Shadow Health and Wellbeing Board

Agenda

18 May, 2011

Members please note that a buffet lunch will be available from 12 noon

A meeting of the Shadow Health and Wellbeing Board will take place at the **NORTHGATE HOUSE CONFERENCE CENTRE** on **WEDNESDAY, 18 May at 12.15 pm.**

The agenda will be:-

1. General

(1) Apologies for Absence

(2) Members' Declarations of Personal and Prejudicial Interests

Members are reminded that they should declare the existence and nature of their personal interests at the commencement of the item (or as soon as the interest becomes apparent). If that interest is a prejudicial interest the Member must withdraw from the room unless one of the exceptions applies.

Membership of a district or borough council is classed as a personal interest under the Code of Conduct. A Member does not need to declare this interest unless the Member chooses to speak on a matter relating to their membership. If the Member does not wish to speak on the matter, the Member may still vote on the matter without making a declaration.

(3) Minutes of the Meeting on 11 March 2011 and Matters Arising

Draft minutes are attached for approval.

2. Purpose of the Board and How it will Operate

Discussion facilitated by Liam Hughes

3. Development of the Board

a) Programme of work 2011/12 for the Shadow Health and Well- Being Board (draft attached)

To consider the draft work programme for 2011/12

Enquiries about this item please contact Dr Mike Caley, Specialist Registrar in Public Health. Email Michael.Caley@warwickshire.nhs.uk

b) Revised Terms of Reference (draft attached)

To consider the proposed terms of reference for the Shadow Board

Enquiries about this report please contact Jane Pollard Democratic Services Manager email: janepollard@warwickshire.gov.uk

c) Evaluating progress

Discussion – how will the board evaluate its effectiveness and progress? Liam Hughes

d) Implications of Listening Exercise on NHS Modernisation (letter from Andrew Lansley attached)

The Prime Minister launched the Government's listening exercise on 6th April 2011. Views are requested by 31 May 2011. Comments can be made via an online form or by emailing to nhsfutureforum@dh.gsi.gov.uk or by posting to NHS Modernisation Listening Exercise, Room 605, Richmond House, 79 Whitehall, London SW1A 2NS.

4. Warwickshire Joint Strategic Needs Assessment

John Linnane, Wendy Fabbro and Rachel Robinson

a) Introduction
b) Process of JSNA development
c) Group discussion

Enquiries about this item please contact John Linanne Director of Public Health email: John.Linanne@warwickshire.nhs.uk

5. Director of Public Health Annual Report

To receive the Annual Report of the Director of Public Health

Enquiries about this report please contact John Linanne Director of Public Health email: John.Linanne@warwickshire.nhs.uk

6. Future Meeting Dates

To set the date of the next meeting and proposed meeting dates for 2011/12

7. Closing discussion

How did we do today? Facilitated by Liam Hughes

Bryan Stoten
Chair of Warwickshire PCT

Shadow Health and Wellbeing Board Membership

Warwickshire County Councillors: Councillor Alan Farnell; Councillor Isobel Seccombe; Councillor Bob Stevens

GP Consortia: Dr Ullah/Dr Batra-Nuneaton and Bedworth; Dr Gath-Rugby; Dr Singh/Dr Gorring-North Warwickshire; Dr Spraggett -South Warwickshire
Warwickshire County Council Officers: Marion Davis-Strategic Director of Children, Young People and Families; Wendy Fabbro Strategic Director for People
Warwickshire NHS: Bryan Stoten-Chair of Warwickshire PCT; John Linnane-Director of Public Health; Rachel Pearce-Assistant Chief Executive
Warwickshire LINKS: Councillor Jerry Roodhouse
Borough/District Councillors: Councillor Ian Lloyd

Invited Guests
Local Government Improvement and Development Agency - Liam Hughes and Councillor David Sprason.

The reports referred to are available in large print if requested

General Enquiries: Please contact Paul Williams on 01926 418196
E-mail: paulwilliamscl@warwickshire.gov.uk
Enquiries about specific reports: Please contact the persons named in the reports.

Minutes of the Meeting of the Shadow Health and Wellbeing Board held on 11 March 2011

Present:-

Warwickshire County Councillors

Councillor Alan Farnell
Councillor Isobel Seccombe
Councillor Bob Stevens

GP Consortia

Dr Ullah and Dr Batra-Nuneaton and Bedworth
Dr Gath-Rugby
Dr Singh and Dr Gorringe-North Warwickshire
Dr Lambert-South Warwickshire (deputising for Dr Spraggett)

Warwickshire County Council Officers

Marion Davis-Strategic Director of Children, Young People and Families
Wendy Fabbro-Director of Adult Social Services

Warwickshire NHS

Bryan Stoten-Chair of NHS Warwickshire
John Linnane-Director of Public Health

Warwickshire LINKS

Councillor Jerry Roodhouse

Borough/District Councillors

Councillor Ian Lloyd

Local Government Improvement and Development Agency

Liam Hughes
Cllr David Sprason

Others Present

Gareth Evans, Executive Director Nuneaton and Bedworth Borough Council
Monica Fogarty, Assistant Chief Executive Warwickshire County Council
Kate Nash, Head of Community Safety and Localities
Bill Basra, Partnerships Delivery Manager
Jane Pollard, Democratic Services Manager
Mike Caley, Specialist Registrar in Public Health

1. General

(1) Apologies for absence

Apologies for absence were received on behalf of Dr Spraggett and Rachel Pearce Assistant Chief Executive, NHS Warwickshire

2. National and Local Context

Liam Hughes and Councillor David Sprason gave a presentation on the national and local context, sharing their experience. A copy of the slides are attached.

The following key points were noted

- The aim of the new provisions is to achieve a re-balance of civil society by driving out inefficiencies, focussing on local areas, with the public sector working together.
- The framework for public health services was still evolving, and there are differences of view. There are uncertainties e.g. funding, level of prescription, exactly what is transferring and expectations.
- Government says it will no longer be prescribing to the same extent as before. Public services will be judged locally not by Whitehall. Localities must work out their own arrangements.
- The early implementer pilots had not commenced early enough to be in a position to provide feedback.
- Both GPs and Councillors know their own communities well and this would be a key factor in making the new arrangements work.
- Areas see health improvement but inequalities stay the same or widen –narrowing the gap very difficult and will be a key challenge for the Board

3. Role and function of the Health and Well Being Board

In the ensuing discussion various views were expressed about the challenges opportunities and aspirations for the new arrangements i.e.

- New opportunity for local authorities and GPs to work together to raise aspirations about general health of the area and develop an integrated public sector offer
- Opportunity to tackle health inequalities, cut through bureaucracy and connect services more effectively
- Need to ensure we do not lose sight of the need to tackle health inequalities
- Share good ideas, avoid inappropriate admissions to hospital or residential care

- Encourage early GP intervention to enable people to return to independent living as early as possible after admission
- Need to ensure we engage with communities and other stakeholders, ensure that we get our message out.
- No need to provide lots of new infrastructure there are lots of existing groups, community forums, GP forums, carers forums, etc
- Need to link with other partnerships
- How does the Board ensure the voice of the consumer is heard and has an ability to influence decisions and influence strategy?
- Need to develop a communication and engagement strategy
- How do we assess our performance what will be the test for success?
- The Board will be working on behalf of the people of Warwickshire we need to ensure they benefit from our work
- Will people in receipt of services say in a year's time that services are better –should this be the test for success?
- Opportunity to have a whole system approach to commissioning but there will be tough choices – will the Board be prepared to decommission as well commission? Do our commissioning cycles mesh together?
- To work together well requires trust both as individuals and as groups.
- We have the opportunity to do more with the public sector money coming in to Warwickshire by working together effectively.
- Warwickshire health funding allocation is going to improve, so will have an opportunity to start to address whether resources are in the right place.
- Need to ensure in developing any new Health and Wellbeing Strategy we make links with existing strategies such as the Inequalities Strategy –no need to reinvent the wheel.

Development needs of the Board

- Members will need opportunities to get to know one another, share information, develop a collective understanding of each other's professional roles
- Clarity around the governance arrangements, what powers do we have, how do we influence other bodies individuals, develop moral authority
- Clarify our expectations of each other e.g. promoting the work of the board? collective responsibility? feeding in and feeding back to our respective 'constituencies'

4. Key Tasks 2011 -2012

The following were identified as the Key Tasks 2011-12

- **Board Management and Administration**
    - Finalise governance framework for Board
    - Agree Business Plan for the HWBB
    - Establishing a calendar of meetings that accounts for key business and financial cycles

    - Review Membership
    - Establishing when meetings should be held in Public
- **Strategies and Documents**
    - Joint Strategic Needs Assessment
    - Joint Heath and Well Being Strategy
    - Relaunch Health Inequalities Strategy
- **Communication and Engagement**
    - Communication and Engagement Strategy (GP's, Partners, Board, Public) of activity, impact and success
    - Ensuring Clarity and Consistency of Information
- **Board Culture**
    - Better cultural understanding of each other's organisations
    - Ensure linkages with other partnership groupings
    - Clarifying expectations of Board Members
- **Transforming Health Agenda**
    - Greater alignment of consortia and public health
    - Establishing collective understanding of health transition
    - Managing changes as a result of health transition
    - Collective understanding of health transition

5. Size and Membership of the Board

The general view was that the size of the Board should be kept relatively small to ensure it was effective working body. However actual membership should be kept under review as the year proceeds.

Any underlying structure and/or linkages to other Bodies and Partnerships would be key in enabling effective communication and opportunities for influence. There should be consultation with GP consortia and GP Practices via the forum. However the Board should only create new groups because they add value.

6. Next Steps

(1) Cllr Farnell proposed and it was agreed Mr Bryan Stoten be the Chair of the Shadow Board

(2) Mr Stoten proposed and it was agreed that Cllr Farnell be the Vice-Chair of the Shadow Board

(3) The Board would aim to meet every other month. The next meeting would therefore be May 2011 – dates would be circulated to members. There was a preference for meeting over lunch (12noon -2.30pm). Tuesdays, Wednesdays and Thursdays were preferred days.

