

# 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 about 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	<ul style="list-style-type: none"> <li>• Shared vision of what we want to achieve for Herefordshire</li> <li>• Understanding of statutory requirements</li> <li>• Clear and effective governance</li> </ul>
2. Capacity and Capability	<ul style="list-style-type: none"> <li>• Right Board membership</li> <li>• Secretariat in place to support the Board</li> <li>• Subject matter expertise in place to deliver aims across many agencies</li> </ul>
3. Links with Other Parts of the System	<ul style="list-style-type: none"> <li>• Mapping of relevant stakeholders etc</li> <li>• Clear understanding of respective roles and responsibilities</li> <li>• Effective communications</li> </ul>
4. Joint Strategic Needs Assessment (new title to be agreed)	<ul style="list-style-type: none"> <li>• Fully integrated assessment of health and well being for all ages</li> <li>• Assessment of the needs of different localities</li> <li>• Alignment of needs assessment and resources</li> </ul>
5. Health and Well Being Strategy	<ul style="list-style-type: none"> <li>• Comprehensive plan addressing the broad determinants of health and well being</li> <li>• Clear and manageable set of priorities</li> </ul>

	<ul style="list-style-type: none"> <li>• Funding aligned to priorities</li> <li>• Measurable improvements in health and well being in Herefordshire</li> </ul>
6. Public Accountability and Community Engagement	<ul style="list-style-type: none"> <li>• High profile for health and well being in Herefordshire</li> <li>• Public engagement in the work of the Board</li> <li>• Increase in personal responsibility for health and well being</li> </ul>
7. Delivery	<ul style="list-style-type: none"> <li>• Integration of health and well being services, interventions and workforce</li> <li>• Pooled budgets</li> <li>• Local delivery teams working in each of the 9 localities</li> </ul>
8. Performance Management	<ul style="list-style-type: none"> <li>• Evidence based performance improvements</li> <li>• Return on investment</li> <li>• Performance outcomes supported by qualitative evidence</li> </ul>
9. Organisational Development	<ul style="list-style-type: none"> <li>• Shared understanding of what we need to do be successful</li> <li>• Workforce is developed to deliver outcomes</li> </ul>
10. Roadmap	<ul style="list-style-type: none"> <li>• Comprehensive plan is in place to achieve our aims</li> <li>• Effective communications</li> </ul>

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 initial 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 health 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 like 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 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 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.