Bull
Jana Burton
Wendy Coombey
Jo Davidson
Jane L Jones
Mrs J Newton
Dean Taylor
Dr Andy Watts
Martin Woodford**

AGENDA

		Pages
1.	APPOINTMENT OF CHAIRMAN To note the appointment of Councillor PM Morgan, Cabinet Member – Health and Wellbeing, as Chairman of the Health and Wellbeing Board.	
2.	APOLOGIES FOR ABSENCE To receive apologies for absence.	
3.	NAMED SUBSTITUTES (IF ANY) To receive any details of Members nominated to attend the meeting in place of a Member of the Committee.	
4.	DECLARATIONS OF INTEREST To receive any declarations of interests of interest by Members in respect of items on the Agenda.	
5.	MINUTES To approve and sign the Minutes of the meeting held on 14 April 2011.	1 - 4
6.	TERMS OF REFERENCE To note the Board's terms of reference and to consider whether any changes are required in the light of local and national development	5 - 12
7.	OUTCOMES FROM STAKEHOLDER WORKSHOP - 16 JUNE To consider the outcomes from the stakeholder workshop held on 16 June: Health and Wellbeing in Herefordshire – working together for better outcomes. <i>(A report will be made at the meeting.)</i>	13 - 40
8.	HEALTH AND WELLBEING DEVELOPMENT PLAN To discuss the development plan for health and wellbeing in Herefordshire, including support for the Board. <i>(There will be a presentation at the meeting by an external facilitator.)</i>	
9.	JOINT STRATEGIC NEEDS ASSESSMENT AND INTEGRATED NEEDS ASSESSMENT PROCESS To note an update report on the Joint Strategic Needs Assessment and the Integrated Needs Assessment process. <i>(To follow)</i>	
10.	HEALTH AND WELLBEING IN HEREFORDSHIRE INTRODUCTORY TRAINING To note that introductory training is being offered to enable a better understanding of health and wellbeing and enable members, officers and stakeholders to identify and remove barriers to tackle health improvement issues in Herefordshire.	41 - 44
11.	FUTURE MEETINGS The following meetings have been scheduled, all meetings to be held in the Council Chamber at Brockington:	

Tuesday 19 JULY 2011 2.00 pm
Tuesday 13 SEPTEMBER 2011 2.00 pm
Tuesday 18 OCTOBER 2011 2.00 pm
Tuesday 22 NOVEMBER 2011 2.00 pm
Tuesday 13 DECEMBER 2011 2.00 pm
Tuesday 17 JANUARY 2012 2.00 pm
Tuesday 21 FEBRUARY 2012 2.00 pm
Tuesday 20 MARCH 2012 2.00 pm
Tuesday 17 APRIL 2012 2.00 pm
Tuesday 15 MAY 2012 2.00 pm

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HEREFORDSHIRE COUNCIL

BROCKINGTON, 35 HAFOD ROAD, HEREFORD.

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HEREFORDSHIRE COUNCIL

MINUTES of the meeting of Health and Wellbeing Board held at Council Chamber - Brockington on Thursday 14 April 2011 at 3.00 pm

Present:

Councillors: LO Barnett, CJ Bull, Ms J Burton, Mrs J Newton, D Taylor, Dr A Watts, R Beavan-Pearson, Mrs N Silver, Mrs J Jones and Ms J Bremner

In attendance: Councillors

1. APPOINTMENT OF CHAIRMAN

Councillor LO Barnett, Cabinet Member Adult Social Care, Health and Wellbeing was appointed Chairman.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Sarah Aitken, Interim Director of Public Health, Wendy Coombey, Voluntary Sector Representative and Jo Davidson, Director of Children's Services.

3. DECLARATIONS OF INTEREST

There were no declarations of interest made.

4. TERMS OF REFERENCE, MEMBERSHIP AND WORKING ARRANGEMENTS

This was the first meeting of the shadow Health and Well Being Board for Herefordshire; Herefordshire was one of the national early implementers for health and well being

Members noted the terms of reference proposed, which were based on the Health and Care Bill. A core membership was agreed, which could be reviewed/added to at a later date. Members agreed that each representative should have a named person to act as substitute at any meeting they were unable to attend. The Board noted the proposed schedule of meeting dates for the forthcoming year.

