Stocktake of Health and Wellbeing Boards



Undertaken by IEWM

April 2015 draft





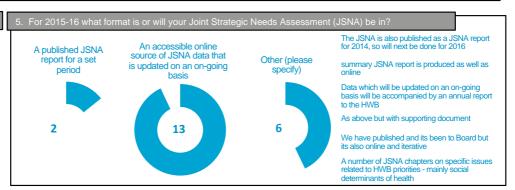
HEALTH AND WELLBEING BOARD SURVEY

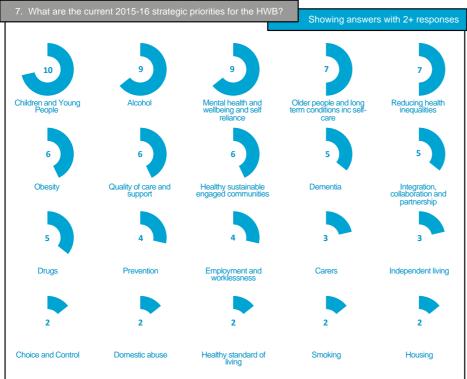
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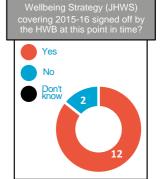


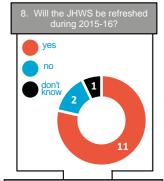
WHAT?



























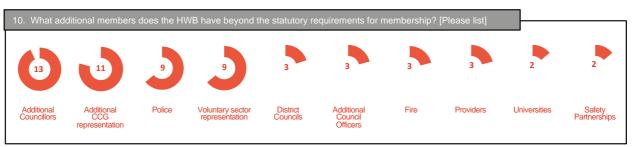
Greater understanding of what it takes to deliver large scale transformation

HEALTH AND WELLBEING BOARD SURVEY

Improvement and Efficiency West Midlands

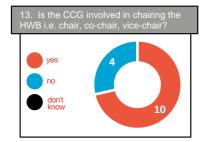
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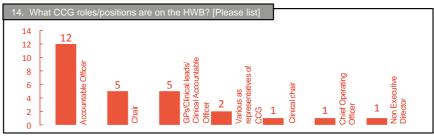
WHO?

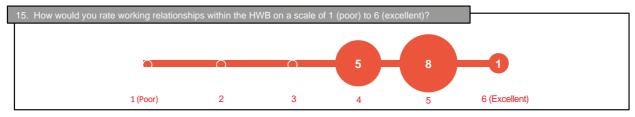


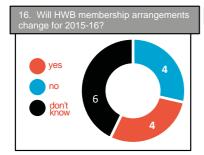












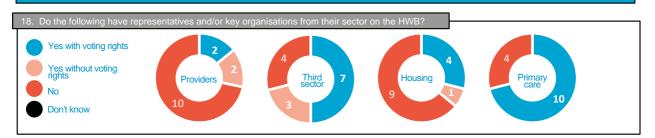


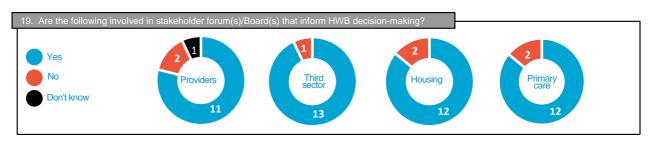
HEALTH AND WELLBEING BOARD SURVEY

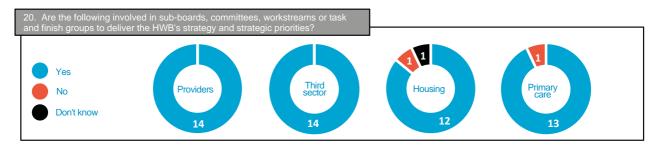
Improvement and Efficiency West Midlands

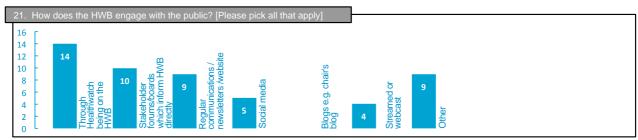
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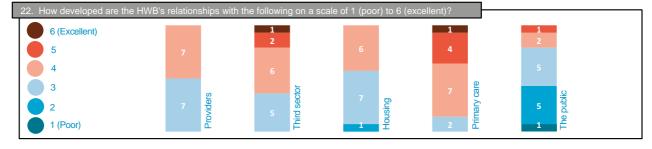








