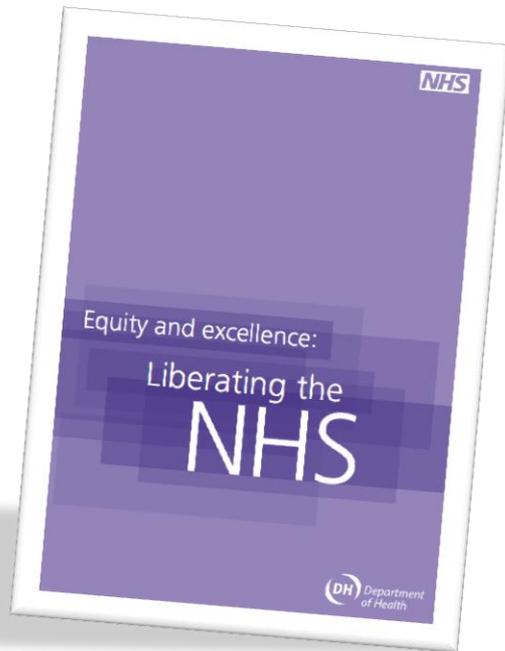


Health & Well-Being Boards and Community Pharmacy



Dr Paul Edmondson-Jones MBE
Director of Public Health for Portsmouth City

“The NHS is safe in our hands”

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- In 2011, David Cameron maintained that the NHS was safe in Tory hands as he outlined the first significant changes to the government's controversial NHS reforms
- In 2012, Conservative and Lib Dem Ministers "banged" the table at a cabinet meeting to mark the impending passing of the Health & Social Care Bill into law

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Liberating the NHS – White Paper 2010

We will make the NHS more accountable to patients and we will free staff from excessive bureaucracy and top down control

Democratic legitimacy will be strengthened locally by enabling Local Authorities to promote the joining up of NHS services, social care, children's services and health improvement

- Patients will be at the heart of all the NHS does and they will be in charge
- Clinical outcomes will be the relentless focus not bureaucratic process targets
- Clinicians will be empowered and healthcare will be run “bottom up”.