RESOLVED THAT: the Board

- a) **noted the terms of reference as set out in the report to Council at Appendix 1 to the report and approved at the Council meeting of 4 March 2011;**
- b) **approved the principle of a standing list of substitute members; and**
- c) **approved the schedule of meeting dates.**

5. HEALTH IMPROVEMENT PLAN - TRANSITION REPORT

The Board noted the key points of the health improvement plan, which was based on a number of initiatives. Nine areas had been listed as priority areas to influence the main causes of avoidable illness or premature death.

Healthy diet and physical activity – this is part of a change for life programme aimed at children and parents. It was noted that the healthy start programme was to continue.

Currently there are a variety of programmes that are the responsibility of differing organisations. It was noted that in the future this would be the responsibility of the H&WB Board and could form part of the basis for the Board's future strategy.

The Board discussed in broad terms proposals for future priorities, how these should be evidenced based and the future role of the Board, providing the opportunity to work with partner organisations and highlight issues.

The Board discussed proposals for a workshop to agree:

- what measures needed to be put in place;
- what other organisations needed to be involved;
- a timeline for planning and delivery;
- what the big issues were that the Board needed to lead on.

RESOLVED: That the report be noted.

6. HEALTH AND WELLBEING PARTNERSHIP GROUP LEGACY REPORT

The Board acknowledged the considerable amount of work that had been carried out by the Health and Wellbeing Partnership Group over the past year. Members noted the influence of employment on an individual's health and wellbeing and the requirement to create opportunities to work with employers and the business community to improve and protect the health and wellbeing of residents in the county. The Board noted the considerable amount of work and achievements of the health and wellbeing partnership group and in particular the work of the chairman, the NHS Herefordshire non-executive director, Alan Curless.

RESOLVED: That the report be noted.

7. PLANNING FOR HEALTH AND WELLBEING IN HEREFORDSHIRE

The Board raised the following points in planning for health and wellbeing in Herefordshire:

- reviewed progress to date;
- to engage with the community as part of the solution;
- to recognise the challenges around budgets;
- alignment of this Board with the work of Herefordshire Partnership;
- to explore the key issues and how these issues can be accurately reflected in the planning for the way ahead.
- that the next meeting date should be a workshop meeting to discuss wider proposals and plan a road map for the future. The workshop to have a wide remit of invitees;
- to explore the definition of wellbeing as meaning quality of life / happiness. It was agreed that any definition should include elements of mental health and wellbeing.
- to have an understanding of what authority the Board has and its relationship with partner organisations.
- to be the body that plans and takes the lead role on health improvement.

- to ensure that services are integrated across the system (both health and social care) and equal weight is given in each area.
- to ensure that the people involved have the required expertise and capability for delivery across many agencies.

RESOLVED: That the discussion paper be noted.

The meeting ended at 4.15 pm

CHAIRMAN

MEETING:	HEALTH AND WELLBEING BOARD
DATE:	21 JUNE 2011
TITLE OF REPORT:	TERMS OF REFERENCE
REPORT BY:	DEMOCRATIC SERVICES

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To note the Board's terms of reference and to consider whether any changes are required in the light of local and national development.

Recommendation(s)

THAT: 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 be noted, subject to any comments the Board wishes to make;

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.

Alternative Options

- 1 Terms of reference have already been established.

Reasons for Recommendations

- 2 The terms of reference to be noted, subject to any comments the Board wishes to make.

Introduction and Background

- 3 The appended report on the establishment of the Shadow Health and Wellbeing Board approved by Council on 4 March 2011 outlines the Board's terms of reference.
- 4 In April the Board noted the Terms of Reference and approved the principle of a standing list of substitute Members with a designated named substitute should be provided for each member of the Board.

Further information on the subject of this report is available from
Tim Brown, Democratic Services on 01432 260239

- 5 The Terms of Reference will need to be developed as the role of the Board becomes clearer and in the light of local and national developments. It is expected that the role of the Health and Wellbeing Board will be changed following the NHS Listening Exercise and any amendments to the Health and Social Care Bill. An update will be given at the meeting.