……..Chair

Agenda 3(a)

Draft Work Programme for Health and Wellbeing Board 2011/12
April 2011

Date	Board Development	Board Business	Governance
March 2011	LGID presentation		Election of chair Draft terms of reference
May 2011	Programme of work for the board for the year Calendar of meetings Implications of the listening exercise Evaluating progress	Joint Strategic Needs Assessment DPH Annual Report	Final terms of reference
July 2011	Board culture • understanding partner organisations • board values / approaches • expectations of members Board development needs	Joint commissioning – opening discussion Pooled health and social care budgets Development of HealthWatch – aims and project plan	

Sept 2011	Developing board relationships and partnerships, to include: • Districts and boroughs • Provider trusts • Cluster • Children's trust • Local Enterprise Partnership	Joint Strategic Needs Assessment Health and Wellbeing Strategy – identification of priorities Resource planning Public Health Transition	
Nov 2011	Review of progress in relation to both business and development needs	Draft joint commissioning strategy HealthWatch and public engagement – progress report	Implications of establishing as a shadow board
January 2012	Board communications strategy	Draft Health and Wellbeing Strategy Draft Commissioning Strategy	
March 2012	Evaluation of year one.	Final Health and Wellbeing Strategy Final Commissioning Strategy HealthWatch – approval of provider?	

Warwickshire County Council Shadow Health and Wellbeing Board

Draft Terms of Reference (18.05.11)

1. Purpose

To advance the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.

To provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements for pooled budget, lead commissioning or other arrangements under section 75 of the National Health Service Act 2006.

To encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together and with the Health and Wellbeing Board.

To commission the production of a joint strategic needs assessment and to determine a joint health and well-being strategy and commissioning framework to meet the needs identified in the joint strategic needs assessment.

To inform the local authority of its views on whether the authority is discharging its duty to have regard to the joint strategic needs assessment and joint health and well-being strategy in discharging relevant functions.

2. Aims

a. To align strategic direction, prioritise actions and present clear plans of what will be done locally to address needs and improve health and reduce health inequalities.
    - Prioritise actions, based on the agreed strategic direction, joint commissioning strategies and joint strategic needs assessment, to meet the needs of the current population without compromising the wellbeing of future generations.
    - Communicate actions in publicly available action plans.

b. To co-ordinate partnership working to minimise duplication, avoid cost shunting and maximise the cost effectiveness of services by

    - Integrating the business action plans of partner organisations.
    - Coordinate information sharing across partners
    - Coordinate commissioning decisions to reflect the priorities identified by the Board including the use of joint commissioning and pooled budgets where appropriate.

- Reporting to the WCC Cabinet and linking to the Children's Trust.
- Work with the Local Safeguarding Children and Adult Boards to ensure all partners promote the safety and welfare of children and young people.
- Consult with service users and carers about service developments which will affect them.

c. To monitor progress against the actions agreed in local plans and against nationally set outcomes and ensure action is taken where appropriate to improve outcomes.
   - Evaluate performance against locally agreed priorities.
   - Evaluate performance against nationally set outcomes frameworks for the NHS, public health and social care.
   - Produce annual reports of progress in relation to above action plans, in order that the board is publicly accountable for delivery of these actions.

3. Membership

The core members are:

- NHS Warwickshire -Chairman
- Warwickshire County Council Leader of the Council, relevant portfolio holder(s) for Health/Adult Social Care/Children Young People & Families
- GP Consortia Lead GP(s)
- Warwickshire Joint Director of Public Health
- Warwickshire County Council, Strategic Director for People
- Warwickshire County Council, Strategic Director of Children, Young People & Families
- NHS Commissioning Board - representative of national board (when established)
- Local HealthWatch Chair (LINKs chair in interim)
- Borough/District member representative

Members will be of sufficient seniority to give agreement to commit resources and actions on behalf of their organisations. Resources will only be committed within the limit of each individual's authority.

Members of the Health and Well-being Board agree to share all relevant data, to allow performance, and other joint working arrangements, to be properly monitored and managed.

Members of the Health and Wellbeing Board will agree the Code of Conduct describing the principles of joint working which they will abide by. See Appendix 1.

The Health and Well-being Board will meet regularly and at a minimum of four times per year. Dates and times of meetings will be agreed and published.

Agendas and supporting documents will be issued at least one working week before each meeting and minutes will be produced and circulated within ten working days of the meeting.

4. Accountability

The Health and Wellbeing Board will be an executive function of the County Council and the actions of the Board will be subject to independent scrutiny from the overview and scrutiny committee of the council (Adult Services and Children's Services Committee).

The Health and Wellbeing Board will report to Council, Cabinet and constituent partner bodies on its work programme every 6 months

The Health and Wellbeing Board will review its structure, membership and activities annually.

Appendix 1: Code of Conduct for Partnership Working

Introduction

This Code sets down the standards of conduct expected of all partners and their representatives when working in partnership. It complements the Members' Code of Conduct which is in place at each Local Authority governing the conduct of Elected Members. The Code applies to all the partners participating in the partnership, and to their representatives, and applies to all activities undertaken on behalf of the partnership. All partners should agree to adopt and publicise the Code within their organisations at the earliest opportunity. The partners agree that the Code shall apply to all their partnership working.

1. Customer-focused

Partners shall put the customers of the partnership at the centre of their work.

2. Co-operation

Partners shall co-operate with one another to achieve the aims of the partnership and wherever possible shall avoid taking action damaging to the aims of the partnership.

3. Inclusiveness

Partners shall undertake work for the partnership in a way that takes account of the views and interests of the other partners, their customers and other stakeholders.

4. Respect

Partners shall treat one another with respect and equality.

5. Accountability

Partners shall share information and be open about the decisions and actions that they take and shall account to one another, to their customers and other stakeholders.

6. Integrity

Partners shall ensure that their conduct, and that of their representatives, observes the highest standards of integrity and probity. The Code sets down rules for declaring conflicts of interest, offers of gifts or hospitality and reporting confidential concerns in connection with the work of the partnership.

7. Effectiveness

Partners shall ensure the partnership can work effectively by taking decisions promptly, raising issues in a timely and constructive way, and properly briefing their representatives.

8. Quality

Partners shall ensure that their contribution to the partnership is of a consistently high quality.

9. Commitment

Partners shall make a commitment to the partnership both in terms of strategic priorities and the investment of resources that are sufficient to enable the partnership to achieve its aims.

Conduct at meetings

All partners and their representatives agree to participate in partnership meetings in a courteous and constructive way, and to respect the arrangements for the conduct of business reasonably directed by the Chair of the meeting.

Declaring interests

Representatives must declare a personal interest where a matter or decision connected to the partnership might reasonably be regarded as affecting, to a greater extent than other residents of Warwickshire, one or more of the following:

- Their well-being or financial position or that of a friend or relative;
- Any employment or business carried on by such persons;
- Any person who employs or has appointed such persons, any firm in which they are a partner, or any company of which they are directors;
- Any organisation of which they are a member;
- Any organisation in which they are in a position of general control or management.

A representative with a personal interest also has a prejudicial interest if the interest is one that a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice the representative's judgement of the public interest.

All personal and prejudicial interests must be declared as soon as they become apparent. A representative declaring a prejudicial interest must not influence nor participate in the partnership decision-making regarding the matter in which they have an interest.

Gifts and hospitality

Offers of gifts or hospitality should be treated with caution. The conduct of partners and their representatives should never lead anyone to question their interests, and it is the perceptions of the general public that are paramount when deciding whether a gift or offer of hospitality is reasonable. Criminal sanctions can apply where gift or hospitality are accepted in return for influence over local government business.

Representatives should seek guidance from their partner organisations regarding gifts and hospitality, and must declare and register with their partner organisation all gifts and hospitality accepted by them in connection with the work of the partnership.

Whistle-blowing
The partnership is committed to the highest possible standards of openness, probity and accountability. In line with that commitment we encourage representatives of the partners and others with serious and reasonably held concerns about malpractice within the work of the partnership to come forward and voice these concerns. Representatives should use the Whistle-blowing Policy applying at their partner organisation, if one is in force. In all other circumstances Warwickshire County Council's Whistle-blowing Policy can be used.

Compliance with the Code
Any suspected breach of the Code should be brought to the attention of the Chair of the partnership, who shall have the power to require the representative or partner concerned to withdraw from participating in partnership business until such time as an investigation has been undertaken and agreement reached between the other partners as to the appropriate way forward.

AGENDA 6

Proposed Dates of the Warwickshire Health and Wellbeing Board 2011/12

Wednesday 13th July 2011	13.00 – 15.00
Wednesday 14th September 2011	13.00 – 15.00
Wednesday 16th November 2011	13.00 – 15.00
Wednesday 18th January 2012	13.00 – 15.00
Wednesday 14th March 2012	13.00 – 15.00

Health & Wellbeing Board benchmarking – round 1

Summary of results

May 2011

CordisBright Consulting

Introduction

The first round of benchmarking for Health and Wellbeing Boards (HWBs) was undertaken in March and April 2011. Directors of Public Health were asked to complete the questionnaire, although Directors of Adult Social Care and Directors of Children's Services were also made aware of the exercise. Questions covered existing arrangements and future plans in relation to format, geography, membership, reporting arrangements, scrutiny, frequency of meetings, remit, and transition arrangements.

This report presents the findings from the benchmarking exercise. We have anonymised and summarised responses and highlighted key messages.

During this first round of benchmarking, the government announced a pause in the legislative timetable for the Health and Social Care Bill. This was in order to undertake an NHS listening exercise. This exercise will consider, amongst other things: the role of choice and competition in improving quality, how to ensure public accountability and patient involvement in the new system, how new arrangements for education and training can support the modernisation process, and how advice from across a range of healthcare professions can improve patient care. This may result in changes to the role, remit and overall context of HWBs. Nevertheless, we hope this report provides a useful picture of the current state of play in local areas and a perspective on the possible direction of travel.

We plan to undertake this benchmarking exercise on a regular basis to help you monitor changes over time. We hope that you will be willing to participate in round 2. If you have any comments about this, or future, benchmarking rounds please do not hesitate to contact us.