Healthy Lives, Healthy People – White Paper 2010

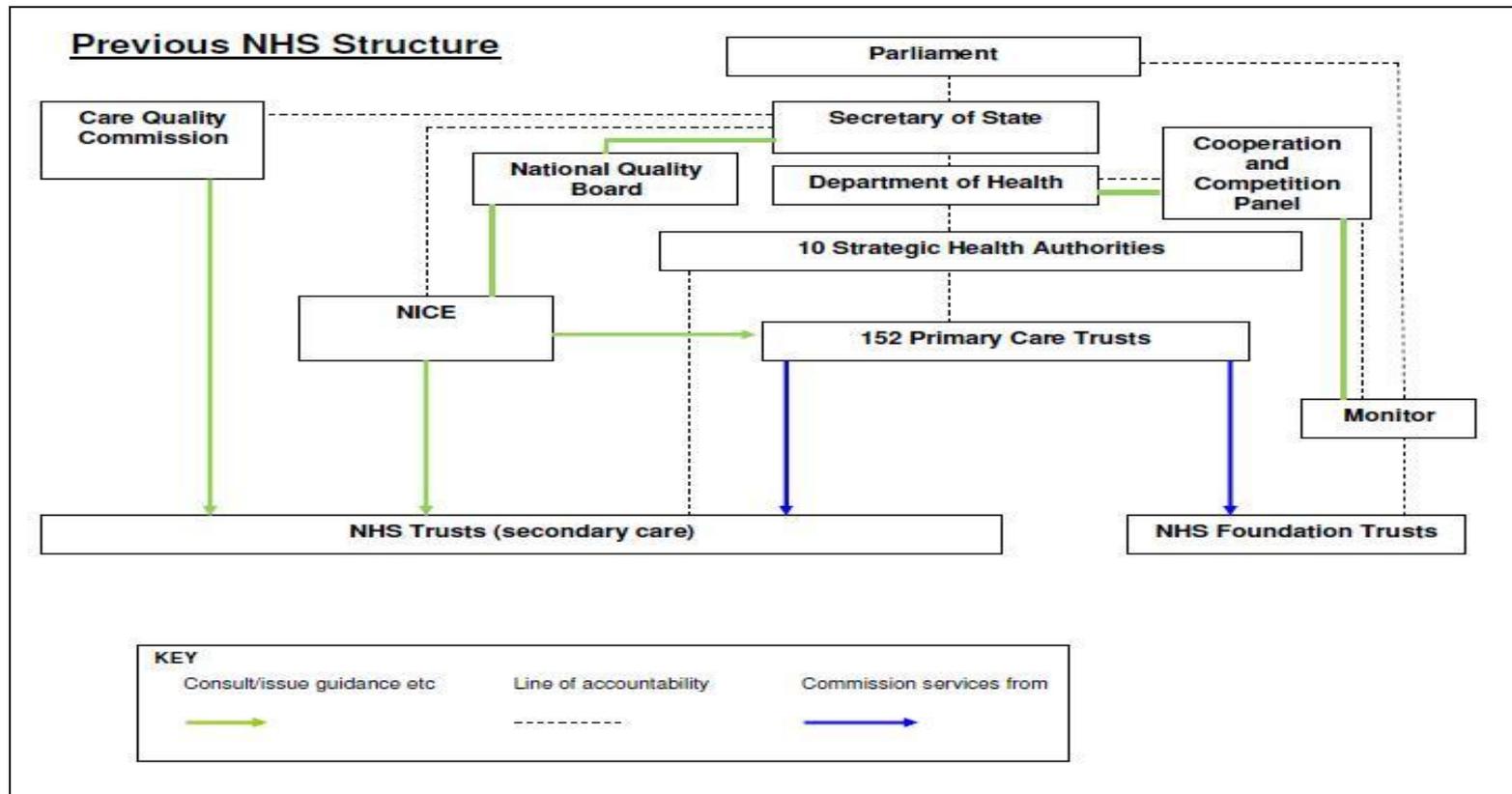
We need a new approach that puts empowers individuals to make healthy choices and puts local communities at the heart of public health

We will end central control and give local government the freedom, responsibility and funding to innovate and develop their own ways of improving public health in their area with real financial incentives to reward progress