Community Impact

- 6 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

- 7 None from this report.

Legal Implications

- 8 None from this report.

Risk Management

- 9 None from this report.

Consultees

- 10 None.

Appendices

- 11 Appendix A – Report to Council 4 March 2011.- Shadow Health and Wellbeing Board

Background Papers

- None identified.

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 NHH 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

MEETING:	HEALTH AND WELLBEING BOARD
DATE:	21 JUNE 2011
TITLE OF REPORT:	OUTCOMES FROM STAKEHOLDER WORKSHOP - 16 JUNE
REPORT BY:	DEPUTY CHIEF EXECUTIVE

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To consider the outcomes from the stakeholder workshop held on 16 June: Health and Wellbeing in Herefordshire – working together for better outcomes. . .

Recommendation(s)

THAT: the outcomes from the stakeholder workshop on 16 June be considered.

Introduction and Background

3 The programme for the workshop and a discussion paper are appended.

Background Papers

- None identified.

Further information on the subject of this report is available from
Dean Taylor, Deputy Chief Executive on 01432 260042

**HEALTH AND WELL BEING IN HEREFORDSHIRE
– WORKING TOGETHER FOR BETTER
OUTCOMES
STAKEHOLDER WORKSHOP**

The Point4, Venns Lane, Hereford

Thursday 16 June, 9.00 am to 1.00pm (with lunch)

Health and Well Being in Herefordshire is changing: a new Health and Well Being Board has been set up to lead partnership thinking about this and to promote a wide debate about our local priorities.

This important Workshop will address a number of key issues:

- *Defining what “health and well being” means*
- *Developing a shared vision of what we want to achieve for Herefordshire through the new arrangements*
- *Identifying countywide and local priorities*
- *How we can engage local people in the debate and in taking greater responsibility for their own health and well being*
- *Opportunities for integrating health and well being services, interventions and the workforce*

The final Workshop programme will give participants the opportunity to choose specific group sessions.

This is an important event which signals the start of a number of health and well being discussions across Herefordshire in 2011.

Please attend and help us to shape the future of health and well being in the County.

WORKSHOP PROGRAMME

8.30am	Registration and Coffee	
9.00am	Welcome and Introduction	Workshop Facilitator
9.05am	Setting the Scene 1: <ul style="list-style-type: none"> • <i>Health and well being and the national reforms</i> 	Chris Bull Chief Executive Herefordshire Public Services
9.20am	Plenary Session 1: <ul style="list-style-type: none"> • <i>What does health and well being mean to me?</i> • <i>Exercise, discussion and feedback from Tables</i> 	Clare Wichbold Grants and Partnership Officer Facilitator
10.00am	Setting the Scene 2: <ul style="list-style-type: none"> • <i>Realising the Potential to improve the lives for Herefordshire Residents</i> 	Patricia Morgan Cabinet Member Health and Well Being
10.10am	Group Session 1: <ul style="list-style-type: none"> • <i>Choice of 4 Topics</i> • <i>Discussion and feedback from tables</i> 	Facilitators
10.45am	Coffee Break (please proceed to your allocated Group Session : 2 table)	
11.00am	Setting the Scene 3: <ul style="list-style-type: none"> • <i>Making the links between health and well being and GP led Commissioning</i> 	Dr Ian Tait GP Representative
11.10am	Group Session 2: <ul style="list-style-type: none"> • <i>Choice of 4 Topics</i> • <i>Discussion and feedback from tables</i> 	Facilitators
11.50am	Setting the Scene 4: <ul style="list-style-type: none"> • <i>The role of the third sector in health and well being</i> 	Helen Horton The Alliance Third Sector representative
12.00pm	Plenary Session 2: <ul style="list-style-type: none"> • <i>Developing a shared health and well being vision for Herefordshire:</i> <ul style="list-style-type: none"> ○ <i>The top 3 things to build on</i> ○ <i>The top 3 priorities for the future</i> ○ <i>The top 3 challenges to success</i> • <i>Discussion and feedback from Tables</i> 	Workshop Facilitator
12.50am	What Happens Next?	Sarah Aitken Assistant Director Health and Wellbeing
1.00pm	Close and Lunch	

