



# Health and Wellbeing System Improvement Programme Development Tool September 2013

# Development tool for Health and Wellbeing Boards

## Introduction

Working with Health and Wellbeing (HWB) partners, we have co-produced this tool as an alternative to peer challenge. Whilst aligning with the peer challenge methodology, it offers HWBs an opportunity to evaluate their position using a maturity model. The tool describes characteristics of a 'young HWB'; an 'established HWB'; a 'mature HWB'; and an 'exemplar HWB' against six dimensions for an effective partnership.

The tool is one part of the wider offer on health and wellbeing system improvement. HWBs are encouraged to use the statements in the tool as a prompt to consider and challenge their own practice, to benchmark with others and as a stepping stone towards developing an improvement plan. We see it as a tool intended to help shape a local conversation rather than a scoring exercise. How individual HWBs use the tool is up to them and we recognise that some may wish to use it flexibly.

The content of the tool will be kept under review to ensure it meets the future needs of HWBs. Comments and feedback about how the tool might be further improved and how HWBs have used this development tool would be welcomed. Please send your feedback, reflections and stories to [caroline.bosdet@local.gov.uk](mailto:caroline.bosdet@local.gov.uk).

HWBs are challenged to develop complex and innovative approaches that require new ways of working. Help is available from several national and regional organisations. A good starting place for assistance is the health and wellbeing system improvement programme web resource (<http://goo.gl/9FWfSk>).

## Guiding principles

The following guiding principles, developed with HWB partners, underpin the development tool:

- **Promoting a local narrative:** The tool aims to promote an honest narrative within individual HWBs, to assist them in exploring their strengths, challenges and opportunities to improve.
- **Promoting partnership, shared leadership and shared decision making:** The tool intends to build on the foundations that have already been established, to support continual development and challenge in becoming an effective operating HWB across local health and social care economies.
- **Engaging stakeholders:** The tool reflects the need to put stakeholder engagement at the heart of the HWB, underpinned by transparency and mechanisms that allow stakeholders to contribute.
- **Understanding and striving for effectiveness:** The tool promotes an evidence-based approach through the cycle of: needs assessment; prioritisation; decision making; implementation; and evaluation of outcomes.
- **Assurance, learning and self-development:** HWBs should be learning forums, self-driven and undertake continual reflection on progress and address emerging issues. Benchmarking and aspiring to the highest level of performance should be the norm.
- **Celebrating success, sharing innovation and recognising barriers:** This tool also aims to encourage HWBs sharing their own practice and identifying and addressing barriers to progress.

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

*'Lincolnshire Health and Wellbeing board is taking the lead for better health in our county'*

**Lincolnshire Health and Wellbeing Board Development Toolkit Matrix**

	<b>Young HWB</b>	<b>Established HWB</b>	<b>Mature HWB</b>	<b>Exemplar HWB</b>
<b>Vision</b>	<ol style="list-style-type: none"> <li>1. The HWB has a clear vision, shared by all partners in the system, which outlines its core purpose and values and its role in the local health and care system.</li> <li>2. The HWB has sought, heard and listened to the views of local communities and citizens and this is reflected in the HWB vision.</li> <li>3. The HWB has a planned approach to define its membership as well as stakeholder engagement and management.</li> </ol>	<ol style="list-style-type: none"> <li>4. Stakeholders and partners understand the vision, values and core purpose of the HWB. There is an understanding of the opportunities and constraints of partnership and joint leadership within the HWB.</li> <li>5. The HWB understands and can articulate the shape of the local health and care system that is required in order to deliver its own vision, and how it will work with partners to achieve this.</li> <li>6. Partners, providers, users and wider stakeholders agree there has been meaningful engagement in the development and delivery of the vision.</li> <li>7. The vision is rooted in local evidence data and voice – and politicians support the vision and purpose of the HWB.</li> <li>8. All strategies and actions from the strategic plan directly align with the vision of the HWB.</li> </ol>	<ol style="list-style-type: none"> <li>9. Local communities, citizens, service providers and service users 'get' the vision and purpose and feel they have shared ownership of it.</li> <li>10. Service providers and partners refer to the vision in their own strategies and commissioning plans. They acknowledge it as a vision for the 'local place'.</li> <li>11. The vision is revisited regularly as part of an on-going strategic plan review with members challenging the vision in light of changing circumstances.</li> </ol>	<ol style="list-style-type: none"> <li>12 The decisions and actions of the HWB are entirely driven by the shared vision. The HWB is strategically aware, a social innovator, a partnership that makes a difference in all it does.</li> <li>13 The HWB is an organisation that is supported by all the partners who have a stake in it and the communities that it serves.</li> <li>14 The leadership of the HWB has a relentless focus on its vision to improve health and wellbeing services and outcomes for local people. There is a shared clinical and political resolve to deliver the vision.</li> </ol>

