

Meeting:	Health and wellbeing board
Meeting date:	Tuesday 13 February 2018
Title of report:	Improving health and wellbeing – a system leadership approach to transformation
Report by:	Director for adults and wellbeing and Director of transformation for One Herefordshire

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose and summary

To update the Health and Wellbeing Board on the work to improve health and wellbeing through the Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP), and its local delivery mechanism the 'One Herefordshire' transformation programme.

To confirm the strategic priorities for the board's focus as an output of a workshop held in November 2017 identifying priority health and care themes.

Recommendation(s)

That:

- a) the following strategic priorities for 2018/19 be agreed;
- **Dementia (including end of life)**
 - **Childhood obesity (including impact on dental health)**
 - **Fuel poverty**

- **Support local communities to help their residents remain healthy and independent; and**
- b) the key indicators in respect of measuring progress in achievement of the strategic priorities to be agreed, in order to inform the development of a system work programme for their delivery.**

Alternative options

1. There are no alternative options. The Health and Wellbeing Board (HWB) has a duty to consider the commissioning intentions of its partner bodies (the council, the Clinical Commissioning Group, and the primary care functions of NHS England) and to set priorities based on the joint strategic needs assessment and the joint health and wellbeing strategy.

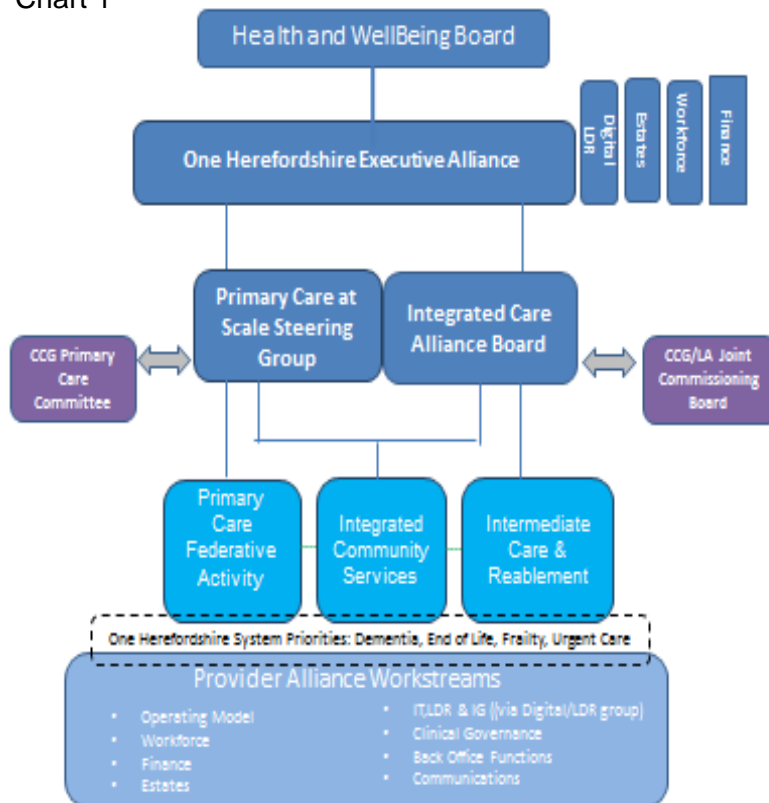
Key considerations

2. The Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP) forms part of the national NHS programme to deliver the 'triple aim' of improved health and wellbeing, high quality services, and (financial) sustainability and efficiency. This is based on the philosophy, which is demonstrated by strong evidence, that these factors are mutually interdependent, such that none of the three aims can be delivered and maintained on an ongoing basis without parallel delivery in the other two. It is recognised that it is only possible to achieve this through developing functional integration across both NHS commissioners and providers. In addition, given that many elements of the 'triple aim' fall outside the direct remit of the NHS, local councils are key members of the STP partnership board, to ensure the whole system maintains a shift towards prevention, wider wellbeing, and linkages with local communities, so that individuals' experiences of care and support feel 'joined up'.
3. STPs are now being encouraged to progress from being informal partnerships into fledgling 'accountable care systems' (ACS), sometimes termed 'integrated health systems'. These are place-based systems which will take collective responsibility for managing performance, resources and the totality of health. Once approved they will receive greater freedoms and flexibilities from NHS England and NHS Improvement, offering opportunities to develop easier and more effective integrated working with councils, in particular with regard to public health and social care services.
4. Within this approach it is anticipated there would be a single NHS 'strategic commissioner' across Herefordshire and Worcestershire, with two 'place based' accountable care organisations (ACO) at county level. This system would continue to drive integration and partnership across both organisational boundaries and the traditional commissioner/provider boundaries.
5. It is anticipated that the move to a strategic commissioning function will result in a focus on performance management against specified outcome measures. The 'place based' accountable care organisations will provide NHS funded services, but will also undertake a number of functions currently undertaken by Clinical Commissioning Groups (CCGs), such as population healthcare planning, resource allocation and service redesign.
6. The 'place based' approach within accountable care organisations will also include a shift towards prevention and wider wellbeing, with strong links needed to council functions

across both children's and adults' services and public health, as well as strong links into the voluntary and community sector and into local communities. The nature of those links remains an area for significant further consideration and development prior to any firm decisions being made. As yet, the future timetable for development and establishment of these new arrangements has not been determined nationally, nor has the governance process been fixed. Should the ACS / ACO approach be primarily focused on the NHS, relevant decisions would be made by NHS England and NHS Improvement.

