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HEALTH AND WELLBEING BOARD

03 MARCH 2016

SUPPLEMENTARY PAPERS

TO: ALL MEMBERS OF THE HEALTH AND WELLBEING BOARD

The following papers have been added to the agenda for the above meeting.

These were not available for publication with the rest of the agenda.

Alison Sanders
Director of Corporate Services

	Page No
14. LGA PEER REVIEW	3 - 24
To receive an update on the LGA Peer Review.	

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To: HEALTH & WELLBEING BOARD
3 MARCH 2016

LOCAL GOVERNMENT ASSOCIATION PEER REVIEW Chief Executive

1 PURPOSE OF REPORT

1.1 To explore the possibility of a Local Government Association (LGA0 Peer Review of the Health & Wellbeing Board.

2 SUPPORTING INFORMATION

2.1 Attached is a paper from the Local Government Association outlining the national methodology for the Health & Wellbeing Peer Review. This forms the background for item 14 on the Health & Wellbeing Board agenda on 3 March 2016.

It is suggested that the Board commissions a review to be undertaken in June/July to provide an independent assessment of progress, achievements and problems experienced to date. The results will be a useful tool for the newly appointed Accountable Officer and Director of Adult Social Care, Health and Housing.

Peer Reviews have until recently been funded by the LGA and Department of Health, although the costs (around £10 – 12K) may need to be funded by the Health & Wellbeing Board partners under the Department of Health 2016/17 funding plans.

3 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

3.1 N/A.

Borough Treasurer

3.2 N/A.

Equalities Impact Assessment

3.3 N/A.

Background Papers

Care and Health Improvement Programme (CHIP) – Health and Wellbeing Peer Challenge: methodology and guidance

http://www.local.gov.uk/peer-challenges/-/journal_content/56/10180/3511124/ARTICLE

Contact for further information

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Care and Health Improvement Programme (CHIP)

Health and Wellbeing Peer Challenge : methodology and guidance

July 2015

1. Supporting the new health and wellbeing system

Over the last year the LGA has been working with stakeholders to bring the sector-led improvement programmes funded by the Department of Health (previously offered as separate programmes) together into a single, more coherent care and health improvement offer for the sector. We now have an agreed programme, the Care and Health Improvement Programme (CHIP), which we will be co-designing and delivering with our partners from April 2015.

The integrated programme objective around health and wellbeing boards (HWBs) is to embed HWBs as place-based health and care leaders

Within this objective we aim to:

- influence and develop the role of the HWB to better support the integration of health and social care services
- support the development of HWB leadership

The core elements of the sector-led offer are:

New HWB chairs/vice chairs and adult social care portfolio holders induction session - For HWB chair/ vice-chair or as adult social care portfolio holders there are induction sessions to introduce the key issues in the health and care agenda nationally and the support on offer.

Leadership Essentials - 2015/16 brings an opportunity to put HWBs in the driving seat of local system leadership. This two-day fully subsidised residential session brings together HWB chairs (predominantly elected members) and vice chairs (predominately CCG reps) to actively learn from each other, explore cultures and shared leadership through the LGA's tried and tested approach to leadership development.

Peer challenge – this tried and tested LGA sector-led improvement tool has been developed collaboratively for health and wellbeing. HWBs can commission the challenge to focus on local system challenges and priorities within the overall framework.

Facilitated self-assessment -The refreshed self-assessment tool comes with the offer of a facilitator for a day to work through it with the HWB. The facilitated session can be tailored to reflect local needs and specific requirements. This means the method, approach and focus will be one that will help councils and their HWBs respond to local priorities and issues in their own way to greatest effect. A scoping meeting, involving representatives from the HWB is an essential feature to tailor the support to meet the HWB's specific requirements.

Bespoke support – is tailored to meet specific local opportunities and challenges with the support scaled appropriately following a scoping session. The support is usually in the format of a facilitated one day workshop, a series of workshops or an action planning session. Mentoring for leaders on the HWB is also available.

LG Inform – this LGA online data and benchmarking tool, part of the LGA's core offer, developed a specific package to consolidate key benchmarking information on public health that health and wellbeing boards, councils, local people and voluntary organisations can use to facilitate monitoring trends and to benchmark.

