

Trafford's Health and Wellbeing Board

Our purpose, our structure, and our expectations of members

Background and context

Health and Wellbeing Boards (HWBB) have been in place across England since 2013, with the goal being to improve health through the following:

- improved partnership working;
- development of a shared understanding of local needs via the Joint Strategic Needs Assessment;
- development of strategies to improve health and wellbeing.

Appendix A sets out the statutory guidance relating to HWBBs

The Health and Wellbeing Board in Trafford

Trafford's HWBB has a strategic, advisory role. It sets the strategic direction and outcomes required for improved population health and reducing inequalities, and has two functions within this:

- to identify health outcomes to be commissioned
- to influence the wider determinants of health

It discharges these two functions in the following ways:

- through the development of strategies in key areas (via its life course sub boards), in collaboration with other parts of the system, including commissioners, providers and strategic user/carer/neighbourhood partnerships
- by improving health through action in health and social care services. This will lead to a direct and measurable change in health outcomes and in reduced costs to the health and social care system, provided that partners are held to account for delivery of the strategies.
- by influencing the wider determinants of health: through addressing the factors that make it more likely that people will experience poor health.

The Health and Wellbeing Board is a key part of our Partnership structures in Trafford, working in conjunction with the Trafford Partnership Board, the Joint Commissioning Board (JCB) and the Local Care Alliance (LCA) and the Local Care Organisation (LCO). As such, it has a key role in ensuring that our shared objectives as set out in the NHS 10 Year Plan, Trafford's Long Term Plan, and our Trafford Together priorities, and GM Health and Social Care Partnership, are reflected in our strategies and the outcomes we expect.

The strategies relating to health and social care, once agreed, will be given to the JCB to commission against, with the LCA being the delivery vehicle, and will inform the place based plans being developed to reduce inequalities between

neighbourhoods. Implementation will be monitored and evaluated, and the high level indicators reported back into the HWBB.

Topics that relate to the wider determinants of health will be referred for action or consideration to the Trafford Partnership Board, with a requirement to report back on progress to the HWBB. The HWBB should become the key vehicle for strategic development of some key areas such as climate change, clean air, or poverty reduction.

Developing an effective HWBB

In order to develop a strong and effective HWBB, we need to be clear on our aspirations, with a well described 'plan on a page'. The HWBB also needs to exert its influence on partner organisations, via their representatives on the Board, ensuring that all are held to account for delivery against our shared objectives.

In order to achieve this, we need to be able to show our aspirations for 10 years, but also have measures of our impact in one year and our adoption of high impact changes. These impacts will be measured through changes in outcomes by place, by organisation, as employers and collectively.

In order to deliver this, we need to strengthen our connection to other key Boards and Partnerships. These include the Safeguarding Board, the Inclusive Growth Board and the Stronger Communities Board. This requires system leadership, clarity of purpose and scope and a focus on shared topics, with clear plans for the links and interdependencies between boards.

Enablers of an effective Board

An effective HWBB will be underpinned by a robust Joint Strategic Needs Assessment, and linked work on evidence based interventions, returns on investment and savings plans. It will also rely on Individual and organisational commitments and pledges – for example, as organisations we must demonstrate how we deliver our priorities by changing policies for staff. Changing policies for our workforce can have major implications for population served, given the number of people that we collectively employ in Trafford or within Greater Manchester.

It also requires all members to work to shared commitments and principles. These include a commitment to the following:

- invest in activities which maximise of the value of health and incentives for healthy behaviour.
- develop an environment where the promotion of healthy choices is the default option
- minimise factors that create a culture and environment which promote unhealthy behaviour.
- ensure that strategies and services are effective in reducing internal inequalities in Trafford between different neighbourhoods and sub-populations

Furthermore, in order to be effective, the HWBB needs effective methods of engaging with the public and delivering place based working. Most of the goals of the HWBB will not be delivered without the active engagement of the public. Services have a huge role to play in both listening to and understanding local needs, but also in working to co-produce cost effective solutions to meet these needs. The starting point for this is via local partnership structures, which may be place based or may reflect communities of interest. Resourcing this activity and measuring its impact will be crucial to success.