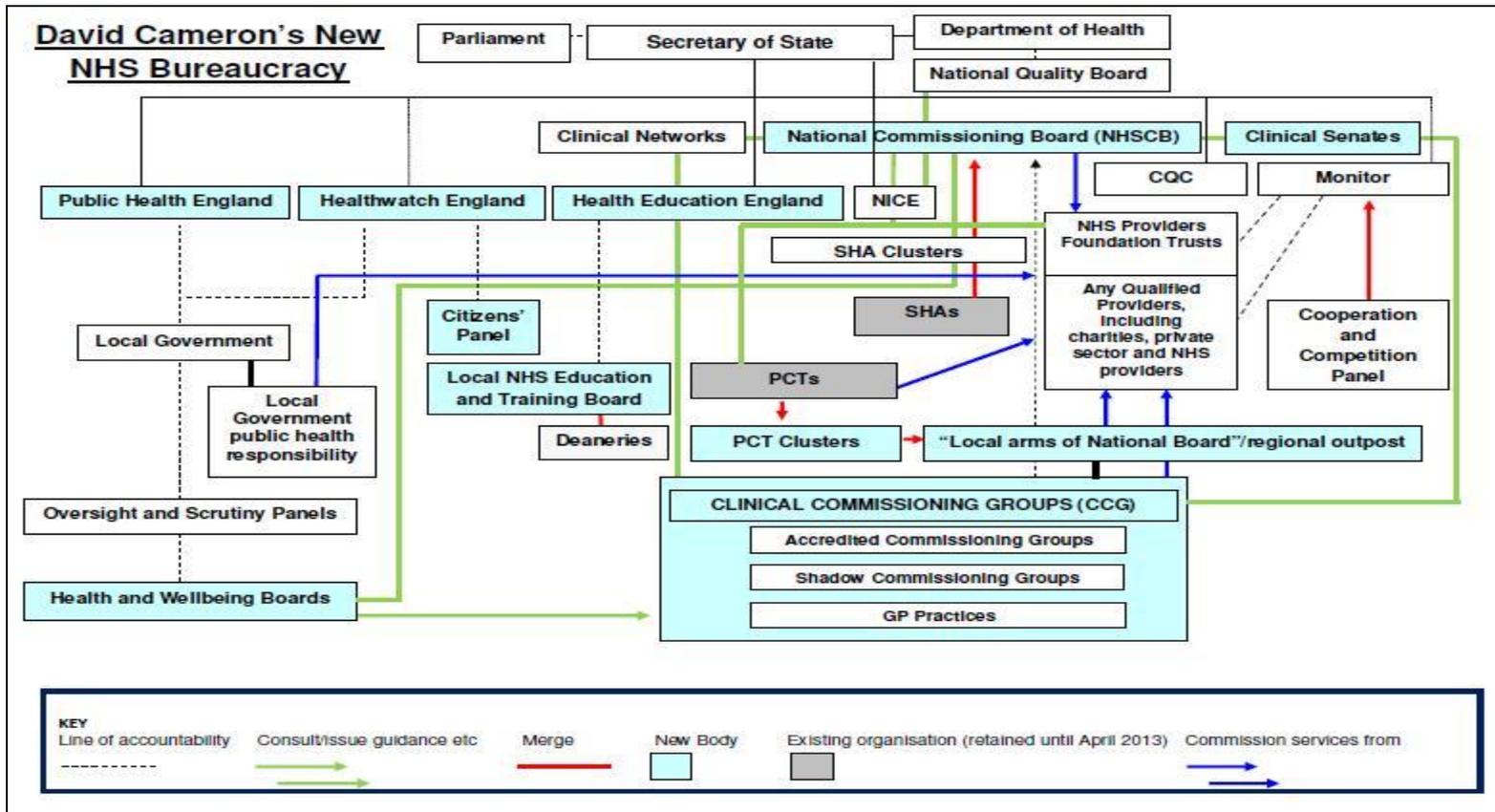
This approach will **reach across** all the root causes of poor health & wellbeing and will **reach out** to individuals and families that need the most support and be:

- **Responsive** – owned by local communities and shaped by their needs
- **Resourced** – with ring fenced funding and incentives to improve
- **Rigorous** – professionally led, focussed on evidence, efficient and effective
- **Resilient** – strengthening protection against current and future threats to health

“Bureaucratic, top down, incomprehensible and unloved”



“Simple, bottom up, easily understood and loved by all”



“At the heart of the local health system”

Health & Well-being Boards are set to usher in a new era of partnership working between local councils, GPs and other health professionals and local Healthwatch, representing the views of patients, communities and people who use services.

They will be at the heart of the local health system bringing greater democratic accountability and legitimacy to the NHS, promoting better integration across health and social care in the interests of patients and the public and ensuring that the needs of local populations and vulnerable groups are met.

Duties for Health & Wellbeing Boards

H&WB Boards offer the opportunity for system wide leadership to improve health outcomes as well as health and social care services

H&WB Boards will have a duty to promote integrated working and their core purpose is to drive improvements in health and wellbeing by promoting joint commissioning and integrated delivery

H&WB Boards have a remit and agenda that extends well beyond health and adult social care to include children's health and well-being, public health and the impact of the wider determinants of health

H&WB Boards have a duty to produce a JSNA and subsequently a JHWS – an integral part of the JSNA will be the future PNA

Operating Principles for H&WB Boards

To provide collective leadership to improve health & well-being across the local authority area, enable decision making and ownership of decisions in an open and transparent way

To achieve democratic legitimacy and accountability and empower local people to take part in decision making

To address health inequalities by ensuring quality, consistency and comprehensive health and local government services are commissioned and delivered in the local area

To identify key priorities for health and local government commissioning and develop clear plans for how commissioners can make best use of their combined resources to improve local health and wellbeing outcomes in the short, medium and long term

Who is on Health & Well-being Boards?