For more information on the offer go to: <http://www.local.gov.uk/health-and-wellbeing-boards>

2. Purpose and scope of the health and wellbeing peer challenge

A peer challenge is a voluntary and flexible process commissioned by a council or a partnership to aid their improvement and learning. It involves a team of between four to six peers from local government and health (can involve others e.g. the voluntary sector) who spend time on-site in an area to reflect back and challenge in order to help it to reflect on and improve the way it works and makes an impact. The process involves engaging a wide range of people working in the area in both statutory and partnership roles and the findings are delivered immediately.

Peers are working as 'critical friends', not professional consultants or experts. Peer challenge is not inspection. The process is based on a view that organisations learn better from peers and are open to challenge. Likewise it believes that peers, in their professional capacity, challenge robustly and effectively - while the process is voluntary it is not a 'soft option'.

The health and wellbeing peer challenges focus on the health and wellbeing board and partners who form the local health and wellbeing system recognising that 2015/16 brings a window of opportunity to put HWBs in the driving seat of local system leadership; able to take on a place-based approach to commissioning adult social care and health, and address the wider determinants of health. The peer challenges are focused on enabling the leadership of HWBs to move into this space effectively. In this context the peer challenge focuses on the following elements:

- ensuring clarity of purpose of the board
- building a model of shared leadership within the board
- working with partners to develop the systems leadership role
- ensuring delivery and impact
- integration and system redesign

The peer challenge is fully subsidised by the Department of Health.

3. Headline questions for the peer challenge

The peer challenge focuses on a set of headline questions and more detailed prompts, from which to frame the preliminary review of materials, the interviews, and the workshops that make up a peer challenge. They are discussed and tailored in the context of each council and HWB.

1. To what extent is the purpose and role of the health and wellbeing board (HWB) established?
2. How strong is work with key partners to develop system leadership?

3. To what extent is the HWB ensuring the delivery of the health and wellbeing strategy?
4. To what extent is there a clear approach to engagement and communication?
5. To what extent is the HWB enabling closer integration and the change to a cohesive and effective health system?

The headline questions are intended to provide a structure for the conversations that are at the heart of the on-site process. **Appendix B** provides a series of bullet point notes under each of the questions. These are simply prompts which may be helpful in the local context: they are not intended to be pursued rigidly, and they should not limit the lines of conversations as local issues emerge.

We encourage HWBs to specify a particular local focus they would like the peer challenge team to explore.

4. The peer challenge process

4.1 Preparation

Pre on-site preparation provides an opportunity for the HWB to self-reflect on its effectiveness prior to the work, and allows the peer challenge team to be fully operational from day 1. We are keen to avoid unnecessary burden but experience shows the following items are key for an effective challenge:

i. Observation of the health and wellbeing board

Ideally the peer challenge would be timed to coincide with a HWB meeting that could be observed whilst on-site, however, where this is not possible a team member may attend a HWB meeting prior to the challenge. Representatives from the peer challenge team will attend and observe a board meeting to gain an insight on how the board operates and to be introduced to board members.

ii. Position statement

We encourage HWBs to prepare a short position statement outlining how they are performing against the main themes of the peer challenge (see section 3) and any specific focus. We do not prescribe the format or style of position statements but we can provide examples of what these can look like.

iii. Pre-site reading

We ask the council and HWB to provide us with a number of documents, many of which are likely to be in the public domain already at least 3 weeks before going on-site. Key documents are likely to be:

- a local stakeholder map of 'who is who' and 'who does what' in the health and wellbeing system (including partnership boards)
- council and CCG structure charts (senior management)
- a map of the local authority area – ideally this would show:

- key service locations
- CCG boundaries
- Neighbouring authorities and CCGs
- the current business plan for the Council and the CCG operating plan
- Joint Strategic Needs Assessments (JSNAs)
- Joint Health and Wellbeing Strategy (JHWS)
- background information about the health and wellbeing board (HWB), e.g. agendas, minutes and papers for past 3 meetings, and terms of reference
- Better Care Fund Plan and information about plans for joint commissioning and service integration
- Care Act plans
- latest NHS patient satisfaction surveys for the area
- information on arrangements for and impact of the local Healthwatch organisation
- information about arrangements for health scrutiny, including the forward plan
- summary description of arrangements for delivering statutory local public health functions
- Examples of local innovation and good practice with regards to health and wellbeing interventions.
- Summary of LG Inform health and wellbeing for the local area provided by the LGA, including reports on delayed transfer of care times as well as other key health and wellbeing indicators
- Provider plans (including Acute Trust, Mental Health Trust etc.)