Requirements of HWBB members

HWBB members should

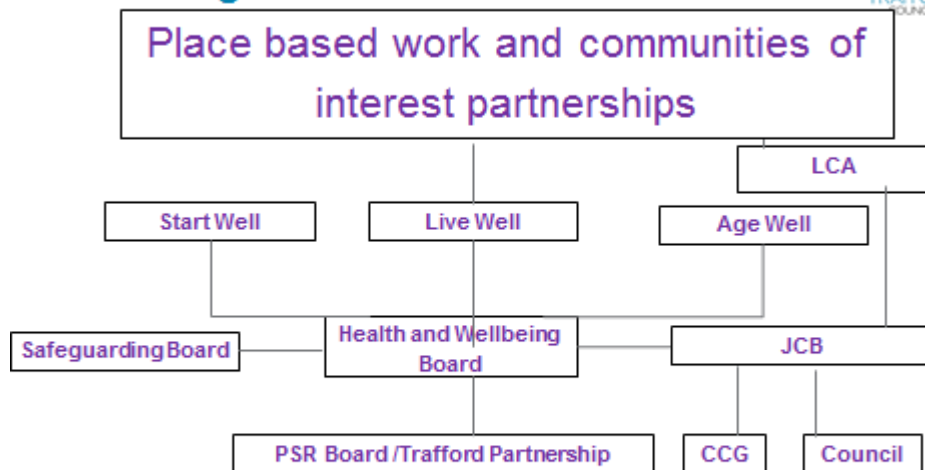
- support each other to be effective system leaders and to consider how they become champions of delivery in their own organisations and wider networks. This will include progressing work through their own organisational structures.
- be clear on the role of the Board within the Partnership structure
- understand the Board's role in the wider public service system (including Greater Manchester dynamics)
- maximise the impact of the Board through its relationship with the Local Care Alliance and through influencing the wider determinants of health
- understand the role and reporting processes for the sub-Boards
- reduce any duplication of role between Boards, and improve communication and joint working
- agree short (1-2 year), medium (3-5 year) and long term (5-10 year) objectives

The Health and Wellbeing Board members have two roles: to act as advocates for positive behaviour change in their own organisations and wherever they can exert a leadership role, and to work through the Board as a body corporate to effect change.

Proposed Governance and Relationship Structure

The diagrams below describe the proposed relationship between key boards and groups. This assumes that all decisions (including regarding resource allocations) are made by the CCG Governing Body and by the Council Executive Committee, and these are then communicated to the Joint Commissioning Committee, which is expected to become a formal joint subcommittee of the CCG and the Council.. The JCB will be informed by the HWBB and its JSNA regarding the commissioning required to meet population needs and improve outcomes - including reducing inequalities between different sub populations in the borough.

Linkages



Trafford Partnership Board - overarching, borough wide, multi-agency reference group, influencing the wider determinants of health.

HWBB has a strategic, advisory role, with two functions: to identify health outcomes to be commissioned via the Joint Commissioning Board (JCB), and delivered by integrated health and social care via the Local Care Alliance (LCA); and to influence the wider determinants of health (via the Trafford Partnership).

Joint Commissioning Board sets objectives and describes commissioning principles. May become a shared sub-committee of the Council Executive and CCG Governing Body, with delegated decision making authority, in order to deliver shared objectives, as well as reporting to the Greater Manchester JCB

Local Care Alliance – system leaders, including providers working together to deliver services to meet defined outcomes as directed by the JCB, using the principles above. Delivering to a place based methodology and works with neighbourhoods and borough wide depending on local need.

Other strategic partnerships and neighbourhood structures – deliver resident input, engagement and co design of services and strategies.

Appendix A

Statutory guidance on Health and Well being Board

A local authority must establish a Health and Wellbeing Board for its area.

(2)The Health and Wellbeing Board is to consist of—

(a)subject to subsection (4), at least one councillor of the local authority, nominated in accordance with subsection (3),

(b)the director of adult social services for the local authority,

(c)the director of children’s services for the local authority,

(d)the director of public health for the local authority,

(e)a representative of the Local Healthwatch organisation for the area of the local authority,

(f)a representative of each relevant clinical commissioning group, and

(g)such other persons, or representatives of such other persons, as the local authority thinks appropriate.

Duty to encourage integrated working

(1)A Health and Wellbeing Board must, for the purpose of advancing 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.

(2)A Health and Wellbeing Board must, in particular, provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.

(3)A Health and Wellbeing Board may encourage persons who arrange for the provision of any health-related services in its area to work closely with the Health and Wellbeing Board.

(4)A Health and Wellbeing Board may 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.

(5)Any reference in this section to the area of a Health and Wellbeing Board is a reference to the area of the local authority that established it.

Other functions of Health and Wellbeing Boards

(1)The functions of a local authority and its partner clinical commissioning groups under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007 (“the 2007 Act”) are to be exercised by the Health and Wellbeing Board established by the local authority.

(2)A local authority may arrange for a Health and Wellbeing Board established by it to exercise any functions that are exercisable by the authority.

(3)A Health and Wellbeing Board may give the local authority that established it its opinion on whether the authority is discharging its duty under section 116B of the 2007 Act.

(4)The power conferred by subsection (2) does not apply to the functions of the authority by virtue of section 244 of the National Health Service Act 2006.

