

BOROUGH OF TELFORD & WREKIN

HEALTH AND WELLBEING BOARD – 12 SEPTEMBER 2012

BOARD STRUCTURE/REPRESENTATION/ROLE

REPORT OF THE ASSISTANT DIRECTOR – SOCIAL CARE SPECIALIST

1. SUMMARY

1.1 The report updates members on:

- The feedback from the stakeholder engagement event with reference to the discussion around the future governance and structure of the T&W HWB and in particular the question – how can local people and stakeholders be involved in and influence the decision making of the HWB?
- The West Midlands Councils HWB Support and Development Programme
- The discussions around scrutiny arrangements
- The Vice Chair and additional Cabinet Member representation on the HWB
- The formation of the HWB Executive Group
- Future frequency of HWB meetings

2. RECOMMENDATIONS

- 2.1 Members note the updates received in relation to the Telford and Wrekin Health and Wellbeing Board
- 2.2 It is proposed that the HWB Development Tool is completed individually by members of the Board working independently and collated and presented for discussion at the November HWB meeting.
- 2.3 Members agree their desired aims/objectives for the initial development session and for the period of support, from the West Midlands Councils Support Offer.
- 2.4 It is proposed that the HWB work with the Scrutiny Committee to develop a full memorandum of understanding/protocol.
- 2.5 Members agree the frequency of future HWB meetings

3. INFORMATION

3.1 Feedback from Stakeholder Event

The event focussed part of the discussion on the future governance and structure of the T&W HWB and posed the question: 'How can people and stakeholders be involved in and influence the decision making of the HWB?' Full feedback is attached in Appendix 1. It was clear from the feedback that no one structure/size fits all and that the Board will need to be creative in ensuring the appropriate future representation, structure and communication and engagement channels, to ensure providers, stakeholders, third sector, service users and communities' voices are heard and decisions can be influenced.

In addition to the feedback gained from the stakeholder event, we have also received representations from organisations and existing partnership Boards about how they can have their voice heard in the new arrangements – in particular on behalf of Supporting people providers, SPIC requests, Learning Disability Partnership & Carers Partnership representation.

We will be working with the West Midlands Councils, see 3.2 below, to specifically work through this challenge to ensure that we develop the most appropriate Board and structure to meet the health and wellbeing priority needs of our community. Meanwhile, as a Board, we will continue to reflect the statutory minimum member representation as set out in the Health and Social Care Act 2012.

3.2 West Midlands Councils HWB Support and Development Programme

A number of initiatives have come forward to support the development of Health and Wellbeing Boards:

- **HWB Chairs Network:** to share learning, identify and work on issues of common concern including responding to consultations and lobbying, and to act as a sounding board for new activities. First meeting was held in July with further meetings in Oct, Dec and March 2013. Challenges discussed at this point include: embedding the broad public health agenda within Councils; explaining to communities the new role of Councils, CCGs, PHE, and NHS Commissioning Board; securing relevant engagement from interested parties without opening the flood gates; maintaining a focus on prevention; integrating all Council services with the Health and Wellbeing agenda; securing a fair budget for the new role.
- **HWB Simulation Events:** provide an opportunity for HWB members to explore the challenges and understand the complexities and conflicts of interests within their roles, within a safe and developmental space. Also they will encourage accelerated learning and strengthen the shared leadership capacity of HWBs. The events will help HWB members to shift their focus from individual organisational interests towards a collaborative approach to agreeing priorities and deploying resources to tackle the

health and wellbeing needs of the community. The West Midlands event will run on 10th October and we will be sending representatives, including the Chair to this workshop.