GROUP SESSION TOPICS

1. **Community Engagement**: engagement was identified as a critical factor at the first stakeholder event and by the Shadow Board. Building on the discussions so far:
 - *What actions do we need to take over the next year to engage local people in the health and well being debate?*
 - *How can we get across the key messages about behaviour change?*
 - *What can we do to encourage people to take greater responsibility for their own health and well being?*

2. **Integration**: we all need to work together to achieve better outcomes for local people, but this needs to be turned into a clear plan of action:
 - *What are the opportunities for greater integration of health and well being services/interventions/organisations in Herefordshire (and beyond)?*
 - *How can we develop a “health and well being” workforce?*
 - *How can we make health and well being everyone’s business?*

3. **Needs**: setting priorities and agreeing what we deliver must be built upon a clear, comprehensive and integrated assessment of needs:
 - *What are the key health and well being needs for Herefordshire?*
 - *How do we balance countywide and local priorities?*
 - *How can we ensure needs assessments are based upon people’s actual experiences?*

4. **Health and Well Being Board**: the new Board is at the heart of the new arrangements, but we need to think through how this new mechanism will make a real difference:
 - *What should be the role of the Board?*
 - *What are the key links and relationships it needs to establish to be successful?*
 - *How should it measure success?*



**Herefordshire
Council**



Herefordshire

Group Sessions will be run twice, please indicate your preference in order of priority (1, 2, 3, 4)

PLANNING FOR HEALTH AND WELL BEING IN HEREFORDSHIRE

DISCUSSION PAPER

(10 June 2011)

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 The Discussion Paper has been designed for Workshop sessions and stakeholder consultation, where these questions (and any others) can be explored in detail. The paper will be used to seek views from a wide variety of people and organisations who may have a view about health and well being in Herefordshire.

1.3 The first “shadow” year for the Health and Well Being Board is seen as an important opportunity to develop a countywide conversation about what the new arrangements should aim to achieve and what the priorities are for health and well being in Herefordshire. A consensus around this and a common language will help to embed the changes and bring success.

1.4 A Facilitator is being engaged to provide support and challenge to the Shadow Health and Well Being Board in the exploration of these issues. The Facilitator will work with the Board and stakeholder groups during the first year of planning.

2 Progress To Date

2.1 So far in Herefordshire 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)*
- *Held the first meeting of the Shadow Board – on 14 April 2011 to agree the scope of this Discussion Paper*

2.2 The key points from The Kindle Centre event on 21 February were as follows:

Stakeholder Event - Key Points
<ul style="list-style-type: none">▪ <i>Enthusiasm for the concept of a HWBB</i>▪ <i>Strong desire to get real community engagement in this, at many levels</i>▪ <i>Must focus on a few priority areas and target vulnerable groups, we cannot do everything</i>▪ <i>Links to employment, economy, education etc are important</i>▪ <i>Big opportunities to join up partners, budgets, intelligence, knowledge, skills etc to deliver better outcomes</i>▪ <i>Must avoid duplication between the roles of the HWBB and the Herefordshire Partnership</i>

2.3 A Health and Well Being Partnership Group has been part of the Herefordshire Partnership for several years. This Group held its final meeting on 29 March. The Group produced a “Legacy Paper” for the new HWBB with recommendations on the future direction for HWB. The key points from this

- 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.

Health and Well Being Partnership Group – Legacy Issues
<ul style="list-style-type: none">▪ <i>The Health and Wellbeing Partnership Group acknowledged the recent achievements in improving population health, including the development of plans for the improvement of population health in Herefordshire.</i>▪ <i>The new Health and Wellbeing Board should take account of the work of the Health and Wellbeing Partnership Group as highlighted in the Transition Report</i>▪ <i>The important relationship between work and health needs to be recognised, along with the other factors influencing health, in future plans for improving population health and wellbeing</i>▪ <i>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</i>▪ <i>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</i>

- 2.5 The Shadow Board is determined to build on our achievements so far, to capitalise on stakeholder enthusiasm for the potential of the new HWBB arrangements and to maintain momentum on Herefordshire’s Early Implementer status. Addressing the questions in this discussion paper is seen as crucial to this ambition.

