

Board Assurance Prompt – Health and Wellbeing Boards

September 2011

What is this guide? Who is it for?

This briefing is targeted at those developing Health and Wellbeing Boards (HWBBs), or who need to understand and work with HWBBs in the future. It is intended to support informed debate as the precise form and role of HWBBs emerge, and to encourage local health and social care economies to lay the foundations for better partnership working. HWBBs will have implications for all concerned with local health and social care services, and we would encourage GPs, and other clinicians, Directors of Public Health, Elected Members, Local Authority officers, LINKs, PCT colleagues, providers, third sector organisations, and public, patient and carers' advocates to all take an active concern in how their HWBB is being developed.

Health and Wellbeing Boards

HWBBs are a key element of the proposed Health and Social Care Bill, and are the means by which local authorities will deliver their new duties to improve the strategic coordination across local NHS, social care, children's services and public health. Clinical Commissioning Groups (CCG) will be required to consult with HWBBs when drawing up their annual plan. The proposed Bill states the CCG should liaise with the HWBB "setting out how it proposes to exercise its functions in that year".

It is proposed that each HWBB should include the following:

- at least one local authority councillor
- the director of adult social services for the local authority
- the director of children's services for the local authority
- the director of public health for the local authority
- a representative of the local HealthWatch organisation for the area of the local authority
- a representative of each relevant commissioning consortium
- such other persons, or representatives of such other persons, as the local authority thinks appropriate

A representative of the NHS Commissioning Board may also sit on the board when local authorities are drawing up joint strategic needs assessments and related strategies.

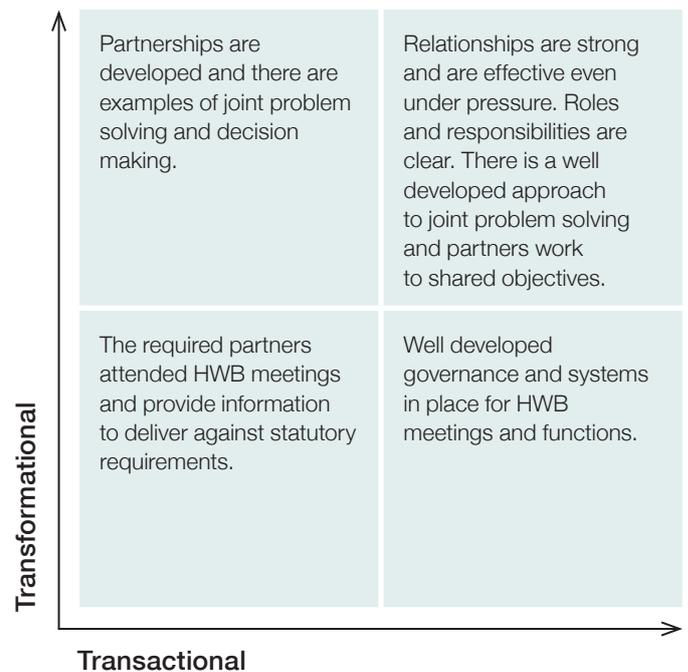
The main functions of HWBBs are to:

- Assess the needs of the population through the Joint Strategic Needs Assessment (JSNA)
- Agree and produce a Health and Wellbeing Strategy to address needs, which commissioners will need to have regard of in developing commissioning plans for health care, social care and public health
- Promote joint commissioning
- Promote integrated provision, joining up social care, public health and NHS services with wider local authority services
- Involvement in the development of CCG commissioning plans
- Provide advice to the NHS Commissioning Board in authorising and assuring CCGs

The rest of this guide

This board assurance prompt has been supported by NHS London, the London Joint Improvement Partnership and London Councils as part of the London Health and Wellbeing Board Partnership support programme and is one of series developed by the Good Governance Institute. The London programme aims to support the transformational development of HWBBs which focuses on the leadership and culture to support partnership working and the transactional elements which are focused on process and task.

Supporting transformation



Overleaf is a series of assurance questions that might be asked to ensure that the local HWBB development is progressing usefully, and that local health and social care organisations are constructively inputting into this process. Also included is a maturity matrix to test and guide the development of the HWBB, and to facilitate the sharing of better practice and innovation.

