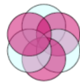
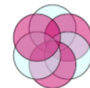
South West Health and Wellbeing Leads Network meeting

1st May 2012



Health & Social Care Partnership

Agenda

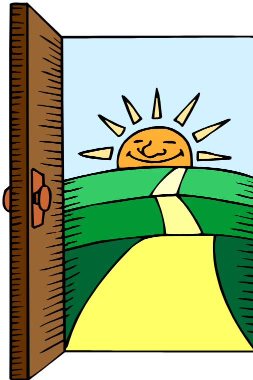


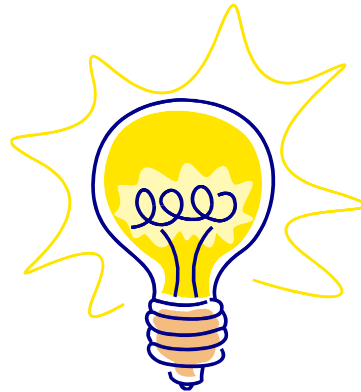
Health & Social Care Partnership

2.15	Arrival and refreshments
2.30	Welcome and introductions **Ann Bullen, HWB Workstream Lead, Health and Social Care Partnership**
2.35	Overview and progress **Ian Bainbridge, Deputy Director, Department of Health**
2.50	Identifying local issues, themes and questions
3.10	Sharing progress and looking ahead
3.40	Consultation on JSNA & JHWS and reflecting on national context **Freya Lock, JSNA & JHWS Development Lead, Department of Health**
4.00	LGA Leadership Support and Development Offer **Anne Brinkhoff, Programme Manager - Peer Support, LGA**
4.20	Planning for future meetings
4.30	Conclude

Identifying local issues, themes and questions

Burning issues





Sharing progress and looking ahead

Starting a timeline

Health & Social Care Partnership

	April 2012	May	June	July 2012	August	Sept	Oct 2012	Nov	Dec	Jan 2013	Feb	March	April 2013	May	June
National milestones	**Implementation** >>>>>>>>>>>>>>>>>>>>>>>>>>			CCG authorisation			HWE up and running						PHE full power		
													Statutory HWB LHW starts		
Other general dates	LHW pathfinder commission -ers event														
Public Health													Public Health transition		
Self-assessment	Self assessment tool developmen t workshop						HWB Self Assessment tool ready?								
LHW	Pathfinder LHW workshop for LINk Chairs			Workshop to develop synergies between the system											
JSNA/ JHWS				JHWS as foundation for planning for 2013/14. JSNA for 2014/15 JSNA/JHWS ready											

Starting a timeline

Health & Social Care Partnership

	April 2012	May	June	July 2012	August	Sept	Oct 2012	Nov	Dec	Jan 2013	Feb	March	April 2013	May	June
Local elections		Swindon, Plymouth													
Action learning sets	ALS National event														
	Webinars every Friday throughout April	May onwards - Using the products of the national ALS											Sustainable HWB National Learning Network 2013/14 onwards		
HWB Lead Network															

334 days to go

- Accelerated learning network:
  - Webinars – http://www.hscpartnership.org.uk/workstreams/healthwellbeing/resources.aspx
  - 24th April event
  - Learning set products – *coming onto the Knowledge Hub*
  - Self-assessment tool
- 'System Leaders or Talking Shops', report from the King's Fund – http://www.kingsfund.org.uk/publications/hwbs.html
- CCG authorisation process – *on Knowledge Hub*

Aligning HWB and CCG authorisation

NHS
Commissioning Board
A special health authority

Clinical commissioning
group authorisation:
Draft guide for applicants

Criteria
2.1 Ensure inclusion of patients, carers, public, communities of interest and geography, health and wellbeing boards, local authorities and other stakeholders.

Threshold for authorisation
2.1.1 Constituent communities and groups within the population served by the CCG identified.

Evidence for authorisation	Evidence source and phase for submissions
A. CCG has mapped and analysed constituent communities and groups.	2012-13 integrated plan and draft commissioning intentions for 2013-14 **NHSCB-led assessment: Desk top review**
B. Analysis of the health needs of constituent communities and groups is reflected in CCG integrated plan.	Draft JSNA **NHSCB-led assessment: Desk top review**
C. CCG has outline plans in place to communicate and engage with strategic partners and diverse groups and communities.	Communications and engagement strategy **NHSCB-led assessment: Desk top review** Draft JSNA **NHSCB-led assessment: Desk top review**

Threshold for authorisation
2.1.2 Engaged in health and wellbeing boards, the refresh of JSNAs and the development of the JHWS.

