Herefordshire Council

AGENDA

Health and Wellbeing Board

Date: **Tuesday 16 April 2013**

Time: **3.00 pm**

Place: **Council Chamber - Brockington**

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

For any further information please contact:

Tim Brown, Governance Services
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Agenda for the Meeting of the Health and Wellbeing Board

Membership

Chairman	**Councillor PM Morgan**	
	Councillor CNH Attwood	Herefordshire Council
	Paul Bates	Healthwatch
	Jacqui Bremner	A Carers' Organisation
	Peter Brown	Herefordshire Business Board
	Shaun Clee	2gether NHS Foundation Trust
	Jo Davidson	Director for People's Services
	Brian Hanford	National Commissioning Board Local Area Team
	Claire Keetch	Third Sector Board
	Alistair Neill	Herefordshire Council
	Ivan Powell	West Mercia Police
	Elizabeth Shassere	Director of Public Health
	Derek Smith	Wye Valley NHS Trust
	Dr Andy Watts	Clinical Commissioning Group

AGENDA

Pages

1. APOLOGIES FOR ABSENCE

To receive apologies for absence.

2. NAMED SUBSTITUTES (IF ANY)

To receive any details of Members nominated to attend the meeting in place of a Member of the Committee.

3. DECLARATIONS OF INTEREST

To receive any declarations of interests of interest by Members in respect of items on the Agenda.

4. MINUTES 5 - 10

To approve and sign the Minutes of the meeting held on 19 February 2013.

5. ELECTION OF VICE-CHAIRMAN

To elect a Vice-Chairman.

6. TERMS OF REFERENCE 11 - 16

To note the Board's terms of reference.

7. QUESTIONS FROM MEMBERS OF THE PUBLIC

To receive questions from Members of the Public relating to matters within the Board's Terms of Reference.

(Questions must be submitted by midday eight clear working days before the day of the meeting (ie on the Wednesday 13 calendar days before a meeting to be held on a Tuesday.))

8. HEALTHWATCH

To receive a presentation on the development of Healthwatch.

9. DEVELOPING A SUSTAINABLE HEALTH AND SOCIAL CARE SYSTEM (TO FOLLOW)

To update the Board on the work being undertaken by NHS Herefordshire Clinical Commissioning Group, Herefordshire Council and health and wellbeing partners in developing a sustainable health and social care system for the County.

10. DECOMMISSIONING PRINCIPLES

To receive a presentation.

11. PROPOSED MEASURABLE OUTCOMES FOR THE DEMAND MANAGEMENT AREA OF THE HEALTH AND WELLBEING BOARD STRATEGY 17 - 32

To inform the Board of the review of the applicability of data collected for the Public Health, NHS and Adult Social Care Outcome Frameworks in relation to the Demand Management area of the Herefordshire Health and Wellbeing Strategy in order to comment on its usefulness for all workstreams.

12. HEALTH AND WELLBEING BOARD WORK PLAN 33 - 36

To note the Board's work plan.

13. DATES OF MEETINGS

The following meetings have been scheduled, all starting at 3.00pm:
Tuesday 9 July 2013
Tuesday 22 October 2013
Tuesday 28 January 2014
Tuesday 15 April 2014

Herefordshire Health and Wellbeing Board

Vision and guiding principles July 2012

Vision: Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure.

Overall outcome: To increase healthy life expectancy and reduce differences in life expectancy and healthy life expectancy between communities.

Principle 1: personal responsibility

People should be responsible for their own health and wellbeing, and should try to stay fit, well and independent for as long as possible. Herefordshire Health and Wellbeing Board and its partners recognise, actively promote and support the contribution made by family, friends, the community and other services in helping people to achieve good health and wellbeing, with support from professional services when required.

Principle 2: information and support

People can do many things to help themselves and their families to stay healthy, but there will be times when extra support is required. Information and advice will be available from a wide range of sources, easily and quickly, when and where people need it, so that they can make informed decisions about what they need to do to remain healthy.

Principle 3: sustainable services

Herefordshire Health and Wellbeing Board and its partners will work together to provide a unified service for everyone, through consistently good quality shared care and managed networks. Services will be financially viable, safe and sustainable and affordable for everyone.

Principle 4: working together

Publicly funded services will be delivered in conjunction with the resources of family, friends and community to ensure the right service is delivered, at the right place and time needed. The Health and Wellbeing Board will facilitate the provision of care as close to home as possible and ensure easy access to acute hospital services when needed. Services will protect people's safety, independence and dignity.

Principle 5: a lifecourse approach

There are differences in people's health and wellbeing that start before birth and accumulate throughout life. It is important to work with people throughout their lives to improve their healthy life expectancy. A vital part of this is sustaining a healthy workforce for the county.

Principle 6: the ladder of interventions

Health and wellbeing issues will be addressed, where possible, through the 'ladder of intervention', which provides a means of integrating lifestyle choices and enforcement action into a single strategy for improving health and wellbeing for the people of Herefordshire.

Principle 7: five ways to wellbeing

The Five Ways to Wellbeing (Connect, Be Active, Take Notice, Keep Learning, Give) will be used by Herefordshire Health and Wellbeing Board and its partners to support wellbeing in the county by enriching people's lives through cultural opportunities, altruism and volunteering.

Understanding Herefordshire – The 2012 integrated needs assessment

Understanding Herefordshire provides a single integrated assessment of the needs of the people of Herefordshire, bringing together the Joint Strategic Needs Assessment (JSNA) and the State of Herefordshire Report.

It is integral to the commissioning cycle, providing an explicit evidence base that will enable strategic priorities, commissioning decisions and partnership working to be based upon a clear and comprehensive understanding of need.

It also provides a mechanism to evaluate the effectiveness of commissioning decisions and of interventions, with the ability to monitor or "track" progress over time.

Understanding Herefordshire explicitly identifies the underlying factors relevant to the Health and Wellbeing Board's vision that Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure.

The essential point of the Integrated Needs Assessment is that it be used to influence and inform future decision-making.