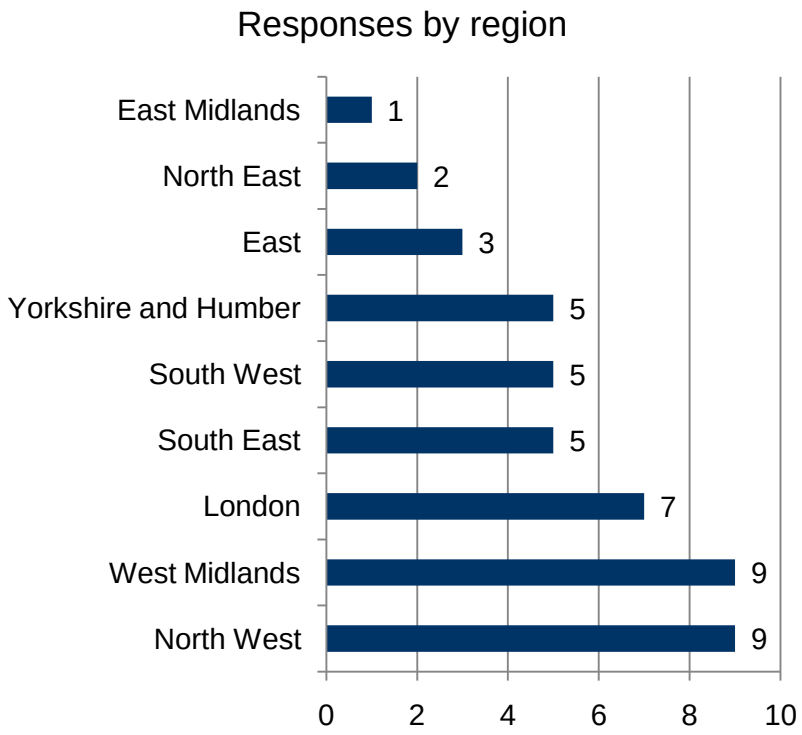
Colin Horswell
Cordis Bright

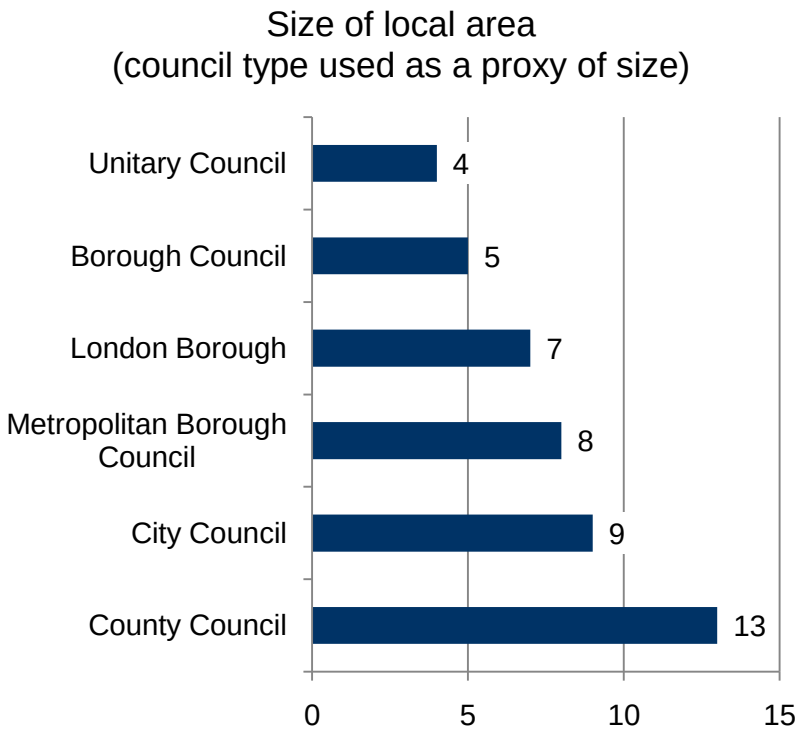
T: 020 7330 9170, E: colinhorswell@cordisbright.co.uk
www.cordisbright.co.uk

Overview of findings

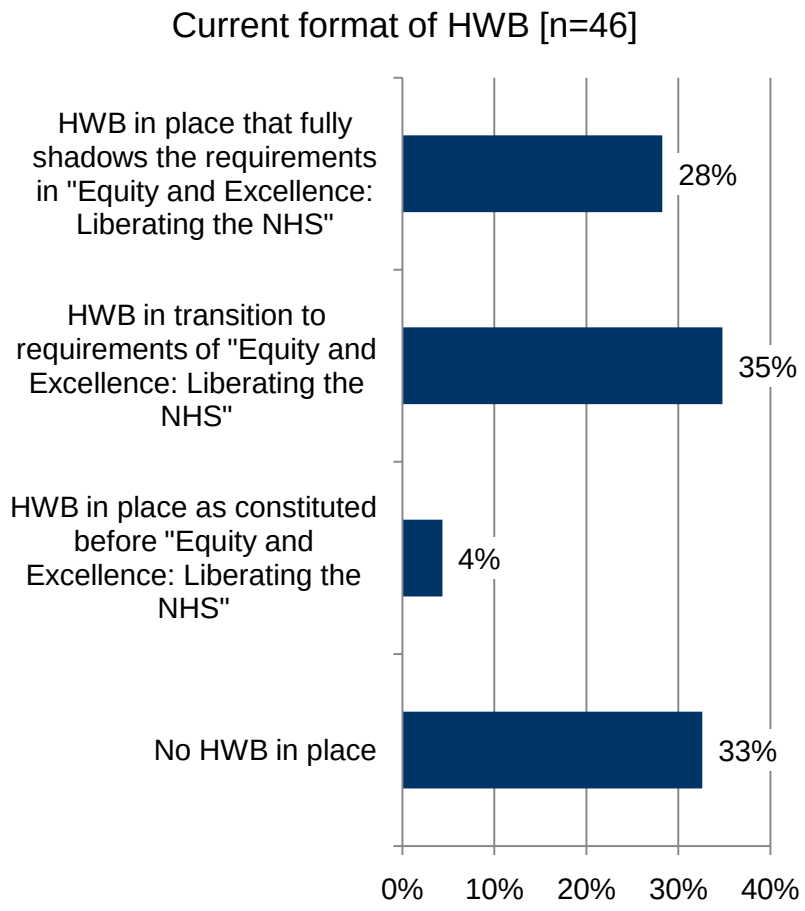
- Over a quarter of areas already have a full HWB in place. A further half of responses anticipate having a full HWB in place by September 2011
- The vast majority of HWBs are coterminous with local authorities. There is unlikely to be much change in geographical remit
- Less than half of respondents highlight that local authority and PCT Chief Executives are members of the HWB. Lead Members for adult health and social care are more likely to be members than Leader Members for Children
- 83% of respondents are considering changes to the membership of the HWB. In the main, these changes reflect legislative requirements, e.g. introduction of local HealthWatch, the NHS Commissioning Board and GP consortia
- Meetings of the HWB will become more frequent in the future, with all respondents planning on meeting at least every quarter
- Most HWBs report to the LSP. A handful report to local authority cabinet or jointly to local authority and PCT structures.
- 17 respondents highlight that changes to reporting arrangements are likely but further guidance from central government is awaited
- HWBs are likely to have sub-groups on the joint strategic needs assessment, joint commissioning and health inequalities as well as an executive/operations sub-group. 13 local areas may establish a clinical sub-group (from none currently)
- Scrutiny functions are undertaken by a health committee or health and adult social care committee. Changes are anticipated but, in the main, proposals are ‘under review’
- In most cases, HWBs are unlikely to take responsibility for the adult or children safeguarding boards or for the community safety partnership. A larger number of HWBs may take responsibility for Children’s Trust functions
- Confidence in the HWB undertaking strategic roles is high, particularly in relation to JSNA and JHWS. Confidence is less high in relation to pooled budgets. There is a core of local areas with concerns about the transition of public health functions
- Respondents have high confidence at the ability of the HWB to undertake the full range of health improvement functions. There is less certainty about its ability to deliver financial efficiencies
- There is high confidence at the ability of HWBs to undertake change management functions and building relationships. There is less confidence about relationships with the NHS Commissioning Board and on linking with place-based initiatives

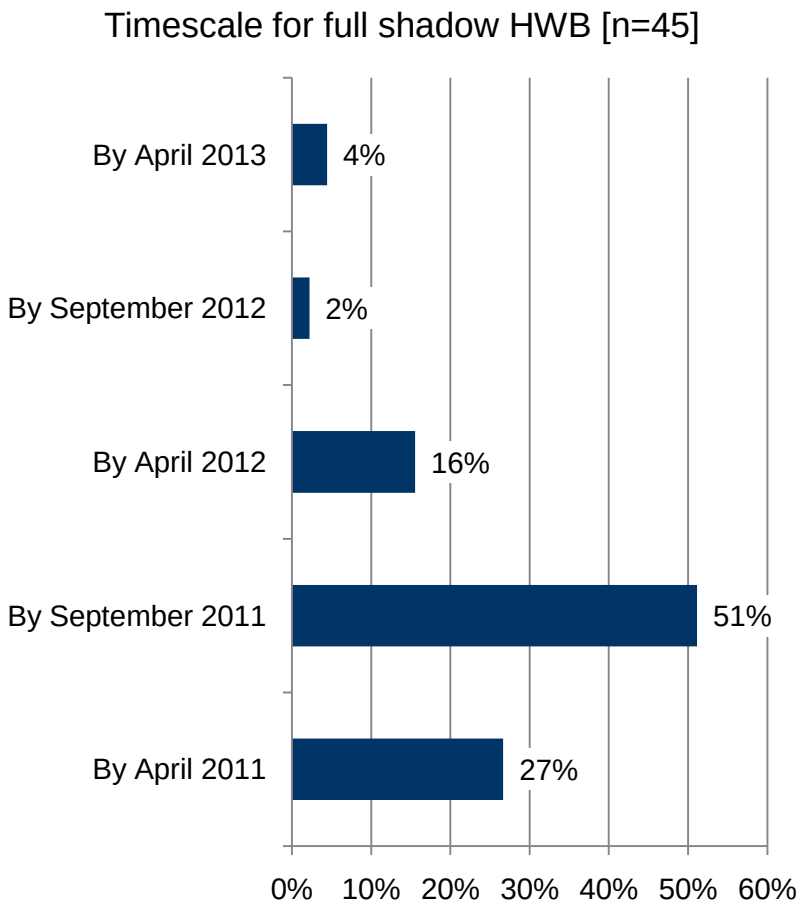
46 responses were received, with a good geographical spread & size of local area





Over a quarter of areas already have a full HWB in place. A further half of responses anticipate having a full HWB in place by September 2011





The vast majority of HWBs are coterminous with local authorities. There is unlikely to be much change in geographical remit in the future

