Local Government Association

DH Department of Health

Health, adult social care and ageing

New partnerships, new opportunities

A resource to assist setting up and running health and wellbeing boards – **Case studies**

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Case studies

These case studies are based on in-depth interviews with individuals in nine different areas who are at the heart of preparations for the new health and wellbeing boards. Interviewees also supplied helpful background papers. We are very grateful for their assistance. The nine case studies are:

- Birmingham
- Buckinghamshire
- Calderdale
- Cornwall
- Croydon
- Leicestershire
- North Tyneside
- Somerset
- Wigan

Introduction

Councils and their partners are at different stages of developing their health and wellbeing boards (HWBs). At the time of writing (September 2011), some are undertaking their preparatory work, some have developed terms of reference, and some have already met several times and have begun to form their agenda. Others are intending to meet before April 2012 when all areas will need to have set up a shadow board. The nine case studies below highlight the experiences of HWBs at each of these stages. They are mainly drawn from an initial group of 25 councils that worked with the Department of Health to help shape the early implementer network. They also represent a geographical spread, different sizes and types of council and political control, and a varied range of approaches to the task.

The case studies show that local areas are enthusiastically embracing the challenge of setting up HWBs but that it is far too early to identify which of the approaches described will be most effective. Also, as with much of local government, models need to be shaped to best fit the local situation. There are also many unsettled issues, which even the most advanced boards have not yet tackled, often because they are awaiting clarification from legislation. Therefore, the case studies are not presented as examples of good practice or models that others are recommended to follow. Rather the issues, themes, challenges, messages and solutions that are emerging from some early implementers are offered as food for thought that others can draw from to help shape their own board.

Each area will develop its HWB in response to local circumstances and needs and existing relationships and structures. We do, however, suggest that there are certain approaches that represent universal good practice. For example, measures for the meaningful involvement of stakeholders are an essential element of establishing a board, as is having information on the work of the board, and how stakeholders can contribute to this, publicly available. Also, some activity, such as development programmes to establish relationships between new partners, has been identified as helpful by several organisations, and is therefore highlighted for other implementers to consider.

The case studies form part of a larger resource on HWBs produced by the LGA. In addition to the case studies, the resource includes:

- information on the policy and legislative background
- a summary of the issues with which areas are grappling in setting up their boards and how they are going about addressing these issues
- questions – based on the experience of early implementers – that areas may find helpful to ask themselves at different stages of board development
- information about and links to further support, advice and research.

The full resource is available at http://tinyurl.com/62u6csj

Birmingham

Preparing for the board

Partners likely to be represented on Birmingham's health and wellbeing board (HWB) agreed that, rather than rushing into formal meeting arrangements, they would work together in facilitated workshops. This was seen as an opportunity to involve GPs and councillors; to discuss the future role of the board and the added value it could bring to the work of all its members.

Five workshops were held. GPs attended each workshop, along with lead members and chief officers from the council and NHS Birmingham.

The workshops

The workshops focused on a number of themes, including the role of the HWB and the expectations of partners. In one exercise, participants discussed their perceptions of each other and concerns they had about cross-sectoral working.

Senior councillors and GPs learned how much the others knew about local communities and, for example, what a wealth of information was contained in the joint strategic needs assessment (JSNA). For this reason alone, the workshops are thought to have been a worthwhile investment of time and energy.

A number of objectives were agreed for future work by the board, including overseeing the transition to the new health arrangements.

Scenario exercises

The preparatory group carried out a number of scenario exercises to understand the potential role of the HWB. An important objective was to establish a role or roles for the board that would enable members to feel that it was genuinely adding value and contributing to improving outcomes.

Subjects discussed in scenario exercises included:

Prioritisation and use of resources
Participants were asked: "How do we know where to make the key investments/ dis-investments? Is the evidence base clear, how do we prioritise, best implement required actions, test and monitor delivery – citywide and locally? What would the key roles be in all this?"

Decommissioning maternity services
Questions discussed by participants included: "How would you expect this discussion to play out at the HWB? What evidence, work, discussion should there have been prior to this, and how should it be presented? What 'clout' would you envisage the board to have on such matters, and how would that be enforced?"

Forming the board

An informal HWB started to meet in September, with a view to establishing a formal board from April 2012, with monthly meetings until then. It has been agreed that the cabinet member for adults and communities will chair the board. There is cross-party membership, including the lead member for children.

Where possible, the board will not create a structure of sub-committees but will use existing governance to cascade the needs identified within the JSNA and the health and wellbeing partnership. The preparatory group anticipates there may be significant gaps where completely new structural/process solutions are needed to progress whole-system change.

A 'next steps' paper has been prepared for the council's cabinet. It outlines the desired outcomes for a local HWB in relation to providing the best possible health and social care outcomes, reducing health inequalities, ensuring the appropriate direction of resources, engaging with communities and stakeholders and overseeing performance.

Work programme, priorities and commissioning

Important next steps include a joint health and wellbeing strategy (JHWS), driving joint commissioning, maximising economies of scale and reviewing commissioning of children's health services, engaging with stakeholders, and simplifying and bringing together relevant funding streams.

Discussions on this issue will continue in workshop mode after the board is set up. For example, Birmingham has a pooled budget for learning disabilities and mental health which is the largest in Europe (£319m per annum). Considerable further discussion will be necessary to ensure this is managed appropriately in the new health and social care landscape.

The board will also map and review existing and potential commissioning of children's health services.

It will also be a priority for the board to promote integrated safeguarding across the age spectrum.

The board will also work closely with the NHS Cluster Board and other key partners to manage whole-system risks and issues, pending new permanent arrangements.

Developing the joint strategic needs assessment (JSNA) and joint health and wellbeing strategy (JHWS)

An early first step of the board will be to establish an effective strategic planning process, through the JSNA and the JHWS, which fits in with the council and NHS budget-setting cycles.

Review, performance and looking forward

The preparatory group has discussed the need to focus on outcomes and the fact that it will have performance-monitoring role with the health and social care system. The 'next steps' paper proposes that development of success measures, - both for health and social care outcomes and for the effectiveness of the board - should be an early priority.

Investment in engagement with the various stakeholders within the local system is also seen as a priority.

The board will also need to clarify the information required to inform its decisions, for example, about need, the views of users and communities, emerging technologies and new types of provider organisations.

Challenges and learning

Establishing the appropriate final membership of HWB is a key challenge. Members of the preparatory group are aware that there is a maximum size for effective working. However, partners know that they now need to move quickly to formalise arrangements in order to fulfil the likely duties of the board.

Another challenge which is seen as urgent is establishing the appropriate relationship with the children's trust board and other key partnerships.

An important piece of learning has been how much each of the partners had strongly-formed yet not necessarily accurate perceptions of each other. GPs and councillors particularly valued the opportunity to hear more about each other's priorities and work. As a result, the experience of service users may already begin to improve; even before the board is established. The participants have begun to think of and describe the HWB as a 'sense-making board' where people come together to make sense of all that is going on around them in health improvement and social care.

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Buckinghamshire

Preparing for the board

Development meetings were attended by representatives of the three clinical commissioning groups (CCGs), cabinet members, the chair of the public health overview and scrutiny committee, the strategic directors for adults and family wellbeing and for children and young people and the director of public health. The chair of the local involvement network (LINk) attended the second of two meetings.