Recommendations from Understanding Herefordshire are that we:

- Be proactive about our changing demographics, identifying the predicted rise in need for services and ways to address it.
- Develop the infrastructure, services and support networks needed to enable people to live independently. As well as direct service provision this will include housing and accommodation that facilitates independence, the economy, spatial planning, transport, engagement with the third sector and communities, and support for carers.
- Continue to build on a community based approach, developing our assets of volunteers, carers, third sector organisations, active communities and statutory services.
- Adopt this community based approach to provide comprehensive and integrated services and support for people living with Dementia.
- Ensure that the environment and infra-structure enables people to make healthy choices such as cycling and walking, as well as supporting economic growth and improved connectivity.
- Target preventative activities at the major causes of morbidity and premature mortality, in particular smoking, alcohol and falls.
- Make childhood obesity a priority for all stakeholders, tackling the underlying causes as part of a joined up strategy.
- Ensure continued improvement for Early Years and Foundation Programme, primary and secondary school children to achieve top quartile performance.
- Ensure the various strategies targeting families living in poverty are joined up to provide an integrated response.
- Address social inequalities through a comprehensive approach, encompassing opportunities such as employment as well as lifestyle behaviours, access to services and community engagement.
- Undertake more in depth analysis in the following areas:
    - Domestic violence
    - The care needs of people with learning disabilities
    - Impact of changes to the welfare system, particularly on families

June 2012

The Public's Rights to Information and Attendance at Meetings

YOU HAVE A RIGHT TO: -

- Attend all Council, Cabinet, Committee and Sub-Committee meetings unless the business to be transacted would disclose 'confidential' or 'exempt' information.
- Inspect agenda and public reports at least five clear days before the date of the meeting.
- Inspect minutes of the Council and all Committees and Sub-Committees and written statements of decisions taken by the Cabinet or individual Cabinet Members for up to six years following a meeting.
- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting. (A list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
- Access to a public Register stating the names, addresses and wards of all Councillors with details of the membership of Cabinet and of all Committees and Sub-Committees.
- Have a reasonable number of copies of agenda and reports (relating to items to be considered in public) made available to the public attending meetings of the Council, Cabinet, Committees and Sub-Committees.
- Have access to a list specifying those powers on which the Council have delegated decision making to their officers identifying the officers concerned by title.
- Copy any of the documents mentioned above to which you have a right of access, subject to a reasonable charge (20p per sheet subject to a maximum of £5.00 per agenda plus a nominal fee of £1.50 for postage).
- Access to this summary of your rights as members of the public to attend meetings of the Council, Cabinet, Committees and Sub-Committees and to inspect and copy documents.

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- The nearest bus stop to Brockington is located in Vineyard Road near to its junction with Old Eign Hill. The return journey can be made from the same bus stop.

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 Tuesday 19 February 2013 at 3.00 pm

Present: **Councillor PM Morgan (Chairman)**

Mr P Bates, Ms J Bremner, Mr P Brown, Mr S Clee, Mrs J Davidson, Mrs C Keetch, Supt Ivan Powell, Ms E Shassere, D Taylor and Dr A Watts

In attendance: **Councillor C Nicholls. M Pert (National Health Service Commissioning Board Local Area Team)**

Officers: **C Gritzner (Chief Operating Officer – Herefordshire Clinical Commissioning Group), G Hardy (Governance Services Manager), M Seaton (Interim Assistant Director Adult Strategic Commissioning), C Wichbold MBE (Health and Wellbeing Grants and Partnership Officer) and T Brown (Governance Services).**

28. APOLOGIES FOR ABSENCE

Apologies were received from Mrs J Newton.

29. NAMED SUBSTITUTES

None.

30. DECLARATIONS OF INTEREST

None.

31. MINUTES

It was agreed that further discussion was needed in relation to resolution b in Minute no 24 relating to Clinical Commissioning Group planning.

RESOLVED: That the Minutes of the meeting held on 22 January 2013 be confirmed as a correct record and signed by the Chairman, subject to further discussion of Minute no 24 resolution b.

32. HEALTH AND WELLBEING STRATEGY - UPDATE

The Director of Public Health informed the Board that work on the development of the Health and Wellbeing Strategy was continuing and further updates would be provided.

33. CLINICAL COMMISSIONING GROUP - UPDATE

The Board was invited to express its views on the timetable, progress and initial content of the Clinical Commissioning Group's (CCG) planning submission in relation to the NHS Everyone Counts Planning Framework for 2013/14 and associated developments; and to note the intention to engage and involve the Health and Wellbeing Board in the development of the CCG's plans for 2013/14 and beyond.

Dr Watts presented the report. He highlighted the three key local priorities described in the report (voluntary priorities, rather than nationally mandated ones of which there were several): development of community teams and virtual wards; introduction of a map of medicine; and improvement of dementia services. He informed the Board that he considered these local priorities were consistent with the principles of the Health and Wellbeing Strategy.

In discussion the following principal points were made:

- In relation to the use of the "map of medicine" it was requested that the map contained reference to the need to inform carers as well as patients of the contents of the relevant map. It was suggested that the map should also include reference to preventative measures and the rehabilitation and independence of patients.

- Clarification was requested of the funding available to deliver the three key local priorities. Dr Watts confirmed that the CCG budget, in common with other CCG budgets, had to provide for a two per cent non-recurrent transformational reserve from which funding for such projects would be drawn. The release of funding was subject to approval of business cases by the relevant National Commissioning Board Local Area Team. Whilst some progress would be made on the three priorities the pace and extent would depend on the amount of funding released. It was suggested that the Local Authority and the CCG should discuss whether there was scope for funding to be pooled to assist in delivering these priorities.

- The Board discussed a proposal it had previously made that an Older People's Group be established to focus on delivery of objectives for those services. It was noted that, given that a very high percentage of services commissioned related to services for older people, there was a danger that such a Group would be overwhelmed. It was suggested that a better course would be to use existing groups to focus on the delivery of specific strategies within their sphere.