Geographical remit of HWB
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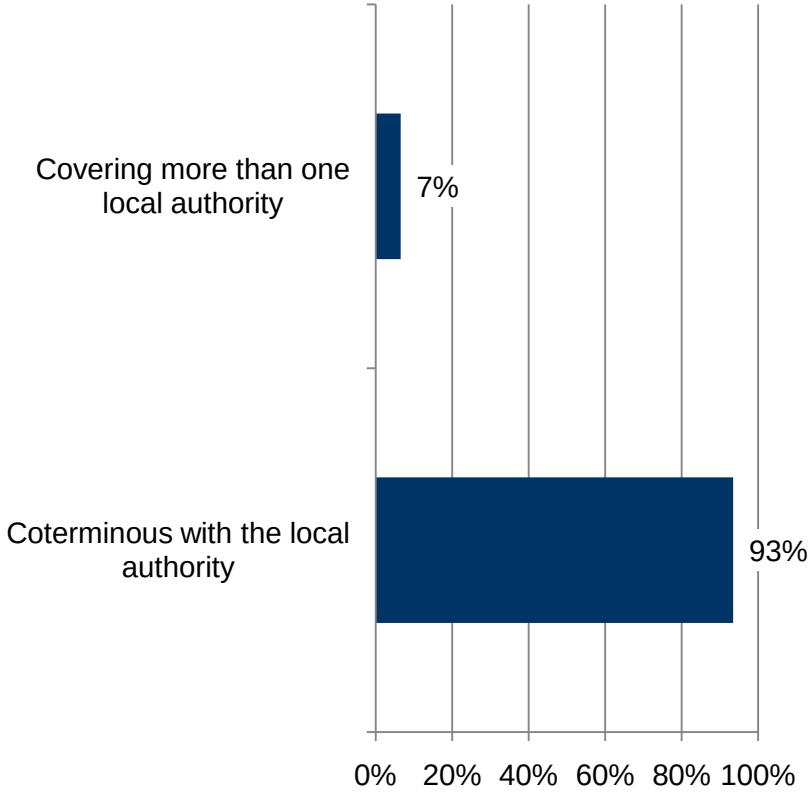
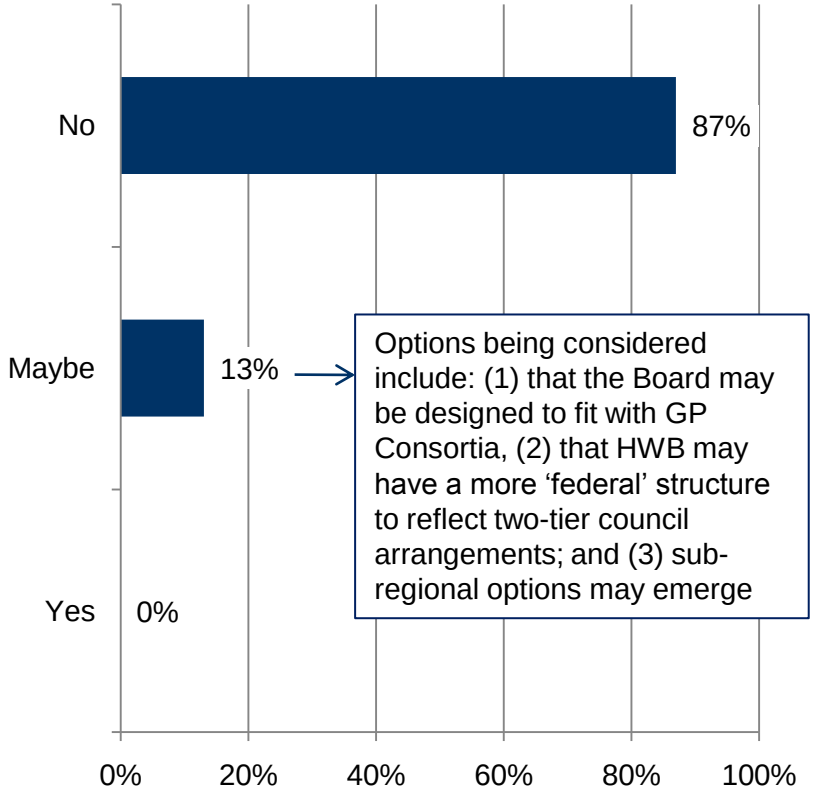
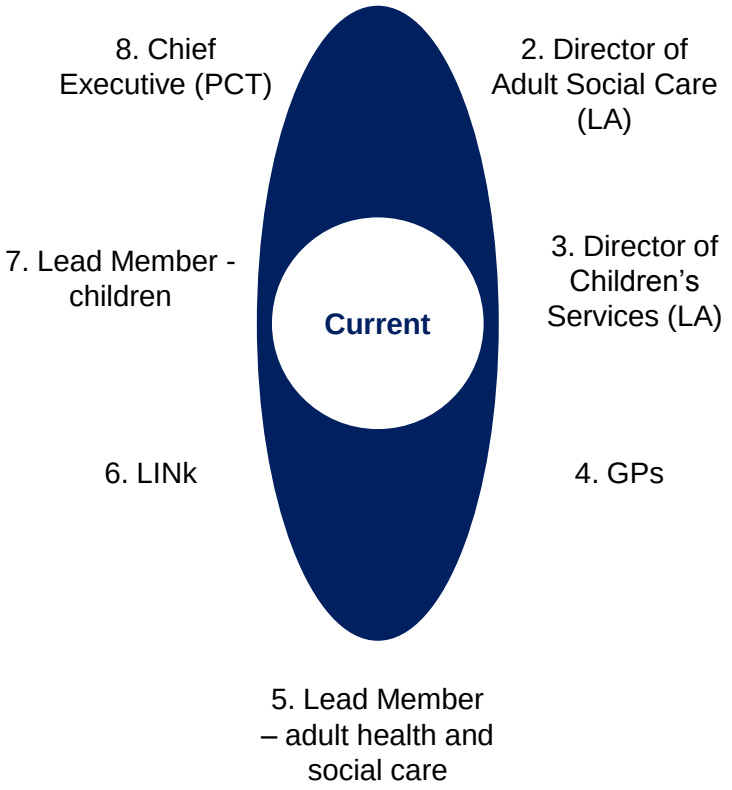


Looking to change geographical remit
[n=46]



Over 80% of areas are considering changes to membership of their HWB. Changes reflect legislative requirements & perhaps an increased focused on adult health and social care

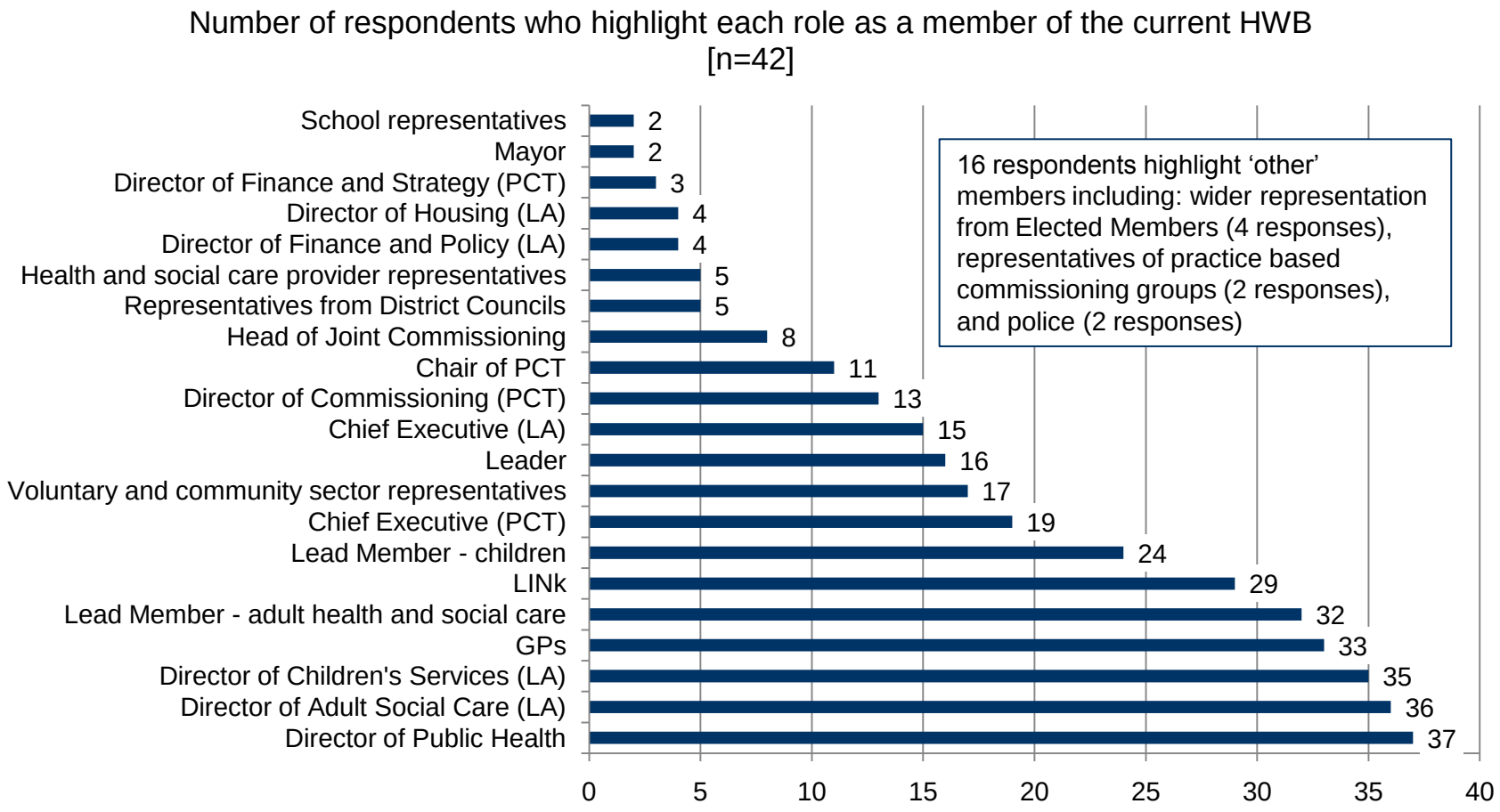
Membership of current HWB
Top 8 roles currently sitting on HWB