These meetings focused on building relationships and understanding and recognising the different cultures that operate in the NHS and local government. For example, county council members gave an introduction to GP members about working within a democratic mandate and councillors felt that they gained a better understanding of clinical decision-making. The preparatory meetings also agreed aspects of the role of the health and wellbeing board (HWB).

Principles were agreed on how the board would operate, including mutual commitment and respect, the need for clarity and tolerance of disagreement, flexible working and evidence-based planning.

Development meetings discussed not only formal arrangements for the HWB, but also the importance of building a common understanding of commissioning, including a focus on outcomes. In parallel meetings of senior council officers and NHS commissioners, a health transformation group has mapped and reassessed all current clinical and social care provision to assist the board in its forthcoming priority-setting discussions.

To keep wider stakeholders informed, each board meeting includes an item on key communications messages and outcomes for wider dissemination.

Forming the board

The board has met monthly since its first meeting in May, incorporating partnership development, with support from an external facilitator, alongside the business component. The board is likely to opt for further targeted external facilitation at key points in its forward plan.

Governance

Currently the cabinet member for health and wellbeing chairs the board and a CCG representative is vice chair.

Once the legislation is clarified, the board will discuss how to engage providers and the business and voluntary sectors.

Representatives are accountable through their own organisation's decision- making processes for the decisions that they take. The board is accountable for its actions to its individual member organisations. In addition, the board links into the Buckinghamshire Strategic Partnership (BSP) as the overarching partnership body for the county.

The constitutional position of the board in relation to the council will be reviewed in November as will the question of possible sub-structures of the board.

The work of the board has to date been supported by the county council's policy and partnerships team and democratic services.

Work programme, priorities and commissioning

At each meeting, members share 'what's on your mind' so everyone can understand each other's priorities and pressures. This session also provides an update on national and organisational development.

The first three meetings of the board:

- agreed that the board will hold the 'vision' for health and wellbeing for the county and provide the trigger for local innovation
- agreed to invest time and effort to developing understanding of partners' cultures and ways of working and a common understanding of 'commissioning'
- undertook early consideration of the joint strategic needs assessment (JSNA)
- undertook an exercise on physical activity as a catalyst for looking at its ways of working: the board agreed that each organisation would review its own work on promoting physical activity and the board would revisit the topic later.

Board members expect that, to be effective, they will have oversight of and significant influence on the commissioning strategies both of CCGs and of social care.

Developing the joint strategic needs assessment (JSNA) and joint health and wellbeing strategy (JHWS)

The existing JSNA is likely to need further development to include the GPs' perspective and make it a suitable vehicle and primary evidence source to underpin a JHWS. The board plans to have a JHWS by the end of the financial year. It is already evident that supporting people to live independently in their own homes will be a high priority. Similarly, issues in the JSNA with particular impact on children and young people will need to be taken into account.

Review, performance and looking forward

The August 2011 meeting of the board discussed whether the board should develop a priority-setting framework and how to take on board the wider question of 'wellbeing', given the difficulty of evidencing interventions.

The meeting also discussed future involvement of patients, service users and the public in priority-setting.

Challenges and learning

Some of the challenges discussed in preparatory meetings included:

- whether the board should be seen as a commissioning body
- how it would hold to account the county's commissioning consortia and whether acute commissioning issues were in its scope
- how to ensure that the board would have sufficient teeth to fulfill its role
- whether the board would have a consultee role
- to what extent budgets can be pooled going forward and joint priorities agreed
- demarcation of responsibilities and links between the HWB and the children's trust on child health.

An additional challenge has been the complexity of the partnership landscape in the county. For now, it has been agreed that existing partnership structures will not be closed down until the board has reviewed its own possible structures.

A further issue has been the concern of the CCG's representatives about perceived bureaucracy in meetings and ways of working. The board is committed not to fall into what are viewed as 'traditional council-style committee meetings' and to balance flexibility and informality with a concise and businesslike approach.

Board members want to show that they can move ahead and demonstrate early outcomes, while at the same time seeking 'buy-in' from all members. The exercise on physical activity was seen as a way of addressing this dilemma without any commitment to immediate action by members. However, the board sees no reason to wait where there are clearly areas for early collaboration, and will seek to push for early tangible outcomes.

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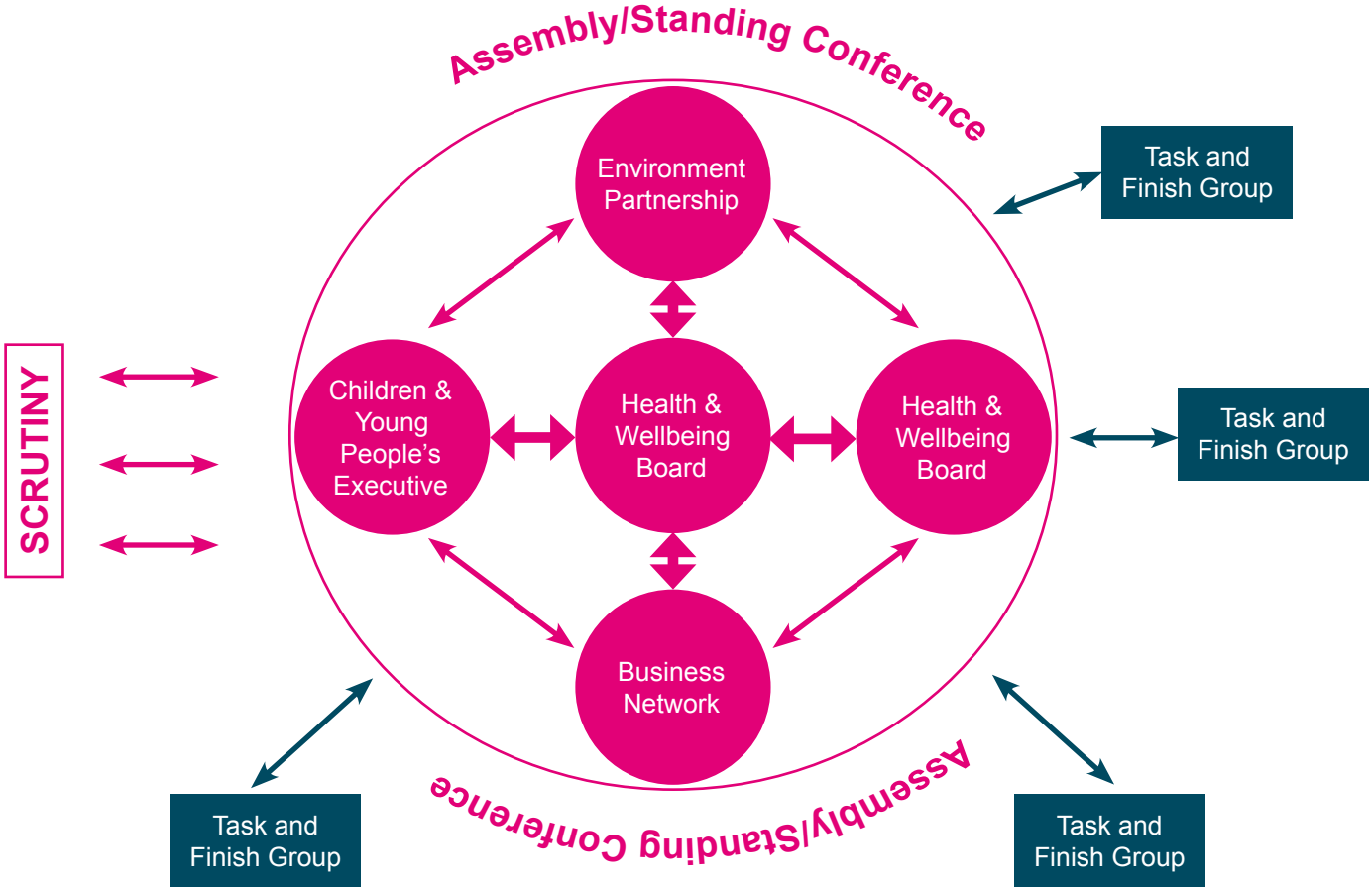
Calderdale