- That from the Healthwatch perspective it was recognised that the plan on a page was a high level plan. However, it was important to provide some context for the discussion of plans with the public. For example, the document contained no reference to the financial constraints in a time of austerity and the bearing these had upon what could be delivered. It was also important that engagement with the public took place early on in the process of developing more detailed plans.

- That it was important that assurance was provided to the Board that effective communication and engagement plans were in place.

- That a lot of work had already been done to gauge public opinion on a range of service issues and maximum use should be made of the information already held before staging further engagement events. In particular a further one-off engagement meeting should be firmly resisted at this stage. The role of Healthwatch in facilitating engagement in the development and implementation of plans was noted.

- With reference to resolution b of minute no 24 of the Board's meeting on 22 January 2013 relating to CCG planning it was proposed that a report should be made to the Board on principles that would provide a framework for decisions on decommissioning services.

RESOLVED:

That (a) the Board agreed that the 3 key local priorities identified in the report: development of community teams and virtual wards;

introduction of map of medicine and improvement of dementia services were consistent with the principles of the Health and Wellbeing Strategy;

(b) assurance be provided to the Board regarding arrangements for communication and engagement; and

(c) **a report be submitted to the Board by the Clinical Commissioning Group on principles that would provide a framework for decisions on decommissioning services.**

34. COUNCIL COMMISSIONING PLAN - ADULTS

The Board was presented with a report on the Adult Transformation Programme in Herefordshire designed to deliver financial sustainability over the next 3 years.

A report had been circulated in advance of the meeting. A plan on a page setting out Herefordshire's approach to the adult transformation programme for 2013/16 was appended to the document.

The interim Assistant Director Adult Strategic Commissioning presented the report.

In discussion the following principal points were made:

- That the financial context and the implications this had for the delivery of the plan on a page needed to be referred to in the plan.
- The delivery of a transformation programme, as outlined, required a whole system approach. The Board considered how best it could exercise its system leadership role in this context and discussed the merits of establishing a dedicated transformation board. It was proposed, noting that various such mechanisms had previously been explored and there were a variety of arrangements already in place, that a report should be submitted to a future meeting setting out options on how system leadership could be delivered and the governance arrangements that needed to be in place to support delivery.

RESOLVED:

That (a) Herefordshire's approach to the adult transformation programme – plan on a page 2013/16 be supported, subject to reference being made to the financial context and its implications for delivering the plan; and

(b) a report be submitted to the Board to demonstrate how system leadership can be delivered and the governance arrangements in place to support delivery.

35. HEALTH AND WELLBEING BOARD - GOVERNANCE ARRANGEMENTS

The Board was invited to express its views on future governance arrangements prior to the Council considering the Board's formal establishment.

A report was circulated at the meeting. This contained draft terms of reference and a paper setting out various options and considerations for the Board to discuss.

The Governance Services Manager presented the report. He informed the Board that Regulations had only recently been received but these had left a number of questions about the Board's operation unanswered. National guidance had also been promised but was still awaited.

In discussion the following principal points were made:

- The Regulations provided that all Members of the Board could vote unless the Council directed otherwise. Members discussed the merits of all Members having a vote. Some Members indicated that they did not wish to have voting rights because of concerns about a potential conflict of interest and the possibility that this might inhibit their contribution to discussions. The consensus was that voting rights should therefore be restricted to the statutory core membership of the Board.

- The Board noted that the Council's Code of Conduct would apply to all Board Members. It was requested that arrangements be made to familiarise Members with the Code and the requirements this placed upon them.

- The Board had previously agreed that each Member should have a designated substitute. It was noted that because of the commitments facing Board Members it would be helpful to make arrangements for there to be more than one designated substitute for each Member. It was recognised, however, that it would be desirable to maintain continuity of attendance as far as possible.

- It was proposed that the existing membership of the Board be supported as far as practicable with the addition of one Councillor, a National Health Service Commissioning Board Local Area Team Representative and the appointment of a representative of a Carers support organisation.

- It was suggested that quarterly meetings of the Board in public would be sufficient to manage the formal business of the Board. However, the other scheduled meeting dates should be kept free for development work and other informal meetings and briefings arranged as considered appropriate.

RESOLVED:

That (a) the Board's draft Terms of Reference be supported in principle;

(b) the restriction of voting to the statutory core membership as specified in the Health and Social Care Act 2012 be supported;

(c) the appointment of one additional Councillor to the Board be supported;

(d) the appointment of a National Health Service Commissioning Board Local Area Team Representative be supported;

(e) the continuation of the existing membership of the Board be supported as far as practicable;

(f) the appointment of a representative of a Carers support organisation be supported;

(g) provision be made for it to be possible to nominate more than one person to serve as a designated substitute for a Board Member to seek to ensure representation at each meeting;

(h) quarterly decision making meetings of the Board in public should be supported, supplemented by additional meetings if necessary and development and other informal meetings and briefings arranged as considered appropriate; and

(i) the application of the Council's Code of Conduct to Board Members be noted and Members advised of the requirements this placed upon them.

36. HEALTH AND WELLBEING BOARD WORKPLAN

The following addition to the Board's work plan was proposed: quarterly updates from the Herefordshire Partnership Executive Group.

The Director of Public Health informed the Board that there had been significant delays to the preparations for some important aspects of the public health transition, and this may delay reporting to the next Board meeting. Work to rectify the situation was ongoing.

37. DATES OF MEETINGS

Noted.

The meeting ended at 5.05 pm **CHAIRMAN**

Herefordshire Council

MEETING	**HEALTH AND WELLBEING BOARD**
DATE:	**16 APRIL 2013**
TITLE OF REPORT:	**TERMS OF REFERENCE**
REPORT BY:	**GOVERNANCE SERVICES MANAGER**

1. Classification

Open

2. Key Decision

This is not an executive decision

3. Wards Affected

County-wide

4. Purpose

To note the Board's terms of reference.

5. Recommendation(s)

THAT: the Board's terms of reference be noted.

6. Key Points Summary

- Council established a Shadow Health and Wellbeing Board in March 2011. The Health and Social Care Act 2012 is now in force with accompanying Regulations and Council was required to establish a Board formally by 1 April 2013.
- This report formally informs the Board of its terms of reference.
- The Board will need to discuss how it will discharge its functions in a way that will make a difference to the health and wellbeing of the County's residents.