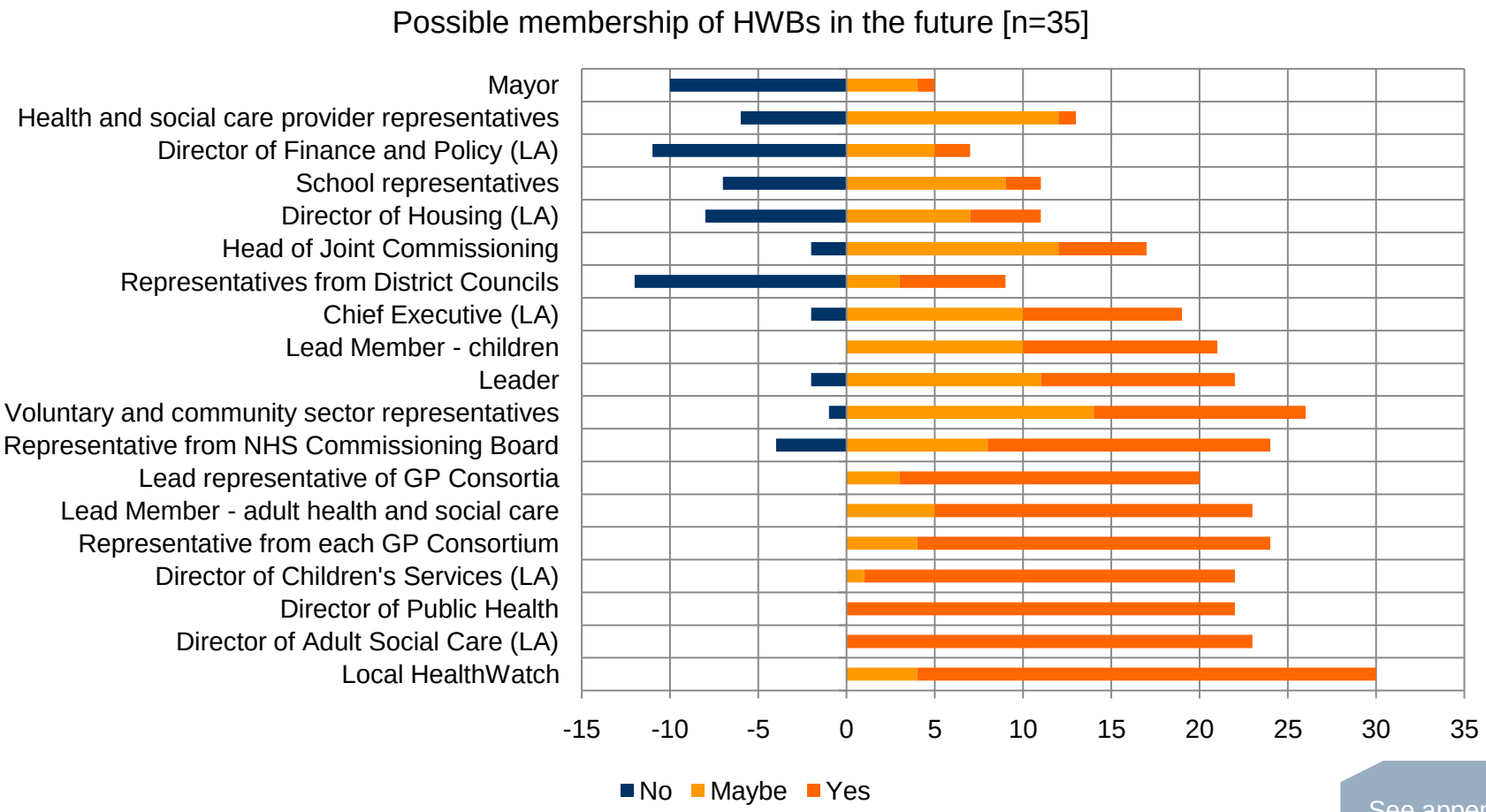
Membership of future HWB
Top 8 roles that 'will' or 'may' be on HWB in the future

See next slides for detail…

Less than half of respondents highlight that local authority & PCT Chief Executives are members of the HWB. Lead Members for adult health & social care are more likely to be members than Leader Members for children

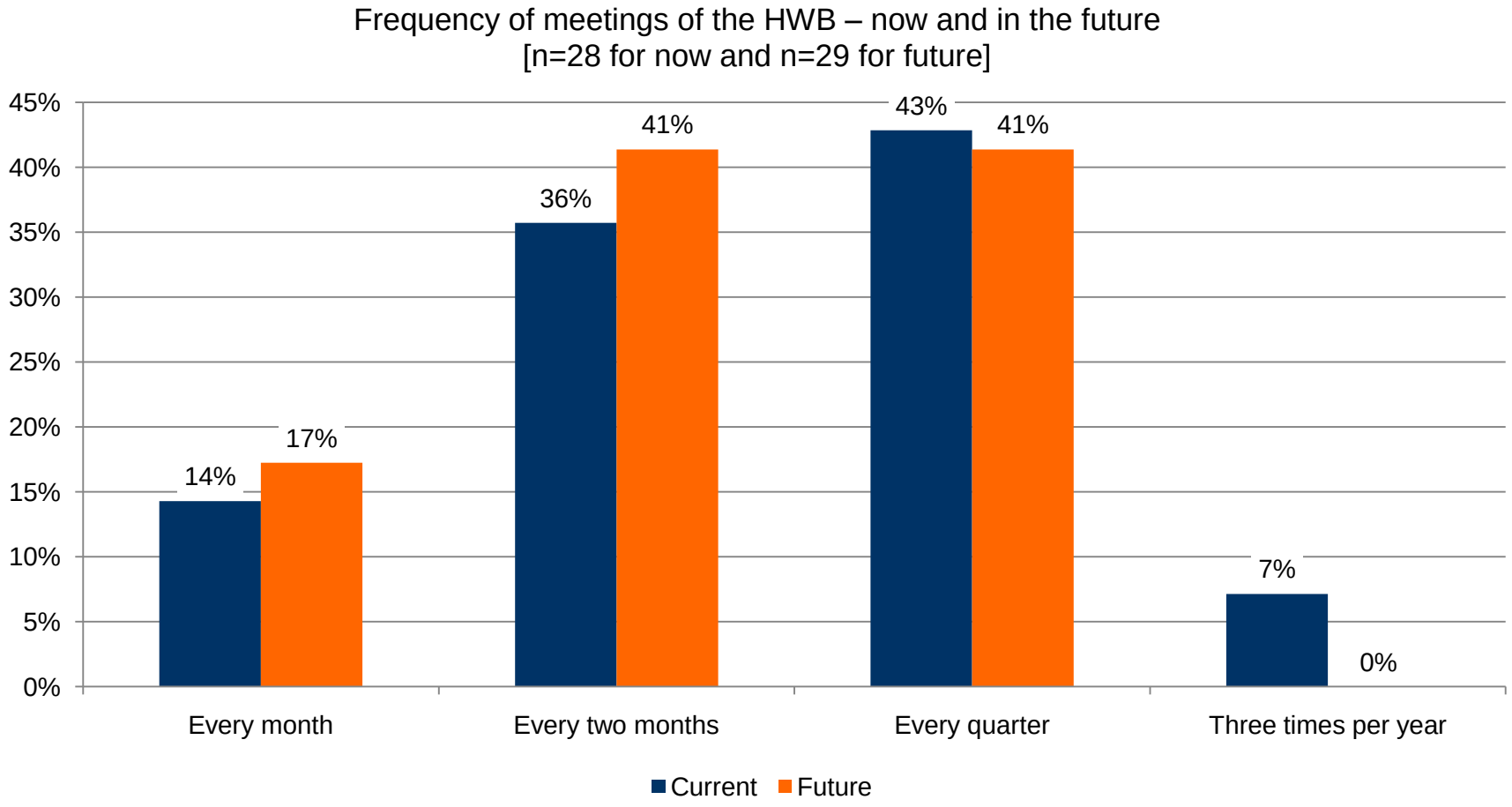


33 out of 40 (83%) respondents are considering changes to the membership of the HWB. In the main, these changes reflect legislative requirements, e.g. introduction of local HealthWatch, the NHS Commissioning Board & GP consortia



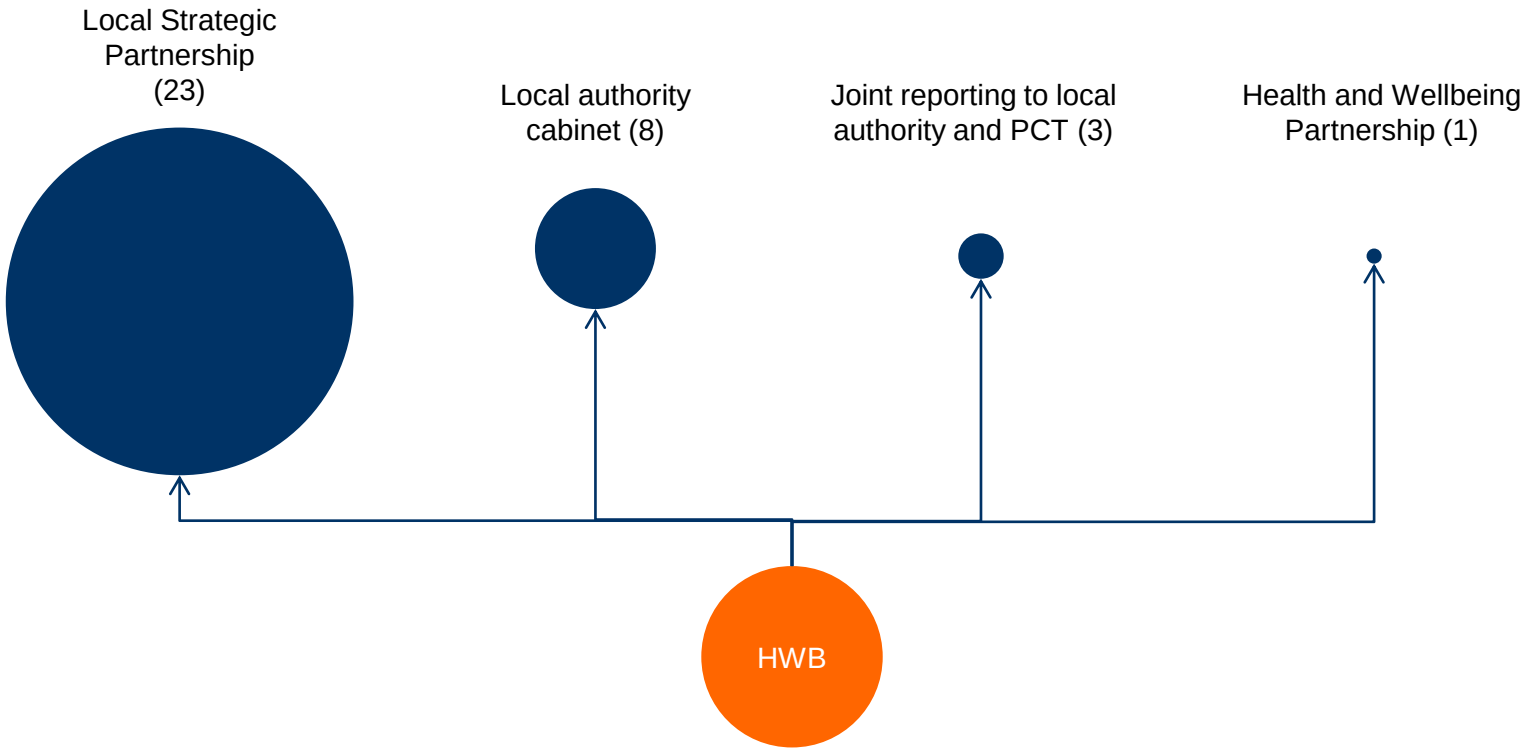
See appendix for detail…

Meetings of the HWB will become more frequent in the future, with all respondents planning on meeting at least every quarter