Preparing for the board

A series of informal meetings took place involving council party leaders, GPs from the single, coterminous clinical commissioning group (CCG), directors of the primary care trust (PCT) and senior officers in the council. This allowed new partners to establish relationships and also enabled early discussion about a direction for the health and wellbeing board (HWB) and aspirations for the future. There was early agreement for a Calderdale-wide focus on tackling the wider determinants of health.

Discussions about the future of partnership arrangements took place within the local strategic partnership (LSP) Calderdale Forward, the existing Health and Social Care Partnership Board and in a range of stakeholder groups such as the user-led Disability Partnership.

The opportunity was taken to rethink Calderdale's strategic forums with the aim of focusing increasingly limited resources on a smaller number of key, achievable priorities, and establishing a structure in which meetings were not duplicated and were of a size and constitution that enable decision-making rather than focusing on discussion.



The LSP board ceased to meet in June 2011 and the HWB, with its broad role in promoting wellbeing, is likely to take a central role in the new partnership arrangements. The Safer and Stronger Communities Partnership and Children's and Young People's Executive will continue to meet while arrangements to re-convene the Environment Partnership and the Economy and Enterprise Partnership are underway, supported by proposals for a Business Network.

A key element of the new system is for all stakeholders to have a say in setting priorities, and Calderdale Assembly – which involves a large range of partners including providers from all sectors and service user, carer and community organisations – will meet twice yearly, conference style. There is also communication across local partnerships via a shared web resource, e-bulletins and virtual networks.

Forming the board

The HWB will be governed jointly by Calderdale Council and NHS Calderdale until the PCT is abolished and the board is established with formal powers. Terms of reference will remain in draft form so they can be revised as the board develops.

Membership includes: six councillors including the council leader (chair), two cabinet leads, and party leaders or nominees; PCT representatives; a CCG representative; the council chief executive and the three statutory directors; a local involvement network (LINk) representative, and a head teacher.

Meetings will take place quarterly and will be open to the public with information available on LSP and council websites. In terms of decision-making, the chair will strive to establish consensus, but in the event of a vote needing to be taken, the chair will have the casting vote. The board will be subject to council scrutiny, but the exact process for this is yet to be determined – the broad remit of the board may mean that scrutiny wider than health and social care is required.

Governance arrangements with the cabinet will be identified once the statutory role of HWBs is clear. Support and administration for the board is through the local authority partnership support team. The intention is to have developmental sessions for board members in-between their formal meetings.

Other than task and finish groups carrying out particular pieces of work such as joint strategic needs assessment (JSNA) and establishment of HealthWatch, subgroups reporting to the board have not yet been determined. However, the approach will be to form subgroups following the function of the board – there is unlikely to be a structure in which the entire range of health, social care and public health groups report to the board.

Work programme, priorities and commissioning

The HWB will operate as a high-level strategic group and will oversee and promote integration, partnership work and joint commissioning. It will cover children's health and social care.

The board will work in partnership with Calderdale NHS Clinical Commissioning executive (CCE), a sub committee of the

PCT board, responsible for commissioning NHS and some council services. Partnership groups such as the mental health and learning disability subgroups will report to the CCE. The executive will operate with due regard to the JSNA and the joint health and wellbeing strategy (JHWS) in making commissioning decisions.

The HWB has agreed a draft work plan which focuses on overseeing the transition of public health responsibilities to the council, broadening the JSNA so it covers the full range of needs of the local community, supporting the development of HealthWatch and developing the JHWS.

Developing the joint strategic needs assessment (JSNA) and joint health and wellbeing strategy (JHWS)

The board has developed the following (draft) definitions of health and wellbeing to provide the context for its work.

- Health – a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity.
- Wellbeing – a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.

The board is planning to publish its first JHWS by December 2011. While the scope and shape for the strategy is still to be finalised, a possible approach has been developed based on:

- outcomes-based accountability methodology
- key life stages/population cohorts
- Marmot report headings.

Review, performance and looking forward

Developing a framework for performance assessment is a priority for the board. All arrangements in place in summer 2011 are interim – a full review of roles, structure, membership, processes and terms of reference will take place by April 2012 and again in advance of the formation of the statutory board.

Challenges and learning

There has been unease about changes to the partnership arrangements expressed by some partners who had previously been provided with a platform for issues through the LSP. These concerns are recognised and there is a clear message that these are interim arrangements and further work will take place to ensure effective representation and involvement.

Informal meetings with GP leaders and the council have proved very beneficial in establishing new relationships. It has been important to use this opportunity to review LSP and other arrangements rather than just bolting on a health and wellbeing board into an existing structure.

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Information about Calderdale HWB is on the Calderdale Forward website:
www.calderdaleforward.org.uk/newHWBpage.htm

Cornwall

Preparing for the board

Following government proposals for health reforms, an informal wellbeing and health member advisory panel advised officers on the development of a health and wellbeing board (HWB) and engagement with members. This worked effectively and has recently been dissolved following the establishment of a portfolio for health and wellbeing.

The panel:

- made recommendations on membership and the early establishment of a board
- proposed the development of a wellbeing and health vision and strategy for Cornwall
- stressed the importance of a clear definition of the HWB's relationship to governance structures across Cornwall, including the children's trust, the adults and children's safeguarding boards, the public sector group (which focuses on priorities for public sector transformation) and emerging organisations such as the proposed leisure trust.

The council's health and adults overview and scrutiny committee were consulted about their views. The committee has incorporated health transition as part of its forward work programme.

In preparation for the new arrangements on health there has also been collaborative work between the Chief Executive of Cornwall Council and the corporate directors and chief executives of the local NHS, culminating in a 'Cornwall Commitment' setting out a vision for health and care transformation and improvement.

Forming the board

The chair of the HWB is the council's portfolio holder for health and wellbeing, human resources and organisational development. The vice chair is the representative from the NHS cluster, the Chief Executive of NHS Cornwall and Isles of Scilly.

Terms of reference for the board have been agreed. Developing terms of reference for the full statutory board is part of the workplan for the shadow board.

A joint strategic needs assessment (JSNA) steering group and a public health outcomes group report to and are accountable to the HWB.

Work is currently underway to develop an engagement strategy informed by the local HealthWatch pathfinder. The board has already agreed to explore the need for a wider stakeholder group. Discussions have begun with the clinical commissioning groups (CCGs) to avoid duplication in community engagement.