Evidence for authorisation	Evidence source and phase for submissions
A. CCG has engaged local authority/ies in establishing its geographic area.	Local authority views **NHSCB-led assessment: 360° stakeholder survey**
B. CCG is engaged in shadow health and wellbeing board, is participating in refresh of JSNAs and in development of the JHWS.	Relevant shadow health and wellbeing board meeting minutes and reports **NHSCB-led assessment: Desk top review**
C. CCG integrated plan aligns with JHWS and enables integrated commissioning, depending on local time frames.	Draft JSNA **NHSCB-led assessment: Desk top review** Draft JHWS **NHSCB-led assessment: Desk top review** 2012-13 integrated plan and draft commissioning intentions for 2013-14 **NHSCB-led assessment: Desk top review**

Table 1

Domain	Description
A strong clinical and multi-professional focus which brings real added value	A great CCG will have a clinical focus perspective threaded through everything it does, resulting in having quality at its heart, and a real focus on outcomes. It will have significant engagement from its constituent practices as well as widespread involvement of all other clinical colleagues; clinicians providing health services locally including secondary care, community and mental health, those providing services to people with learning disabilities, public health experts, as well as social care colleagues. It will communicate a clear vision of the improvements it is seeking to make in the health of the locality, including population health.
Meaningful engagement with patients, carers and their communities	CCGs need to be able to show they will ensure inclusion of patients, carers, public, communities of interest and geography, health and wellbeing boards and local authorities. They should include mechanisms for gaining a broad range of views then analysing and acting on these. It should be evident how the views of individual patients are translated into commissioning decisions and how the voice of each practice population will be sought and acted on. CCGs need to promote shared decision-making with patients, about their care.
Clear and credible plans which continue to deliver the QIPP (quality, innovation, productivity and prevention) challenge within financial resources, in line with national requirements (including excellent outcomes), and local joint health and wellbeing strategies	CCGs should have a credible plan for how they will continue to deliver the local QIPP challenge for their health system, and meet the NHS Constitution requirements. These plans will set out how the CCG will take responsibility for service transformation that will improve outcomes, quality and productivity, whilst reducing unwarranted variation and tackling inequalities, within their financial allocation. They need a track record of delivery and progress against these plans, within whole system working, and contracts in place to ensure future delivery. CCGs will need to demonstrate how they will exercise important functions, such as the need to promote research.
Proper constitutional and governance arrangements, with the capacity and capability to deliver all their duties and responsibilities including financial control, as well as effectively commission all the services for which they are responsible	CCGs need the capacity and capability to carry out their corporate and commissioning responsibilities. This means they must be properly constituted with all the right governance arrangements. They must be able to deliver all their statutory functions, strategic oversight, financial control and probity, as well as driving quality, encouraging innovation and managing risk. They must be committed to and capable of delivering on important agendas included in the NHS Constitution such as equality and diversity, safeguarding and choice. They must have appropriate arrangements for day to day business, e.g. communications. They must also have all the process in place to commission effectively each and every one of those services for which they are responsible, from the early health needs assessment through service design, planning and reconfiguration to procurement, contract monitoring and quality control.
Collaborative arrangements for commissioning with other CCGs, local authorities and the NHS Commissioning Board as well as appropriate external commissioning support	CCGs need robust arrangements for working with other CCGs in order to commission key services across wider geographies and play their part in major service reconfiguration. They also need strong shared leadership with local authorities to develop joint health and wellbeing strategies, and strong arrangements for joint commissioning with local authorities to commission services where integration of health and social care is vital and the ability to secure expert public health advice when this is needed. They also need to have credible commissioning support arrangements in place to ensure robust commissioning and economies of scale. They need to be able to support the NHS Commissioning Board in its role of commissioner of primary care and work with the Board as a partner to integrate commissioning where appropriate.
Great leaders who individually and collectively can make a real difference	Together, CCG leaders must be able to lead health commissioning for their population and drive transformational change to deliver improved outcomes. These leaders need to demonstrate their commitment to, and understanding of, partnership working in line with such senior public roles, as well as the necessary skill set to take an oversight of public services. They need individual clinical leaders who can drive change, and a culture which distributes leadership throughout the organisation. The accountable officer needs to be capable of steering such a significant organisation and the chief finance officer must be both fully qualified and have sufficient experience. All those on the governing body will need to have the right skills.