iv. Pre-site analysis

Pre-site analysis is undertaken by the LGA and includes a high level analysis presentation and a number of datasets including:

- NHS outcomes benchmarking support pack
- Public Health England Health Profile
- Public Health England Local Health Profile
- Child Health Profile
- Community Mental Health Profile
- Census data
- Service data through LG Inform.

v. Pre-site survey with members of the HWB

We conduct a short online survey with members of the HWB to obtain perspectives on the effectiveness of working arrangements as well as the leadership and relationships of board members. We have developed a standard survey which we discuss with you and adapt to include any specific questions of value for your local HWB.

vi. Timetable of activities for the peer team (sample in Appendix A)

The team is on-site at a council for a period of three days (four days for a complex two-tier area with multiple CCGs that covers a large geographical footprint).

The HWB needs to arrange a timetable of activity organised in advance of the visit by the peer team. The timetable should enable meetings and discussion sessions with a range of officers, partners, members, service users and other stakeholders enabling the peer team to explore the framework of questions and any local issues relevant to the challenge. The timetable needs to be discussed with the Challenge Manager as it develops and the final version agreed one week prior to the onsite days.

The peer team aims to work in teams of two with three parallel interview streams each day. This allows for around 30 sessions.

Appendix C provides suggestions (neither a prescriptive or exhaustive list) of whom the peer team need to meet with whilst on-site.

4.2 On-site work

The on-site challenge takes place over three or four consecutive days when the peer team is based in the locality and undertakes a range of activities, including focus groups, observations, site visits and discussions/interviews with officers, elected members, partners and stakeholders.

The timetable can include workshops on a specific area of focus the HWB wishes the peer challenge to explore.

The timetable is designed around the focus of the peer challenge and local arrangements. However, there are two sessions which are common to all peer challenges:

- i. A **'setting the scene' meeting** in the morning of the first day of the onsite part of the peer challenge. This provides an opportunity for the peer challenge team to meet with the leaders of the health and wellbeing system and key officers. It normally covers an introductory presentation about the local system and HWB and how it embraces its responsibilities in health and care, together with key opportunities and challenges as well as successes. The team uses this session to re-state the focus for the peer challenge and to establish common ground in what a good outcome of the process will be. It is also an important part in 'starting the process together' and to build relationships and trust between stakeholders and the peer challenge team
- ii. The **feedback session** on the last day of the peer challenge. In addition to informal feedback at the end of each day, the peer challenge team provides two types of feedback on the last day:
 - o an informal 'dry run' of the formal feedback to a small group (normally including the Council Chief Executive or their representative, Chair of the HWB and a senior representatives of the CCG. This allows a check on any sensitive issues

- a formal feedback discussion on the final day on-site involving an audience of the HWB's choosing. The peer challenge team shares its views and offers advice on the main focus of the challenge and key strategic and leadership issues

4.3 Written feedback

The HWB chair and vice chair (and/or CCG representative) and council Chief Executive receive written feedback within 2-3 weeks after the departure of the peer challenge team. It elaborates on the points made in the feedback presentation, outlining the main findings and conclusions and provides recommendations for improvement going forward.

The HWB has an opportunity to comment on the draft letter before it is finalised by the peer challenge manager.

The feedback letter and presentation are the property of the HWB and the local authority. They are not published on the LGA website. However, in the interest of openness and accountability and sharing the learning from peer challenges, we expect that the HWB will make the feedback publicly available.

4.4 Follow-up work

The peer challenge includes an offer of follow-up support. This can involve all or part of the team engaging in an activity such as:

- holding an action planning workshop with the HWB
- organising a workshop on a specific theme or area, involving experts or other peers as appropriate
- arranging a follow-up visit at a later time to look at progress

The challenge manager liaises with the HWB to scope and manage any follow-up activity.