The board will meet as a minimum every six to eight weeks with formal public meetings quarterly. The board is currently supported by the council's strategy manager and strategy adviser and by its democratic services team.

Work programme, priorities and commissioning

A number of high-level headlines have been considered for the board's workplan. Likely areas of activity are:

- governance
- commissioning framework development
- JSNA
- joint health and wellbeing strategy (JHWS)
- defining budget
- engagement and communications
- HealthWatch development
- health and care integration and efficiency
- the marketplace – social enterprises, foundation trusts, for example
- public health
- training and development
- establishing a positive and proactive relationship with scrutiny committees
- mapping existing groups to consider whether they are fit for purpose under the new arrangements or whether their roles will need to change.

Developing the joint strategic needs assessment (JSNA) and joint health and wellbeing strategy (JHWS)

The HWB has agreed that the existing JSNA steering group will be a sub group of the board. The JSNA will be a standing item on the agenda. Board members have had very useful discussions on how the JSNA is fed into the work of the CCGs. Board members agreed that it would be important to share their strategic objectives and look for alignment of these as a first stage in the development of a JHWS based on the needs identified in the JSNA.

The primary care trust's (PCT's) existing strategy for reducing health inequalities for 2011 to 2016, together with the JSNA, Sustainable Community Strategy and the themes and challenges identified in the Marmot review of health inequalities, will be central resources for the development of the JHWS.

Review, performance and looking forward

Once all members are agreed on its detailed functions, the board will begin to build a performance framework for its work.

The board has agreed that during the shadow period, part of its role will be to ensure management of risks to quality of service. It has also agreed to prioritise joined-up working and integrated commissioning plans and to oversee further integration of health and social care services.

The board has also agreed to oversee progress of the HealthWatch pathfinder for Cornwall.

The South West regional health and wellbeing network will facilitate a workshop at the end of October, for partners involved in the HWB, GPs from the CCGs, councillors and key managers from the council and PCT. The objective is for participants to better understand each other's pressures, perspectives and priorities and to discover opportunities for shared strategic planning by the HWB.

Challenges and learning

Prior to the Government's 'listening exercise' on the proposed legislation, there was concern that the HWB might become 'another talking shop'. The challenges are now seen as its role in commissioning and its relationship with scrutiny. The board deliberately started off with a very tight membership to ensure it is focused, efficient and effective. However, it wants to ensure that representation is balanced and relevant and that it is seen as an engaging and open mechanism for dealing with the complexities of wellbeing and health.

Engagement with GPs and other partners so far has been positive and collaborative, but it is recognised that there will be many practical issues in developing a collaborative approach and overcoming perceived barriers from cultural differences and working practices, particularly in relation to the democratic system. There will also be issues relating to managing change during the wider transition to new health arrangements.

The board is learning all the time about the practical challenges relating to the way different organisations operate and particularly about how to work more closely with volunteers. This includes thinking about issues such as language and logistics.

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Croydon

Preparing for the board

Proposals for the new board from a project group led by the Chief Executive of Croydon Council and including two commissioning groups were endorsed by the local strategic partnership (LSP), the board of the primary care trust (PCT) and the council's cabinet.

A broad network of stakeholders was identified and involved through existing health and social care partnership groups and members of community, voluntary sector, patient and public forums.

The project group discussed the potential relationship of the board with the existing children's trust, which will be retained as a children's partnership. The children's partnership remains accountable to the LSP but will also report to the health and wellbeing board (HWB) on health and wellbeing matters.

The board is supported by Croydon's health and wellbeing unit and the council's democratic services team.

Forming the board

The board is currently jointly chaired by the Leader of Croydon Council and the Vice Chair of NHS South West London, based on a previous model for Healthy Croydon which worked well. Local acute and mental health trusts are members. Involvement of private sector providers will be reviewed in the autumn.

The board has an executive group, chaired by the council's director of adult services health and housing, and including NHS South West London, the two local commissioning groups and the director of public health. There are no councillors on the executive group as it is seen as a managerial rather than a political body.

Current terms of reference state that the board is accountable to the council through the leader.

The chairs of the local child and adult safeguarding boards are both members of the HWB, but the safeguarding boards themselves do not yet have a defined formal relationship with the board.

Accountability of the groups on lifestyle change and other issues that previously reported to the Healthy Croydon Partnership has been transferred to the HWB, to be reviewed later.

The HWB plans to meet six times a year. At the time of this case study, it has met twice and has held an away day and an engagement event for stakeholders. The board has held a session which identified developmental priorities as:

- making it happen – achieving transformational change in health and social care
- engagement with stakeholders and the broader public
- dealing with the challenges of change in health and social care
- building relationships within the board
- board processes: managing the transition from shadow board to full board.

There has also been a 'meet the board' event for members of the wider health and social care partnership. This was used to initiate discussion on priorities. Four broad priority areas, each supported by outcome statements, have been agreed:

- improving health and wellbeing
- promoting independence
- integrated, safe, high-quality services
- creating a positive experience of care.

The board has begun to look at wider health issues, including diabetes and childhood obesity and the local use of National Institute of Health and Clinical Excellence (NICE) guidance.

Work programme, priorities and commissioning

The board has begun to look at commissioning plans and outcomes. It does not currently see itself taking over joint commissioning from commissioning groups for key client groups. No decision has yet been made on the board's role in relation to pooled budgets. However, it will want to hold all the existing commissioning groups to account, for example to test whether commissioning plans align with the commissioning strategy and how the plans are delivering on outcomes. The board plans to look at commissioning at a high level across programme categories, for example by monitoring investment against outcomes using programme budgeting tools. It sees part of its value in making strategic commissioning conversations explicit.

Developing the joint strategic needs assessment (JSNA) and the joint health and wellbeing strategy (JHWS)

The board is currently using an interim definition of health and wellbeing offered by the director of public health.

"Health and wellbeing is more than the absence of disease: it is the ability for everyone in Croydon to fulfil their potential, make a contribution, and be resilient to life's changes."

A final definition will be set out in the JHWS. The JSNA is seen as a primary responsibility of the HWB through a steering group accountable to the board. A framework for a JHWS is under development for consultation in the autumn. The shadow board has negotiated support from the Local Government Association (LGA) for a mental wellbeing impact assessment of the strategy to inform its development. This will also support and inform equality impact assessment.

Review, performance and looking forward

The board sees its overarching performance management objective as making a difference by relating strategy to delivery of outcomes.

In relation to joint commissioning groups, the board will be looking for a similar process to the quarterly reviews of indicators under the local area agreement (LAA). It plans to develop a performance framework over the next several months.

The board has made an explicit commitment to holding two public events each year. It has also done some early thinking about an engagement plan including engagement around the protected characteristics in the equalities legislation.

Challenges and learning

Part of the work of the health and wellbeing board is seen as trying to reframe the negative perception of such bodies as 'mere talking shops' and creating a positive attitude to a forum where people can thoroughly investigate ideas.

One of the main challenges has been in relation to people's awareness of the board and what it can and can't do (for example it cannot take every decision that relates to health and social care in the borough).

The board's greatest learning has been about building on previous partnership work and good relationships. Although the health and wellbeing board is a very different type of body from the former Healthy Croydon Partnership, members believe it would not have been a good idea to 'throw the baby out with the bathwater' and start completely afresh.