7. Alternative Options

7.1 No alternative options are proposed.

8. Reasons for Recommendations

8.1 Council approved the Board's terms of reference on terms on 8 March 2013. This is the

Board's first formal meeting since Council met.

9. Introduction and Background

9.1 Council established a Shadow Health and Wellbeing Board in March 2011. The Health and Social Care Act 2012 is now in force with accompanying Regulations and Council was required to establish a Board formally by 1 April 2013.

9.2 On 19 February 2013 the Board discussed the draft terms of reference and the main proposals to be submitted to Council. These were supported by this Board.

9.3 The Board is a Committee of the local authority. If the Board were to wish to propose any amendment to its terms of reference it would need to make a recommendation to Council.

9.4 The Board may appoint such additional persons to be members of the Board as it thinks appropriate.

9.5 Now that the Board has been established, if the Council were to wish to appoint another person to be a member of the Board it must first consult the Board.

9.6 The point of the Board is to make a difference and to add value to work that is undertaken by individual organisations or other partnership groups. The Board will need to discuss how it will discharge is functions in a way that will make a difference to the health and wellbeing of the County's residents.

10. Community Impact

10.1 No issues arise from this report.

11. Equality and Human Rights

11.1 No issues arise from this report.

12. Financial Implications

12.1 No issues arise from this report.

13. Legal Implications

13.1 No issues arise from this report

14. Risk Management

14.1 No issues arise from this report.

15. Consultees

15.1 None

16. Appendices

16.1 Terms of Reference

17. Background Papers

17.1 None

Appendix 1

Herefordshire Health and Wellbeing Board - Terms of Reference

Introduction

Herefordshire Health and Wellbeing Board (HHWB) is established by virtue of S194 of the Health and Social Care Act 2012 (the 2012 Act). It is taken to be a Committee appointed by Herefordshire Council under S102 of the Local Government Act 1972 by virtue of the 2012 Act.

Its duties are as follows:-

- To encourage those who arrange the provision of any Health or Social Care Services in Herefordshire, to work in an integrated manner for the purpose of advancing the health and wellbeing of the people of Herefordshire.
- To provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of prescribed arrangements under S 75 National Health Service Act 2006.
- To encourage those who arrange for the provision of any health related services in Herefordshire to work closely with HHWB.
- To encourage the close working of those providing health or social care services with those who arrange for the provision of health related services in Herefordshire.
- To prepare a Health and Social Care Joint Strategic Needs Assessment for the County.
- To prepare a Joint Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment to meet those needs.
- To exercise any functions that are exercised by Herefordshire Council by arrangement, barring overview and scrutiny functions.
- To give HHWB's opinion, as appropriate, to Herefordshire Council as to whether the Council is discharging its duty to have regard to any assessment of relevant needs prepared by the Council or the Clinical Commissioning Group in the exercise of its functions.
- To prepare and publish a local Pharmaceutical Needs Assessment under S206 of the 2012 Act.

Principles

HHWB will actively pursue:-

- Providing the strongest local leadership for the improvement of the health and wellbeing of the people of Herefordshire.
- Monitoring and supporting relevant bodies to achieve any health and wellbeing targets.
- Promoting and committing to joint working and integration wherever possible between partner organisations.
- encouraging a shared commitment towards health and wellbeing between the partner organisations including respect for each other's working culture.
- Fostering effective working relations based on mutual trust.
- Ensuring that commissioning decisions for health and wellbeing are consistent with the Herefordshire Health and Wellbeing Strategy and take full account of the joint strategic needs assessment for Herefordshire.
- Acting with collective responsibility.

Membership

The statutory core membership of the HHWB is as follows:-

Two Herefordshire Councillors nominated by the Council's Leader.

Herefordshire Council's Director of Adult Social Services.

Herefordshire Council's Director of Children's Services.

Herefordshire Council's Director of Public Health.

A representative of Herefordshire Healthwatch.

A representative of the Clinical Commissioning Group.

The Council has appointed the following additional Members:

A representative of NHS Commissioning Board Local Area Team

A representative of the business community in Herefordshire

A representative of a carers support organisation

The Chief Executive of Herefordshire Council

A representative of 2Gether NHS Foundation Trust

A representative of the Third Sector in Herefordshire

A representative of Wye Valley NHS Trust

A representative of West Mercia Police

Additional Members Comprise:-

Such other persons as HHWB may consider appropriate

Chairman and Vice Chairman

HHWB will be headed by a Chairman who is the Herefordshire Council Cabinet member whose current areas of responsibility are encompassed by the powers and duties of HHWB nominated as such by the Leader of the Council.

A Vice Chairman shall be appointed annually by the Board.

The term of office for the Chairman will coincide with their holding of the relevant portfolio.

Working Groups and Sub-Committees

The HHWB may establish such Working Groups, Officer Groups and Sub-Committees as necessary to achieve its objectives and will employ the maximum flexibility with regards to membership, utilising temporary and co-opted members as appropriate.

Status

By virtue of its status as a Council appointed Committee under S102 of the Local Government Act 1972, the Governance rules which bind the Council through its Constitution also bind HHWB.

In particular however

1. The Access to Information provisions contained in the Local Government Act 1972 apply to HHWB in respect of giving appropriate notice to the public of meetings and making available background papers .
2. The rules on political proportionality of Membership of HHWB or its Sub- Committees or Working Groups are disapplied.
3. The Council's Code of Conduct for Members is applicable to HHWB. In respect of the declaration of interests, Members of HHWBB personally have to determine whether it is appropriate to make any declaration or not including declarations of discloseable pecuniary interest on the appropriate register.
4. HHWB Core Members only will have voting rights.

Accountability

Whilst HHWB has accountability to the Council by means of an annual report, there is an expectation of an effective working relationship with Herefordshire Council's Overview and Scrutiny Committees, in particular Health and Social Care Overview and Scrutiny Committee. Individual Members of the Board may be held to account by the organisations they represent.

