

# Achieving an effective Health and Wellbeing Board



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**The Centre for Public Scrutiny promotes the value of scrutiny in modern and effective government, not only to hold executives to account but also to create a constructive dialogue between the public and its elected representatives to improve the quality of public services. This guide is designed to help OSCs develop a range of high-level questions around the setting up, development, and future operation of Health and Wellbeing Boards.**

This publication is based on 'Operating Principles for Health and Wellbeing Boards' and laying the foundations for healthier places. At an event held in July 2011, a number of national organisations developed operating principles to support the effective establishment and functioning of Health and Wellbeing Boards. This publication sets out some key questions that overview and scrutiny committees can ask about how Health and Wellbeing Boards are developing.



# Health and Wellbeing Boards

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Subject to Parliamentary approval of the Health and Social Care Bill<sup>1</sup>, Health and Wellbeing Boards (HWBs) will be a statutory committee of every upper tier local authority. They will bring together clinical commissioning groups, directors of public health, children's services, adult social care and others, including local Healthwatch.


The prescribed composition of the Board includes at least one councillor of the local authority, the director of adult social care, the director of children's services, the director of public health, representatives of the relevant clinical commissioning groups, plus a representative of local Healthwatch, and anyone else considered appropriate to the local area, for example district councils (that have responsibility for fundamental determinants of health such as housing, leisure services, community safety and planning).

The purpose of the Board is to 'advance the health and wellbeing of the local population and promote the integrated working of all those engaged in providing health and social care services locally.'

They will have a statutory responsibility to develop and publish a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS) that both the local authority and NHS commissioners will be required to have regard to when commissioning health and social care.

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<sup>1</sup> As of November 2011 the Health and Social Care Bill was subject to Parliamentary approval.



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**Health and Wellbeing Boards will bring together key players across the health, local government and community sectors. Some of the issues they will face are reflected below:**

## Structure

Health and Wellbeing Boards will be established as committees of upper-tier local authorities. The way they will be structured is different from previous joint/partnership arrangements. As well as the intention to further develop effective working between upper tier local authorities and health partners, it is hoped there will be opportunities for greater joint working across the tiers of local government as a result of the new system. Recognising the complexity of the system will be important to ensure that it is able to function effectively. Health and Wellbeing Boards should not be considered islands cut off from other areas: they will need to work with other Health and Wellbeing Boards and with the national structures such as the NHS Commissioning Board and Public Health England. Boards should also look to build credibility and trust with local communities.

## Funding

Health and Wellbeing Boards will have to make difficult decisions about priorities. Board members will need to work together to take collective responsibility for use of limited resources to address the priority needs outlined in local joint strategic needs assessments and health and wellbeing strategies – it is important that priorities are not confined to health and social care services, but tackle the wider determinants of health.

It is likely that successful Boards will comprise partners who do not withdraw from joint working or seek to protect their budgets or attempt to shift costs to other partners. Local areas will not be forced to pool budgets across local government and the NHS but there will be opportunities through pooled budgets to address key priorities such as families with complex needs and local areas will be able consider how best to use collective spend across agencies to improve agreed outcomes.

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## Outcomes

Outcomes linked to health and wellbeing priorities as identified in the joint health and wellbeing strategy should underpin the work of Health and Wellbeing Boards and in particular the commissioners of health, public health, wellbeing and social care. Boards should be focused on improving outcomes when assessing needs, setting strategies and reviewing whether outcomes have changed as a result of agreed action, taking into consideration the long-term nature of achieving many public health outcomes.

## Choice

Health and Wellbeing Boards will have an opportunity to define and communicate locally what choice for health, social care and health improvement means and what is possible. Local areas will have to prioritise according to need and could consider choice to be about having the best possible services available and accessible locally and for local communities' voices to be heard regarding the design, delivery and evaluation of services.

## Accountability

It is important to recognise that there will be a 'web' of accountability around boards, impacting different members in different ways. Health and Wellbeing Boards will have a shared responsibility for developing a Joint Strategic Needs Assessment and contributing to the delivery of the joint health and wellbeing strategy. Because local elected councillors will be involved in Health and Wellbeing Boards, the actions that the boards take to achieve these aims will have democratic legitimacy – but this is not the same as accountability. For example the accountability of Clinical Commissioning Groups will come through assessment by the NHS Commissioning Board, lay people on Clinical Commissioning Group boards and duties to involve and consult and publish an annual report. Accountability of local authorities will come through their overview and scrutiny function and through local Healthwatch. Local Healthwatch itself will be accountable to their council and to communities. Health and Wellbeing Boards in their entirety will be accountable to overview and scrutiny committees.

