

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: <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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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