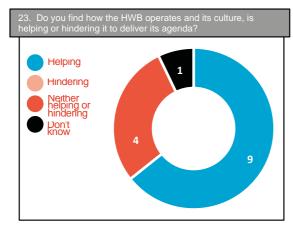


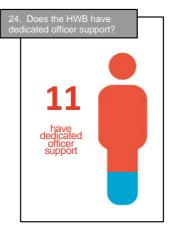


HEALTH AND WELLBEING BOARD SURVEY



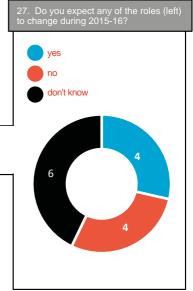
HOW? ROLE OF THE BOARD











28. What sub-boards or task and finish groups have been set up to help the HWB deliver its role and to deliver the JHWS2 [Please lief]

HWB Operational

To deliver the HWB operational duties - agenda planning, strategy planning, stakeholder engagement and intelligence HWB Executive Group, HWB Management Group, HWB Strategy Group, Agenda Planning Group, Adult Strategic Partnership, District and Borough Health Political Leads Group, WCC & CCG Leads Group, Provider engagement Group, Intelligence Group, Communications and

Health protection and improvement strategy

Providing a focus on the key areas of Health improvement and protection

Health Protection Group, Health Development Group, Seasonal Excess Deaths Group, Marmot Steering Group, FGM Steering Group, Mental Health Board, Public Health delivery Board, Obesity, Alcohol, Dementia, Infant mortality and Diabetes

Delivery

Covering programme delivery, commissioning

Transformation Board, Health Improvement Group, JSNA Commissioning group, Joint Commissioning Board, Health and Wellbeing Delivery Group, Commissioning and Transformation Partnerships, System resilience group, BCF Board, Commissioning Board

Aligned boards

Such as children's and crime and disorder

Children's

Children's Trust, Children and Young People's Strategic Partnership, Children's Disability Group, Children's Performance Group, Children and Young People Partnership Board

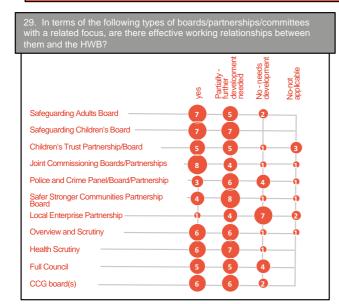
Crime and Disorder Responsible Authorities Group

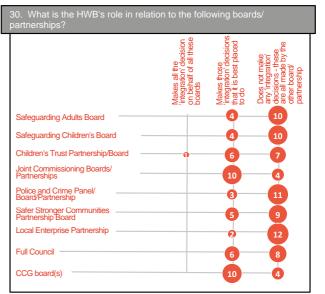
HEALTH AND WELLBEING BOARD SURVEY

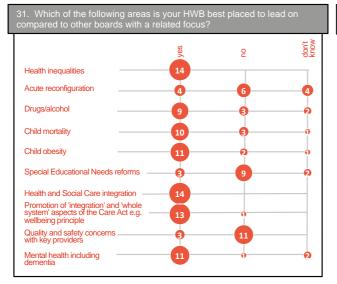
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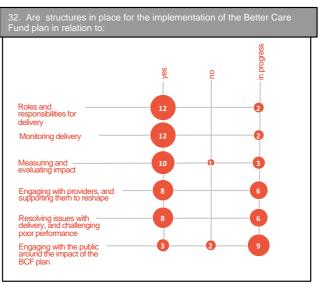


HOW? ROLE OF THE BOARD









33. The Barker Commission recommended that all health, care and support services should become the responsibility of a single local commissioner. If this were to be implemented, who should carry out this role in your area?

