

<b>MEETING:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>DATE:</b>	<b>18 SEPTEMBER 2012</b>
<b>TITLE OF REPORT:</b>	<b>PRIORITIES REPORT FROM THE HEALTH AND WELLBEING STRATEGY TASK AND FINISH GROUP</b>

**CLASSIFICATION:** /Open

## **Wards Affected**

County-wide

## **Purpose**

To report on the work undertaken on behalf of the Health and Wellbeing Board by the Task and Finish Group on the approach taken to the priorities submitted by Board members which will contribute to the emerging Health and Wellbeing Strategy.

## **Recommendations**

**THAT:**

- (a) the Health and Wellbeing Board agree the approach to the priorities submitted by Board members taken by the task and finish group to progress the Health and Wellbeing Strategy; and**
- (b) the Health and Wellbeing Board agree to the Health and Wellbeing Strategy priorities being clustered into three main areas: sustainability of the health and social care system, demand management and crisis prevention.**

## **Key Points Summary**

- The Health and Wellbeing Board (the Board) had previously identified its core purpose as being the strategic leadership of the health and social care system, with partnership working as the key for solving the issues in the system. The Board has agreed a vision and guiding principles for the emerging Health and Wellbeing Strategy (the Strategy).
- At its last meeting on 10 July the Board agreed to review the priorities for the emerging Strategy previously presented in February 2012 in the light of the Understanding Herefordshire 2012 report.
- Board members were asked to submit a list of their organisation's priorities for consideration in relation to the areas of need presented in Understanding Herefordshire. A task and finish group of Board members was set up to work through the priorities. The group met and discussed the priorities and identified and agreed a grouping of priorities where duplication and similarities occurred.

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Further information on the subject of this report is available from  
Elizabeth Shassere, Director of Public Health on (01432) 260668 (PA)

- The group reviewed and clustered the combined list of priorities into three groups: sustainability of the health and social care system; demand management; and crisis prevention.
- Further discussions led to the group identifying sustainability of the system as the key priority upon which all others potentially depend, and therefore should be main initial focus of the Board and its strategy. The group also identified issues such as joined up commissioning and better pathways as a second group of priorities, and a third group around immediate and necessary activity for family support.
- It was also acknowledged that these priorities need to be considered in the light of other similar processes being undertaken by partner organisations such as the Herefordshire Partnership Executive Group (HPEG) as there may be overlap in terms of delivery.
- There is also scope to consider the role of the future of Health Scrutiny in complementing the Board's primary priority of a sustainable system, particularly the focus on the effectiveness of the system.
- The membership of the task and finish group which undertook this work is Councillor PM Morgan, Dr Sarah Aitken, Jacqui Bremner, Dean Taylor, Dr Andy Watts and Clare Wichbold, with Elizabeth Shassere from 1 August 2012.
- Board members have made an initial assessment of their organisation's priorities against the set of prioritisation criteria proposed at the last meeting of the Board. The collective priorities were further grouped within each category as follows:

<b>Sustainability of the health and social care system</b>	<b>Organisations with identified priority</b>	<b>Lead organisation (tbc)</b>
HWBB would provide the strategic overview, direction, and accountability for the success of this objective and be the focal point for concerns about the effectiveness of the system		
Financial sustainability of the health and social care system in Herefordshire	CCG, HC People's Services, HC Political Leadership, NCB/PCT Cluster, Wye Valley Trust	
Focus on effectiveness of system	LINK, NCB/PCT cluster, HC People's Services, HC all directorates	
<b>Demand management</b>	<b>Organisations with identified priority</b>	<b>Lead organisation (tbc)</b>
There will be many areas where the work is already taking place, such as in HPEG, or the Community Safety Partnership, or through public health strategies		
Fuel poverty	3 <sup>rd</sup> Sector, HHL	
Alcohol consumption	Public Health, WMPA, HC People's Services	
Coordination of care	LINK, WVT	
Support older people to live in their own homes	Public Health, CCG, NCB/PCT Cluster, HHL, WVT, 3 <sup>rd</sup> Sector, HC People's	

	Services	
Improve joined-up care pathways	PH, WVT, CCG, HC People's Services, NCB/PCT Cluster, HCS	
Health and wellbeing of carers	Public health, HCS,	
Self management and self responsibility	Link, Public Health, WMPA, HC People's Services, NCB/PCT Cluster	
Improve understanding of mental wellbeing	HC People's Services, Public Health	
<b>Crisis prevention</b>	<b>Organisations with identified priority</b>	<b>Lead organisation (tbc)</b>
To address these areas requires a system-wide approach to ensuring pathways are person-centred and reduce duplication while not letting anyone fall through the gaps		
Target interventions to most vulnerable groups	3 <sup>rd</sup> Sector, HHL, HC political leadership, HC People's Services, NCB/PCT cluster	
Prevention of family crisis	WMPA, Link, CCG, NCB/PCT Cluster, HC People's Services	
Health and wellbeing of children	NCB/PCT Cluster, 3 <sup>rd</sup> Sector, HHL, HC People's Services, Public Health	