Most HWBs report to the LSP. A handful report to local authority cabinet or jointly to local authority & PCT structures. 17 respondents highlight that changes to reporting arrangements are likely but further guidance from central government is awaited

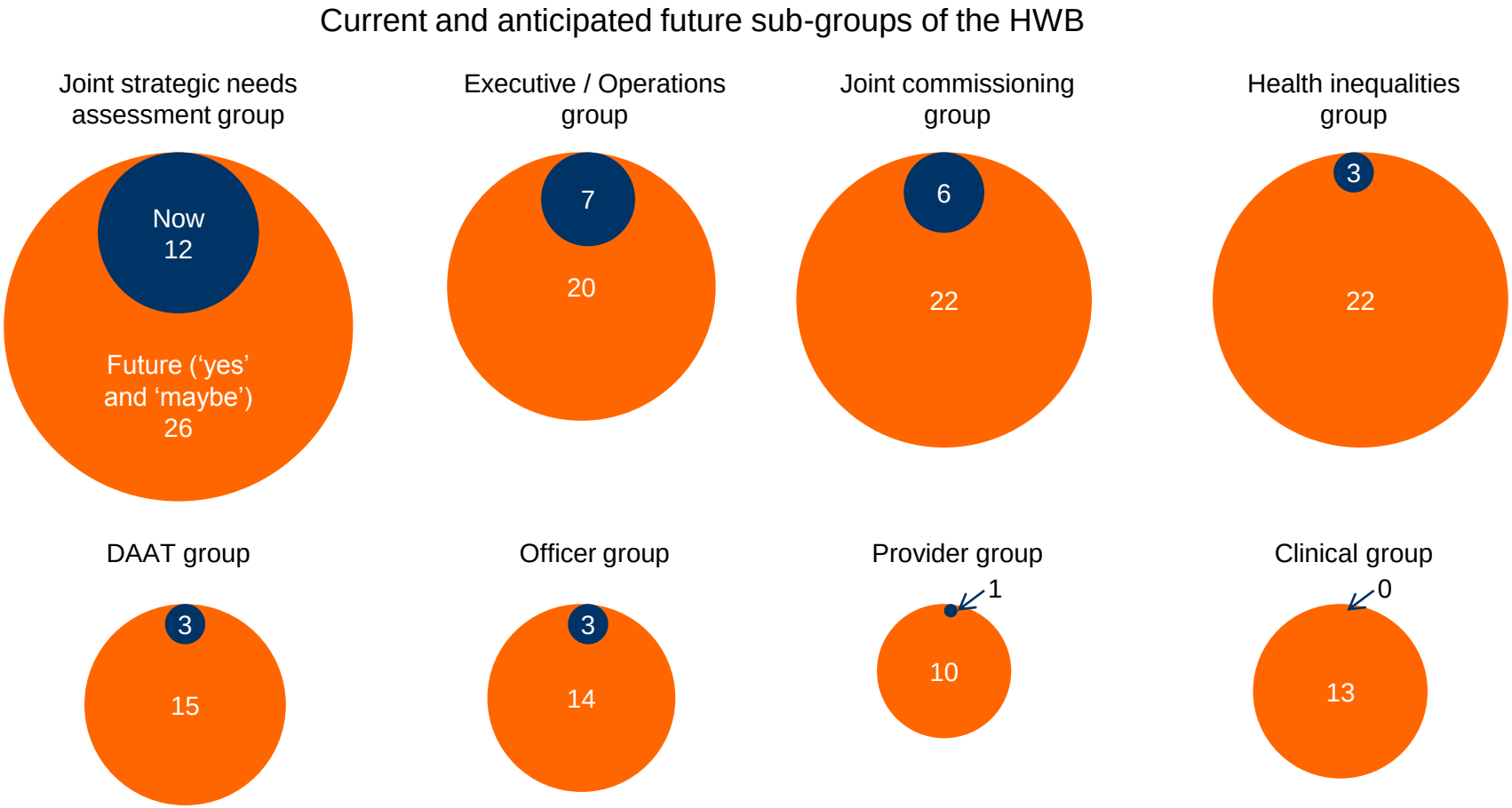
Current reporting arrangements



Future reporting arrangements

17 respondents anticipate changes in reporting arrangements in the future. There are no clear trends in direction of travel, with a number of respondents highlighting that further guidance or clarification about the legislative standing of the Board is required.

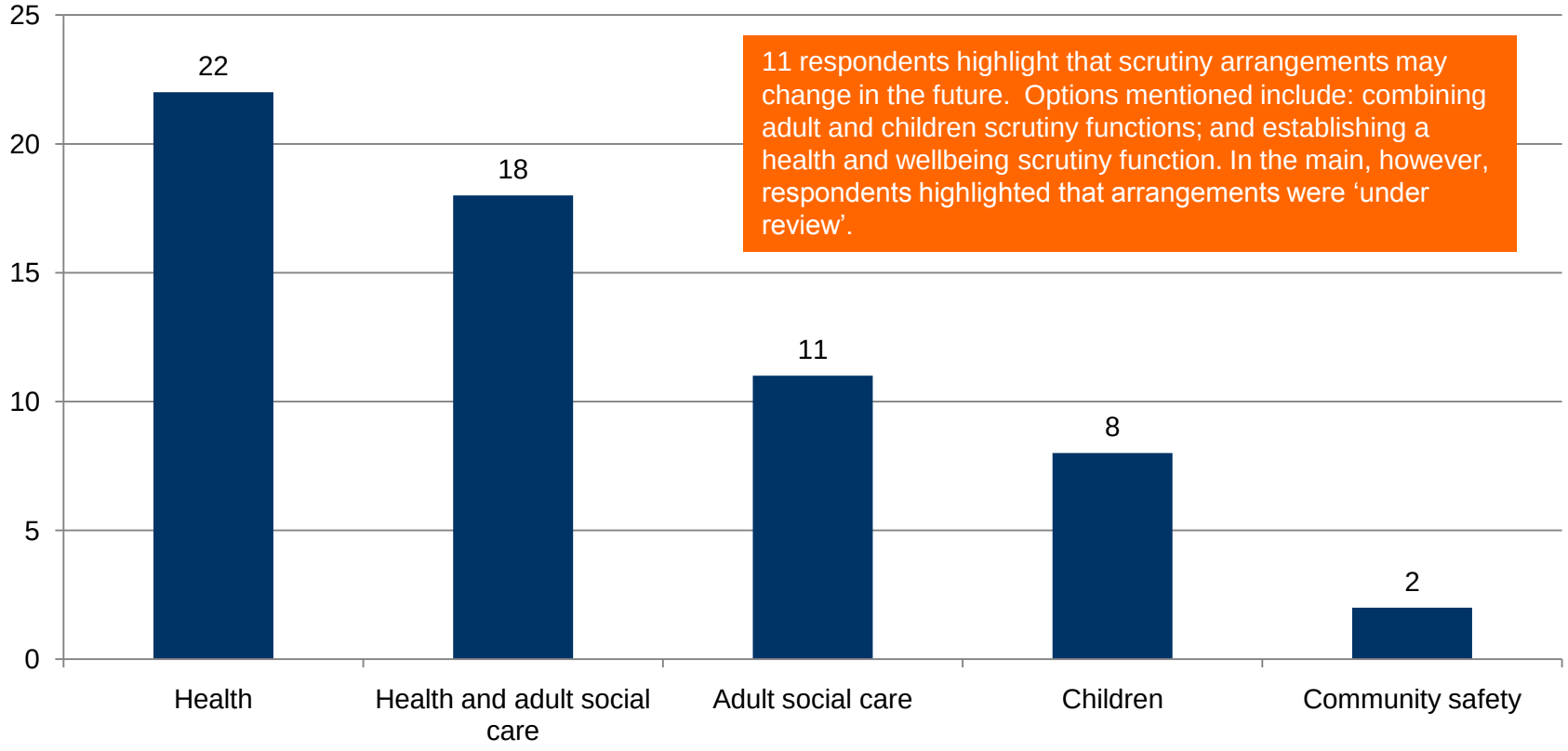
HWBs are likely to have sub-groups on the joint strategic needs assessment, joint commissioning & health inequalities as well as an executive/operations sub-group. 13 local areas may establish a clinical sub-group (from none currently)



Other sub-groups that local areas currently have in place include: public health group (4 responses), adult health group (3 responses), theme groups for key priorities (3 responses), public engagement group (2 responses) and housing group (2 responses)