5. The Peer Team

5.1 Composition

The peer team is made up of six peers, including the challenge manager, and reflects the focus of the peer challenge. The challenge manager discusses the composition of the peer challenge team with the HWB. All peers are approved by the HWB.

The core team consists of:

- a council Chief Executive of the same authority type as the locality
- an elected member who is the Chair of the HWB in a similar area
- a Director of Public Health of the same authority type as the locality
- a senior CCG peer (e.g. Chief Operating Officer) from a similar health economy

- an LGA challenge manager
- the sixth member is the choice of the HWB and can be an NHS peer, an integration or policy specialist, Healthwatch, voluntary sector representative

Within each team the Council Chief Executive is designated as the lead peer.

5.2 Roles and responsibilities

The role of peers is to:

- undertake pre-reading in advance of the peer challenge
- attend and participate in an initial peer team briefing
- facilitate interviews, focus groups and discussions whilst on-site and to gather information via these, record and share key findings with the peer team colleagues
- draw on their relevant skills, knowledge and experience
- analyse key messages throughout the process
- work with others in the peer team to develop and deliver a feedback presentation
- contribute to the feedback letter
- participate in the evaluation of the peer challenge
- undertake additional or specialist roles on the peer team
- participate in follow-up support if required

The role of the challenge manager is to:

- manage the overall peer challenge process and act as the first point of contact for the client
- work with the client to scope and plan the peer challenge including a set up meeting and advice/guidance on developing the timetable and position statement
- manage all administrative and housekeeping issues
- work with the client to identify peers and compose the peer challenge team
- during the on-site process, be a full part of the team and also act as facilitator and adviser to guide the rest of the peer challenge team through the on-site process
- facilitate and support the preparation of the feedback presentation, including working with the team to determine points of judgement in the process
- produce the written feedback and liaise with the team and the client to finalise it
- liaise with the client to agree follow-up support

6. Peer team requirements during the on-site period

We ask the host organisation and HWB to provide for the peer team requirements during the on-site period. These include:

- provision of a lockable room at the host organisation to use as a base for the time the peer team are on-site. This would ideally be a central location and in close proximity to where the interviews/sessions take place. The room is for the sole

use of the peer challenge team with all interviews and focus groups being held elsewhere

- interview rooms, close to the base room
- access to Wi-Fi for laptops and tablets and printing facility
- equipment for the base room, including a whiteboard, projector, one computer with access to the intranet and internet, flipchart stands and paper and a supply of basic stationery. Flipcharts will need to be displayed around the base room
- catering for the peer challenge team, including a lunch to be held in the base room each day

The peer challenge manager discusses these arrangements in detail with the host organisation.

The LGA manages and covers all expenses related to accommodation and travel for the team.

Expectations of the host Health and Wellbeing Board

HWB members and key stakeholders need to be available for the on-site period and it is important that there is ownership by the HWB for the peer challenge process and findings.

Where sessions are arranged it is vital that all stakeholders arrive promptly. The challenge timetable is created to make maximum use of time and get the most effective feedback necessary for a constructive peer challenge process.

The host HWB, and organisations that comprise the HWB, should communicate the messaging of the peer challenge to staff and members and ensure that they have a good understanding of the challenge and process at an early stage.

It is important that everyone understand fully that this is an improvement and learning process, not an inspection, and that openness and cooperation is required in order to get the truest picture of the system in your area.

A the peer challenge will reflect back what you've told us and what we have seen and therefore it is important that everyone who participates is actively encouraged to be open and honest. This would be an integral part of the communication process in advance of the peer challenge on-site period. A 'What's it all about?' leaflet is provided to help with communication.

Appendix A: Sample 3-day timetable (for more complex geographical areas a 4-day timetable will include longer slots for focus groups and more slots for key stakeholders to suit the locality). Interview formats are flexible and can be carried out by phone if appropriate.