Criteria
5.1 Robust arrangements for working with other CCGs in order to commission key services across wider geographies and to play their part in major service reconfiguration where appropriate.

Threshold for authorisation
5.1 Collaborative arrangements in place with other CCGs, with clear lines of accountability.
Collaborative arrangements to ensure effective and efficient use of resources/running cost allowance.

Evidence for authorisation	Evidence source and phase for submissions
A. CCG has written agreements in place detailing the scope of the collaboration with other CCGs, with clear lines of accountability and decision-making processes.	Constitution and any other documents detailing governance arrangements **Pre-application**
B. Mechanisms in place for CCG to collaborate with others where patient flow or provider configuration necessitates this.	Constitution and any other documents detailing governance arrangements **Pre-application**
C. Examples of CCG collaboration with other CCGs and a multi-disciplinary range of clinicians.	Case study **NHSCB-led assessment: Desk top review**
D. CCG can demonstrate collaboration with other CCGs sharing employed staff/teams where appropriate.	Organisational structure **Pre-application**

Criteria
5.2 Strong leadership with local authorities to develop health and wellbeing boards.

Threshold for authorisation
5.2 CCG is fully engaged in the shadow health and wellbeing boards.
CCG plans reflect JSNAs and CCG aligns priorities with those identified by the health and wellbeing board, and in the JHWS.

Evidence for authorisation	Evidence source and phase for submissions
A. CCG has collaborated in the development of a shadow health and wellbeing board.	Relevant shadow health and wellbeing board meeting minutes and reports **NHSCB-led assessment: Desk top review**
B. CCG has collaborated in the refresh of JSNAs and in the development of the JHWS, depending on local timeframe.	Draft JSNA **NHSCB-led assessment: Desk top review** Draft JHWS **NHSCB-led assessment: Desk top review**
C. CCG can demonstrate understanding of accountability and decision-making processes in health and wellbeing board.	Relevant shadow health and wellbeing board meeting minutes and reports **NHSCB-led assessment: Desk top review**

Criteria
5.3 Strong arrangements for joint commissioning and cooperation with local authorities to enable integration, deliver shared outcomes and fulfil statutory responsibilities, drawing on public health advice.

Threshold for authorisation
5.3 CCG collaborates with local partners to shape local commissioning plans to enable integration of services/ pathways.

Evidence for authorisation	Evidence source and phase for submissions
A. Where the need for integrated commissioning has been identified by the health and wellbeing board and in the JHWS, CCGs are collaborating with the local authority to develop shared plans.	Relevant shadow health and wellbeing board meeting minutes and reports **NHSCB-led assessment: Desk top review** Local authority views **NHSCB-led assessment: 360° stakeholder survey** Draft JHWS **NHSCB-led assessment: Desk top review** 2012-13 integrated plan and draft commissioning intentions for 2013-14 **NHSCB-led assessment: Desk top review** List of collaborative commissioning arrangements, joint commissioning draft agreements or plans, including pooled budgets, joint appointments, Section 75 agreements where appropriate **NHSCB-led assessment: Desk top review**

Appropriate arrangements are in place to safeguard and promote welfare of children and vulnerable adults.

Evidence for authorisation	Evidence source and phase for submissions
B. Clear line of accountability for safeguarding is reflected in CCG governance arrangements, and CCG has arrangements in place to co-operate with the local authority in the operation of the Local Safeguarding Children Board and the Safeguarding Adults Board.	Constitution and any other documents detailing governance arrangements **Pre-application** Integrated risk management framework, including clinical, financial and corporate risk **NHSCB led assessment: Desk top review** Local authority views **NHSCB-led assessment: 360° stakeholder survey**
C. CCG has secured the expertise of a designated doctor and nurse for safeguarding children and for looked after children, and a designated paediatrician for unexpected deaths in childhood.	Organisational structure **Pre-application**
D. CCG has a safeguarding adults lead and a lead for the Mental Capacity Act, supported by the relevant policies and training.	Organisational structure **Pre-application**

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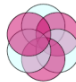


Draft statutory guidance on Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs)