- **HWB Network:** members drawn from across the WM region. Network has met twice to date. At its second meeting it discussed the draft secondary regulations for the Health and Social Care Act 2012. The network will look to support the activities of Boards by offering shared experiences and learning.
- **HWB Development Tool:** aims to assist Boards to explore their strengths and opportunities to improve, and to inspire their ambition to develop a clear sense of purpose and an approach which will help transform services and outcomes for local people. The tool is designed to help Boards to go beyond assessing how ready the Board is, towards how effective it is being in practice, and how that effectiveness is enhanced over a period of time. **It is proposed that the tool is completed individually by members of the Board working independently and collated and presented for discussion at the November HWB meeting. See Appendix 2.**
- **Bespoke Support for T&W HWB:** Up to 4 days support from the Local Government Association until March 2013. Initial thoughts for the period of support are developing our role and agenda which we want to pursue linked to our strategy and what powers/influence we will have to make sure we can deliver, and Board structure and operation - how we keep a tight decision making Board but ensure engagement/input from local people/client groups, providers and partners. The initial work shop has been arranged for 11th October. **We would welcome the Board members views on their desired aims/objectives of this initial session and for the period of support, and we've suggested focussing on our role, structure and operation – particularly looking for information on arrangements in other areas which facilitate involving local people and providers.**

3.3 Scrutiny Arrangements

DoH released a consultation paper on 12th July which sets out the Government's intentions to strengthen and streamline the regulations on LA health scrutiny following amendments to the National Health Service Act 2006, by the Health and Social Care Act 2012. New scrutiny regulations will be developed, retaining the best of the existing system but confirming that LAs will no longer be obliged to have an overview and scrutiny committee – it will be for the full council of each LA to determine which arrangement is adopted.

There is now the opportunity to establish the relationship and way of working between the HWB and the council body designated with health scrutiny powers. The LGA advise that a protocol or Memorandum of Understanding is

developed, indicating how each will carry out their functions in relation to health, public health and integrated health and social care services. **It is proposed that the HWB work with the Scrutiny Committee to develop a full protocol.**

3.4 Vice Chair and Cabinet Member Representation

It has been agreed that Cllr Liz Clare will be Vice Chair of the HWB, in order to represent the Chair in the event that he is unable to attend the HWB or requires a representative to attend a meeting on his behalf.

It has also been agreed that Cllr Arnold England, Cabinet Member for Leisure and Wellbeing will be a member of the HWB.

3.5 HWB Executive Group

An Officer Executive Group has now been formed to operate beneath the Board. The responsibilities of this Group will initially include progressing work between Boards, agenda setting, JSNA and JHWBS development, performance management, communication and engagement, links with joint commissioning plans and links with Scrutiny.

3.6 Frequency of Future HWB meetings

Due to the increasing agenda, Board members are asked their views on the future frequency of Board meetings. It is suggested that meetings may become monthly, in order to allocate the appropriate time for discussion.

4. PREVIOUS MINUTES

4.1 Shadow Health and Wellbeing Board Governance report 22nd February 2012.

5. BACKGROUND PAPERS

5.1 Health and Social Care Act 2012.

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Appendix 1

The Future of Health and Wellbeing in Telford and Wrekin Stakeholder Engagement Event Feedback

Discussion 3: Future Governance and Structure of the Telford and Wrekin Health and Wellbeing Board

Q1.	HOW CAN LOCAL PEOPLE AND STAKEHOLDERS BE INVOLVED IN AND INFLUENCE THE DECISION MAKING OF THE HEALTH & WELLBEING BOARD?
Table 1	<ul style="list-style-type: none"> • Example – HWB contacted Carers Boards: how beneficial are workshops for carers on their health and wellbeing. Wouldn't have been able to provide answers without current monitoring / evaluating. • Carers' partnership board – public gallery giving people opportunities to ask questions. • Promotion of current forums etc and promotion of HWB through these routes, particularly for communities with particular access needs, (deaf, visually impaired etc). Ensure people are getting information in the format they need. • Need to look at different formats for sharing information not just printed English on the internet. Not everyone can access the internet or written English. • JCP want to sit on the board (HWB) feedback from service users on health issues to feed in • One size does not fit all – need to be creative • HWB should not meet in the same place every time; should go into the community • Allow people to input/present to HWB meetings • Need to ensure groups are involved from the start so not surprised with requests – need time to prepare. Need co-ordination so that people are not bombarded. • Accountability. FEEDBACK on what is changing specific – you said, we did. What has changed as a result of input. Need to demonstrate value for money – why bother?
Table 2	<ul style="list-style-type: none"> • Through its members (unless there is a right to representation, access public meetings, will people get speaker rights?) • Leadership (rather than membership) – listening and feeding back, the members bring representation to the meeting. • Recruit members • Health service is a closed shop. Resistance for other voices, new scheme would give opportunities for other voices to speak up about health • T&WC haven't got the right shape in engaging with voluntary sectors, only core group for H&WB to meet culture needs to change. • Is there constitution/questions being asked without constitution being understood, i.e. who as to sit on HWB – does this make it NHS 'top heavy' • Board representation – out of balance. Other structures need to change and develop to influence HWB structure • Needs to avoid massive sub-structure