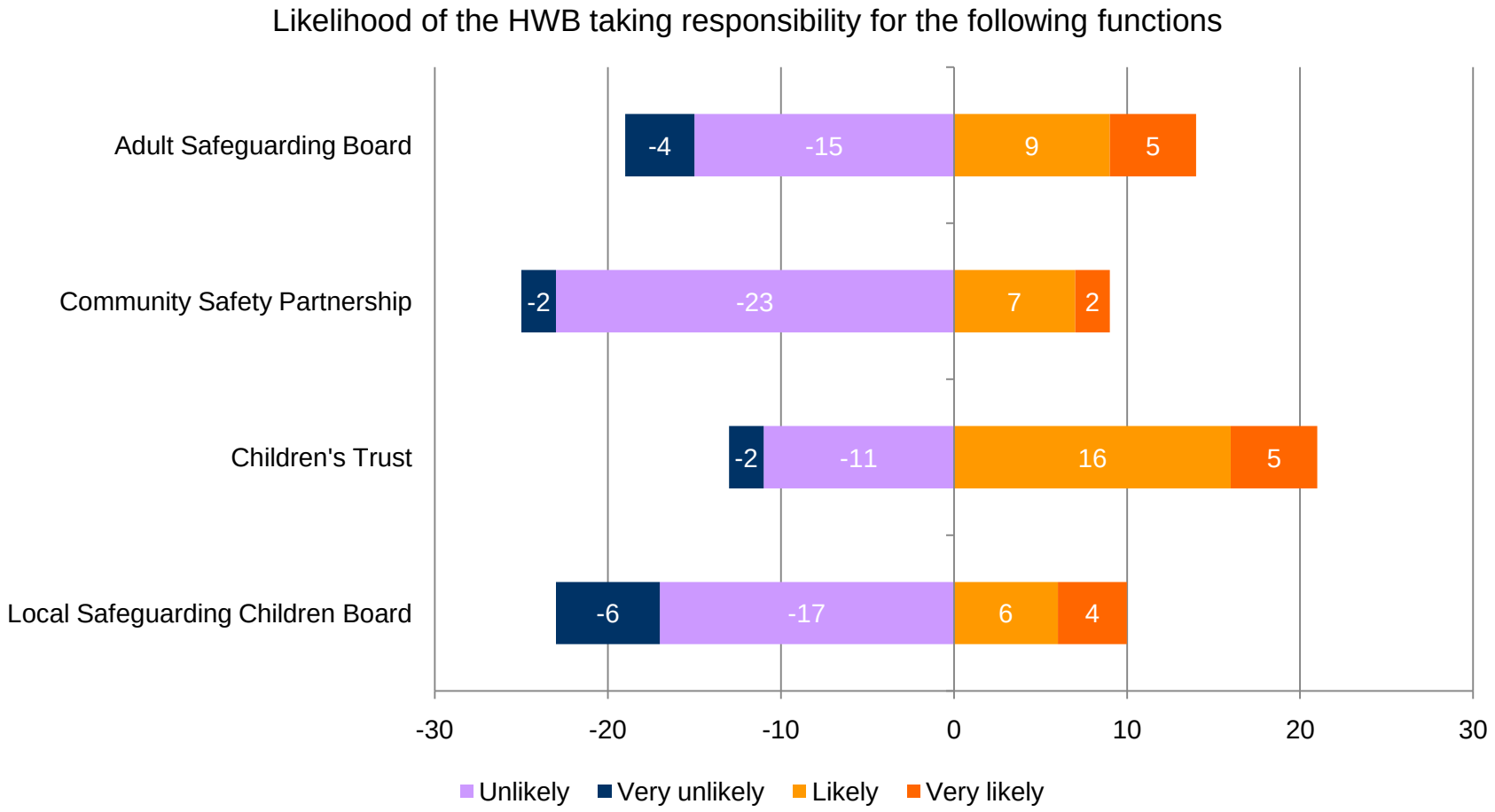
Scrutiny functions are undertaken by a health committee or health & adult social care committee. Changes are anticipated but, in the main, proposals are 'under review'

Current scrutiny arrangements for the HWB. Respondents ticked more than one option [n=35]

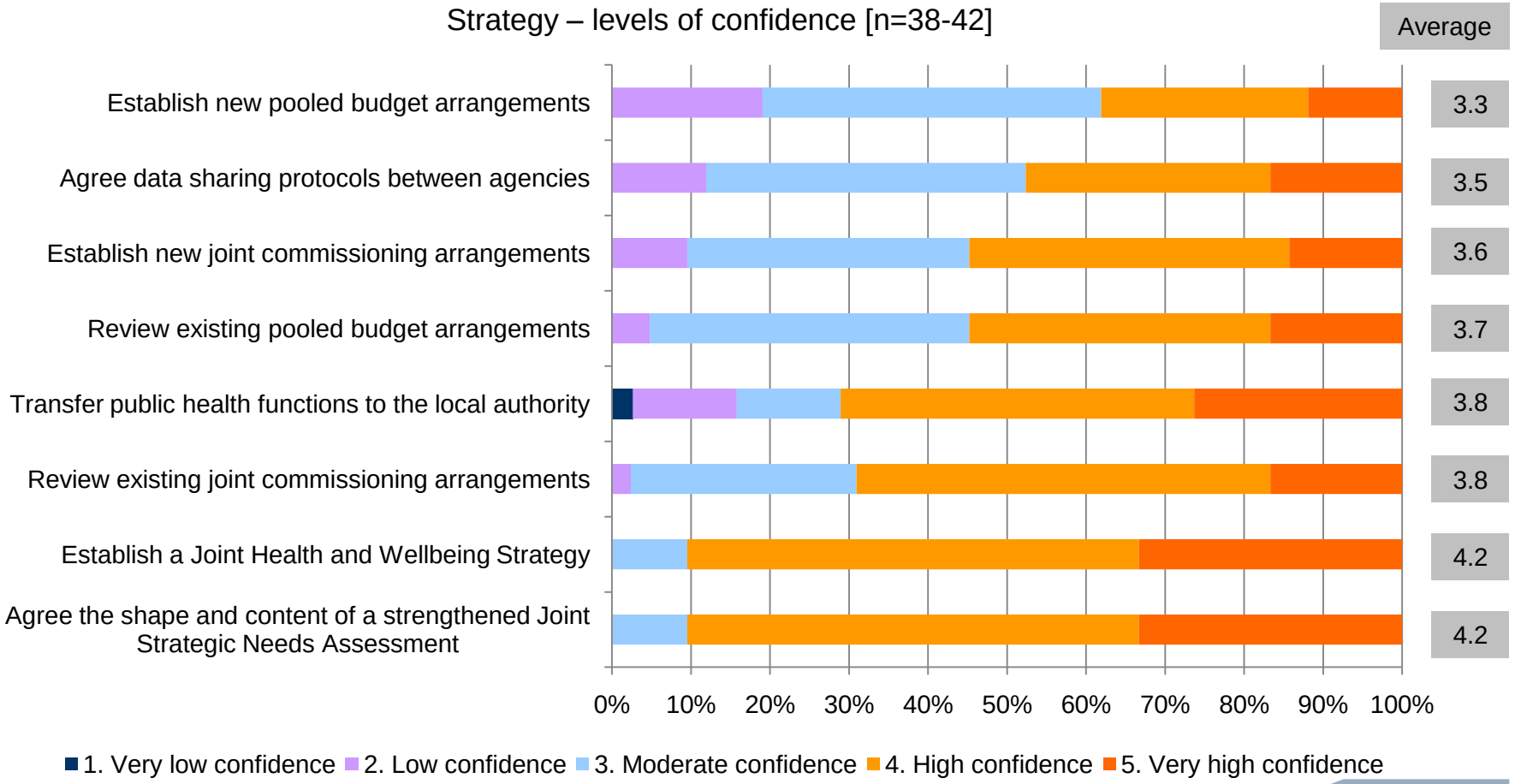


11 respondents highlight that scrutiny arrangements may change in the future. Options mentioned include: combining adult and children scrutiny functions; and establishing a health and wellbeing scrutiny function. In the main, however, respondents highlighted that arrangements were 'under review'.

In most cases, HWBs are unlikely to take responsibility for the adult or children safeguarding boards or for the community safety partnership. A larger number of HWBs may take responsibility for Children's Trust functions

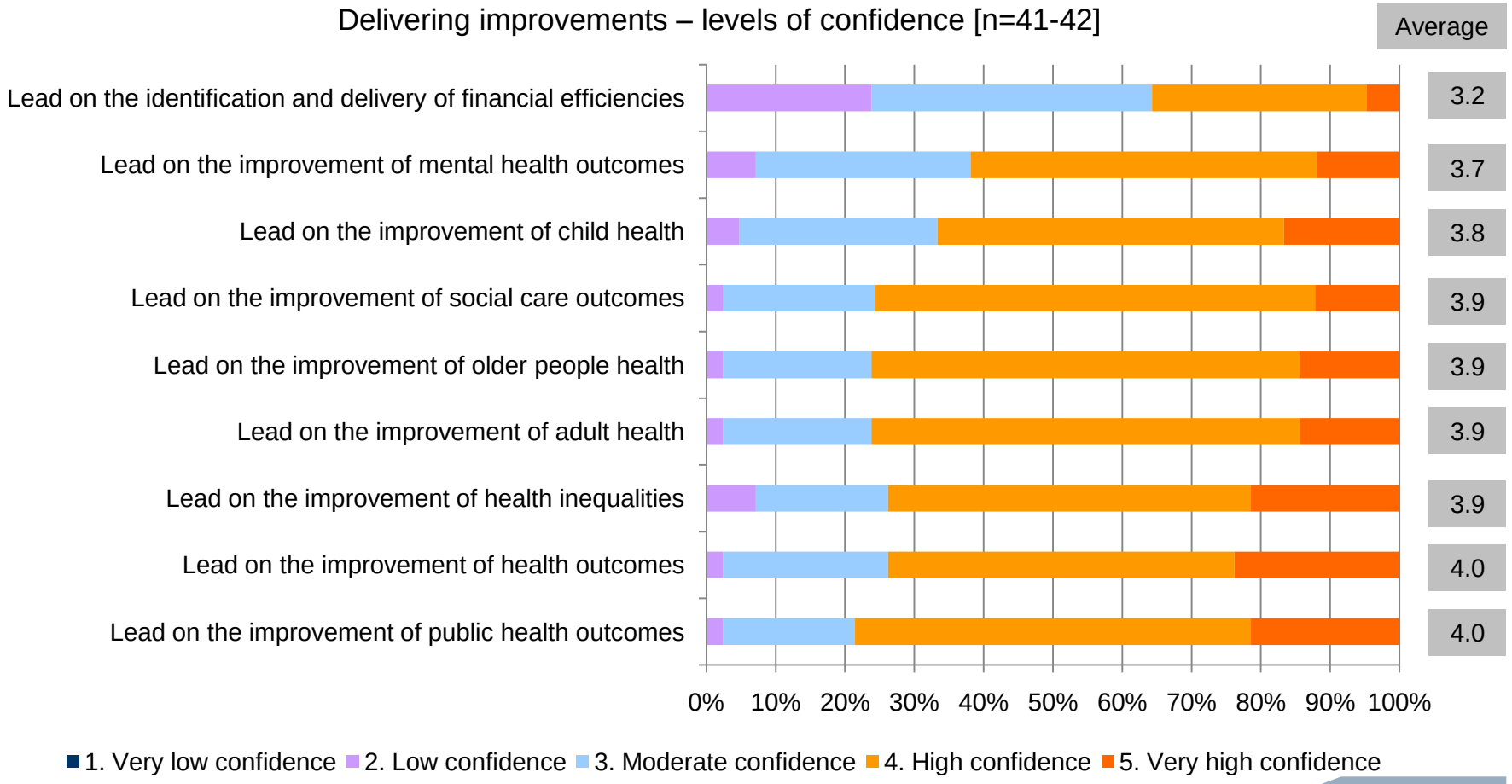


Confidence in the HWB undertaking strategic roles is high, particularly in relation to JSNA & JHWS. Confidence is less high in relation to pooled budgets. There is a core of local areas with concerns about the transition of public health functions