Transparency

Formal meetings of HHWB or any Sub-Committee of it are held in Public and the question of any Confidential items are dealt with in accordance with the Access to Information Rules . These rules do not apply to Officer Groups or Task and Finish Groups that the Board or its Sub-Committees may appoint.

Questions from the Public will be accepted in writing not less than eight clear working days prior to a meeting of the HHWB and one supplementary question is allowed.

Herefordshire Council

MEETING	**HEALTH AND WELLBEING BOARD**
DATE:	**16 APRIL 2013**
TITLE OF REPORT:	**PROPOSED MEASURABLE OUTCOMES FOR THE DEMAND MANAGEMENT AREA OF THE HEALTH AND WELLBEING BOARD STRATEGY**
REPORT BY:	**PUBLIC HEALTH**

1. Classification

Open

2. Key Decision

This is not an executive decision

3. Wards Affected

County-wide

4. Purpose

To report back on the review of the applicability of data collected for the Public Health, NHS and Adult Social Care Outcome Frameworks in relation to the Demand Management area of the Herefordshire Health and Wellbeing Strategy in order to comment on their usefulness for all workstreams.

5. Recommendation(s)

(a) the Board note that the measures contained in national outcomes frameworks are limited in their usefulness and applicability for monitoring progress against the Demand Management area of the HWB Strategy due to infrequency and lag in publication, and this is likely to apply across the workstreams; and

(b) the Board should consider exploring alternate performance management options against the HWB strategy.

6. Key Points Summary

- The attached tables map the priorities of the demand management area of the HWB strategy against relevant outcomes contained in the Public Health, NHS and Adult Social Care outcomes frameworks.

- There are issues with the frequency of data release which might limit the usefulness of these data.
- Likewise, there is significant delay (lag) between data collection and release (data is "dated").
- There are questions regarding the availability of certain data at a local level.
- Where local data exist, very small numbers create problems of validity.
- Many suggested indicators are not yet available or are new, hence the frequency and lag periods are yet to be determined (The "self-management" priority measures are particularly problematic).
- Monitoring the "joined up care pathways" priority may be problematic; this could potentially encompass all outcomes.
- Alternative performance monitoring can be developed, for example from existing Herefordshire Council strategy documents.
- The board should note the opportunity costs of using new and/or local indicators rather than national frameworks.

7. Alternative Options

7.1 None

8. Reasons for Recommendations

8.1 There is a need to collect and interpret appropriate data in a timely manner in order to monitor progress against the demand management area of the HWB strategy, and therefore for all areas.

9. Introduction and Background

9.1 The attached tables map the priorities of the demand management area of the HWB strategy against relevant outcomes contained in the Public Health, NHS and Adult Social Care outcomes frameworks. These outcomes are routinely collected, allowing for comparability between areas and over time at no additional cost to Herefordshire Council.

10. Key Considerations

10.1 Data collected for the outcomes frameworks is limited in its usefulness and applicability for monitoring progress against the current demand management priorities of the HWB Strategy. This is largely due to the infrequency and delay in publishing relevant data.

11. Community Impact

11.1 The monitoring framework itself has no community impact; however, effective identification and response to service issues/ demands will impact on the county's population.

12. Equality and Human Rights

12.1 None

13. Financial Implications

13.1 The monitoring framework itself has no financial implications

14. Legal Implications

14.1 None

15. Risk Management

15.1 If not addressed, monitoring progress against the demand management priorities of the HWB strategy using these three Outcomes Frameworks will be problematic

15.2 The main risks revolve around being able to identify and address relevant service issues/demands in a timely fashion.

16. Consultees

16.1 Public Health Officers

17. Appendices

17.1 Demand Management Framework Indicators

17.2 Outcome Frameworks

18. Background Papers

18.1 None identified.

Demand Management Framework Indicators

The following tables map the demand management priorities of the HWB strategy against relevant outcomes contained in the Public Health, NHS and Adult Social Care outcomes frameworks.

The following acronyms are used to reflect the sources of data:

ASC-CAR :	Adult Social Care Combined Activity Return
DECC:	Department of Energy and Climate Change
HES:	Hospital Episode Statistics
NHFD:	The National Hip Fracture Database
ONS:	Office for National Statistics
P:	Provisional
PROMS:	Patient Recorded Outcome Measures
QOF:	Quality Outcomes Framework
TBC:	To Be Confirmed
TARN:	Trauma Audit Research Network
SSNAP:	Sentinel Stroke National Audit Programme

Fuel Poverty

Indicator	Frequency	Lag	Source
(Holding) Department of Energy and Climate Change fuel poverty measure	Annual	2 years	DECC
4.15 Excess winter deaths	Annual	1 year	ONS death registrations

Alcohol Consumption

Indicator	Frequency	Lag	Source
PHOF			
? 2.10 Self-harm (Placeholder)	TBC	TBC	TBC
2.18 Alcohol-related admissions to hospital (Placeholder)	TBC	TBC	TBC
4.6: Under 75 mortality rate from liver disease	Annual	1 year	ONS death registrations (3 year pooled) and mid-year population estimates
NHSOF			
1.3: Under 75 mortality rate from liver disease	Annual	18 months	ONS: mortality data by cause

Co-ordination of Care

Framework/outcome	Frequency	Lag	Source
PHOF			
4.3: mortality rate from causes considered preventable	Annual	2 year	ONS/ HES
4.11: emergency readmissions within 30 days of discharge from hospital	Annual	1 year	HES
NHSOF			
2.1: Proportion of people feeling supported to manage their condition	Biannual	3 months	GP Patient Survey
2.3i: Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	Monthly (P)/ Annual	3 Months (p)/ 18 months	HES
3a: Emergency admissions for acute conditions that should not usually require hospital admission	Monthly	3 Months (p)/ 18 months	HES
3b: Emergency readmissions within 30days of discharge from hospital*	Annual	18 months	HES
3.3: Proportion of people who recover from major trauma	TBC	TBC	TARN
3.4: Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months	Annual (Summer 2014)	18 Months	SSNAP