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

'Lincolnshire Health and Wellbeing board is taking the lead for better health in our county'

	Young HWB	Established HWB	Mature HWB	Exemplar HWB
<b>Strategy</b>	<ol style="list-style-type: none"> <li>1. The HWB has a compelling narrative describing its purpose and ambitions for its local community. The narrative sets out '<i>where we are now</i>' and is underpinned by intended outcomes. The strategy can demonstrate how it has taken account of the public voice.</li> <li>2. All members of the HWB can articulate the strategy.</li> <li>3. The strategy is reflected in partner strategies and commissioning plans. Service providers are engaged and have contributed to the strategy.</li> <li>4. A shared communications strategy is in place that includes visible engagement and articulation of the strategy to the public and stakeholders. It is easily accessible on a dedicated HWB website, and is embedded in the web-presence of partners and related partnerships or networks.</li> </ol>	<ol style="list-style-type: none"> <li>5. The strategy has been refined and refreshed in light of feedback and new intelligence.</li> <li>6. Stakeholders and partners, including providers, can articulate the strategy.</li> <li>7. The strategy is having a demonstrable impact on commissioning plans with clear measurable outcomes upon which the HWB can hold itself to account.</li> <li>8. Regular reports articulate progress of the strategy, celebrating success and identifying blockages.</li> </ol>	<ol style="list-style-type: none"> <li>9. The HWB regularly assesses its delivery against the strategy, refining and regaining momentum, where needed.</li> <li>10. The HWB can describe what it has achieved, the changes made for local people and future improvement plans ('<i>where we are going</i>').</li> <li>11. There are clear links and interdependencies with other relevant plans and strategies. Reconfiguration and de-commissioning has been handled professionally and transparently from strategy to implementation with strong shared clinical and political support.</li> <li>12. The community can describe how the HWB has made a difference.</li> </ol>	<ol style="list-style-type: none"> <li>13 The HWB has a demonstrable and recognised track record for leading improvements in outcomes and service change. It systematically identifies and addresses systemic issues and drives integration of health and social care.</li> <li>14 There are examples and evidence of system transformation and whole system benefits.</li> </ol>

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

*'Lincolnshire Health and Wellbeing board is taking the lead for better health in our county'*

	Young HWB	Established HWB	Mature HWB	Exemplar HWB
<b>LEADERSHIP</b>	<ol style="list-style-type: none"> <li>1. HWB members understand and work towards achieving shared system leadership, involving all statutory core members plus other members of the HWB.</li> <li>2. The HWB has a code of conduct which is explicit about expectations of behavior and the values it aspires to and has an agreement about minimum attendance at meetings.</li> <li>3. Trust has been established, constructive challenge is the norm, and a conflict resolution process is in place.</li> <li>4. The HWB understands its own development needs and has plans in place to address these.</li> <li>5. The HWB has brought together Councillor's, local Healthwatch representatives and CCG members in an informal setting and spent time on HWB team building and development.</li> </ol>	<ol style="list-style-type: none"> <li>6. The HWB is viewed as an entity in its own right and stakeholders understand and appreciate its system leadership role.</li> <li>7. Leadership influence is distributed among many members and individual team members may lead at different times depending on their skills and knowledge.</li> <li>8. There is a 'can do' culture HWB members look for win-win solutions focused on beneficial outcomes for the community.</li> <li>9. The HWB is able to demonstrate mature dispute resolution. Major risks and issues are discussed openly and honestly, without members leaving the table.</li> <li>10. HWB members understand the culture of individual member organisations and support each other to pursue shared priorities. Relationships enable members to influence beyond their own organisations. Regular development sessions are the norm.</li> </ol>	<ol style="list-style-type: none"> <li>11. The HWB and its vision and strategy has withstood political challenge and political change. Leadership succession planning is in place. Local organisations seek to contribute to the work of the HWB.</li> <li>12. The HWB has led on contentious issues (e.g. service de-commissioning) without activities that would undermine shared leadership.</li> <li>13. All members take responsibility for unforeseen risks / problems and credit for success. Board members view each other as leaders and peers.</li> <li>14. The HWB is a beacon of excellence in relation to equality and diversity and can show positive outcomes for the health and wellbeing of minority groups.</li> <li>15. The HWB shares good practice with others.</li> </ol>	<ol style="list-style-type: none"> <li>16 Leadership is strong across the HWB and resolution to challenges is achieved quickly and without negative impact on the work of the HWB. All core members feel that they are allowed to contribute to the success of the HWB.</li> <li>17 Transformation has taken place at scale and pace.</li> <li>18 Leadership is distributed across all members of the HWB.</li> <li>19 The leadership of the HWB proactively seeks out excellence in all it does and the way it operates and is relentlessly focused on delivering improvements with, and for, local people.</li> </ol>