Time	<HWB NAME>		Day 1
	Slot 1	Slot 2	Slot 3
08:30 – 09:00	<i>Admin/Passes/Set up in Team Room</i>		
09:00 – 09:45	Setting the Scene		
09:45 – 10:00	<i>Break</i>		
10:00 – 10:45	Leader of the Council	Chair of the HWB	Vice Chair of the HWB
10:45 – 11:00	<i>Break</i>		
11:00 – 11:45	Chief Officer/chair of CCG/s	Chief Executive of the Council	Director of Public Health
11:45 – 12:00	<i>Break</i>		
12:00 – 13:30	Heads of Service (and/or Assistant Directors) group	Cabinet Member group	Directors Focus Group (local authority)
13:30 – 14:00	<i>Break</i>		
14:00 – 14:45	Provider Workshop	Work stream leads (CCG and Council) for Integration, Care Act, Workforce, and national programme such as Vanguard/ Integrated Personal Commissioning	Health and Wellbeing Board Meeting Observation
14:45 – 15:30			
14:45 – 15:00	<i>Break</i>		
15:00 – 16:00	Acute Trust Chief Executive	Director of commissioning at NHS England local area team	
16:00 – 16:30	Community Trust Chief Executive	Public Health England regional centre director	
16:30 – 17:30	<i>16.30 - 17.30 peer team discussion 17.30 - 18.00 Informal Feedback to client</i>		
18:00 – 19:00	<i>Team Working and Presentation Development</i>		

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Time	<HWB Name>		Day 2
	Slot 1	Slot 2	Slot 3
08:30 – 09:00	<i>Team Time</i>		
09:00 – 09:45	Council leader of the opposition	Locality Director, NHSE	Chair of Local Healthwatch
09:45 – 10:00	<i>Break</i>		
10:00 – 10:45	Districts Council Leader/s	Chairman and Vice Chair of the Health Scrutiny Panel	District CE/s
10:45 – 11:00	<i>Break</i>		
11:00 – 12:30	Chief Executive NHS Foundation Trust (Mental Health provider)	Public Sector Partners (police and crime, fire service, schools, housing, licensing)	Locality Focus Group: frontline delivery staff from CCG and council in neighbourhood/locality teams
12:30 – 13:30	<i>Team Lunch</i>		
13:30 – 14:45	Voluntary Services and service users (leads from local VCS organisations, service users and carers)	System Enablers (CCG, council, providers): JSNA lead, data/intelligence lead, communications and engagement leads, HWB support officer/s, communications leads, PMO leads, organisational development leads for council and CCG	Commissioning Leads (commissioning leads from the CCG and local authority for health and care services)
14:45 – 15:00	<i>Break</i>		
15:00 - 17:00	<i>Team working and feedback preparation</i>		
17:00 – 17:30	<i>Informal feedback to client</i>		
17:30 – 19:00	<i>Team Working and Presentation Development</i>		

Time	<HWB Name>		Day 3/4
	Slot 1	Slot 2	Slot 3
08:30 – 09:00	<i>Team Time</i>		
09:00 – 11:30	Team Prepares Feedback		
11:30 - 12:30	Feedback presentation 'dry run'		
12:30 – 13:30	<i>Team Lunch and presentation amendments</i>		
13:30 – 14:30	Feedback Presentation to HWB		
14:30 – 15:00	<i>Team debrief and departure</i>		

Appendix B: Health and wellbeing peer challenge – Framework of questions

The headline questions, plus any agreed local areas of focus, are intended to provide a structure for the conversations that are at the heart of the on-site process. The bullet point notes under each are simply prompts which may be helpful in the local context: they are not intended to be pursued rigidly, and they should not limit the lines of conversation as local issues emerge.

1. To what extent is the purpose and role of the health and wellbeing board (HWB) established?

Vision and ambition

- a) Is there a clear vision for place and people?
- b) Is the HWB ambitious in what can be achieved?
- c) Does the HWB have a shared vision for progress in improving community health and wellbeing and the changes necessary to the system in two and five years' time in order to achieve better outcomes?
- d) Is the vision and ambition clearly and consistently articulated and 'owned' by all strategic leaders?
- e) To what extent does the HWB work with neighbouring HWBs and other strategic partnerships to identify how the HWB vision and priorities aligns with other visions and priorities at a sub-regional level?
- f) Is there a sharp focus on priorities with the 'big ticket' issues agreed, discussed and the direction clarified?
- g) To what extent do the ambitions of the HWB recognise the need for fundamental changes to the local health and care system in order to achieve the vision?