3.5: Proportion of patients recovering to their previous levels of mobility/walking ability at			
i:30 days	Annual	18 months	NHFD
ii: 120 days	Annual	18 months	NHFD
3.6i: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation service	Annual	6 Months	ASC-CAR
3.6ii: Proportion offered rehabilitation following discharge from acute or community hospital	Annual	6 Months	HES
ASCOF			
2b: Proportion of people over 65 who are still at home 91 days after discharge from hospital into reablement/ rehabilitation services	Annual	1 year	ASC-CAR
2c: Delayed transfers of care from hospital and those that are attributable to social care	Annual	1 year	Unify2 (DH)

Older People

Framework/ Indicator	Frequency	Lag	Source
PHOF			
2.24: Injuries due to falls in people aged 65 and over (all sub-indicators)	Annual	2 years	HES
4.12: Preventable sight loss (all sub-indicators)	Annual	1 year/ 3 year	CVI/ HSC
4.13 Health-related quality of life for older people (Placeholder)			
4.15: excess winter deaths	Annual (3 year pooled)	2 years	ONS death registrations
4.16: estimated diagnosis rate for people with dementia	Annual	1 year	QOF/ 2007 dementia study
NHSOF			
2.6i: Estimated diagnosis rate for people with dementia	Annual	18 months	QOF/ 2007 dementia study
??3.1Total health gain as assessed by patients for elective procedures			
I. Hip replacement	Monthly	Approx 6 Months	Proms
II. Knee replacement	Monthly	Approx 6 Months	Proms
III. Groin hernia	Monthly	Approx 6 Months	Proms

IV. Varicose veins	Monthly	Approx 6 Months	Proms
V. Psychological therapies	Monthly	Approx 6 Months	Proms
3.4: Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months	Annual (financial year)	1 year	SSNAP
3.5: Proportion of patients recovering to their previous levels of mobility/walking ability at			
I: 30 and	Annual	6 months	NHFD
Ii: 120 days	Annual	6 months	NHFD
3.6 i: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation service	Annual	6 Months	ASC-CAR
3.6 ii: Proportion offered rehabilitation following discharge from acute or community hospital	Annual	6 Months	HES
ASCOF			
2b: Proportion of people over 65 who are still at home 91 days after discharge from hospital into reablement/ rehabilitation services	Annual	1 year	ASC-CAR

Improved Joined up Care Pathways

(ALL)

Health and wellbeing of carers

Outcome/ Framework	Frequency	Lag	Source
NHS Outcomes Framework			
2.4: Health-related quality of life for carers	Bi-annually	3 Months	GP Patient Survey
4.6: Bereaved carers' views on the quality of care in the last 3 months of life	Annual	1 year	VOICES survey of bereaved adults
ASC Outcomes Framework			
1d: Carer reported quality of life	Biennual	TBC	The Carers Survey
3b: Overall satisfaction of carers with social services	Biennual	TBC	The Carers Survey
3c: Proportion of carers who report that they have been included or consulted in discussion about the person they care for	Biennual	TBC	The Carers Survey
3d: Proportion of people who use services and carers who find it easy to find information about services	Annual (ASCS) Biennual (Carers)	1 year/ TBC	ASCS/ Carers survey

Self Management and Self Responsibility

Framework/ Outcome	Frequency	Lag	Source
PH Outcomes			
2.22ii: - Take up of NHS Health Check programme by those eligible - health check take up	TBC	TBC	Locally Collected??
2.11- Diet (Indevelopment)	TBC	TBC	
2.12: Excess weight in adults (local data In development)	TBC	TBC	
2.13 Proportion of physically active and inactive adults	Bi-Annual (rolling)	2 Months	Active people survey
2.14 Smoking prevalence – adults (over 18s)	Annual	6 Months	Integrated Household Survey
NHS Outcomes			
2.1: Proportion of people feeling supported to manage their condition	Biannual	3 months	GP Patient Survey

Adult Social Care Outcomes Framework

1 Enhancing quality of life for people with care and support needs

Overarching measure

1A. Social care-related quality of life * (NHSOF 2)

Outcome measures

People manage their own support as much as they wish, so that are in control of what, how and when support is delivered to match their needs.

1B. Proportion of people who use services who have control over their daily life
To be revised from 2014/15: 1C. Proportion of people using social care who receive self-directed support, and those receiving direct payments

Carers can balance their caring roles and maintain their desired quality of life.

1D. Carer-reported quality of life * (NHSOF 2.4)

People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.

1E. Proportion of adults with a learning disability in paid employment *** (PHOF 1.8, NHSOF 2.2)
1F. Proportion of adults in contact with secondary mental health services in paid employment *** (PHOF 1.8, NHSOF 2.5)
1G. Proportion of adults with a learning disability who live in their own home or with their family ** (PHOF 1.6)
1H. Proportion of adults in contact with secondary mental health services living independently, with of without support ** (PHOF 1.6)

New measure for 2013/14:
1I. Proportion of people who use services and their carers, who reported that they had as much social contact as they would like. ** (PHOF 1.18)

2 Delaying and reducing the need for care and support

Overarching measures

2A. Permanent admissions to residential and nursing care homes, per 1,000 population

Outcome measures

Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.

Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.

2B. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services ** (NHSOF 3.6i)

New measure for 2014/15: 2D. The outcomes of short-term services: sequel to service.
New placeholder 2E: Effectiveness of reablement services

When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.

2C. Delayed transfers of care from hospital, and those which are attributable to adult social care

New placeholder 2F: *Dementia - a* measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life . ** *(NHSOF 2.6ii)*

3 Ensuring that people have a positive experience of care and support

Overarching measure

People who use social care and their carers are satisfied with their experience of care and support services.

3A. Overall satisfaction of people who use services with their care and support
3B. Overall satisfaction of carers with social services
New placeholder 3E: Improving people's experience of integrated care ** (NHS OF 4.9)

Outcome measures

Carers feel that they are respected as equal partners throughout the care process.

3C. The proportion of carers who report that they have been included or consulted in discussions about the person they care for

People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.