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Leicestershire

Preparing for the board

Chief officers of Leicestershire County Council and the primary care trust (PCT) already met regularly as a joint change programme board to drive improvements in joint commissioning and integration. This group extended its membership to include the two clinical commissioning groups (CCGs), and refreshed its terms of reference to cover transitional planning for NHS reforms. A joint programme director was appointed to lead the transition, including setting up the health and wellbeing board (HWB) with a small project team with expertise from both the NHS and the council.

Early tasks were to carry out a stakeholder mapping exercise, develop a comprehensive engagement strategy, and begin work on draft terms of reference. The engagement strategy involved a number of group and individual meetings with voluntary and community sectors, service users, providers and professionals; a briefing note circulated jointly from the chief executives of the council and the PCT; presentations at conferences; and a stakeholder event.

Preparatory work also took place to address cultural differences through informal sessions in which CCG representatives learned more about how the council operates, and councillors learned more about primary care.

The leader of the council believed that the importance of the NHS changes overall – and the potential for local government to have a much greater influence locally – was such that it merited the appointment of a cabinet lead member with a specific 'health' portfolio.

Forming the board

The HWB will be an advisory body to the cabinet, the PCT Board and CCGs, and will oversee the transitional arrangements for health, social care and public health until the new arrangements are fully in place. In shadow form the HWB will be part of the local strategic partnership (LSP) structure. When it assumes statutory powers in April 2013, it will become a council committee with executive powers.

Membership includes: five councillors – three cabinet lead members and two district councillors; the three statutory director roles; two representatives from each of the two CCGs; two local improvement networks (LINks) representatives; a representative from the PCT and one from the local medical committee. Providers will not sit on the board in order to avoid a conflict of interest, but will be able to influence the work of the board through its subgroups.

Meetings will be in public and will follow the council's standing orders for public meetings. For example, papers will be publicly available five clear working days in advance. It is hoped that board decisions can be reached by consensus without the need for formal voting, but in time voting rights will be established in the light of statutory regulations. A small HWB steering group comprised of key officers and CCG representatives is in place, and agenda planning with the chair is delivered at director level.

The shadow board first met in a developmental session in mid-April designed to understand respective roles, build a consensus on what was important for Leicestershire, and to consider governance arrangements, substructures and joint commissioning. A simulation exercise was facilitated by Warwick University and the director of public health on the topic of system-wide commissioning for cardio-vascular disease.

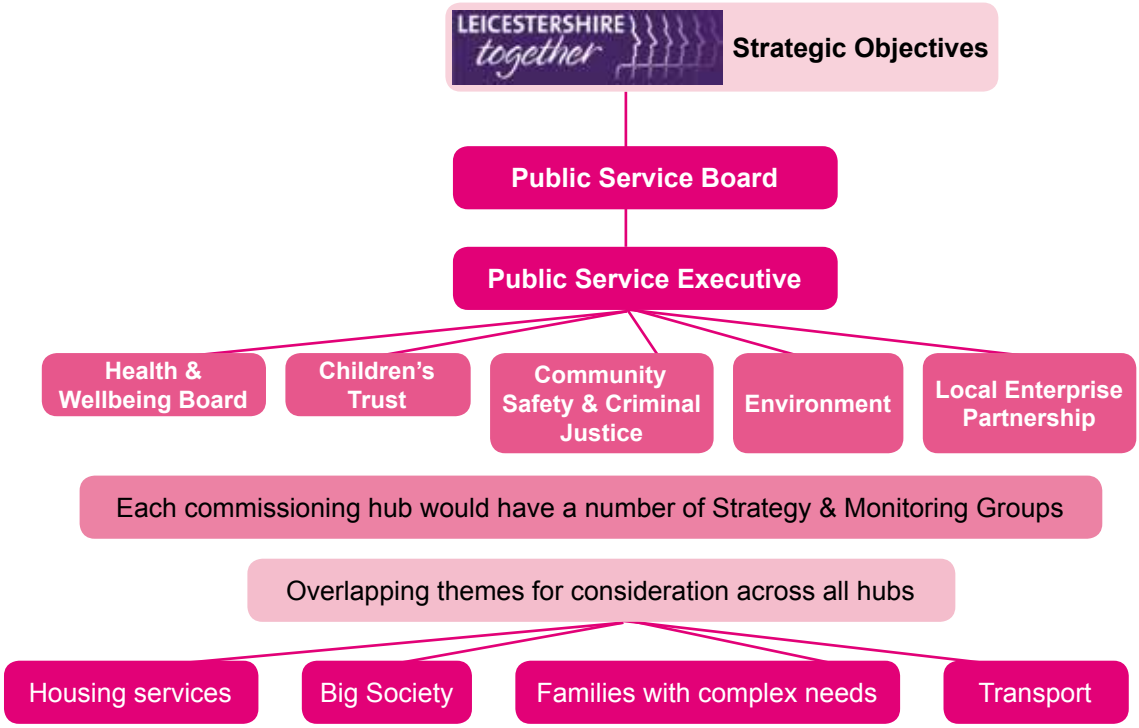
Work programme, priorities and commissioning

A number of subgroups will support the work of the board, bringing together stakeholders to inform commissioning decisions and support service delivery. Subject to agreement, subgroups would include:

- the Staying Healthy Partnership
- integrated commissioning (reablement, complex care for adults and older people, learning disabilities, dementia and mental health)
- joint strategic needs assessment (JSNA) steering group
- substance misuse board
- prevention and early intervention board.

The board will cover children's health and wellbeing outcomes and will work closely with the children's trust with defined roles and responsibilities.

Diagram showing the Shadow Board and its position within the LT Partnership



The HWB will not be immediately responsible for commissioning budgets, but will consider this in time. Circumstances in which it will assume oversight include:

- when public health budgets move into councils
- if local commissioners ask the board to oversee any pooled or aligned budgets on their behalf
- as work develops on the national pilot of community budgets for families with complex needs (Leicestershire County is one of 16 pilot areas).

Developing the joint strategic needs assessment (JSNA) and the joint health and wellbeing strategy (JHWS)

The JSNA will have additional chapters on cancer, sexual health, substance misuse, end of life care, tobacco control, and the future adult social care market. The full JSNA (2009) will be refreshed in 2012 and will become the overarching framework for all health and wellbeing needs assessments including pharmaceutical, child poverty, oral health, eye health and alcohol and substance misuse. The HWB has agreed strategic priorities, identified from the JSNA and existing strategies, to shape its work in preparing a JHWS by April 2012. These are:

- improving health and wellbeing and reducing inequalities
- improving service integration
- improving efficiency and balancing the economy.

Review, performance and looking forward

The public health directorate is developing an outcomes framework/dashboard for the board to monitor outcomes against both local indicators and national indicators from the three outcomes frameworks within the context of the JSNA and the JHWS.

Challenges and learning

Overall, there was considerable interest in and support for the HWB and other elements of reform. Some concern was expressed by allied health professional bodies, such as pharmacists, who previously had a statutory consultative role with the work of PCTs. Work is ongoing with these groups to ensure their important role continues to be recognised.

The preparation process has been time and resource-intensive but has been crucial for delivering a sound start to the HWB by ensuring that a wide range of views fed into forming the board, and that stakeholders felt ownership of the new arrangements. Cultural differences between organisations and groups need to be addressed by creating an environment in which assumptions and terms can be queried openly.