Purpose and role of the HWB

- h) To what extent is the HWB recognised by all as the primary strategic forum for driving change across the health system?
- i) To what extent is the purpose and role of the HWB understood both internally and externally to the board?
- j) Is the role of the HWB in achieving the vision understood by board members?
- k) To what extent has the HWB developed a narrative and road map for change setting out how the system can move from where it is now to where it needs to be and which can help staff, providers and the community understand what needs to be done?
- l) Does the HWB operate in a way that gives it flexibility to respond rapidly to changing local and national circumstances so it can 'keep ahead of the curve' rather than simply reacting to events?
- m) Is the HWB the driver and leader of place based commissioning of health and wellbeing services that addresses local unique conditions?

Governance

- n) Are formal HWB meetings demonstrably different from other council forums in their style and inclusiveness?
- o) To what extent are the CCG/s involved in agenda planning and forward plans?

- p) Is there a filtering process to ensure the formal board meetings consider only the most important issues that relate to JHWS priorities?
- q) Is there a mixture of formal and informal meetings with investment in developing trust and collaboration amongst board members?
- r) Is the membership, sub-structures and ways of working of the HWB fit for purpose?
- s) Are HWB meetings maximised by making good use of time between board meetings?
- t) Does the board manage its agenda to have an appropriate focus on the wider determinants of health as well as a system leadership, particularly in relation to integration of health and social care?

System conditions

- u) Are there regular opportunities for board members to plan and reflect?
- v) Is there a planned programme to develop the skills and confidence of all board members?
- w) Do all councillors and GPs have a shared understanding of the communities they serve and their roles in meeting local need?
- x) Has the HWB created the conditions for system wide action which will have an impact on the wider determinants of health e.g. through working with housing, planning, environmental health, LEPs, Police & Crime Commissioners etc?
- y) Is the HWB enabling joined up and cross cutting approaches to local priority issues involving neighbourhood teams, police, ambulance, community health, businesses and the voluntary sector?
- z) Do the financial positions of the council, CCG and acute hospital/s feature strongly in discussions?

2. How strong is work with key partners to develop system leadership?

System leadership

- a) To what extent is there demonstrable parity between board members?
- b) Is there a shared understanding of what only the board as a collective can do, not its individual component parts?
- c) Is there ambition, enthusiasm, drive and leadership from all board members?
- d) Does the HWB create space to have challenging discussions about difficult issues and are they linked to actions which are followed up on?
- e) Is the HWB playing a leadership and oversight role in relation to the big issues (notably health and care integration and the reconfiguration of health care services)?
- f) Are all board members clear about the extent they can commit their organisations to implementing decisions of the HWB?
- g) Is there a shared and open understanding of the constraints and opportunities facing the major organisations in the health and care system?
- h) Is there a pragmatic and effective approach to engagement of providers e.g. provider forums, provider engagement in sub-structures, providers on the HWB?
- i) Is the HWB taking a lead in initiating discussions about system redesign?
- j) Is the HWB demonstrating effective system leadership to enable innovation?

Partnership arrangements

- k) Has the HWB reviewed its position in relation to wider partnership structures?
- l) Is there a need to streamline the partnership structure, and if so, a clear rationale for doing so?
- m) Can the HWB articulate demonstrable achievements from partnership working?
- n) Is there clarity about the respective roles of the HWB, scrutiny and Healthwatch?
- o) Has the HWB secured consistent engagement from NHSE and PHE?

Influence & collaboration

- p) Is the HWB able to influence all key partners to secure action?
- q) Is there alignment with other relevant strategies and plans?
- r) Is the HWB using system leadership to ensure co-ordination and integration of commissioning?
- s) Has the HWB ensured the priorities of the different agencies involved in providing services for children and young people are aligned?
- t) Is there trust, respect and genuine collaboration across the HWB and with key external stakeholders?