- The Health and Social Care Bill mandates a minimum membership of:
 - one local elected representative
 - a representative of local Healthwatch organisation
 - a representative of each local Clinical Commissioning Group
 - the local authority Director for Adult Social Services
 - the local authority Director for Children’s Services
 - the local authority Director of Public Health
- Local boards will be free to expand their membership to include a wide range of perspectives and expertise, such as representatives from charity or voluntary sectors.
- Membership is not the only way to engage with the work of the boards. All Boards, regardless of their political or geographic make-up, will be expected to ensure that the needs and views of local people as a whole are taken into account.
- Boards will be under a statutory duty to involve local people in the preparation of the JSNA and the development of joint health and wellbeing strategies

Health & Wellbeing Board - Stakeholders

Health and wellbeing boards: developing relationships

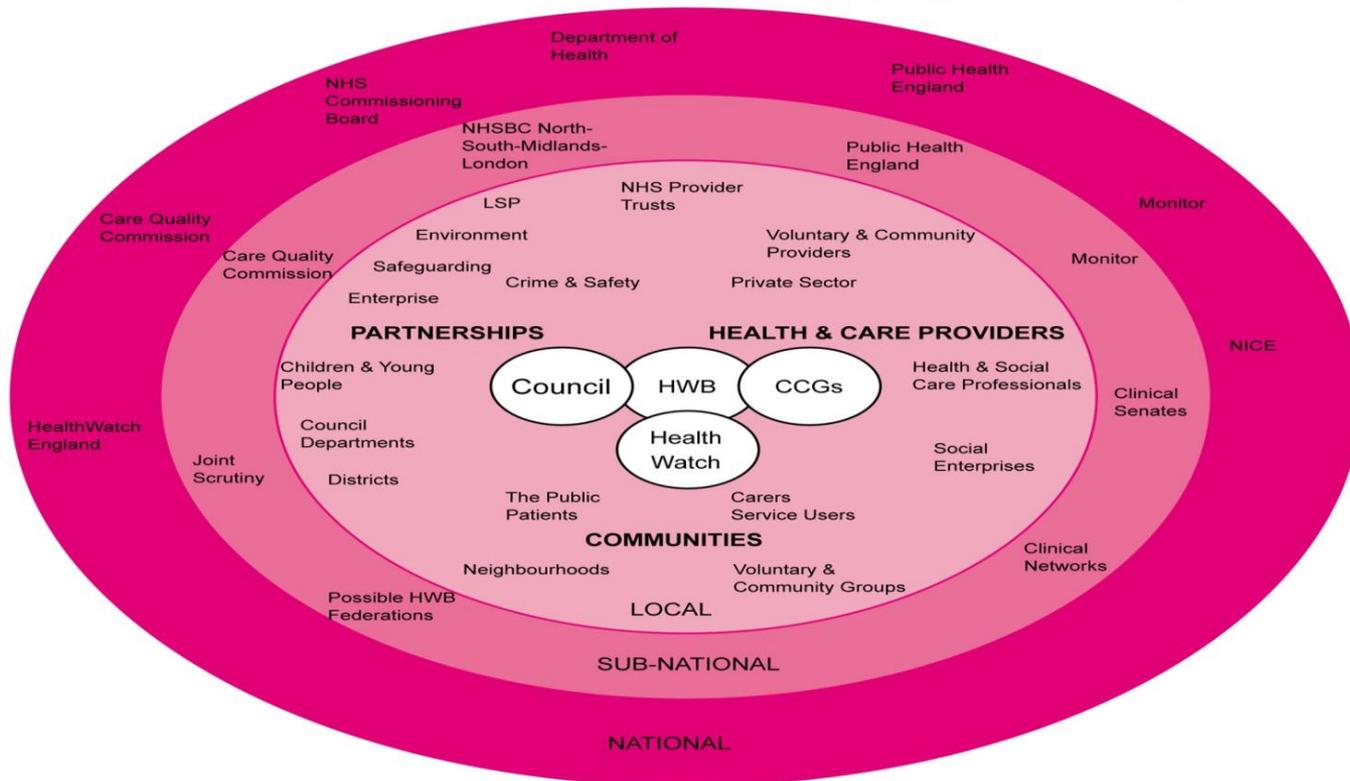


Figure 1: Diagram showing some of the national, sub-national and local bodies with which health and wellbeing boards will need to develop relationships