Key success criteria for HWBBs

- Rooting change in the needs of the local population, and effectively using Joint Strategic Needs Assessments (the JSNA) and Joint Health and Wellbeing Strategies to drive local change including
- Shared decision making principles firmly embedded in priority setting and commissioning decisions
- Service transformation to meet future health and social care needs
- Improving the health outcomes of the local population and reducing health inequalities
- Engendering local ownership of healthcare developments by the local community
- The better use of resources through co-ordinated, integrated commissioning
- Linking HWBBs to wider public services including transport, planning, leisure, environment and education
- Developing productive relationships with commissioners and providers
- Ensuring local health and social care services develop in synergistic tandem

	Example assurance question	Credible answer	Insufficient answer
1	How is our local HWBB being developed?	It is important that the CCG, public health, PCTs and the local authority all start working together as quickly as possible. We are actively bringing all parties together to work through local options that will serve our local population well. This is genuinely a joint endeavour and in the interests of all to deliver.	Should HWBBs eventually come to pass this will be something the local authority are leading on, and we look forward to hearing the details of membership, etc in due course. We already have our LSP arrangements and we will add members of the CCG to these.
2	As the reforms develop, how can we be assured that commissioning plans reflect population needs and better public health outcomes?	We are all responsible for our local population, and better population health. We need to root commissioning in the needs of our local population, and to ensure that social and health care provision dovetail with each other as they develop. For these reasons we need to draw in all parties to developing the new HWBB, and creating working links with wider stakeholders such as providers and wider LA service areas to improve outcomes through joint commissioning and integrated care.	This is a matter for each organisation who know their specific population and who are responsible for ensuring better outcomes through contracts and performance management of providers.
3	Are we being pro-active in considering the role and expertise of public health in shaping commissioning plans for the NHS and social care?	We understand the critical importance of public health that will make or break successful, outcome orientated commissioning. At every stage in our HWBB development we are bringing in public health thinking to support population health based commissioning. We are mapping the potential interfaces between health improvement and wider LA services to ensure we take the opportunity to join up services to address the wider determinants of health.	When public health transfers to the local authority we have no doubt that the relevant public health data will continue to be provided to inform the JSNA and HWS.
4	What are our plans to ensure that all members of our HWBB are properly empowered to fulfil their role?	Drawing lessons from the development of other local boards and committees we are developing a holistic induction and development programme to ensure each of our HWBB members is empowered to fulfil their role and understand the contribution of others. We will review board operation annually, including use of external challenge to ensure HWBB members are continually developed over time and partnerships continue to grow.	HWBB members already work together so no specific developmental activity is planned.
5	During the transition of responsibilities to CCGs and local authorities, what efforts have we taken to ensure that appropriate skills are retained and indeed enhanced? Are we ensuring that credible local clinical advice is available to the HWBB?	We are working together to review and define our individual and shared requirements. We will develop joint arrangements wherever possible to enhance service design and better outcomes. We are building on previous work and external reviews such as joint plans, LA annual performance reviews and WCC . We have a talent development plan, that identifies the key skills and competencies required and are using these for workforce commissioning. Our HWBB includes mechanism to draw on wider skills and knowledge from providers and the voluntary sector.	The CCG pathfinders are drawing up their structures and have funding available to train and develop themselves for their new roles. The Local Authority already has its structures in place. It would be inappropriate under competition law to involve providers in shaping priorities and commissioning plans.
6	How are we embedding shared decision making principles in the local systems? How are we fulfilling the requirement to lead on public and patient engagement?	All partners are committed to co-creation and personalised services at an individual and strategic level. We are developing plans to improve local and regional information to inform choice. We will include this intelligence to inform commissioning decisions. We have developed shared decision making standards against which we are reviewing our PPE engagement plans. We will ensure that this is specifically inclusive of carers and those facing multiple disadvantages.	We have a PPE plan and the LA undertakes resident surveys. We ensure information is available on planned service design and changes. We have agreed to have an annual meeting in public.

What HWBBs mean to local players in a health and social care economy

CCGs

HWBBs will be a resource that CCGs can draw on to better understand the holistic development of local care services. Through HWBB CCG will have the opportunity to integrate service design and delivery, including delegating functions to the board where this makes sense. HWBBs will need to be involved throughout the development of CCG commissioning plans. HWBB will have a role in the authorisation and assurance of CCG.

PCT clusters

HWBBs will have the potential to ensure that strategy is properly shaped by local and national partners. Engaging the HWBB in the functions that the NHS CB will take responsibility for will support meeting common goals, particularly around integrated care along pathways.

Providers

Local providers hold key skills and knowledge that commissioners need in order to successfully transform services. HWBBs have the potential to draw in this specialist knowledge in an organised way to create new pathways that improve outcomes and create a more efficient local system.