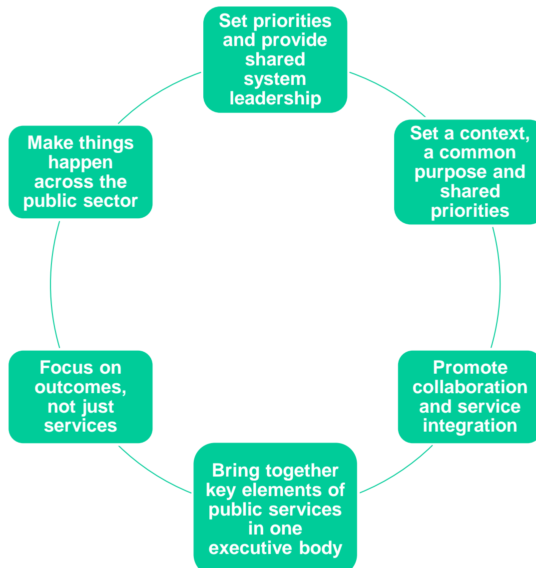
Freya Lock – JSNA and JHWS Development Lead, DH

Context

- Health and Social Care **Act** – now implementation
- NHS Commissioning Board Authority operating (shadow form) – will be constituted from October 2012
- Public Health moving to local authorities – transition plans been drawn up and indicative funding announced
- Shadow health and wellbeing boards set up
- Shadow CCGs set up and authorisation starts in summer
- Healthwatch England hosted by CQC to go live in October 2012, and local Healthwatch from April 2013
- Outcomes Frameworks for the NHS, public health and adult social care have been published
  - Commissioning Outcomes Framework, and Child Health Outcomes Strategy under development

Shared local leadership

What Boards will do



Relationships with CCGs and the NHS Commissioning Board

Local clinical commissioning groups

- The key relationship of health and wellbeing board
- Duty to develop the JSNA and JHWS

NHS Commissioning Board

- Commissioners of primary care and specialist services
- Holders of the contract with CCGs (authorisation and annual assessments)
- National role to ensure NHS delivers better outcomes within available resources
- Shared interest in the outcomes frameworks

Role of JSNAs, JHWSs and health and wellbeing boards in the future

- The Government has set out a new vision for the leadership and delivery of health and care services. This includes building upon progress with establishing Joint Strategic Needs Assessments (JSNAs) as a fundamental part of the planning and commissioning cycle at a local level.
- Central to this vision is that decisions about services should be made as locally as possible, involving people who use them and communities to the maximum degree – HWBs are a key part of this.
- To achieve improved health and wellbeing outcomes for local communities, there needs to be increased joint working between the NHS and local authorities, with high quality local leadership from the health and wellbeing board and relationships being an essential foundation.
- Health and wellbeing boards will have a role in improving joint working by bringing together key commissioners across the local system and through their function of encouraging integrated working in relation to commissioning.
- Health and wellbeing boards provide leadership across the local authority (including Public Health, Adult Social Care, Children's Services, and elected members), the local NHS (by CCGs and where needed the local arm of the NHS CB); and the local community facilitated by Healthwatch.
- The ambition is for health and wellbeing boards to go further than analysis of common problems and to develop deep and productive partnerships that provide solutions to those commissioning challenges, rather than just commenting on what those problems and challenges are. This is the essence of what JSNAs and JHWSs are there to do.

Key challenges for emerging health and wellbeing boards

- Not being “talking shops” or over-bureaucratic committees – focused on action
- Avoid becoming the “Christmas tree” for every difficult issue
- Managing expectations – genuinely integrated working takes time, often years
- How to engage the wider public, not just the interested few
- Building support for the need for transformational change
- Maintaining enthusiasm – quick wins as well as strategic transformation

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How can we learn together, the national contribution

The National Learning Network :

- Learning community which includes:
  - 11 Learning sets based around themes of common interest (95 HWB are members)
  - Associates: all members of HWBs, experts, policy leads and key stakeholders
  - An on-line “Knowledge Hub” to facilitate learning and sharing between network members and the learning community
  - National events to stimulate new thinking and share learning
  - Development support to individual HWBs (provided by the LGA)
  - Leadership development programme for HWB members
  - Aligning HWB development with other change programmes (Public Health transition, CCG development, establishing Local Healthwatch)

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Learning set themes

- Improving services through more effective joint working - including a specific focus on Children & Young People
- Improving the health of the population
- Bringing collaborative leadership to major service reconfiguration
- Creating effective governance arrangements
- How do we "hard-wire" public engagement into the work of HWBs?
- "Raising the bar on Joint Strategic Needs Assessment and joint health and wellbeing strategies
- Making the best use of collective resources

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Current hot topics

- CCG authorisation
  - How can the process support CCG development *and* further develop strong relationships within HWBs?
  - How can CCGs provide evidence of engagement in HWBs and JSNA and JHWS processes
- Widening the scope of JSNA to develop a "picture of place"
- Agreeing a "first-cut" JHWS by July 2012
- Using JHWS to shape individual commissioning plans for 2013/14
- How can HWBs best support the development of local Healthwatch?
- Developing strong relationships while HWB membership is still in transition
- What does good community involvement look like?
- How is the HWB accountable?