3D. The proportion of people who use services and carers who find it easy to find information about support

People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.

This information can be taken from the Adult Social Care Survey and used for analysis at the local level.

4 Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

Overarching measure

4A. The proportion of people who use services who feel safe * (PHOF 1.19)

Outcome measures

Everyone enjoys physical safety and feels secure.
People are free from physical and emotional abuse, harassment, neglect and self-harm.
People are protected as far as possible from avoidable harm, disease and injuries.
People are supported to plan ahead and have the freedom to manage risks the way that they wish.

4B. The proportion of people who use services who say that those services have made them feel safe and secure

New placeholder 4C: Proportion of completed safeguarding referrals where people report they feel safe

Aligning across the Health and Care System

** Indicator complementary*
*** Indicator shared*
**** Indicator complementary with the Public Health Outcomes Framework and the NHS Outcomes framework*

Shared indicators: The same indicator is included in each outcomes framework, reflecting a shared role in making progress
Complementary indicators: A similar indicator is included in each outcomes framework and these look at the same issue

1 Preventing people from dying prematurely

Overarching indicators

1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare
i Adults ii *Children and young people*
1b Life expectancy at 75
i Males ii Females

Improvement areas

Reducing premature mortality from the major causes of death
1.1 Under 75 mortality rate from cardiovascular disease* (PHOF 4.4)
1.2 Under 75 mortality rate from respiratory disease* (PHOF 4.7)
1.3 Under 75 mortality rate from liver disease* (PHOF 4.6)
1.4 Under 75 mortality rate from cancer* (PHOF 4.5)
i *One- and* ii *Five-year survival from all cancers*
iii *One- and* iv *Five-year survival from breast, lung and colorectal cancer*

Reducing premature death in people with serious mental illness
1.5 Excess under 75 mortality rate in adults with serious mental illness* (PHOF 4.9)

Reducing deaths in babies and young children
1.6 i Infant mortality* (PHOF 4.1)
ii Neonatal mortality and stillbirths
iii *Five year survival from all cancers in children*

Reducing premature death in people with a learning disability
1.7 *Excess under 60 mortality rate in adults with a learning disability*

2 Enhancing quality of life for people with long-term conditions

Overarching indicator

2 Health-related quality of life for people with long-term conditions** (ASCOF 1A)

Improvement areas

Ensuring people feel supported to manage their condition
2.1 Proportion of people feeling supported to manage their condition**

Improving functional ability in people with long-term conditions
2.2 Employment of people with long-term conditions** * (ASCOF 1E PHOF 1.8)

Reducing time spent in hospital by people with long-term conditions
2.3 i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)
ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

Enhancing quality of life for carers
2.4 Health-related quality of life for carers** (ASCOF 1D)

Enhancing quality of life for people with mental illness
2.5 Employment of people with mental illness **** (ASCOF 1F & PHOF 1.8)

Enhancing quality of life for people with dementia
2.6 i Estimated diagnosis rate for people with dementia* (PHOF 4.16)
ii *A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life****** (ASCOF 2F)

3 Helping people to recover from episodes of ill health or following injury

Overarching indicators

3a Emergency admissions for acute conditions that should not usually require hospital admission
3b Emergency readmissions within 30 days of discharge from hospital* (PHOF 4.11)

Improvement areas

Improving outcomes from planned treatments
3.1 Total health gain as assessed by patients for elective procedures
i Hip replacement ii Knee replacement iii Groin hernia iv Varicose veins
v *Psychological therapies*

Preventing lower respiratory tract infections (LRTI) in children from becoming serious
3.2 Emergency admissions for children with LRTI

Improving recovery from injuries and trauma
3.3 Proportion of people who recover from major trauma

Improving recovery from stroke
3.4 Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months

Improving recovery from fragility fractures
3.5 Proportion of patients recovering to their previous levels of mobility/walking ability at i 30 and ii 120 days

Helping older people to recover their independence after illness or injury
3.6 i Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation service*** (ASCOF 2B)
ii Proportion offered rehabilitation following discharge from acute or community hospital

NHS Outcomes Framework 2013/14

at a glance

Alignment across the Health and Social Care System

* Indicator shared with Public Health Outcomes Framework (PHOF)
** Indicator complementary with Adult Social Care Outcomes Framework (ASCOF)
*** Indicator shared with Adult Social Care Outcomes Framework
**** Indicator complementary with Adult Social Care Outcomes Framework and Public Health Outcomes Framework

Indicators in italics are placeholders, pending development or identification

4 Ensuring that people have a positive experience of care

Overarching indicators

4a Patient experience of primary care
i GP services
ii GP Out of Hours services
iii NHS Dental Services
4b Patient experience of hospital care
4c *Friends and family test*

Improvement areas

Improving people's experience of outpatient care
4.1 Patient experience of outpatient services

Improving hospitals' responsiveness to personal needs
4.2 Responsiveness to in-patients' personal needs

Improving people's experience of accident and emergency services
4.3 Patient experience of A&E services

Improving access to primary care services
4.4 Access to i GP services and ii NHS dental services

Improving women and their families' experience of maternity services
4.5 Women's experience of maternity services

Improving the experience of care for people at the end of their lives
4.6 Bereaved carers' views on the quality of care in the last 3 months of life

Improving experience of healthcare for people with mental illness
4.7 Patient experience of community mental health services

Improving children and young people's experience of healthcare
4.8 *An indicator is under development*

Improving people's experience of integrated care
4.9 *An indicator is under development* *** (ASCOF 3E)

5 Treating and caring for people in a safe environment and protect them from avoidable harm

Overarching indicators

5a Patient safety incidents reported
5b Safety incidents involving severe harm or death
5c *Hospital deaths attributable to problems in care*

Improvement areas

Reducing the incidence of avoidable harm
5.1 Incidence of hospital-related venous thromboembolism (VTE)
5.2 Incidence of healthcare associated infection (HCAI)
i MRSA
ii C. difficile
5.3 Incidence of newly-acquired category 2, 3 and 4 pressure ulcers
5.4 Incidence of medication errors causing serious harm