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

*'Lincolnshire Health and Wellbeing board is taking the lead for better health in our county'*

	Young HWB	Established HWB	Mature HWB	Exemplar HWB
<b>Needs assessment and management of priorities</b>	<ol style="list-style-type: none"> <li>1. The JSNA and JHWS are jointly developed in line with legislative requirements and formally agreed with all partners. Individual CCG and LA commissioning plans are being aligned.</li> <li>2. The JSNA and JHWS explicitly recognise the needs of vulnerable people and hard to reach groups; priorities are designed to tackle health inequalities.</li> <li>3. The JSNA and JHWS consider the needs of all age groups across the population, and recognise key transitions.</li> <li>4. The HWB has agreed a realistic set of specific priorities through robust debate and challenge and the process included community engagement. A process exists for managing priorities. Prioritisation considers where the greatest impact can be made within available resources.</li> <li>5. Priorities balance the short, medium and long term and balance issues across physical and mental health and wellbeing. They are linked to clear measurable outcomes.</li> </ol>	<ol style="list-style-type: none"> <li>6. The JSNA and JHWS are embedded in plans of service providers.</li> <li>7. The JSNA and JHWS are kept under constant review and revised regularly. They are realigned with commissioning plans to reflect changes.</li> <li>8. A wide range of evidence, including data and voice (e.g. service user and patient stories) are systematically assessed to determine priorities.</li> <li>9. All priorities directly align with the vision of the HWB and there is constructive challenge of plans to make this happen.</li> <li>10. The HWB has put in place lines of accountability and decision making to enable it to have a grip on the things only it can do.</li> <li>11. The HWB has achieved some of its shared priorities and can demonstrate improvements it has made to outcomes and services for local people.</li> </ol>	<ol style="list-style-type: none"> <li>12. The JSNA process improves iteratively, learning from previous experience and best practice elsewhere.</li> <li>13. The HWB has a track record of delivering its priorities and is able to communicate to communities about how it has made a difference to improving services and outcomes for local people.</li> <li>14. Priorities have been robustly challenged and reviewed and this can be demonstrated with new priorities coming forward as previous priorities have been achieved or revised.</li> <li>15. JHWS and commissioning plans are aligned with those of neighbouring HWBs where relevant (e.g. meeting specialised needs where HWBs may need to plan across a larger population or tackling service re-configuration across a larger geography).</li> </ol>	<ol style="list-style-type: none"> <li>16 Local communities and citizens recognise the priorities of the HWB as their own.</li> <li>17 The HWB can demonstrate long term buy in to, and achievement against, its priorities.</li> <li>18 The HWB has a track record of enabling efficient, effective and integrated commissioning of services, working across administrative boundaries where appropriate.</li> </ol>

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

*'Lincolnshire Health and Wellbeing board is taking the lead for better health in our county'*