Challenges for H&WB Boards

Membership:

is it just commissioners and councillors, should providers be included, how do you include the public, what is the role of DPH, DAS and DCS in relation to councillors

Skills:

will it just be a talking shop, how do you engender trust, do cultural differences between councillors and GPs matter

Board Role:

is it about strategic influence or do they engage more directly in commissioning by making or taking increased responsibility for pooled budgets

Priorities:

How do they focus on local priorities and ensure a coherent and effective balance across health, social care, health improvement, social determinants, well-being and tackling health inequalities

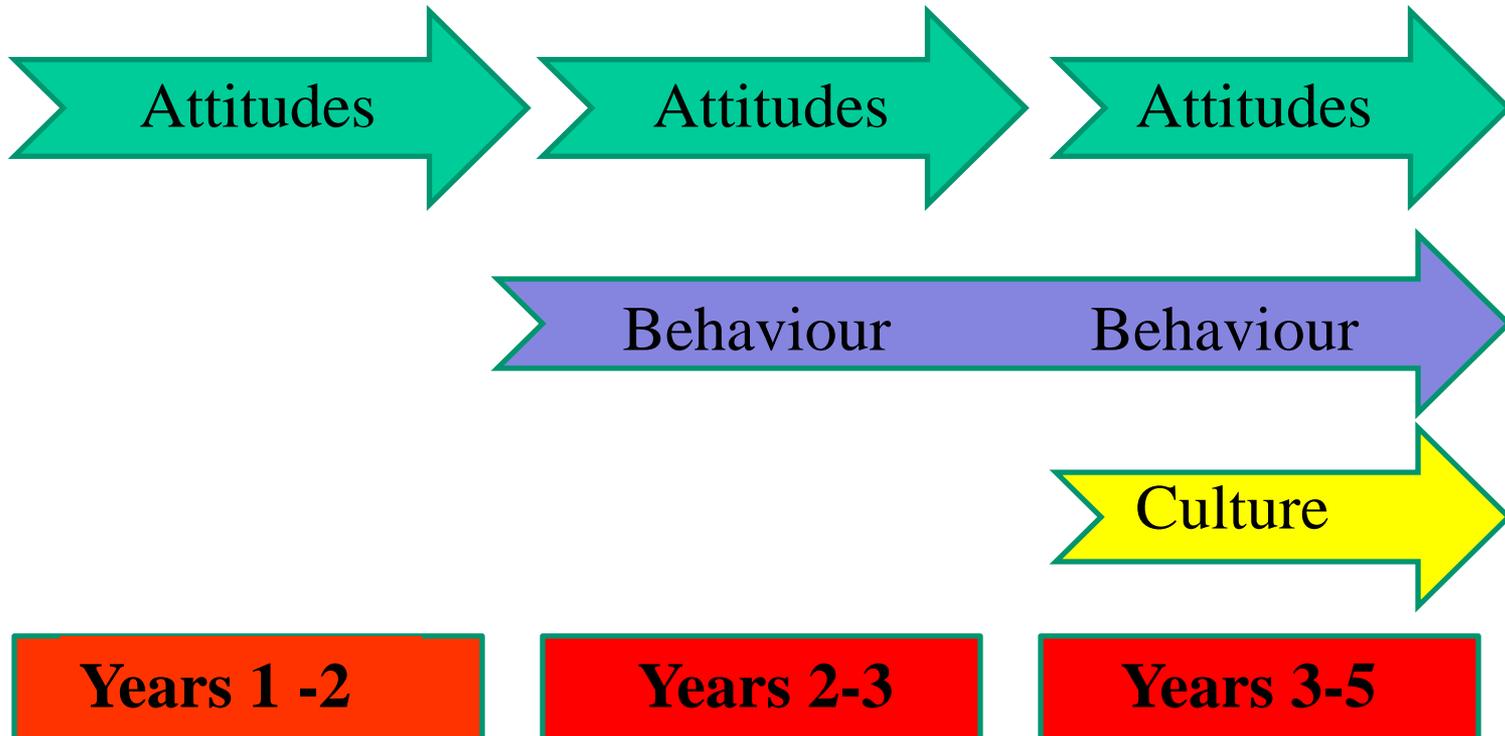
Problems:

How do they resolve issues if GPs are overly medical or if councillors oppose effective plans on political grounds. Can they tackle insurmountable problems like NHS continuing care and delayed discharges

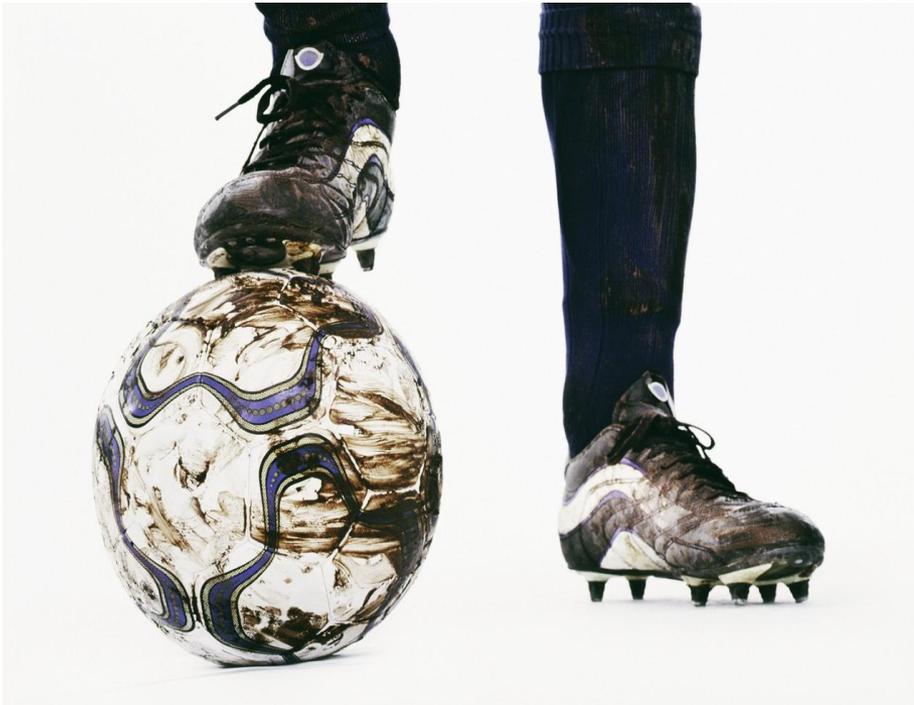
What does Community Pharmacy do?



“Driving effective change of any sort is as simple as A, B, C but it takes 3-5 years”