Table 3	<ul style="list-style-type: none"> • What decision making will local people be able to influence? • Know it exists – communication • Questioners / newsletters • Representation on the board – links to mapping exercise. Find out what's there and try and encompass all the groups – give a framework • Single point of contact • Support to do this e.g. newsletters • Healthwatch to be represented – need to ensure this covers all organisations • Community panel – issues raised through members (to be a link for the community) Can be raised through scrutiny • Local media e.g. Radio Shropshire • National Campaigns – Healthwatch England • Council tax bill and 'Your Voice' – goes into every household in the Borough • Information through patient reference groups. Find common inlets. • Information on prescriptions / posters in pharmacies
Table 4	<ul style="list-style-type: none"> • Commissioning services, engaging with S.U.s constantly • T&WC SS not accessible • Are partnership boards still fit for purpose – consultation / review to strengthen role • Generic email address to put forward thoughts and suggestions to the HWB directly. Direct route, email, postal, number • Diverse range of access points • Open surgery – local councillor • General issues • Openness and transparency – accountability • Is there a regular report that is available to non board members after the H&WB meetings • Are there any places on the H&WB board for parent representation • If the H&WB board is going to be accountable to local people, we need to be committed and think of different ways – creative • Not enough (services) for Aspergers
Table 5	<ul style="list-style-type: none"> • Healthwatch is voice of people • Public meetings • Mixing up other committees and groups going on. Strategic partnerships useful • All got folk can consult with feedback – make sure each of us know which groups are there • Patient participation strategy – how do we engage. Don't dismantle what ever is. All got services users groups – need to co-ordinate • Council community engagement panel • Hard to reach – not hard to reach – they are there every Thursday • Pubs and football grounds • Is there a database of organisations • Datashare sheltered housing providers • Don't know who are our hard to reach group are • Have almighty HWBs leaders and make decision – what gives them the powers – local opinion • Would Debbie's parents group link into Healthwatch

Table 6	<ul style="list-style-type: none"> • Key way could be via Healthwatch – see records re: Healthwatch engagement (don't duplicate) • Going out doing fun events • Engage at an earlier stage • Building rapport / engagements on the ground • Genuine consultation only • Engage mix of people and support them in attending • Feedback to those taking part – makes engagement meaningful • Be honest about decisions • Have task and finish groups • Review partnership arrangements that sit alongside (what works, what doesn't work) • ? Potential to link in to local members of 2 Foundation Trusts (30,000 people) • SPIC – can help with workforce development skills – share data.
Table 7	<ul style="list-style-type: none"> • 1 patient representative is not enough. Should be more • Be clear of the scrutiny role / Wellbeing board Scrutiny Board • Democratic accountability of the councillors • Work together with Healthwatch and use existing groups • Right to petition mechanisms – link into existing systems • Health and Wellbeing 'Question time' • Easier to find information, especially on website • The strategy has to be meaningful to T&W residents
Table 8	<ul style="list-style-type: none"> • Need to know they have the opportunity to • Evidence that HWB board have listened – 'You said We did' - Why? If not acted on • Use a variety of communication channels • Be specific on what you are asking 'Focus' • What is already in place
Table 9	<ul style="list-style-type: none"> • How do people inform the agendas? • Feed into existing forums • Who is in charge? (ultimately accountable) • Can people lobby the issues through councillors • Not aware of who is on the board and how people have been invited to take part • Third sector involvement is needed (not just link) • Very difficult to involve all sectors unless we regularly communicate with them • Need to be regular opportunities for people to feed in their views and take part • Consultation – need to give people adequate time to take part (no short timescales) • How are decisions made at the moment? • We need to see a constitution • Can other people attend if someone cannot attend • General feeling / questions about the board, before any decisions can be made – not clear at the moment

A new development tool for health and wellbeing boards



Introduction

Health and wellbeing boards are now operating in all parts of the country, and many have been working for a significant period of time.