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## Self assessment

These principles can be used as part of a self assessment of progress. Self-regulation and improvement will be an important part of Health and Wellbeing Boards' governance and operational culture – i.e. how transparent, inclusive and accountable are they? Health and Wellbeing Boards will need to adopt a 'learning approach' to evaluate how well they operate, their collective impact on improving outcomes, and a process for identifying the most effective ways of sharing learning, and learning from, other Health and Wellbeing Boards.

## Commissioning and provision of services

Providers of services have specialist knowledge which is required when devising Joint Strategic Needs Assessments and joint health and wellbeing strategies. Health and Wellbeing Boards themselves won't be directly commissioning services. Boards will lead on strategy and governance issues relating to the joint health and wellbeing strategy and will be able to play a leading role developing new integrated ways of working across the NHS, public health, social care and the whole of local government to improve local health and wellbeing outcomes. Conflicts of interests for all parties need to be managed and involving providers in key processes will be important to improve the quality of services.



# Achieving an effective Health and Wellbeing Board – key questions to ask



## Leadership

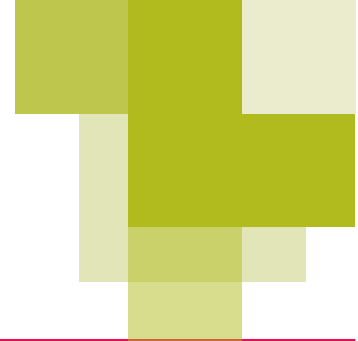
Providing collective clinical, political and community leadership to improve health and wellbeing for everyone in the area, so that shared decision making with patients and service users and co-production of needs assessments and strategies are the norm

### What success might look like:

Commitment to work together to improve health and wellbeing locally; commitment to work together in transparent, inclusive and accountable ways; work with communities, patients, professionals and the private and voluntary sectors to develop and deliver a shared vision for improving health and wellbeing; commitment to work together to find solutions to difficult issues and to support agreed actions; commitment to learn lessons from local experience and the experiences of others; commitment to work together towards integration of services.

## Key questions to ask

- Are governance procedures for the Health and Wellbeing Board clear and evaluated regularly for effectiveness and outcomes?
- Is the culture of the Board built on principles of transparency, involvement, accountability, trust and respect between Health and Wellbeing Board members, people who use services, communities and their representatives?
- Is it clear how commissioning plans will address the Joint Strategic Needs Assessment and achieve the outcomes of the joint health and wellbeing strategy?
- Do Health and Wellbeing Board members identify potential conflicts straightaway and have ways of dealing with them?
- How do Boards work together and with people who use services and communities to tackle difficult issues such as prescribing policies and service reconfiguration?
- How do lessons from local experience and the experiences of others change the way the Board works?
- Are Health and Wellbeing Board members applying good practice to integrate health and local government services?
- Does the leadership and outcomes of Health and Wellbeing Boards command respect and support of people who use services and communities?



Democracy	Key questions to ask
<p>Achieving democratic legitimacy and accountability, empowering local people to take part in decision-making</p>	<ul style="list-style-type: none"><li>• Is the Health and Wellbeing Board operating openly, transparently and in accordance with the Nolan Principles of public life?</li><li>• Are the Joint Strategic Needs Assessment, the joint health and wellbeing strategy and services being co-designed and commissioned in collaboration with and with engagement from communities as well as third, public and private sector organisations?</li><li>• How does the Health and Wellbeing Board meet its duty to involve local people in the development of the JSNA and joint health and wellbeing strategy and what evidence is there that local people influence outcomes?</li><li>• Are relevant measures of success generated by people who use services?</li><li>• Are people who use services and communities being appropriately supported to manage their own care and find their own solutions to improve local health and wellbeing (bearing in mind that other agencies and central government have an impact on improving the public's health)?</li><li>• Does the Health and Wellbeing Board have a process to involve communities in evaluating whether it has been successful in delivering priority outcomes identified in the joint health and wellbeing strategy?</li><li>• How does the Board work with overview and scrutiny committees, local Healthwatch, lay people and other community interest groups?</li></ul>
<p><b>What success might look like:</b></p> <p>Commitment to transparency of information and decision-making processes; commitment to allow patients, service users and communities, along with third, public and private sectors to influence the work of the Board - in particular the Joint Strategic Needs Assessment and joint health and wellbeing strategy; commitment to help communities find their own solutions to improving health and wellbeing; commitment to demonstrate clinical and democratic legitimacy for decisions.</p>	