A cross-agency support team led at senior level by an officer who was also responsible for overseeing some of the other important changes, such as HealthWatch, has proved effective.

The HWB is at an early stage of operation and already has a public profile. Further consideration will take place to determine what items need to come to the board and what may need to go to scrutiny, for example major issues facing NHS providers (Leicestershire is a National Scrutiny Development Area).

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Papers referred to in this case study are available on the County Council website:
www.leics.gov.uk/healthwellbeingboard.htm

North Tyneside

Preparing for the board

North Tyneside operated two main health and care partnership arrangements – a joint health and social care executive chaired by the elected mayor bringing together senior representatives of the council, the primary care trust (PCT) and the most local provider trust, and a local strategic partnership (LSP) health and wellbeing partnership which also involved the voluntary and community sectors.

The mayor and the strategic director of community services had a series of bilateral meetings with leads from the two clinical commissioning groups (CCGs), with the PCT, with the provider trusts and with the local improvement network (LINk). It was felt that the two existing partnership groups had the right membership and responsibilities to form the basis of the health and wellbeing board (HWB). This was discussed at a stakeholder meeting, which supported the proposed direction. The two existing health partnership groups were disbanded and the first meeting of the HWB took place in December 2010.

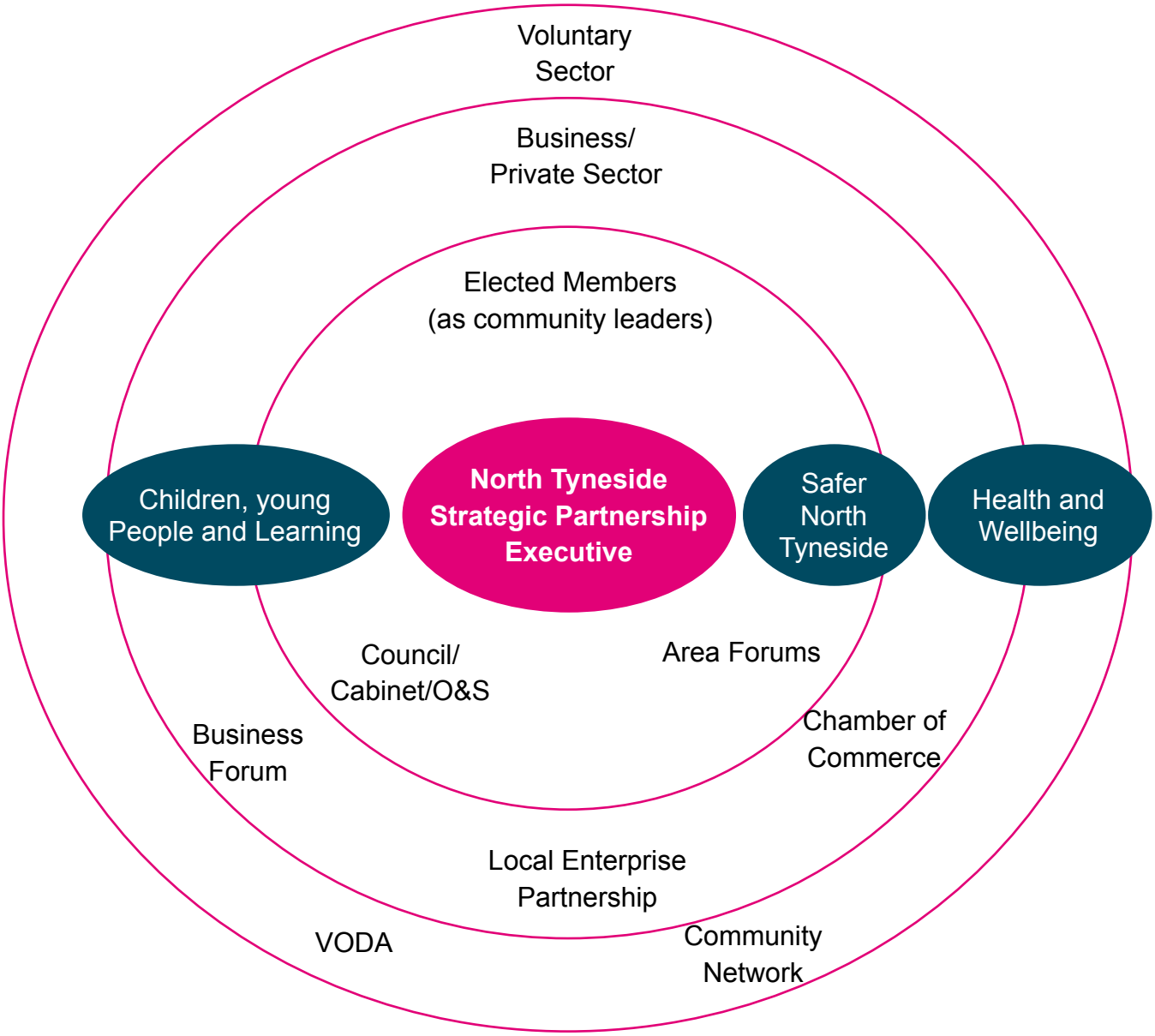
An induction programme was designed to familiarise members with each other's work and the current priorities in health and care. This was also an opportunity for members to get to know each other better and, since some of the sessions were interactive, to bring topics alive. The programme runs throughout 2011 and involves visits to local services, resources (for example, a board handbook) and individual briefings as well as presentations and discussions.

Forming the board

Membership includes: six councillors including the elected mayor and two cabinet leads, the young mayor and young cabinet lead; the council's chief executive, the three statutory director posts and other officers; the chairs of both CCGs; three PCT representatives; three chief officers from NHS provider trusts; the Chief Executive of Age UK North Tyneside, and three representatives from LINk. Inclusive membership was seen as important, so that key stakeholders with a major influence on the health and wellbeing agenda were represented, while at the same time making sure the board was an appropriate size for decision-making.

A number of issues will be reconsidered as the board moves towards taking on its statutory responsibilities. These include membership, accountability (the board is currently an LSP group rather than a council committee), and governance – procedures for voting are not currently in place since it is felt to be essential that the board is able to reach a consensus.

Partnership operating model



The board meets quarterly, and has recently agreed that it should meet in public and put information on the North Tyneside Strategic Partnership website. The board identified the need for dedicated officer time to support its development and to progress other key issues such as the joint strategic needs assessment (JSNA) and the joint health and wellbeing strategy (JHWS).

It agreed to appoint a health and wellbeing coordinator in a two-year post, accountable to the joint director of public health and funded through the local area agreement (LAA) reward grant.

Work programme, priorities and commissioning

The board is seen as being in a developmental process – as its role develops its influence will increase. Board agendas consider items within three sections:

- JSNA and commissioning
- health improvement and tackling health inequalities
- NHS reform.

Business that the board has received includes:

- new joint commissioning arrangements for adult social care
- plans for joint work on reablement
- understanding the provider perspective of the NHS Operating Framework
- signing off a serious case review and committing their organisations to taking forward lessons from the review
- proposals for an integrated health and social care workforce development strategy
- a draft plan for HealthWatch
- progress on public health transition plans
- proposals for development of services for children, young people and learners, especially focusing on early intervention.