7. The One Herefordshire transformation programme represents the joint NHS and council Herefordshire delivery mechanism for the aspirations of the STP, and in many ways can be considered the 'fledgling' accountable care organisation for the county. Work is in hand to connect the One Herefordshire programme more closely to the HWB, with the intention that regular reports will be presented at its public meetings.
8. The health and social care components of this programme have intentionally focused upon the delivery of integrated community and primary care, across health, mental health and social care. This includes linking into communities and third sector/voluntary and community sector services. In this context, 'integrated' is taken to mean that the experience of those using the services is integrated across the different providers delivering those services, rather than that the organisations themselves are integrated in a structural manner.
9. Although this has meant that the local partners have adopted a 'think family' approach, the partners have deliberately focused on adult community and primary care services, to ensure focused delivery and focused learning. Through this approach, the partners have developed an organised programme of work, and a governance infrastructure.
10. HWB members took part in a workshop in November 2017, at which it was identified that the governance infrastructure should include the HWB providing oversight of the One Herefordshire transformation programme, and hence accountability to the Herefordshire population, as shown in chart 1. Since the HWB is a committee of the council, this will be taken forward as part of the current review of the council's constitution.

Chart 1



11. The November HWB workshop determined some key issues where, by adopting the ACS/ACO philosophy, partners might enable a significant positive impact on the health and wellbeing of Herefordshire residents:
 - Dementia (including end of life)
 - Childhood obesity (including impact on dental health)
 - Fuel poverty
 - Support local communities to help their residents remain healthy and independent
12. Whilst partners have a structured delivery mechanism for the dementia priority, they have yet to work through how they deliver the childhood obesity, fuel poverty, and community resilience priorities through the One Herefordshire programme. This work is being developed and progress will be reported to the next meeting of the HWB.
13. Partners also recognise the benefits that wider system working with partners such as police, fire and rescue and non-public sector providers could bring. This is an area of future development that could be addressed through future work programmes of 'One Herefordshire' under the auspices of the HWB.
14. Notably, partners are aware of the need to develop system leadership 'bottom-up', to deliver the new ways of integrated working and to ensure we address culture change amongst the workforce. Partners have secured funding from the NHS leadership academy to provide development of leadership skills across NHS and council staff, in primary care and community services as well as in Wye Valley NHS Trust medical consultant staff. Progress and impact will be reported to the HWB through the regular reports from the One Herefordshire programme.

Community impact

15. The One Herefordshire approach, linked to the wider STP, provides the opportunity to work in partnership with local communities, to integrate services around service users and carers, and embed self-management and independence into the delivery model of all our services. This will be a key route through which the strategic priorities will be delivered, thereby addressing the issues identified in the health and wellbeing strategy.

Equality duty

16. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
17. The Equality Act 2010 established a positive obligation on local authorities to promote equality and to reduce discrimination in relation to any of the nine 'protected characteristics' (age; disability; gender reassignment; pregnancy and maternity; marriage and civil partnership; race; religion or belief; sex; and sexual orientation). In particular, the council must have 'due regard' to the public sector equality duty when taking any decisions on service changes. The One Herefordshire approach, linked to the wider STP, provides the opportunity to work in partnership with local communities, to integrate services around service users and carers, and as these are developed the equality implications will be considered and Equality Impact Assessments will be conducted where necessary.

Resource implications

18. The One Herefordshire programme is expected to provide improved use of resources by:
 - Embedding self-management into the delivery model of services
 - Improving co-ordination across organisational boundaries, reducing duplication to improve productivity and efficiency
19. The impact of this will be expressed in terms of the progress towards improvement in the strategic priorities identified above, which will be measured through the joint strategic needs assessment, and the achievement by partner organisations of their corporate objectives and targets. The HWB is asked to identify key indicators by which it would wish to monitor that progress.
20. In due course, the One Herefordshire programme is expected to provide a key strategic approach to guide the application of the resources available to all of the partners, enabling them to achieve their population wellbeing goals and deliver high quality services, within the resources available to the system as a whole. Decisions on individual

contracts and service changes that flow from the overall programme will be subject to the normal governance processes within each organisation as appropriate. The timing of this will be influenced by forthcoming national decisions on the rate of progress towards the ACS/ACO model.

Legal implications

21. The work is being undertaken within the existing accountability frameworks of organisations. As such there are no specific legal, financial or HR implications associated with this paper, but there will be significant implications associated with the development of plans for each programme transformation area within the STP and their subsequent implementation. As these plans are developed these will be identified and reported in due course and dealt with through self-standing reports.

Risk management

22. Non-delivery represents a system risk through:
- Inefficient use of system resources
 - Lack of resilience in services
23. As the One Herefordshire programme becomes more formalised, it will develop its own risk management arrangements, which will be reported to the Health and Wellbeing Board and will be drawn from by individual partners when updating their own risk registers.

Risk / opportunity	Mitigation
If the council is not fully engaged in the STP / Herefordshire ACO process, decisions may be taken within the NHS that have a detrimental impact on council services and resources.	The council is fully engaged in the STP / Herefordshire ACO process, influencing the direction of NHS decisions and flagging potential issues and concerns.
If the health and social care partners across Herefordshire do not work closely together, the NHS nationally could decide to form an ACO on a larger geographical footprint, potentially reducing the focus on the needs of Herefordshire residents.	Partners are committed to working together, ensuring there is a single shared view and approach, thereby giving confidence to the NHS nationally that the Herefordshire system is robust and coherent.

Consultees

24. HWB members participated in a workshop in November 2017 to update on developments in local and national system leadership, to review the configuration and terms of reference of the HWB. An output of the meeting was the identification of priority health and care themes for the board's work to focus on. The workshop participation was extended to the most senior leadership across the local health and care system.

Appendices

None

Background papers

None identified