## Equity

Addressing health inequalities by ensuring comprehensive, equitable health and local government services are commissioned and delivered in the area

### What success might look like:

Commitment to improve health and wellbeing through realistic needs assessments and creative health and wellbeing strategies that result in commissioning effective services across the NHS and local government; commitment to addressing the wider determinants of health by including education, housing, transport, employment, the environment, etc. in health and wellbeing strategies and commissioning plans and influencing other decisions and services to secure positive impacts on health and wellbeing. Commitment to collaboration and partnership working to achieve shared outcomes; commitment to work with other statutory bodies (e.g. local safeguarding boards) and non-statutory bodies (e.g. children's trusts or voluntary group forums); commitment to meet the needs of unregistered patients and vulnerable groups and to focus on children and young people as well as adults.

## Key questions to ask

- What measurements are used to indicate that health and wellbeing is improving and that health inequalities are reducing?
- Are there examples where local government and NHS services have joined-up working arrangements (such as use of integrated commissioning arrangements or teams)?
- Do people who use services experience seamless and continuous care?
- Are there clear links between statutory and non-statutory bodies?
- Are the needs of unregistered patients, vulnerable groups and children as well as adults being met?
- Does the joint needs assessment and the joint health and wellbeing strategy cover the wider determinants of health (e.g. a broader approach than simply health and social care services and working with wider partners beyond the Board's membership)?





Priorities	Key questions to ask
<p>Identifying key priorities for commissioning health and local government services and developing 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</p>	<ul style="list-style-type: none"><li>• How does the Health and Wellbeing Board plan to adapt or respond to change e.g. demography or level of resources available?</li><li>• What evidence is there that health and wellbeing partners work well together outside of formal Board meetings?</li><li>• Do Health and Wellbeing Board partners have a shared understanding of what resources are available locally to improve health and wellbeing (e.g cash and social capital)? Is there a consensus on how these resources can best be utilised to improve outcomes?</li><li>• Are Health and Wellbeing Board partners taking a flexible approach to allocating resources in support of whole systems thinking to improving health and wellbeing?</li><li>• Are decisions driven by independent and robust evidence, including the views of people who use services and communities?</li><li>• Were all Health and Wellbeing Board members, local communities and external stakeholders meaningfully engaged in the JSNA and joint health and wellbeing strategy processes and what changed as a result?</li><li>• Does the Health and Wellbeing Board demonstrate a consensus about the immediate and longer term priorities for improving health and wellbeing outcomes, and reducing health inequalities?</li></ul>
<p><b>What success might look like:</b></p> <p>Commitment to align commissioning plans to meet the agreed priorities in the joint health and wellbeing strategy; commitment to make the joint strategic needs assessment a meaningful and high quality process and to treat the outputs as the evidence to develop the joint health and wellbeing strategy; commitment to base decisions on research, public and patient input and robust evidence; commitment to work together to jointly agree best use of resources effectively, fairly and sustainably; commitment to collect relevant data and information in order to measure progress and to take action when indicators show plans or initiatives are not working; commitment to support improvement, innovation and research to improve current and future population health and wellbeing.</p>	

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## Priorities (continued)

## Key questions to ask

- Do all members of the Health and Wellbeing Board demonstrate a commitment to delivering the joint health and wellbeing strategy and how does the Board collectively judge and deal with poor performance?
- Does the Health and Wellbeing Board monitor progress on outcomes and take action when indicators show plans or initiatives are not working?
- Are research and innovative initiatives funded in the area?
- Are initiatives and partnerships evaluated on their effectiveness and efficacy?
- Are resources being used to generate social value as well as economic effectiveness?