Local Authorities

Local authorities have significant experience of commissioning for care services. HWBBs will support transferring better commissioning practice to CCGs, and ensure that health and social care better dovetail to improve opportunities for the local community.

Health Watch

Local scrutiny will help ensure the interests of patients and the community. HealthWatch, through the HWBB, will be able to scrutinise service quality and transformation options across the local health and social care economy in an informed and empowered manner.

The functions of Health and Wellbeing Boards: A maturity matrix to support development and improvement

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To use the matrix: identify with a circle the level you believe your organisation has reached and then draw an arrow to the right to the level you intend to reach in the next 12 months.



Progress levels	0 No	1 Basic level Principle accepted and commitment to action	2 Early progress Early progress in development	3 Results Initial achievements evident	4 Maturity Comprehensive assurance in place	5 Exemplar Others learning from our consistent achievements
Purpose and vision		HWBB purpose debated and agreed. Values and priorities have been agreed, and affirmed to public (e.g. website) and internal or partnership documents. All HWBB members understand the board's role	Priorities and stretch goals have been agreed with stakeholders. Board has agreed ethical values combined with a robust mechanism for adding and removing services and/or care settings against these. Plans are rooted in local population needs	Evidence that priorities are being met, with progress towards stretch goals in some areas. Evidence of public engagement and public accountability testing on purpose and vision. The work of relevant existing local partnership groups eg the Local Strategic Partnership has been considered	We have an annual HWBB debate on organisational purpose, and how in-year achievements or issues impact on this. We systematically match how purpose dovetails with population needs	We are confident we are achieving our purpose and vision as we are benefiting population health in accordance with our plans. We have influenced both local health and local authority commissioners
Strategy		The HWBB has gathered all stakeholder strategies relevant to their work and has set out a timetable for developing their own strategy. The JSNA is the base for all strategic decisions	Strategy development is underway. Arrangements are in place for areas of joint commissioning	The HWBB has a current published strategy, which includes improvement milestones and how these will be measured	The HWBB strategy has been refined in the light of the successful achievement of milestones, and new intelligence and aspirations	The HWBB strategy has benefited other healthcare economies to our own, as well as influencing the strategic direction of all local partner organisations
Leadership of the local healthcare economy		The leadership of the HWBB has been agreed and appointed. Key stakeholders know who is leading the HWBB and how to contact them. Relevant stakeholders identified and invited to participate. Local health and social care resources are understood	Leadership development for HWBB discussed and agreed. Development plans initiated. Stakeholders understand leadership issues for HWBB. Relevant stakeholders regularly attend and provide input into work programme	Results of partnership working systematically reviewed by HWBB. Relationships with CCGs are positive and there is ongoing dialogue about commissioning and contracting decisions. Public health voice is evident in commissioning and contracting decisions	Review of success of leadership approach. Ongoing succession plans in place. Benefits of partnership working have enabled the majority of stakeholders to meet their improvement trajectories and resource allocation	Benefits of partnership working have enabled the majority of stakeholders to exceed their improvement trajectories. Outcomes have been improved and this is traceable back to initiatives from the HWBB
Governance		The membership and terms of reference for the HWBB have been drafted and shared. We have examined the work of the pilot HWBBs to inform how we work	The HWBB has been set up and the first annual cycle of business agreed. Relationships with relevant local organisations are being developed	Local stakeholders have clearly incorporated HWBB accountabilities into their own governance arrangements	The HWBB has reviewed its first year of working through a structured annual review process and made improvements to structure and organisation	Good governance benefits to HWBB identified and we know how our better governance practice has influenced local partner organisations
Information and Intelligence		Information requirements identified and format for initial dashboard agreed.	We have developed a dashboard of key information we and discussions on how to improve our information are underway. KPIs reflect shared performance objectives across health & social care	Members of HWBB report confidence with levels of intelligence they receive, and that information systems are reliable and working. HWBB receiving evidence of performance improvement against KPIs	HWBB informed by real-time intelligence. demonstrating improved outcomes, quality and efficiency across health and social care	Outcomes and performance benchmark against the best performers
Expertise and skills		Skills and expertise for HWBB members have been identified and agreed	Induction and development plans for the HWBB are up and running.	The HWBB's influencing skills are evident by success in positive change to local contracts and the pattern of local service provision	The HWBB supports GPCCs and local authority by valuing key commissioning skills. The HWBB acts as a forum to bring in specialist skills and expertise to support commissioning, e.g. clinical advice from local providers	The HWBB is influencing the organisational development of partner organisations. The local health and social care economy is recognised as being a good career choice for commissioning professionals