- The deliverables related to the priorities will be taking place in other forums with potentially different leads and partners, as well as those on the HWBB. One example of this is the development of the Clinical Strategy in relation to the **sustainability** priority grouping. This is being led by the CCG as tasked by the SHA to reconfigure the clinical footprint so that it is sustainable and sensible for our population and geography, and to support the clinical providers through difficult times so that standards of patient care are maintained and improved and financial balance can be addressed. This is one very important element that will take the community forward toward having a sustainable health and social care system. The HWBB would receive and consider the strategy and any recommendations and take a view on it. Members would provide a strategic, high level view and any support to barriers and any direction through specific challenges faced as appropriate.
- Clearly there will be other pieces of work that support this strand, such as some of the root and branch reviews of social care services, that would also help achieve this strategic goal. The HWBB could take a view on how an approach to ensuring sustainable social care services that might be led, for instance, similar to the Clinical Strategy.
- The HWBB members would be best placed to debate solutions offered and to help find ways through problems and challenges for all the priority groupings. Representative partners could also bring gaps in effectiveness of the system to the board for assistance in addressing those. For instance, if GPs through the CCG identified a key provider or partner that was causing a breakdown in a pathway or service, this concern could be brought for discussion into the HWBB, where perspectives on a solution could be gained, such as perhaps a collective contribution to a resource if needed, or perhaps a more assertive approach might be needed if a partner is not acting collaboratively or is operating in a risky manner.

- For **demand management** priorities, for example, it would not be for the HWBB to operationalise the delivery of a strategy and action plan on reducing alcohol consumption, but know where the current alcohol strategy sits and who is taking a lead.
- The Board would put the priorities under this strand on a rolling programme to review progress against them, by asking the lead representative to bring these into the HWBB where again support and solutions could be offered when relevant as well as offering challenge and a level of governance and accountability.
- Finally, for **crisis prevention**, these are clearly very complex and inter-related areas that no one service or organisation can tackle or take forward alone. Much of this work may be addressed by some of the root and branch workstreams, or for instance in existing forums such as in the Women and Children's Commissioning Group or Early Years Forum.
- All three areas would be served by tasking key contributors with mapping the work taking place underneath them, so that it can be joined up and made most effective. The HWBB can then review this and learn how best to provide that strategic overview and understand what needs to be taken forward to achieve the main objectives as set out.

## **How will your report meet the vision and guiding principles of the HWBB?**

The priorities will form a key part of the emerging Strategy which will set out how the Board intend to deliver the vision and guiding principles.

## **Reasons for Recommendations**

The Health and Social Care Act 2012 requires Health and Wellbeing Boards to agree a Health and Wellbeing Strategy.

## **Introduction and Background**

The Health and Social Care Act 2012 (the Act) requires the formation of Health and Wellbeing Boards which become statutory on 1 April 2013. Enshrined in the Act is the requirement for Health and Wellbeing Boards to agree a Health and Wellbeing Strategy. The Act brings into being Clinical Commissioning Groups with effect from 1 April 2013 subject to a formal authorisation process. The Act contains a number of duties which require that the Clinical Commissioning Group is engaged with the local emerging Health and Wellbeing Strategy to enable alignment of commissioning plans. The Act will abolish Primary Care Trusts on 31 March 2013.

## **Key Considerations**

The emerging Strategy will be the key strategic document for the Board. It will have an impact on the health and wellbeing outcomes for the county's population. The Strategy will link to other key strategies for Herefordshire.

## **Community Impact**

The Strategy will involve a range of key partners and partnerships to deliver the Strategy.

## **Equality and Human Rights**

The Strategy pay regard to the Public Sector's duty with regard to equality and diversity by identifying priority groups for support, and the means by which services will be provided and

measures of success.

## **Financial Implications**

The Health Wellbeing Strategy's priorities will influence future allocation of funding and resources.

## **Legal Implications**

The general duties and powers relating to Health and Wellbeing Boards under the Health and Social Care Act 2012 which comes into effect on 1 April 2013 include the preparation of a joint Health and Wellbeing Strategy.

## **Risk Management**

- a. What are the risks to the Health and Wellbeing Board if the proposals in the report are agreed; and how do you intend to manage these risks? None
- b. What are the risks to the Health and Wellbeing Board if the proposals in the report are declined; and how do you intend to manage these risks?

Failure to progress the development of the emerging Strategy may jeopardise the formal authorisation of the Herefordshire CCG prior to the abolition of Herefordshire Primary Care Trust on 31 March 2013

Failure to progress the development of the emerging Strategy may delay the development of the Health and Wellbeing Board's readiness to take on the system leadership function for Health and Wellbeing in Herefordshire.

## **Consultees**

The emerging Health and Wellbeing Strategy is being informally consulted on as it is being developed through the Board. There are no proposals for a formal consultation process.

## **Appendices**

None

## **Background Papers**

Priority Group 1: Sustainability of Health and Social Care System in Herefordshire

Priority Group 2: Demand Management

Priority Group 3: Crisis Prevention