Discussions with representatives of boards show that there is an appetite for products that support boards to assess their progress by reference to indicators of practice.

In response to this, a number of regions have already prepared self assessment documents that measure “levels of preparedness”. Moving beyond this the London Board Assurance Prompt tackles more complex themes, and introduces the idea of a ‘maturity matrix’ allowing boards to track their progress over time.

The Local Government Association has worked with the NHS Leadership Academy, other national organisations and representatives of health and wellbeing boards to co-produce a new development tool, building on the achievements of the previous documents.

Our aim is to provide health and wellbeing boards with a tool that will enable them to go beyond assessing how ready the board is, towards how effective it is being in practice, and how that effectiveness is enhanced over a period of time.

This tool aims to assist boards to explore their strengths and opportunities to improve, and to inspire their ambition to develop a clear sense of purpose and an approach which will help transform services and outcomes for local people.

There have been two design events with board representatives and health leadership partners. Views on ‘what good will look like’ were captured, and have been incorporated as key issues within this development tool.

The approach recognises that to deliver good outcomes on the ground partnerships require an effective structure (in common with all organisations). The model adapted is summarised below:

Strategy, vision, purpose, values			
Strong relationships, agreed ways of working	Good governance	Roles and contributions	Measures and accountability
Outcomes			

Using the development tool

The development tool asks users to assess how their board is performing in relation to 17 key issues. The issues have been identified based on the outcomes from the design events mentioned above. When using the tool it is important to promote dialogue amongst the partners on the board about these issues.

The development tool can be used in a number of ways:

- by board members acting collectively to discuss and agree scores together.
- with the help of an external facilitator, to assist exploration of the issues, and to promote discussion.
- individually completed by members of the board working independently, (however this approach has the significant disadvantage that a useful exchange of views between partners is less likely to occur, and the process may therefore be less helpful to mutual understanding and board development).

Boards are invited to evaluate their position against the suggested criteria that are expected to characterise the achievements of a board now; in one year; and in three years.

It is to be expected that boards in the early stages of development will respond positively to a limited number of the criteria, but as they progress to maturity that position should improve. It is quite possible that a board completing the assessment today may not yet be at the point suggested by all 17 criteria in the 'Now' column. On the other hand, for some criteria it may exhibit advanced behaviour as projected in the 'In three years' column.

The development tool can be found online at http://www.local.gov.uk/web/guest/health/-/journal_content/56/10171/3638628/ARTICLE-TEMPLATE

Next steps

The aim of the development tool is to support boards to discuss challenging issues, to inspire them towards transformational outcomes for their community, and to help

them identify what action they need to take. It is expected that boards will wish to use the tool as a stepping stone towards developing an improvement plan to address their next steps. We intend to keep the content of the tool under review to ensure it meets the future needs of boards; we would therefore welcome comments about how the tool might be further improved. Please send your feedback to healthy.admin@local.gov.uk

Support and assistance

Health and wellbeing boards are challenged to develop complex and innovative methods of working that require partnership of a new order. Help is available from several national and regional organisations to assist boards in finding their way.

A good starting place for assistance is with the LGA Health and Wellbeing Board Leadership Offer at healthy.admin@local.gov.uk where advice can be obtained on the development tool and a range of support options for boards.

Area	Now	In 1 year	In 3 years
Strategy, purpose, vision	1. The board understands its unique potential contribution and is ambitious to improve health and wellbeing.	1. The board has agreed a realistic set of priorities on which to focus its efforts.	1. The board has demonstrated achievement against its priorities. The board has a track record of enabling efficient, effective and integrated re-commissioning of service(s).
	2. The board has a clear statement of purpose and priorities. Existing JSNA reviewed and JHWS initiated.	2. JSNA and JHWS formally agreed. Individual commissioning plans of CCGs and LA align with JSNA/JHWS.	2. JSNA/JHWS embedded in annual plans of service providers. JSNA and JHWS reviewed and revised and commissioning plans of all relevant partners aligned.
	3. HWB has a compelling narrative of its purpose and ambitions for its local community.	3. Partner organisations can describe how HWB will make a difference. A shared and effective communications plan exists (including media handling).	3. Community can describe how HWB has made a difference. The board can describe what it has achieved, the changes made for local people and future improvement plans.