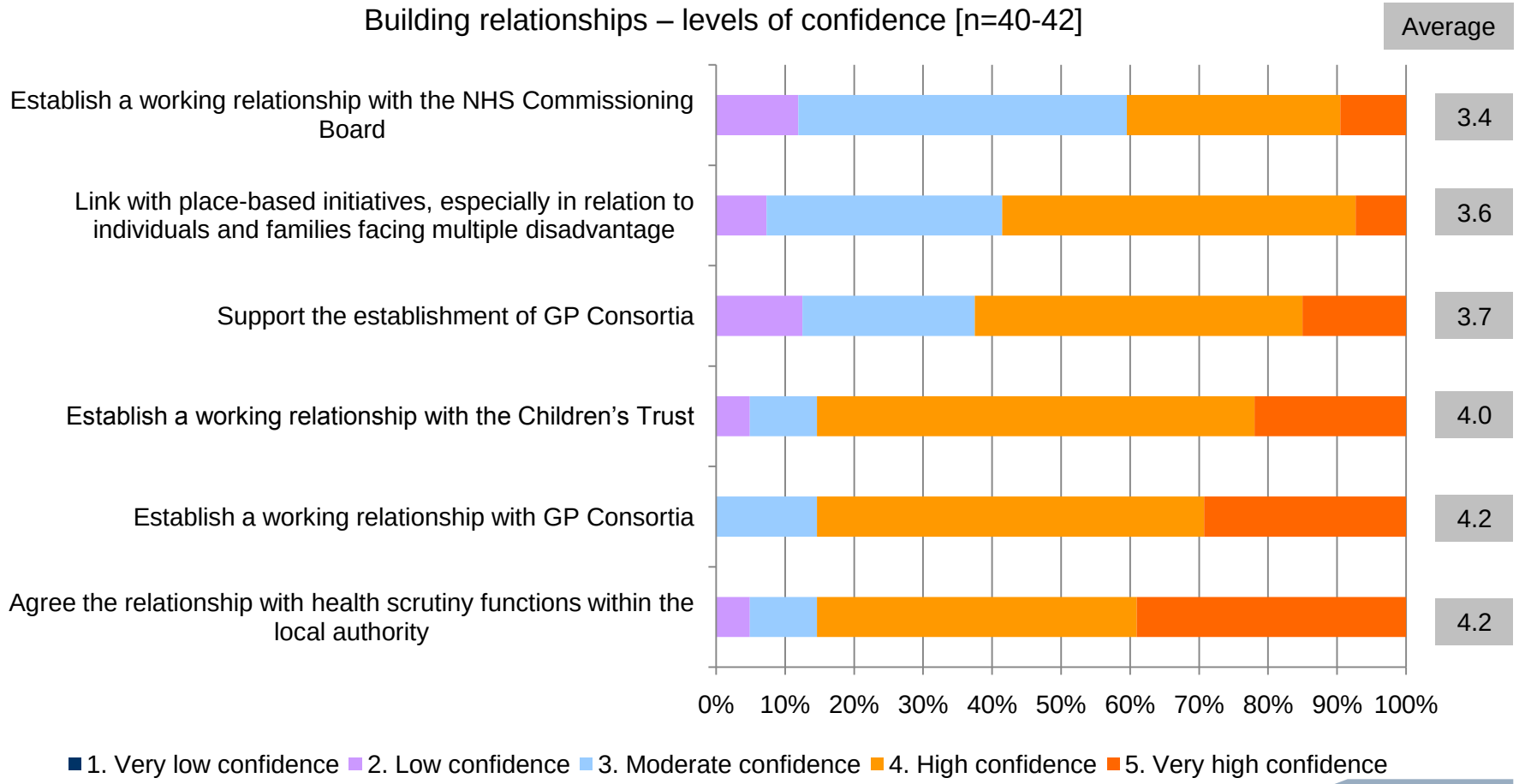
See appendix for detail

Respondents have high confidence in the ability of the HWB to undertake the full range of health improvement functions. There is less certainty about its ability to deliver financial efficiencies



See appendix for detail

There is high confidence in the ability of HWBs to undertake change management functions & build relationships. There is less confidence about relationships with the NHS Commissioning Board & on linking with place-based initiatives



See appendix for detail

Appendices

CordisBright
Consulting

Appendix 1: Detailed data for Q9: if you are considering changes to the membership of your HWB, which of the following are you considering as members?

Role	No	Maybe	Yes
Mayor	10	4	1
Leader	2	11	11
Lead Member - adult health and social care	0	5	18
Lead Member – children	0	10	11
Chief Executive (LA)	2	10	9
Director of Adult Social Care (LA)	0	0	23
Director of Children's Services (LA)	0	1	21
Director of Finance and Policy (LA)	11	5	2
Director of Housing (LA)	8	7	4
Head of Joint Commissioning	2	12	5
Representatives from District Councils	12	3	6
Representative from each GP Consortium	0	4	20
Lead representative of GP Consortia	0	3	17
Representative from NHS Commissioning Board	4	8	16
Director of Public Health	0	0	22
Local HealthWatch	0	4	26
Voluntary and community sector representatives	1	14	12
School representatives	7	9	2
Health and social care provider representatives	6	12	1

Appendix 2: Detailed data for Q20: how confident do you feel about the ability of the Health and Wellbeing Board to undertake the following roles?

Questions	Rating Average	Number responses	1. Very low confidence	2. Low confidence	3. Moderate confidence	4. High confidence	5. Very high confidence
Strategy							
Agree the shape and content of a strengthened Joint Strategic Needs Assessment	4.2	42	0%	0%	10%	57%	33%
Establish a Joint Health and Wellbeing Strategy	4.2	42	0%	0%	10%	57%	33%
Review existing joint commissioning arrangements	3.8	42	0%	2%	29%	52%	17%
Transfer public health functions to the local authority	3.8	38	3%	13%	13%	45%	26%
Review existing pooled budget arrangements	3.7	42	0%	5%	40%	38%	17%
Establish new joint commissioning arrangements	3.6	42	0%	10%	36%	40%	14%
Agree data sharing protocols between agencies	3.5	42	0%	12%	40%	31%	17%
Establish new pooled budget arrangements	3.3	42	0%	19%	43%	26%	12%
Delivering improvements							
Lead on the improvement of public health outcomes	4.0	42	0%	2%	19%	57%	21%
Lead on the improvement of health outcomes	4.0	42	0%	2%	24%	50%	24%
Lead on the improvement of health inequalities	3.9	42	0%	7%	19%	52%	21%
Lead on the improvement of adult health	3.9	42	0%	2%	21%	62%	14%
Lead on the improvement of older people health	3.9	42	0%	2%	21%	62%	14%
Lead on the improvement of social care outcomes	3.9	41	0%	2%	22%	63%	12%
Lead on the improvement of child health	3.8	42	0%	5%	29%	50%	17%
Lead on the improvement of mental health outcomes	3.7	42	0%	7%	31%	50%	12%
Lead on the identification and delivery of financial efficiencies	3.2	42	0%	24%	40%	31%	5%
Building relationships							
Agree the relationship with health scrutiny functions within the local authority	4.2	41	0%	5%	10%	46%	39%
Establish a working relationship with GP Consortia	4.2	41	0%	0%	15%	56%	29%
Establish a working relationship with the Children's Trust	4.0	41	0%	5%	10%	63%	22%
Support the establishment of GP Consortia	3.7	40	0%	13%	25%	48%	15%
Link with place-based initiatives, especially in relation to individuals and families facing multiple disadvantage	3.6	41	0%	7%	34%	51%	7%
Establish a working relationship with the NHS Commissioning Board	3.4	42	0%	12%	48%	31%	10%

Support available from Cordis Bright

As well as research & benchmarking services, Cordis Bright offers a range of support to local areas designed to help agencies effectively manage change & improve health & wellbeing outcomes for local people. Four areas of support connected to Health & Wellbeing Boards are highlighted below.

JSNA & Joint Health and Wellbeing Strategies

We have supported local areas to establish robust, fit for purpose JSNAs, which identify key priorities for strategic plans. Our input has helped to ensure that actions are focused on achieving better outcomes & more effective use of resources

Place-based initiatives

Building on the learning from Total Place, we are supporting local areas in the design & targeting of services around the needs of the most vulnerable. Such initiatives can have a significant impact on a range of health & wellbeing outcomes & achieve financial efficiencies

Health & Wellbeing Board health checks

This is a quick but effective way of reviewing HWB structures. Health checks cover: purpose, partnership working, decision-making, capacity & capability, & participation. We are also able to advise on the implications of absorbing safeguarding or Children's Trust functions

Transition of public health functions

The transition of public health functions to local authorities presents a range of challenges from the strategic to the logistical. Our support can ensure that the transition is smooth, that efficiencies are realised (both financial & in terms of joined-up working) & that a focus on outcomes is maintained

We would welcome the opportunity to talk to you about how Cordis Bright can support you in the future. For further information, or to arrange an informal conversation, please contact Colin Horswell or Tim Hind on colinhorswell@cordisbright.co.uk or timhind@cordisbright.co.uk or 020 7330 9170.

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