	Young HWB	Established HWB	Mature HWB	Exemplar HWB
<b>Governance, risk sharing and assurance of outcomes</b>	<ol style="list-style-type: none"> <li>1. HWB membership, governance, operational structures, scheme of delegation and mechanisms for engaging partners are clear, transparent and accessible to the public. Partners are clear about their individual and collective roles, responsibilities and accountabilities.</li> <li>2. The HWB understands its accountabilities in relation to other partnerships. HWB accountabilities are incorporated into partner governance arrangements</li> <li>3. The HWB has dedicated and skilful officer support, available to all members of the HWB</li> <li>4. The HWB has an agreed set of outcome measures, matched to its priorities.</li> <li>5. Local Healthwatch is empowered to act as an independent and effective voice for users, communities and the public.</li> <li>6. The relationship between scrutiny and external regulators is agreed and an initial effectiveness review has been completed.</li> </ol>	<ol style="list-style-type: none"> <li>7. A clear framework exists for deciding on contentious issues. Decisions of the HWB are accepted and acted on by all member organisations.</li> <li>8. HWB partners are able to have honest discussions about budgets and financial positions.</li> <li>9. The HWB invites peer scrutiny and works constructively with regulators and scrutiny bodies. The HWB reviews itself regularly against benchmarks and adapts plans as necessary.</li> <li>10. The HWB receives regular and timely updates on progress against indicators and takes corrective action if necessary.</li> <li>11. The HWB can demonstrate it has considered and acted upon the views of local people, feedback obtained from the community and evaluation of citizen experience.</li> <li>12. The HWB seeks assurance on progress towards integrated care.</li> </ol>	<ol style="list-style-type: none"> <li>13. The wider system understands how the HWB and related structures operate.</li> <li>14. Reporting and governance is evaluated across partners and streamlined where appropriate.</li> <li>15. Systems are in place to ensure decisions result in direct action across the partnership.</li> <li>16. Resources are pooled where appropriate, whether in back office functions or integrated commissioning, with good governance.</li> <li>17. Barriers to achieving priorities are identified and reviewed, and plans are in place to overcome/minimise these.</li> <li>18. The HWB regularly demonstrates and communicates its achievements of outcomes.</li> <li>19. Whole system safeguarding mechanisms are in place, including accountabilities.</li> </ol>	<ol style="list-style-type: none"> <li>20. Integrated decision making, commissioning and governance are the 'norm' for the HWB.</li> <li>21. The HWB has an integrated 'whole system' (rather than individual organisation measures) outcomes framework of high level indicators, supported by a 'dashboard' across the health and wellbeing system.</li> <li>22. Budget planning is open and resources are directed to support agreed priorities and improvements for local communities. Risk sharing agreement exists between the LA, CCGs and other relevant partners.</li> </ol>

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

*'Lincolnshire Health and Wellbeing board is taking the lead for better health in our county'*

	Young HWB	Established HWB	Mature HWB	Exemplar HWB
<b>Information and intelligence</b>	<ol style="list-style-type: none"> <li>1. The JSNA provides a clear population profile and identification of health and wellbeing needs of all local communities and identifies inequalities.</li> <li>2. Services and provision are mapped against local need and assets.</li> <li>3. Engagement structures are mapped and include and build on partners' own processes, e.g. Healthwatch.</li> <li>4. The HWB shares information and intelligence across members.</li> </ol>	<ol style="list-style-type: none"> <li>5. The JSNA is in the public domain and a 'real time' document and the engagement of local people is clearly evident in its development.</li> <li>6. The HWB understands the power of, and utilises, quantitative and qualitative 'voice' data, for examples, from service users, patients, carers and communities, alongside data from other sources to give a full picture of local needs and resources.</li> <li>7. Shared population data is used in individual partner organisations' business planning and feeds commissioning strategies.</li> <li>8. HWB partner organisations have aligned their engagement structures and plans around key priorities so that there is a coordinated approach to involving and engaging communities and citizens.</li> <li>9. The HWB recognises where there are gaps in the intelligence base in the local population and has a strategic approach to ensuring that the information is understood.</li> </ol>	<ol style="list-style-type: none"> <li>10. HWB informed by real-time intelligence, demonstrating improved outcomes, quality and efficiency across the health and wellbeing system.</li> <li>11. Integrated information available to GPs, politicians and services users.</li> <li>12. Effective data and intelligence sharing across partners drives the development of shared strategies and commissioning plans.</li> <li>13. HWB monitors evidence of the outcomes from and impact of its strategy, and uses this to update JSNA and JHWS.</li> </ol>	<ol style="list-style-type: none"> <li>14 The HWB has the ability to disaggregate data to CCG and district level and below (e.g. locality).</li> <li>15 The HWB has shared data resources accessible to all partners, which brings together all needs assessments and the wider determinants of health and wellbeing (e.g. Housing, justice, child poverty, citizens' views).</li> <li>16 The HWB understands its communities and their needs, has a single clear population profile across all partners and all services. It knows the total spend invested in an area and the extent to which that investment is being directed to meet the identified needs.</li> </ol>