Area	Now	In 1 year	In 3 years
Leadership, values, relationships, ways of working	4. Board members understand the concept of shared leadership and communicate effectively and respectfully.	4. Trust has been established, constructive challenge is the norm, a conflict resolution process is in place.	4. Continuous learning (from own experiences and from others) is well established.
	5. The board has a code of conduct which is explicit about expectations of behaviour, and which describes the values aspired to. The board models appropriate behaviours and has an agreement about minimum attendance at meetings.	5. The board uses both internal and external reviews to test that its code of conduct is effective. Board members attend regularly and make a positive contribution to meetings.	5. The board's annual self assessment incorporates agreed outcome measures against its code of conduct. Stakeholders agree that the board operates on a win-win basis.
	6. Members have effective working relationships and are beginning to influence each other's organisations.	6. Board members look for win-win solutions focused on beneficial health outcomes for the community. Relationships enable members to influence beyond their own organisations.	6. Local organisations seek to contribute to the work of the board.
	7. The board has interim arrangements in place to engage users and the public pending the establishment of local Healthwatch.	7. The board empowers the local Healthwatch member to act as an independent and effective voice for users and the public.	7. The board can demonstrate that it has considered and acted upon the views of local people.
	8. The board understands the needs of diverse communities and is clear about its responsibilities under Equalities legislation, and those of its partners.	8. The board can demonstrate that it promotes equality in all its actions including consultation, priority setting and service improvement, and undertakes equality impact assessment on its plans.	8. The board is a beacon of excellence in relation to equality and diversity and can show positive outcomes for the health and wellbeing of minority groups.

Area	Now	In 1 year	In 3 years
Governance	9. The board is clear on accountability for decisions and action, and has a scheme of delegation.	9. Decision making is clear and transparent, and effectively communicated to stakeholders and the public.	9. Decisions of the HWB are accepted and acted on by all organisations in the local system.
	10. The board has governance frameworks which align with those of the LA and CCGs.	10. Board membership, operational structures, and mechanisms for engaging partners, are clear.	10. The board has regular updates on the priorities of the wider LA, NHSCB and key local partners.
	11. The relationship between the HWB and the LA scrutiny function is clear.	11. The relationship between scrutiny and external regulators is agreed and an initial effectiveness review has been completed.	11. Scrutiny and regulators work constructively with the HWB.
	12. An agreement re pooling of resources is in place.	12. A risk sharing agreement exists between the LA and CCGs.	12. A risk sharing agreement exists between the LA, CCGs and other relevant partners.
Roles and contributions	13. The board knows what each member brings in the way of skills, experience, knowledge and potential contribution.	13. Each board member has a clear role description and acts in accordance with this. An annual board development plan has been agreed.	13. The board regularly reviews its own effectiveness and development needs.
	14. The board knows what's good about its existing partnership working and can describe what has been successful, what hasn't, and why.	14. A stakeholder map exists for external partners and each board member has agreed partners that they work with proactively. A 360 degrees feedback survey with partners has been completed.	14. A 360 degrees feedback survey is completed with stakeholders; with key partners; with the public and an appropriate action plan developed.

Area	Now	In 1 year	In 3 years
Measures and accountabilities	15. The board's priorities balance improvements in service provision with improvements in population health and wellbeing.	15. The board has an agreed set of outcome measures, matched to its priorities.	15. The board's annual report demonstrates achievement of outcomes.
	16. The board has reviewed the current position as regards service integration, population health and use of resources.	16. The board has identified outcomes with defined early wins in the areas of: a) more integrated and/or personalised services b) improved population health c) better use of resources.	16. The board has achieved defined outcomes in the areas of a) more integrated and/or personalised services b) improved population health c) better use of resources, including community based assets, and identified early wins in reducing health inequalities.
	17. The board has reviewed its current outcomes against its peer group.	17. The board reviews itself regularly against benchmarks and adapts plans as necessary.	17. The board consistently performs well against benchmarks.



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