

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 commissioning 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