3. To what extent is the HWB ensuring delivery of the health and wellbeing strategy?

Health & wellbeing strategy

- a) Does the Joint Health and Wellbeing Strategy reflect the analysis in the Joint Strategic Needs Assessment?
- b) Does the Joint Health and Wellbeing Strategy have clear and achievable priorities and timelines?
- c) Is the HWB using the available evidence in the most effective way to set priorities, drive change and monitor progress?
- d) Are the Joint Health and Wellbeing Strategy priorities clearly aligned with the council, CCG and other plans?
- e) Is the HWB having an impact as evidenced through delivery?

Capacity & capability

- f) Is the HWB officer support structure robust enough to support the board and drive performance delivery?
- g) Does the HWB have appropriate business and policy support?
- h) To what extent do partner agencies provide technical and professional support in implementing the JHWS?
- i) Has the HWB developed a coherent strategy which underpins an integrated approach to commissioning that is underpinned by the principle of being centred on the individual?
- j) Is the HWB making and encouraging the best possible use of new technologies both in service design and in carrying out its own work?
- k) Is the HWB enabling effective collaboration between health and social care organisations on workforce planning & development?
- l) Does the HWB have a clear plan to maximise the use of public assets to improve health outcomes?

Delivery

- m) Does the HWB have a work programme determined by outcomes and not confined to integration?
- n) Is the HWB clear about how local structures ensure outcomes are delivered?
- o) Is there a focused set of action plans and performance measures?

Monitoring impact

- p) Are there robust arrangements to ensure there is discipline across the system to stick with priorities?
- q) Is there smart use of data and evidence to monitor impact?
- r) Is the HWB developing effective metrics (financial, system performance, patient satisfaction) to prove success?
- s) Is the HWB giving due weight to qualitative evidence such as the personal stories of board members and the user, patient, carer and community voice?
- t) Does the HWB apply lessons from other major change processes in the area and elsewhere e.g. Pioneers?
- u) Does the HWB benchmark itself against comparator boards?

4. To what extent is there a clear approach to engagement and communication?

Engagement

- a) Does the HWB have an agreed set of public engagement principles to underpin communication and engagement and inform the way it works?
- b) What arrangements have been made for public involvement at board meetings (either formal or informal)?
- c) How well is public engagement embedded in the development and review of the JSNA and JHWS, prioritisation of outcomes and decision-making?
- d) Is the HWB making appropriate use of local mechanisms to listen to the views of seldom heard groups, including children, young people and families?
- e) How does the HWB assure itself that patients, service users and the public are engaged with the commissioning, design, redesign and delivery of services?
- f) Is there a ground-up approach that seeks to build up a social movement for active citizenship and for people to take responsibility for their own health?
- g) How does the HWB ensure engagement with key stakeholders who are not directly represented on the board, e.g. carers, major providers, district councils, volunteers and locality/neighbourhood structures?

Communication

- h) Is the HWB relevant and visible to providers and all partners?
- i) Is there a proactive communications plan with a real resident focus?
- j) Is there a clear approach to engagement?
- k) Is the HWB taking the lead in explaining the issues, advantages and disadvantages of different models to communities?
- l) Is the HWB attempting to develop a consensus, and sometimes having difficult conversation about proposed changes?
- m) To what extent has the HWB changed its priorities as a result of engagement and fed this back to communities – a ‘you said, we did’ approach?

- n) Is local Healthwatch sufficiently resourced to gather and reflect the views and experiences of patients?
- o) Is local Healthwatch building on networks to increase engagement and visibility?

5. To what extent is the HWB enabling closer service integration and the change to a cohesive and effective health system?

Integration

- a) Is the HWB leading the Better Care programme effectively through integrated governance, clarity around scope, accountabilities, progress etc?
- b) Are cultural issues being addressed to promote integrated working e.g. moving away from entrenched roles and ways of working and closer alignment of professional cultures?
- c) To what extent do Section 75 pooled budget arrangements and the Better Care plan build on the evidence of future need in the JSNA, priorities for improving health outcomes and commissioning plans?
- d) To what extent is the HWB thinking broadly about horizontal and vertical integration of services across the whole public sector to maximise the public £?
- e) What steps has the HWB taken to ensure it is leading and managing the Better Care programme effectively through integrated governance, clarity around scope, accountabilities, progress etc?
- f) Is the HWB aligning systems, like integrated data sets and information systems, and sharing benefits and risks?