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 consideration at the Shadow Board meeting on 14 April 2011. This Discussion Paper has now replaced the earlier paper.
- 3.2 A number of key questions need to be debated during the “shadow” stage about health and well being in Herefordshire, the fundamental purpose of the HWBB and 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(s) and through stakeholder consultation (other topics can also be addressed):

KEY ISSUE	POSSIBLE OUTCOMES
1. Defining Health and Well Being	<ul style="list-style-type: none"> ▪ Shared understanding of what “health and well being” means ▪ Shared vision of what we want to achieve for Herefordshire through the new arrangements ▪ Shared understanding of the statutory health and well being requirements for the Board
2. The Operation of the Board	<ul style="list-style-type: none"> ▪ Right Board membership ▪ Secretariat in place to support the Board: clear and effective governance ▪ Subject matter expertise (capacity and capability) in place to deliver aims across many agencies
3. Links with Other Parts of the System	<ul style="list-style-type: none"> ▪ Mapping of relevant stakeholders etc ▪ Clear understanding of respective roles and responsibilities ▪ Effective communications
4. Joint Strategic Needs Assessment	<ul style="list-style-type: none"> ▪ Fully integrated assessment of health and well being for all ages ▪ Assessment of the needs of different localities

(new title to be agreed)	<ul style="list-style-type: none"> ▪ Alignment of needs assessment and mapping of resources across agencies
5. Health and Well Being Strategy	<ul style="list-style-type: none"> ▪ Comprehensive system wide plan addressing the broad determinants of health and well being ▪ Clear and manageable set of priorities, but with some quick wins ▪ Funding aligned to priorities ▪ Measurable improvements in health and well being in Herefordshire
6. Public Accountability and Community Engagement	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ Evidence based performance improvements ▪ Return on investment ▪ Performance outcomes supported by qualitative evidence of effective local delivery
9. Organisational Development	<ul style="list-style-type: none"> ▪ Shared understanding of what we need to do be successful ▪ Workforce is developed to deliver outcomes
10. Roadmap	<ul style="list-style-type: none"> ▪ Comprehensive plan is in place to achieve our aims ▪ Effective communications

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

3.6 The Shadow Board discussed these issues at its first meeting on 14 April and that they were the right key issues (albeit not exhaustive) for detailed exploration at the Workshop Session. The Workshop will also be used to define clear outcomes so that we know what we are aiming for.

4 Defining Health and Well Being

4.1 Possible outcomes are:

- *Shared understanding of what “health and well being” means*
- *Shared vision of what we want to achieve for Herefordshire through the new arrangements*
- *Shared understanding of the statutory health and well being requirements for the Board*

Health and Well Being – Some Thoughts

4.2 A fundamental question is: “*what do we mean by health and well being?*” It is important that we reach a shared understanding about this as the basis for developing a shared vision for what we want to achieve for residents through the development of the new arrangements.

4.3 Some initial thoughts about health and well being to illustrate the point are set out below:

- The presumption is that we define health and well being as widely as possible – on that basis anything is within scope if it can be shown that there is a link to well being
- Well being is a much wider term than health and it is often the sense of well being that influences an individual’s health and their resilience
- Well being is often associated with “happiness”, how relevant is that term to this agenda?
- Health incorporates mental health as well as physical health
- Well being can be judged on an individual, family and community basis
- Increasing our focus on well being is likely to require greater use of qualitative measures to determine how people are feeling about their lives, their families and their community
- *And, crucially, there is a strong wish to achieve a step change in Herefordshire, whilst remaining realistic about the challenges that we face*

Health and Well Being – Statutory Requirements

4.4 Health and well being will also be defined by reference to the statutory functions allocated to the HWBB. The current proposals set out in the Health and Social Care Bill are summarised below:

- 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)

Vision for the Health and Well Being Board

4.5 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.