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Learning from the experience of JSNAs so far

- JSNAs have required by local authorities and PCTs since 2007. It is reported that progress since has been good, but there are still too many poor quality JSNAs
- Experience tells us that the following characterise the "leaders" & "those that follow"

Leaders:

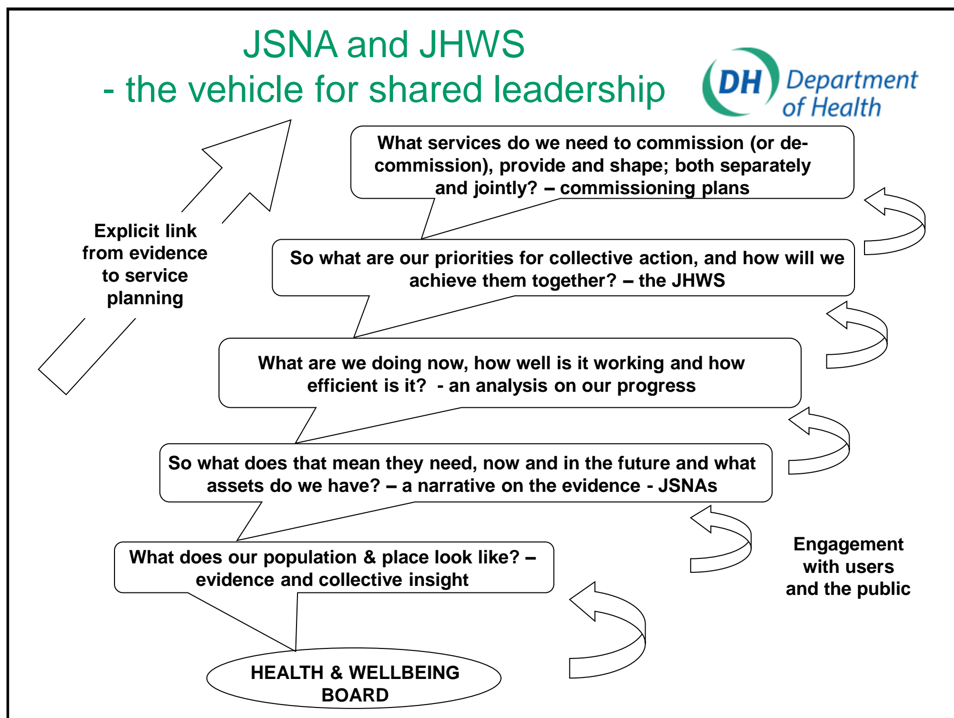
- Good partnerships and excellent leadership that drive innovative investments and new ways of working, with endorsement at all organisational levels
- Recognition of the importance of 'place', sharing responsibility to improve wellbeing across all public agencies – understanding that JSNAs are a shared problem solving exercise
- Development of local tools to support JSNAs to suit local ways of working

Those that follow:

- Typified by single agency dominance of JSNAs (usually but not exclusively public health)
- Confusion as to whether form or function matters most, such as a belief that JSNAs are foremost an exercise in data collation and information publishing
- JSNAs do not lead strategic priority setting or influence commissioning / decision-making

- Health and wellbeing boards provide an opportunity to refresh and support good JSNAs within the context of true partnership working across agencies.
- New joint health and wellbeing strategy provide the link to commissioning decisions and can encourage integrated and joint commissioning.

JSNA and JHWS - the vehicle for shared leadership



What we're doing to support this

- Have developed the Nation Learning Network for health and wellbeing boards, including a learning set on "Raising the bar on JSNAs and JHWSs"
- Are developing statutory guidance for health and wellbeing boards – focussing on process and principles of JSNAs and JHWSs, not specifying form or content
- Also developing a range of co-produced resources with sector leaders to support health and wellbeing boards on areas where they want it most
  - Feedback from health and wellbeing boards focuses on best practice process around e.g. engagement, asset-mapping etc.