Improving the safety of maternity services
5.5 Admission of full-term babies to neonatal care

Delivering safe care to children in acute settings
5.6 Incidence of harm to children due to 'failure to monitor'

Public Health Outcomes Framework

1 Improving the wider determinants of health

Objective

Improvements against wider factors which affect health and wellbeing and health inequalities

Indicators

1.1 Children in poverty
1.2 School readiness (Placeholder)
1.3 Pupil absence
1.4 First time entrants to the youth justice system
1.5 16-18 year olds not in education, employment or training
1.6 Adults with a learning disability/in contact with secondary mental health services who live in stable and appropriate accommodation† *(ASCOF 1G and 1H)*
1.7 People in prison who have a mental illness or a significant mental illness (Placeholder)
1.8 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services *(I-NHSOF 2.2) ††(II-ASCOF 1E) **(III-NHSOF 2.5) †† *(III-ASCOF 1F)*
1.9 Sickness absence rate
1.10 Killed and seriously injured casualties on England's roads
1.11 Domestic abuse (Placeholder)
1.12 Violent crime (including sexual violence)
1.13 Re-offending levels
1.14 The percentage of the population affected by noise
1.15 Statutory homelessness
1.16 Utilisation of outdoor space for exercise/health reasons
1.17 Fuel poverty (Placeholder)
1.18 Social isolation (Placeholder) † (ASCOF 1I)
1.19 Older people's perception of community safety (Placeholder) †† (ASCOF 4A)

2 Health improvement

Objective

People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicators

2.1 Low birth weight of term babies
2.2 Breastfeeding
2.3 Smoking status at time of delivery
2.4 Under 18 conceptions
2.5 Child development at 2-2½ years (Placeholder)
2.6 Excess weight in 4-5 and 10-11 year olds
2.7 Hospital admissions caused by unintentional and deliberate injuries in under 18s
2.8 Emotional well-being of looked after children
2.9 Smoking prevalence – 15 year olds (Placeholder)
2.10 Self-harm (Placeholder)
2.11 Diet
2.12 Excess weight in adults
2.13 Proportion of physically active and inactive adults
2.14 Smoking prevalence – adults (over 18s)
2.15 Successful completion of drug treatment
2.16 People entering prison with substance dependence issues who are previously not known to community treatment
2.17 Recorded diabetes
2.18 Alcohol-related admissions to hospital (Placeholder)
2.19 Cancer diagnosed at stage 1 and 2
2.20 Cancer screening coverage
2.21 Access to non-cancer screening programmes
2.22 Take up of the NHS Health Check programme – by those eligible
2.23 Self-reported well-being
2.24 Injuries due to falls in people aged 65 and over

3 Health protection

Objective

The population's health is protected from major incidents and other threats, whilst reducing health inequalities

Indicators

3.1 Fraction of mortality attributable to particulate air pollution
3.2 Chlamydia diagnoses (15-24 year olds)
3.3 Population vaccination coverage
3.4 People presenting with HIV at a late stage of infection
3.5 Treatment completion for Tuberculosis (TB)
3.6 Public sector organisations with a board approved sustainable development management plan
3.7 Comprehensive, agreed inter-agency plans for responding to public health incidents and emergencies (Placeholder)

4 Healthcare public health and preventing premature mortality

Objective

Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities

Indicators

4.1 Infant mortality* *(NHSOF 1.6i)*
4.2 Tooth decay in children aged 5
4.3 Mortality rate from causes considered preventable** *(NHSOF 1a)*
4.4 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)* *(NHSOF 1.1)*
4.5 Under 75 mortality rate from cancer* *(NHSOF 1.4i)*
4.6 Under 75 mortality rate from liver disease* *(NHSOF 1.3)*
4.7 Under 75 mortality rate from respiratory diseases* *(NHSOF 1.2)*
4.8 Mortality rate from infectious and parasitic diseases
4.9 Excess under 75 mortality rate in adults with serious mental illness**(NHSOF 1.5)*
4.10 Suicide rate
4.11 Emergency readmissions within 30 days of discharge from hospital* *(NHSOF 3b)*
4.12 Preventable sight loss
4.13 Health-related quality of life for older people (Placeholder)
4.14 Hip fractures in people aged 65 and over
4.15 Excess winter deaths
4.16 Estimated diagnosis rate for people with dementia* *(NHSOF 2.6i)*

Herefordshire Council

MEETING	**HEALTH AND WELLBEING BOARD**
DATE:	**16 APRIL 2013**
TITLE OF REPORT:	**HEALTH AND WELLBEING BOARD WORK PLAN**
REPORT BY:	**HEALTH AND WELLBEING GRANTS AND PARTNERSHIP OFFICER**

1. Classification

Open

2. Wards Affected

County-wide

3. Purpose

To note the Board's work plan. (A copy is attached)

4. Appendices

4.1 Health and Wellbeing Board Work Plan

5. Background Papers

5.1 None identified.

Further information on the subject of this report is available from
Clare Wichbold, Health and Wellbeing Grants and Partnership Officer, on Tel: (01432) 261875

HEALTH AND WELLBEING BOARD
WORK PLAN FEB 2013 TO MAY 2014
TIMELINE OF ACTIVITIES AND DECISIONS UPDATED
8 April 2013

DATES	BOARD MEETINGS NB ALL MEETINGS RUN FROM 3pm – 5pm
PUBLIC 9 July 2013	**Board processes and operations** • Joint Strategic Needs Assessment **Sustainability of the health and social care system** **Demand management** • Commissioning Plans for Children and Young People **Crisis prevention** • Annual Reports of Safeguarding Boards
PUBLIC 22 October 2013	**Board processes and operations** **Sustainability of the health and social care system** **Demand management** **Crisis prevention**
PUBLIC 28 January 2014	**Board processes and operations** **Sustainability of the health and social care system** **Demand management** **Crisis prevention**
PUBLIC 15 April 2014	**Board processes and operations** **Sustainability of the health and social care system** **Demand management** **Crisis prevention**
PUBLIC October 2015	**Sustainability of the health and social care system** • Pharmaceutical needs assessment