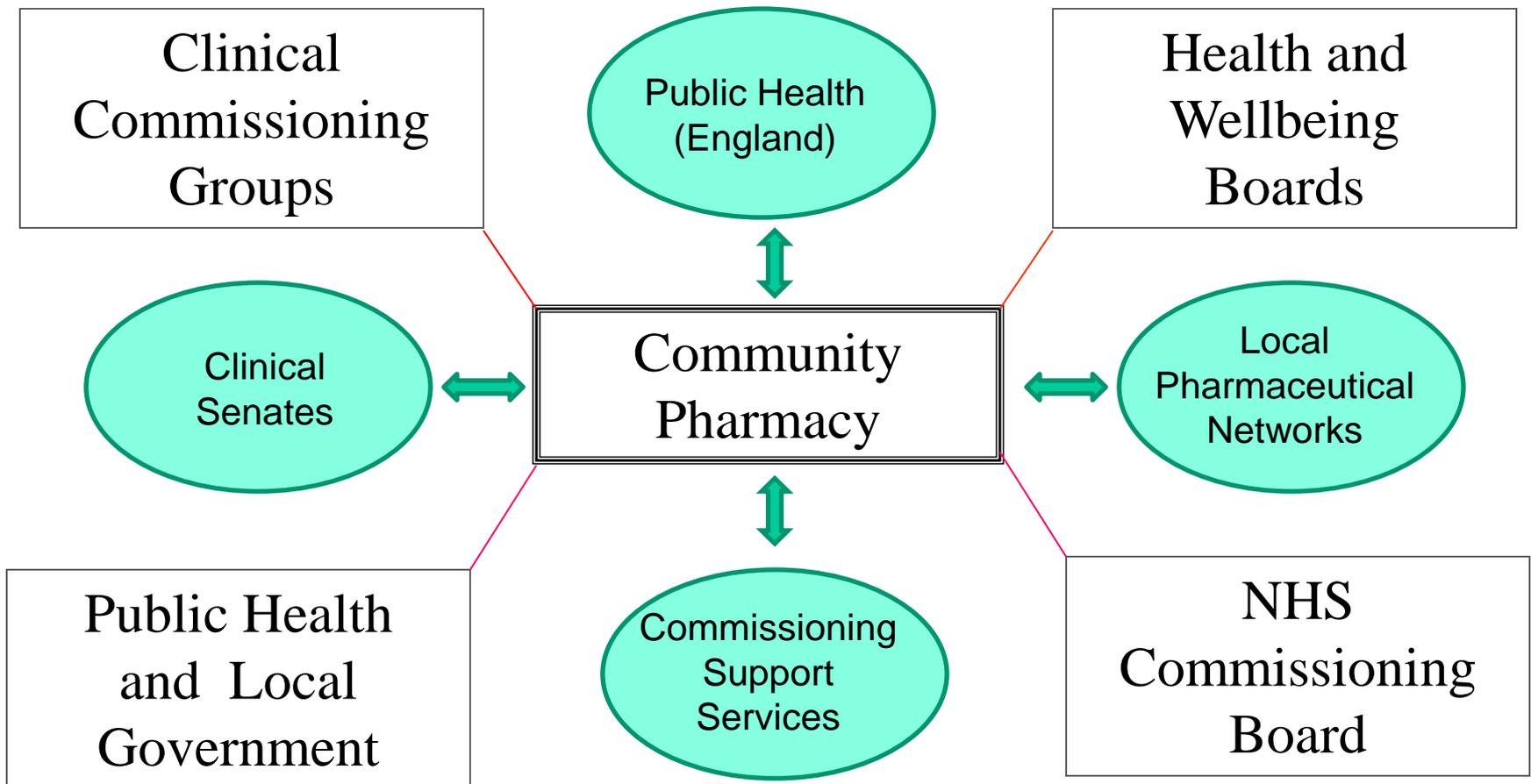


You can't win the game without the ball!



- Get hold of the ball
- Create space
- Transform the game
- Win the match

“Get hold of the ball – be at the heart of the system”



“Create space – let the tail wag the dog”

152 H&WB Boards

152 Different Memberships

152 Different Priorities

**Prevent and Target
(Well-being)**

**Treat and Help
(Ill Health & LTC)**

**Lobby and Influence
(Health & Wellbeing)**

**Strategic
(National Bodies)**

**Tactical
(LPC & CCG/PH)**

**Operational
(Pharmacies)**

“Transform the game – be in control”

Culture change is not just about individual changes in attitudes, words in a document or promises made by politicians but must happen at the strategic, tactical and operational levels

Category	<u>Prevent/Target</u> (Well-being)	<u>Treat/Help</u> (Ill Health or LTC)	<u>Lobby/Influence</u> (Health & Well-being)
<u>Strategic</u> (National Bodies)	X	X	X
<u>Tactical</u> (LPC & CCG/PH)	X	X	X
<u>Operational</u> (Pharmacies)	X	X	X

“Score a goal and win the match”

