

PERSPECTIVES ON PUBLIC HEALTH SERIES

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Summary

Many of us have been following the development of proposals for Health & Well-being Boards (HWBs) - more or less. This article sets out to:

- Summarise what is proposed
- Summarise what it is intended that HWBs should do
- Consider what are the issues and challenges – the opportunities and pitfalls
- Consider how HWBs should get started – what should they do in the first 100 days? The first year?
- Consider “what next”?

Your feedback is sought on these ideas and issues.

What is proposed?

Structures:

- The HWB is a new Executive Body created by each of the 152 upper tier Local Authority to enable them to carry out their new function of overseeing the strategic co-ordination of commissioning across NHS, social care and public health services in their area: the HWB will provide a platform for partners to work better together to secure improvements in health and care services, and in health and well-being
- A new national body with a local arm – “Health Watch” to champion the views of health and social care consumers
- Current Local Authority Health Overview and Scrutiny Committees to continue, and to scrutinise the appropriateness of the new Health and Well-being Strategies
- Continued policy focus on patient choice, quality, and growing the role of the independent/voluntary sectors etc.

Membership of the new HWBB

This must include:

- At least one Local Authority Councillor,
- The Director of Adult Social Services for the Local Authority,
- The Director of Children’s Services for the Local Authority,
- The Director of Public Health for the Local Authority,
- A representative of the local HealthWatch organisation,
- A representative of each local commissioning consortium (or of the “lead consortium” representing the others.)
- A representative of the NHS Commissioning Board must also sit on the board at the time when local authorities are drawing up joint strategic needs assessments and related strategies.

The boards may also choose to invite participation from relevant professionals, community groups and the voluntary sector.

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Timescales

The Health and Social Care Bill was introduced in Parliament on 19 January 2011. Subject to Parliamentary approval, health and well-being boards will be established from 2013, running in shadow form from 2012. 2011/12 will be a transitional year, with the aim that shadow health and well-being boards will be in place in each local authority area by April 2012. They will be undertaking Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWS) during 2012/13 on a non-statutory basis, with statutory vehicle status from April 2013.

The Secretary of State for Health, Andrew Lansley, and David Behan, Director General for Social Care, Local Government and Care Partnerships, have encouraged all Local Authorities to join the network of “early implementers” who are developing and testing plans for setting up Health and Well-being Boards, by 1 March 2011. Expressions of interest were still to be welcome after this as there is to be a further round of recruitment late in 2011.

What it is intended that HWBs should do?

The boards will be required to:

- bring health and care partners together, to drive a genuinely collaborative approach to commissioning
- lead on the Joint Strategic Needs Assessment and establish a shared view of local needs, so as to underpin effective collaboration
- develop a Joint Health and Wellbeing Strategy (JHWS) Health and Well-being Strategy that also tackles health inequalities
- encourage local commissioners of health and care services to co-operate and collaborate
- hold partners to account and promote action to implement the JHWS.
- commission public health services?

What are the issues and challenges for HWBs – the opportunities and pitfalls

In many ways these are the mirror image of each other!

So it may be useful to set them out as a table – which enables us to think ahead about ways to capitalise on the opportunities - and to mitigate the risk of the pitfalls:

Opportunities	Pitfalls
Local authority leadership of local public health and health improvement; Clear accountabilities; Involvement of local Councillors; Positioning HWB within wider public services agenda	Loss of focus and motivation as structures and roles change; Capacity of change not unlimited; Health may become more “political”; Health and Well-being not integral to all other services.
A real and strategic focus on outcomes: agreeing priority outcomes for health and	Failure to focus on local outcomes Outcome measures hard to define and

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well-being	long-term – inappropriate proxy outputs may be substituted
A local vision	Too many central targets? Public Health Outcomes Framework
Influencing the commissioners of local care; Commissioners must consult the HWB	Wide range of future independent and voluntary sector providers who may have different agendas and values; HWBs have functions rather than powers; may become a “talking shop?”
Behavioural change – developing strong relationships and connections for real collaborative working; Real integration of health and social care	Pressures to make short-term financial savings, New skills not developed; Developing relationships with GPs and Clinical Commissioning Groups will be a new challenge; voluntary sector not fully engaged
Encouraging pooled or place-based budgets and aligning budgets to local priorities.	Individual organisations protecting budgets; Managing expenditure during transitional periods.
Innovation	Risk-aversion; “lowest common denominator” approach necessary to gain minimal agreement among divergent views
Social inclusion and focus on health inequalities; Recognition of community “assets”	Little information on needs of the “hard to hear”; risk of focus on general health improvement rather than health inequalities
A learning culture - developing and sharing good practice	Divergent cultures and time-pressures may militate against reflection and shared learning:
Improving the quality of patient/customer pathway and experience of health and social care services; Developing self-responsibility for health and well-being.	Links to NHS QIPP (Quality, Innovation, Productivity & Prevention) not made;
Transformational rather than incremental change enables radical, step change improvements	Risks of change – unforeseen and unintended consequences; loss of staff “ownership” of new arrangements.; risk costs may rise and VFM fall rather than vice-versa.
An evidence-based approach	Information quality – and recency – may be limited
Promoting and communicating what is being done	

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How should HWBs get started?

What should they do in the first 100 days?

- Develop a Governance structure, Terms of Reference and Membership
- Consider what (other) systems and structures are required
- Define their accountabilities and key relationships, and create a stakeholder analysis
- Define values and mission/vision
- Create an engagement plan
- Initiate dialogue with local communities and other key stakeholders
- Develop a work plan including timeline for writing a Strategy for Health and Well-being
- Consider how learning will take place, internally and externally

What should they do in the first year?

- Define and develop processes to support structures and enable outcomes
- Recognise what behaviours will help or hinder real collaborative working
- Plan a self-evaluation of effectiveness and the effectiveness of partnerships
- Refresh the local Joint Strategic Needs Assessment
- Write a Strategy for Health and Well-being outcomes

As a key activity will be developing the JSNA and Strategy, it might be useful to consider what “good” would look like for such a Strategy:

- Genuinely strategic – brief, focussed, prioritised, outcomes based, cross-cutting
- Realistic timeframe – covering say 5 years
- Deliverable – setting ambitious outcomes with measures and performance indicators – and milestones along the way so that progress can be checked
- Participative and inclusive – created by genuine partnership and involvement and JSNA, including the “harder to hear” groups
- Equal – focussed on health inequalities outcomes
- Current – using recent information
- Accessible – readable
- Influential – on commissioners’ decision-making in NHS and Local Authority commissioning plans.

What next?

The **Health and Social Care Bill** to enact these provisions will continue to progress through the Houses of Parliament. The Bill was presented to Parliament on 19 January 2011. On 31 January 2011 the House of Commons debated the main principles of the Bill. The Commons decided that the Bill should be given its Second Reading and sent it to a Public Bill Committee for scrutiny. The Health and Social Care Bill Committee is accepting written evidence (Committee stage, prior to the Report stage).

The DH is currently (February 2011) planning to write to all Councils to encourage them to engage in the second wave of the early implementer network. So there is still plenty of “water to flow under the bridge” before proposals are finalized, and still an opportunity to influence the shape of the proposals, and to participate in testing them.