4.6 Set out below are some possible headline roles and key outcomes for the Board:

HEALTH AND WELL BEING BOARD – HEADLINE ROLES
<ul style="list-style-type: none"> ▪ <i>Whole system leadership... integrating health, social care and well being across the County</i> ▪ <i>Understanding needs... comprehensive health and well being needs analysis for all ages, for different communities, across all needs</i> ▪ <i>Agreeing priorities.... setting the strategy and commissioning outcomes across all sectors – the widest range of services, the wider determinants of health – to improve outcomes</i>

HEALTH AND WELL BEING BOARD – POSSIBLE KEY OUTCOMES

- *Commissioning against pathways of care, building in prevention alongside direct intervention*
- *Prioritising investment (and disinvestment) and interventions to tackle health inequalities*
- *Successful and community led local health improvement projects, especially in priority localities*
- *A focus for service change – transformational outcomes for people, not simply organisational change*
- *Innovation in service delivery*
- *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)*
- *Local health and well being improvements*

4.7 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

4.8 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.

4.9 A further key question is: where will the Board get its authority from. How will we ensure that it has sufficient influence to make a difference?

5 Operation of the Health and Well Being Board

5.1 Possible outcomes are:

- *Right Board membership*
- *Secretariat in place to support the Board: clear and effective governance*
- *Subject matter expertise (capacity and capability) 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
- Wye Valley NHS Trust 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 – the intention is that we develop a “health and well being network” across Herefordshire.

5.5 Some questions to consider include:

- Who else should be on the Shadow Board? For example: leisure providers, Head Teacher, lay membership
- What should the Board do itself?
- Do we need (now or later) working or themed groups to support planning and delivery?
- How should we involve Providers in the work of the Board eg: via a Provider forum?
- What would a health and well being network look like, should we base this on the 9 localities?

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.

6 Links with Other Parts of the System

6.1 Possible outcomes are:

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

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

- *Building the learning from the previous Partnership Board in developing our new local model*
- *How will the GPC and the HWBB interact, how do we support relationship building between the GPC and 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 These linkages and scenarios will be explored as part of 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 mapping of resources across agencies*

7.2 The JSNA will be the pivotal 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 like for 2012/13?*
- *What are the other key plans and strategies that we need to join up with the new JSNA eg: poverty, housing, employment?*
- *How do we ensure that we also map community resources, working with town and parish councils and the voluntary and community sector?*
- *We must also map where there is duplication of effort, waste, poorly designed services, lack of integration and gaps*
- *The JSNA must build in the voice of people at the outset eg: vulnerable groups, what communities say about their needs and the effectiveness of current actions to meet those needs*

7.3 These questions will be explored at the Workshop Session.

8 Developing an Outline Health and Well Being Strategy

8.1 Possible outcomes are:

- *Comprehensive system wide plan addressing the broad determinants of health and well being*
- *Clear and manageable set of priorities, but with some quick wins*
- *Funding is in place*
- *Measurable improvements in health and well being in Herefordshire*

The Hallmarks of the Health and Well Being Strategy

8.2 We already have a Health Improvement Plan for 2011/12, but we now need to work through what a Health and Well Being Strategy might look like:

- *How will the Strategy be different in process, content and deliver*
- *It will need to be system wide and describe how outcomes will be achieved*
- *It should describe the total health and well being needs of the community (and the different needs of the 9 areas)*
- *How will this differ 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 As well as a strategic approach, where can we focus some collective effort to gain some quick wins that will make an impact on the community?

Building in Prevention

8.4 Linked to the development of the Strategy is need to 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

8.5 These key questions will be discussed at the forthcoming stakeholder Sessions.

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, to use the health and social care system responsibly 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: having the debate about rights and responsibilities
- Engagement in priority setting for the HWB Strategy
- A Plain English version of the HWB Strategy
- Should we develop a health and well being brand for Herefordshire?
- Ensuring that we reach priority or hard to hear groups, eg: the voice of young people
- Social media/digital initiatives

9.4 Community engagement will be one of the key themes for the Workshop event and subsequent stakeholder meetings...

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
- Resource mapping
- 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!