The statutory guidance

- The guidance has been developed and tested with the National Learning Network learning set on JSNAs and JHWSs
- We then undertook structured engagement during January and February – asking for feedback on the draft and also speaking to various groups around the country
- We received over 100 written responses and have revised the draft based on these
- Are aiming to launch a short consultation
- Aim to publish the final guidance in the summer, and the wider resources will start to be available from then

How JSNAs and JHWSs fit together

- The intention of JSNAs always was to use local evidence of needs to inform the planning of local services and commissioning decisions
  - by adding the new layer of the JHWS this link is being made easier for local areas and partners
- HWBs provide a forum for repositioning JSNAs as truly jointly owned and leading to joint commissioning decisions to serve the whole population
- Some emerging HWBs tell us that in their area they already use JSNAs to inform their local priorities and underpin their commissioning plans – this is all these process are intended to do, and for these areas these reforms will not feel all that different

Feedback from health and wellbeing boards so far

- JSNAs and JHWSs as part of an ongoing process, not a "shopping list"
- Assessing the full needs of the whole local population, across the life course, and also thinking about assets than can be used
- Need for leadership from the health and wellbeing board – joint responsibility to input into and act upon JSNAs and JHWS
- Opportunity to tackle inequalities and wider determinants through joint working and influencing others
- Thinking about a wide evidence base – qualitative and quantitative from a number of sources
- Making the link to commissioning – JSNAs and JHWSs not ends in themselves, what is important is what you do with them

Key points

- Undertaken by the whole health and wellbeing board – equal responsibility
- Consulting districts / borough councils, and the NHS Commissioning Board - unique to the area
- Range of evidence on health and wellbeing needs of the local population now and in the future, and what assets can be used to meet these needs – trail from impartial evidence to decisions made
- Cover whole population and life course looking at a range of types of need
- Can drive improved evidence in areas where it has been poor in the past (e.g. homelessness)
- Agree top priorities as a basis for commissioning plans and decisions – prioritise the greatest needs
- Flexibilities in commissioning – best way to meet needs, including joint action
- Involve other local partners and the community, considering Public Sector Equality Duty, with Local Healthwatch as a facilitator or conduit – use expertise of other partners
- Are continuous and iterative processes, building on and informing other assessments and strategies
  - They are not ends in themselves
  - Can use agreed priorities to influence wider commissioning and action at a local level
- Strategic process for understanding and taking action on local inequalities
- Integral part of commissioning cycles so should be timed to align

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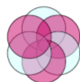

Health & Social Care Partnership

Local Government Association

DH Department of Health

Health and Well-being Boards Leadership Development offer

Anne Brinkhoff

1 May 2012

www.local.gov.uk

So what's going on?

CCGs, local government, public health and the voluntary sector are all caring for the same population from different perspectives. Because of this it's really important that we align our thinking, our priorities, our action plans and our evaluation of success in improving health outcomes. A lot of what happens in partnerships like health and wellbeing boards is built on relationships and trust - that takes time. A development programme for health and wellbeing boards will give us the time and the informal setting to explore our common goals for our communities' health and new ways to achieve them

www.local.gov.uk

Our offer

- Must be part of the ‘system support’ nationally
- Offer for members and facilitators of HWBs

  Chair’s network; Leadership Academy; Peer mentoring; Masterclasses; Simulation events
- Offer for HWBs as a whole

  Bespoke support; Self assessment tool (+ facilitation);
- Knowledge Hub https://knowledgehub.local.gov.uk for national learning network and other support
- Limited time but ….

Where have we got to?

- Working with regional networks and through lead CEs for the region (Devon CC) and SW Councils
- Self assessment tool (almost) finished
- Chairs’ networks being set up
- Simulation events tendered
- Starting to schedule ‘bespoke’ support, eg:
  - *2 day peer challenge of a HWB board + action planning*
  - *Facilitation of a stakeholder conference for a HWB*
  - *Using team profiling (TMS) to understand strengths/areas for development of boards as a whole*
  - *Working with two Boards to develop a joint vision and purpose*

How can we help you?

- Bespoke support for your HWB
- Support for you as a group, eg smaller masterclass on specific themes or approaches to problem resolution, ideas creation, systems thinking?
- Chair's network – why?, what?, when?, where? How often?, who?

How do we get flamingos and hedgehogs to play croquet?

for more information, discuss bespoke support please contact

Anne Brinkhoff
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Tel: 07766251752

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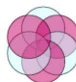

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