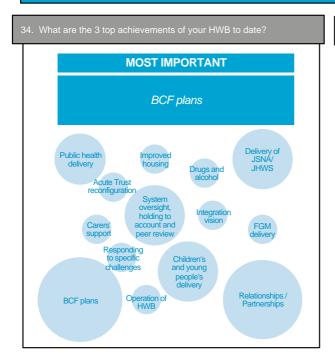


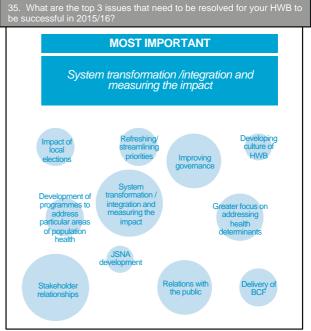
HEALTH AND WELLBEING BOARD SURVEY

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REFLECTING ON THE PROCESS AND LOOKING FORWARD TO 2015/6





36. What are the top 3 areas that your HWB would benefit from, in terms of learning from other HWBs or receiving support on?

MOST IMPORTANT

System leadership and decision-making and partnership engagement around whole system work and social determinants of health

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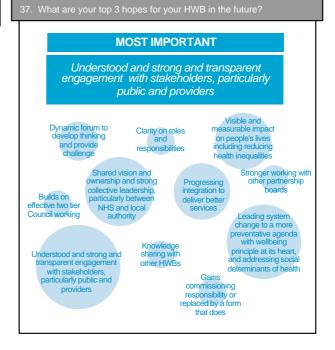
Strategy oversight and implementation

Transformation

Strategy oversight and implementation

Strategy funding solutions

Strategy funding solutions



HEALTH AND WELLBEING BOARD SURVEY

Improvement and Efficiency **West Midlands**

COUNCILLOR

AND

PROVIDER

OUFSTIONNA

Varying - some but not all have good effective partnership working particularly where history of joint and partnership working. Where not, trying to re-organise membership to

"generally more mature than most and has been effective in bringing together a range of partners in an agreed agenda"

"There remain concerns that not all voices are heard "

"an effective body with a clear strategy, strong sense of partnership and a collective commitment to the outcomes"

"The commissioning intentions are ambitious and will seek to respond positively to the range of complexities confronting Children's Wellbeing, Adult Wellbeing and the Health Economy, against the continuing backdrop of constrained financial resources."

"The role of the HWBB has changed considerably"

"Work is required to better understand the relationship between the needs of residents, the commissioned activity and the impact on the health and wellbeing of the residents."

"Is commissioning for outcomes delivering real improvement?"

No, little or emerging contact with HWB, reflecting that HWB started out as commissioner led

"no engagement with my organization directly."

"good start in bringing together the local stakeholders to understand and begin to develop a shared approach

"a set of working arrangements through sub-groups that involve the provider organisations these are still in their early stages"

"very little contact if any with our HWBB"

2. how would you rate your HWBB's working relationships

Increasingly good relationships, however if self-interest prevails for one party the HWB does not have the tools to deal with this

> "The relationship hetween the HWBB and all commissioners and providers is good – simply because the HWBB has no authority!"

"robust and respectful partnerships across the sectors represented on the HWBB and increasingly positive engagement across the wider health and social care economy"

"if any component of the system decides that selfinterest is paramount there are no remedial tools available to the HWBB"

" Very good – built on tment to partnership working"

Where there is a relationship, it is a good but emerging one, building on history of good working relationships

working relationships within the HWB seem strong and reflect the long standing local tradition of working together"

"I do not have a view as there is no direct engagement with my organization"

"will have to see how relationships develop

3. what could we do in your view to make HWBB's more effective?

Clearer authority, organisations putting self-interest to one site, more freedom and flexibilities, clarity on the role of providers, and sharing knowledge across HWBs. Also will depend on future legislation on HWBs.

"The current status [of the HWB] is not clear oversight, comment, guidance, discussion but no "Clarifying role of Providers"

"An NHS representative sitting on the HWBB who is able to hold NHS

ways of working, learn from each other, put the residents needs before those of the organisation and park individual egos.

The sharina of know-how. data and best practice between HWBBs in the region is also helpful."

Engaging with providers, and stability and time to make an

" the HWB's need stability and some time to be able to make an impact on a small number of important local priorities.

Engaging with providers"

"Making a success of arrangements for involving providers in their work will be critical to that."

authority or ability to deliver." "Will depend on possible legislation regarding

regislation regarding powers of HWBBs"

partners to account.

less prescription and ness prescription and more freedoms and flexibilities to meet local needs."