System redesign

- g) Is the HWB articulating its understanding of the key success factors in "transition planning" - moving from old ways of working to a new one?
- h) What is the HWB doing to enable a shifting of resources to prevention and early intervention?
- i) In what ways is the system operating as a joined up system e.g. multi-disciplinary teams, co-location, information sharing, a focus on joint outcomes, a cohesive workforce?
- j) Is the HWB focused on maximising community assets e.g. GP surgeries, children's centres, schools etc?
- k) To what extent is the HWB involving all relevant potential contributors in the sector to identify synergies between reducing transactional costs, simplifying points of access, pathways of care, access to emergency services, seven day working?
- l) Has the HWB defined the new patient-centred narrative and making it a reality?
- m) Is the HWB enabling effective integrated discharge from hospital and effective rehabilitation and reablement?
- n) To what extent is the HWB ensuring the participation of Healthwatch and involvement of local people in the vision and re-design of services?

Appendix C: Suggested posts the challenge team can see whilst on-site

Post/Role	Theme
Health and wellbeing board Chair and Vice Chair	Purpose and role of the HWB System leadership Delivery of HWB Strategy Engagement and communication Integration and system redesign
Leader of the Council or Elected Mayor	Purpose and role of the HWB System leadership Delivery of HWB Strategy Engagement and communication Integration and system redesign
Council Chief Executive	Purpose and role of the HWB System leadership Delivery of HWB Strategy Engagement and communication Integration and system redesign
CCG Chair (for each CCG in the area)	Purpose and role of the HWB System leadership Delivery of HWB Strategy Engagement and communication Integration and system redesign
CCG CEO (for each CCG in the area)	Purpose and role of the HWB System leadership Delivery of HWB Strategy Engagement and communication Integration and system redesign
CEO/Senior Manager (for all relevant trusts in the area including acute trusts, mental health, ambulance, community trusts, primary care and other local providers)	System leadership Delivery of HWB Strategy Integration and system redesign
Cabinet Members/portfolio holders from the council	Purpose and role of the HWB System leadership Delivery of HWB Strategy Engagement and communication Integration and system redesign
Director of Public Health	Purpose and role of the HWB System leadership Delivery of HWB Strategy Engagement and communication Integration and system redesign
Strategic Directors from the council including people/places, Children's Services, Adult's Services and all other relevant directorates	Purpose and role of the HWB System leadership Delivery of HWB Strategy Engagement and communication Integration and system redesign
Local Healthwatch Chair	Purpose and role of the HWB Engagement and communication Delivery of HWB Strategy Integration and system redesign
District Council representation (where appropriate)	Purpose and role of the HWB Delivery of HWB Strategy

Heads of Service/Assistant Directors (all services at the council)	System leadership Delivery of HWB Strategy Integration and system redesign
Commissioning Leads (from both council and CCG)	System leadership Integration and system redesign
Chair and Vice-Chair of relevant Scrutiny Committee/s (Health, People etc.)	Purpose and role of the HWB System leadership
System Enablers from the council, CCG, Acutes and providers (Including JSNA lead officer, data and intelligence officers, communication and engagement leads, project management leads and HWB Support Officer/s)	Engagement and communication Integration and system redesign Delivery of HWB Strategy
Workstream Leads (lead for integration, Care Act, BCF, Workforce and national programmes such as NHS Vanguards, Integrated Personal Commissioning etc.)	System leadership Delivery of HWB Strategy Integration and system redesign
Leader of the opposition at the council	Purpose and role of the HWB Delivery of HWB Strategy
HWB additional members (Providers, police, fire service, VCS etc. where applicable)	Purpose and role of the HWB System leadership Delivery of HWB Strategy Integration and system redesign
VCS focus group (senior staff from relevant community organisations for health and wellbeing) and service users/carers	System leadership Engagement and communication Integration and system redesign
Front-line delivery staff from the council and CCG (including Neighbourhood Teams/ Locality Teams)	Purpose and role of the HWB Delivery of HWB Strategy Integration and system redesign
Public Health England regional centre director	System leadership
Director of commissioning at NHS England local area team	System leadership Integration and system redesign

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