10.6 Other resources can also be pooled, not simply statutory service budgets. What are the opportunities here?

Local Delivery Teams

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

- *Defining what we mean by local delivery*
- *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*

10.8 These are the key questions about delivery for discussion at stakeholder events.

11 Performance Management

11.1 Possible outcomes are:

- *Evidence based performance improvements*
- *Return on investment*
- *Performance outcomes supported by qualitative evidence of effective local delivery*

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 key questions on performance management will be discussed during the coming months in parallel with the outcomes from the stakeholder events.

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 will 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 Workshop (and separate cross-sector employee sessions) will be used 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 development of the Roadmap will be aligned with the Workshop and other stakeholder events over the coming months.

MEETING:	HEALTH AND WELLBEING BOARD
DATE:	21 JUNE 2011
TITLE OF REPORT:	HEALTH AND WELLBEING IN HEREFORDSHIRE: INTRODUCTORY TRAINING
REPORT BY:	INTERIM DIRECTOR OF PUBLIC HEALTH

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To note that introductory training is being offered to enable a better understanding of health and wellbeing as a result of the White Paper *Equality and Excellence: Liberating the NHS* and the Public Health White Paper *Healthy Lives, Healthy People*; and enable members, officers and stakeholders to identify and remove barriers to tackle health improvement issues in Herefordshire.

Recommendation(s)

THAT: the Health and Wellbeing Board support the use of the ladder of intervention as the core of the approach to health and wellbeing introductory training in Herefordshire.

Key Points Summary

- A training package has been developed by staff from Health and Wellbeing Services using practical exercises based around the ladder of intervention approach to enable an understanding of mechanisms for health improvement.

Alternative Options

- 1 There are no Alternative Options

Reasons for Recommendations

- 2 To make the Board aware of the training package and the approach being used through the ladder of intervention.

Introduction and Background

- 3 A need for introductory health and wellbeing training was identified as a result of participation of members, officers and stakeholders in the consultation events held in February 2011

Further information on the subject of this report is available from
Dr Sarah Aitken Interim Director Public Health on 01432 260668

around the Government Public Health White Paper *Healthy Lives, Healthy People*. It was agreed that a package would be produced using practical exercises on local issues as the basis for the training.

Key Considerations

- 4 A number of learning objectives have been defined for the training:
 - Know the difference between individual and population health and wellbeing.
 - Be aware of the factors that affect health and wellbeing, and how members, officers and residents can contribute to reducing health inequalities.
 - Understand roles in relation to the Health and Wellbeing Board and JSNA (Joint Strategic Needs Assessment)
 - Understand the role of members and staff to ensure effective outcomes for health improvement.
5. The training has been piloted with officers from Environmental Health and Trading Standards and Animal Welfare and refinements have been made to the delivery as a result of feedback through the evaluation process.
- 6 The training is being delivered as part of the new Members induction on Monday 13 June, and elements of the training are being used at the Health and Wellbeing Board event on Thursday 16 June. The ladder of intervention forms the core of the approach, with local stories from the press being used to stimulate discussion and form an understanding of the range of possible opportunities to support health improvement in the county.
- 7 The introductory training will help officers, members and stakeholders to be an effective advocate for health improvement, as either a representative or member of the local community.

Community Impact

- 8 No impact at this time.

Financial Implications

- 9 No financial implications at this time.

Legal Implications

- 10 No legal implications at this time.

Risk Management

- 11 No risks at this time.

Consultees

- 12 The proposals for the training package were presented to the Public Health Leadership Team for comment and endorsement on 11 May 2011. The training package was trialled with six Environmental Health and Trading Standards and Animal Welfare officers on 13 May 2011;

evaluation forms were completed and verbal feedback obtained from the participants. Feedback will be obtained each time the training package is delivered to continue refining and developing the content.

Appendices

- 13 Members Presentation revised draft 9 June: powerpoint presentation for members induction training on 13 June 2011 (enclosed separately)

Background Papers

None