The board will oversee a new commissioning structure for adult social care which has five partnership boards (involving CCG representatives) overseen by a commissioning executive. These five boards cover:

- long term conditions
- alternatives to hospital
- learning disabilities
- mental health
- health improvement and prevention.

The adult safeguarding board and a new JSNA management group will also report to the HWB. Working arrangements with the Children's Trust are in the early developmental stages.

Developing the joint strategic needs assessment (JSNA) and the joint health and wellbeing strategy (JHWS)

The board has considered proposals for updating the JSNA. This will include plans to tackle health inequalities based on the priority areas identified in the Marmot report. North Tyneside has a history of using cultural services (arts, leisure, sport) to improve health and wellbeing. The board has agreed that this is an important area of work which should be brought more closely into the JSNA and the JHWS through activity such as asset mapping and cost benefit analysis.

During the summer, work started on developing a JHWS. Individual interviews have been held between the health and wellbeing coordinator and board members based on the following questions:

- How do they see the assets and strengths of the area?
- What do they see as the challenges?
- How would they like to see the area in 10 years' time?

Views are to be presented to the board and will form the basis of an away-day later in the year.

Review, performance and looking forward

The board will develop performance management arrangements in the coming months. The individual interviews between the coordinator and board members included questions about how they felt the board was performing, which will be discussed at a future meeting.

Challenges and learning

Achieving the right balance between a meeting which is inclusive (seen as important to all partners) but is also able to function well as a decision-making body is an ongoing issue for the board.

Commitment and leadership at a senior level from the Elected Mayor has been extremely helpful in driving the board forward. The induction process has been useful in supporting board members to start to develop a common agenda and to understand each other's services and priorities. Care has been taken with agendas to ensure a balance between discussion items and decision-making.

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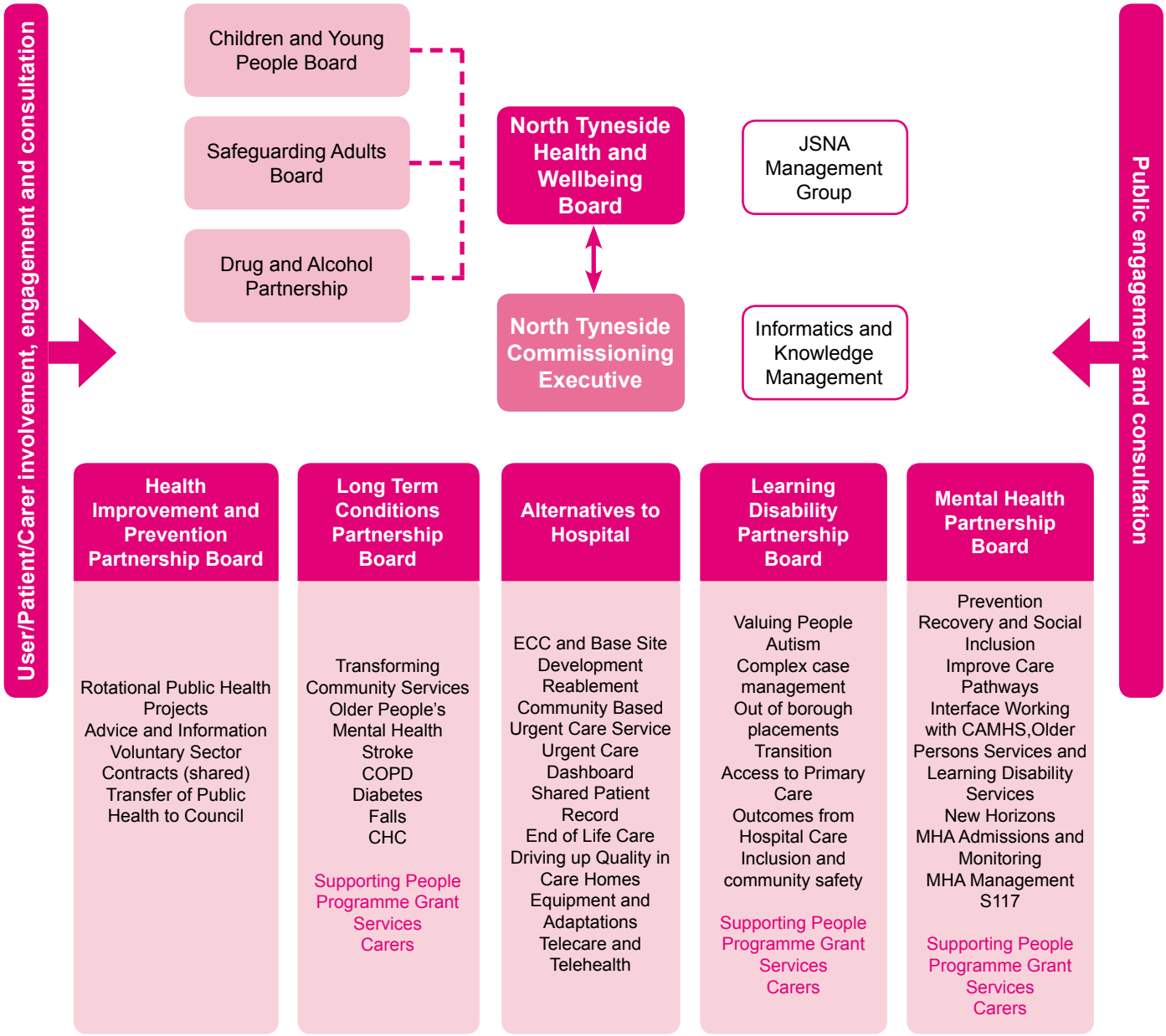
Information about the HWB will be on the North Tyneside Strategic Partnership website: http://tinyurl.com/5wa73c2

Joint commissioning structure



Somerset

Preparing for the board

The leader and cabinet of Somerset County Council asked the council's scrutiny committee to set up a task and finish group to make recommendations on how the council should develop a health and wellbeing board (HWB). A former chair of health scrutiny, councillor Stephen Martin-Scott, chaired this group of six elected members, supported by council staff. The work of the task and finish group was set in the wider context of the changes outlined in the forthcoming legislation, the health needs of the Somerset population, the priorities for improving public health in the county and the county council's responsibilities for public health. Members felt that they could not make recommendations about the HWB without a greater understanding of the overall implications of proposed reforms.

The task and finish group investigated the following questions:

- What are the council's new responsibilities?
- What are the learning and development needs among elected members to help effect these changes?
- How should the work of the HWB be scrutinised?
- What can we learn from examples of good practice elsewhere?
- What are the proposed resources for health and wellbeing in the future?
- What advice would the scrutiny committee offer about making sure the HWB can make the most of the new opportunities to improve the health of people in Somerset?

Nine separate sessions were held. These included visits to community sites, including children and young people's services, older people's housing and care facilities, drug and alcohol services and an alcohol initiative at a local A and E department.

Council and NHS officers gave presentations to members on examples of public health and jointly commissioned work in Somerset. These covered specific services, care pathways, public health and wellbeing promotion, broader initiatives to tackle the social determinants of health, planning and health and emergency planning.

Forming the board

At the time of writing, the task and finish group's report has not yet been formally presented to the scrutiny committee or to the council's cabinet. The following is therefore simply a reflection of issues that arose during the group's deliberations.

One of the group's key concerns was how a HWB could work best in a two-tier council area, reflecting the work of the district councils, as well as the county council and the NHS. There is currently only one clinical commissioning group (CCG) in the county, representing nine federations of GP practices which fortunately align with district council boundaries.

There is a strong feeling that the way forward is to have a HWB supported by networks or 'feelers in the community' that reflect both the GP federations and the district councils. GPs expressed their desire for better links with councils and other organisations within their federation area. A network model would provide opportunities for such links, while being flexible enough to retain a variable approach for different areas, driven by the diverse health needs of the population.

There is also a view – among both members and chief officers – that while the legislation provides for the HWB to be a council committee with both elected members and officer members, it is the elected members who should take the formal decisions of the board, as officers could compromise their roles as apolitical employees of the council if they were to have a vote on the board.

The task and finish group also feels that the support structures that will feed into the board will be the appropriate forum for providers, rather than the board itself.

Members are clear that the board needs to be small and focused, but that those holding the purse strings should be major participants in decision-making.

Work programme, priorities and commissioning

It is too soon to say how the HWB will carry out its role in relation to planning and commissioning. However, the task and finish group strongly believes that the HWB should focus on a small number of strategic priorities that fall out of the joint strategic needs assessment (JSNA) where the influence of the board can really make a difference. While it will not commission services, it will evaluate the effectiveness of service delivery in meeting objectives.

The group has also discussed how service users, the public and interest groups could be involved in particular pieces of work contributing to the HWB – for example in looking at commissioning drug and alcohol services. Such involvement could be a way of giving the board the 'mandate' it needs to influence other organisations, such as clinical commissioning groups and the commissioning strategies of the county council itself.

Challenges and learning

Although specific structures are yet to be put in place, the task and finish group recognises the challenge for the board of setting priorities and keeping them sufficiently focused. As the chair of the task and finish group said, the board "can't have 147 objectives". It will have to take some difficult decisions, for example on prioritising services between different population groups. For this, it is important that the board engages with the local population and representative organisations.

It will be particularly important to involve communities in developing the JSNA, which the chair of the group feels "needs to be far, far more specific" than previously, so as to be very clear about priorities and provide a basis for a joint health and wellbeing strategy (JHWS). Both the JSNA and JHWS are seen as crucial for the work of the HWB – and an early test of their effectiveness.

Members of the task and finish group were delighted to see the work that local GPs are prepared to put in to make the new system work. Providing a number of informal forums in which the proposed reforms can be discussed has enabled the NHS and local government sectors to understand each other's work better and to gain increased respect for each other's commitment to the wellbeing of their community.

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Wigan

Preparing for the board

Wigan already had extensive joint working across the council and the primary care trust (PCT) with a section 75 pooled budget of around £200 million and joint appointments such as a single chief executive across the PCT and the council. Early informal meetings were held between cabinet members and clinical commissioning group (CCG) representatives to establish relationships and to discuss future working. Wigan had five CCGs, which have recently consolidated into a federation covering over 80 per cent of the borough and one CCG covering the remaining practices.

A steering group was set up to oversee establishment of the health and wellbeing board (HWB), made up of CCG leads, the cabinet lead for healthier communities and senior officers from the council and the local NHS. The group agreed that it was essential to develop a common purpose and vision between the council and GPs as the main local commissioning leaders. It agreed to go forward with an organisational development (OD) approach to ensure that the partnership was built on a firm foundation with **mutually respecting partners** and with **a common purpose**. There was a feeling that the HWB needed to work in a new and more focused way, rather than being just another board or committee.

The OD approach was developed with an external facilitator and took place over the summer. It was made up of the following elements:

- Individual interviews between facilitator and board members discussing hopes, aspirations, concerns, and priorities for the HWB.
- A board meeting to discuss themes from the interviews and start to address challenges.
- A workshop to agree a common purpose and the success criteria, outcomes and priorities by which to measure performance.
- Individual interviews between the facilitator and 'critical friends' – main providers, and groups in the local strategic partnership (LSP) – to share their perspectives.
- A workshop to agree a shared understanding of collective and individual roles, and to create a framework for how the board wants to operate in terms of values, style, behaviours, and relationships with others.

A HWB launch event 'Shaping the future together' was held in March. This involved stakeholders from across the LSP including the Children's Trust, the business community, providers, health and care professionals, voluntary and community groups and people who use services. Stakeholders indicated that they liked this type of event and wanted a follow up session, and also further ways of learning about and influencing the HWB.

Forming the board

Core membership of the board includes: five councillors including the leader, deputy leader and three cabinet leads; five GP consortia leads; and three PCT non executive directors (for effective transition). **Officer** membership includes the council/ PCT chief executive, the statutory director roles and other senior officers.

Since the board is going through a developmental phase, formal arrangements will be established later in the year and will be reviewed in light of final statutory information. At present the board is not meeting in public, but this will be reviewed when it has undertaken its developmental work. The board is likely to meet every two months.

Wigan has also taken the opportunity to streamline and modernise its partnership arrangements in the LSP. The existing health and social care partnership group within the LSP no longer meets and other thematic groups are being reviewed. Substructures of the previous health and social care partnership will also be reviewed, along with measures for involving communities, providers, users and carers.

Work programme, priorities and commissioning

The membership of the new HWB has been designed to ensure it can agree the strategic direction and allocation of council and local NHS commissioning resources directly. It is envisaged that oversight of existing s75 agreements will take place through the board as well as any extensions to pooled budgets and community-budget initiatives. The board is likely to take a 'commissioning for change' approach which is focused on providing the best value for money from limited resources. This could be done, for example, through developing preventative services such as early intervention, recovery and reablement, and building social capital.

Developing the joint strategic needs assessment (JSNA) and joint health and wellbeing strategy (JHWS)

Work is underway in public health to produce an enhanced JSNA to better inform the JHWS and commissioning decisions. The aim is to provide clearer messages about the wide range of needs of neighbourhoods and communities. This will involve improvements such as:

- quarterly intelligence reports
- including both quantitative data and qualitative measures such as community priorities
- broadening the scope to include economic, housing and employment information, for example
- profiling the support and services that are available.

A joint intelligence unit is being set up to provide information and analysis for the council and the local NHS.

The JHWS is likely to be a high-level document, spanning health, social care, public health and, potentially, the wider determinants of health. It will provide the overarching strategy within which more detailed commissioning plans will be developed.

Review, performance and looking forward

Developing and agreeing an integrated outcomes and quality framework is one of the actions in the draft development plan. Key strategic outcomes have been identified by the HWB through its development work:

1. improving the life chances and independence of the people of Wigan
2. making sure that vulnerable people in Wigan feel safe and supported in their communities
3. preventing people in Wigan from dying early and helping people to stay healthy longer.

Each of these outcomes will identify 'what this means for Wigan', 'what we will do differently' and 'how we will know we have made a difference'.

Challenges and learning

Because the board took a developmental approach, the usual mechanics of formal meetings such as a structure diagram and terms of reference will be produced at the end of the process, rather than the beginning. Some stakeholders have been asking for this type of information so they can better understand the work of the board. A planned follow-up stakeholder event and production of an engagement and communication strategy are intended to help address any concerns.

The positive and open experience of the OD programme supports the view that taking a developmental approach will benefit formal joint working in future.

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