

Health and Wellbeing Boards reset tool

To support HWB chairs move into the next stage of COVID-19

Note: this guidance is correct as of 29 May 2020

Introduction

The Local Government Association (LGA) has developed this simple tool to support Health and Wellbeing Board (HWB) chairs/chairmen move into the next stage of COVID-19. Please adapt it to your local circumstances over the forthcoming period.

We can offer free bespoke support to your HWB in this 'reset phase' through virtual channels. This support is very flexible ranging from a telephone call to talk through issues and planning a meeting to a virtually facilitated workshop to help reset the HWB.

We welcome feedback on using this tool and would also like the opportunity to observe a HWB in action in this phase.

For further information and support please contact:
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Model agenda for Health and Wellbeing Boards

June-September 2020

Most Health and Wellbeing Boards have not met during the COVID-19 emergency, with the exception of a small number that had meetings planned in late March and elected to use the diary slot to brief HWB members about the emergency or, in at least one case, identified the need for an extraordinary HWB meeting to discuss an urgent COVID-19 related issue (eg Birmingham's special HWB session to look at Black, Asian and Minority Ethnic (BAME) mortality).

The decision not to meet has been taken by HWB chairs/chairmen who have immediately understood that there was (in most circumstances) no locus for a HWB meeting during the emergency. The HWB is not an operational arm of place and most of the key HWB members (eg directors of public health, directors of adult social services, directors of children's services, clinical commissioning group accountable officer, acute chief executive officer) were fully engaged in urgent and all-consuming frontline activity.

"I stood down the Health and Wellbeing Board straight away. It was obvious that the professionals [that support it] were going to be far too busy."

HWB chair and council deputy leader

Now that the immediate emergency phase is coming to an end, most HWB chairs/chairmen are revisiting the strategic purpose of the HWB with an eye to the important contribution that the HWB will make to the local system as we move towards recovery. They are striving to strike the appropriate balance between ensuring progress towards eliminating health inequality, the need to reassess needs and priorities in the light of the impact of the pandemic and being vigilant that any short-term activity does nothing to compromise readiness for ongoing containment of the virus.

In a recent set of interviews with HWB chairs/chairmen, most were contemplating holding virtual meetings in June, July or September and it is worth noting here that channel shift to online platforms appears to be universally accepted and, in some places, (eg large and rural) universally welcomed. HWB chairs/chairmen are thinking incredibly carefully about the content of the agenda for their first post-emergency HWB meeting and are determined to position their HWB meetings as a forward-looking event that reasserts the system leadership role that the legislation intended the HWB to fulfil.

"We know that we can't do this in the way that we've done it in the past. The Health and Wellbeing Board needs to give this legitimacy by having a conversation with the public. We need to sharpen up our communication with the public."

HWB chair in a two-tier setting

To that end and drawing upon the ideas of HWB chairs/chairmen from up and down the country, here is a suggested menu for the content of your next HWB meeting(s). We would be particularly pleased to hear from HWBs that find these suggestions useful and would welcome the opportunity to observe their meetings online. Equally, in this fast-moving world, please tell us if you think we have missed anything important.

This document is being prepared at the end of May 2020. It is important to acknowledge that the thinking that has gone into preparing it is heavily contextualised by contemporary understanding of the pandemic. HWBs need to ensure that their thinking and decision making takes account of a range of potential scenarios including a successful and early vaccine, a severe second spike and a long, tapered recovery.

HWB reset agenda

1. Welcome from the chair/chairman

This might be the opportunity for a joint welcome from the vice- or co- chair(s)/ to underscore the positive partnership working that has taken place during the emergency.

2. One minute's silence in memory of those lost during the pandemic

It might be appropriate to highlight particular deaths here if there have been notable local issues.

3. Message of thanks

The chair/chairman might want to use the opportunity to use their status as a system leader to give a clear message of recognition and congratulation to all that have played their part in the local system response.

4. Understanding the new health and wellbeing landscape

A discussion to cover the following:

- an assessment of the local impact of COVID-19
- an analysis of how that impacts on the existing Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS), including local priority actions
- outlining broad proposals for review and refresh of the JSNA and JHWS in the medium-term, including manageable and realistic timescales
- the financial environment going forward, anticipating challenging choices and decisions as the long-term consequences of the emergency response crystallise.

Local authorities and HWBs are uniquely placed to align and lead policy in a place setting, taking account of the wider health determinant impact of COVID-19. The HWB should be looking at wider impacts. Key areas for consideration could include:

- homelessness
- worklessness
- poverty
- food poverty
- domestic violence.

Furthermore, the HWB needs to look at forecasts of medium- and long-term impact and agree mechanisms for adjusting the JSNA and JHWS in a timely way as new evidence emerges over time. These should also be linked to an understanding of the wider context including, but not restricted to, the council's priorities for regeneration, community resilience, adult social care, children and young people etc.

Finally, there needs to be an open and candid discussion about ongoing NHS reorganisation. HWBs need to be clearly sighted on all such proposals and be confident that they are able to effectively advocate for place in any decision making. In particular, careful thought needs to be given to any changes in the local implementation plans and structures for Clinical Commissioning Groups, Sustainability and Transformation Partnerships and Integrated Care Systems during, or as a result of, COVID-19.

5. What do we need a sharp focus on now?

- (a) Including the identification of any urgent and immediate corrective action that needs to take place, mindful of lessons learned during the emergency period.

Which JHWS priorities are coming to the fore in this post-emergency phase? This could include:

- wellbeing
- mental health, especially at a low-level in the community
- physical activity, sustaining recent new adopters and encouraging those who have not been physically active during the lockdown, targeting those most at risk
- local health inequalities that have increased morbidity and mortality, notably amongst BAME communities. Examining what this means for targeting prevention, health promotion, care and support.

And how do we do this where there is an imperative for urgency and speed?

Additional emergent issues for immediate strategic oversight could include:

- ongoing support for care homes
- population health consequences of postponed NHS activity
- specific mental health needs of COVID-19 patients who required aggressive clinical intervention
- specific mental health needs of frontline workers.

- (b) Public protection priorities

To be briefed about the next phase of public protection work, including the local system readiness for testing and contact tracing.

6. What positives have come out of the emergency?

What good practice needs to be recognised, cherished and sustained?

This could include:

- partnership
- agile use of the Better Care Fund
- hospital discharge arrangements
- community response and wider social capital
- co-production
- new approaches to governance through online platforms.

And what needs improving?

- a no-blame approach to what didn't work – not just in terms of the local response but co-ordination between national and local organisations, consistency of information to communities etc
- in terms of future emergency responses, medium-term of addressing the long tail of COVID-19 and the long-term co-ordination of the health, wellbeing and care system.

7. What do we need to do next?

What are the medium- and longer-term actions we need to consider for our future agendas and related workstreams?

These might include:

- agenda items for future formal HWB meetings
- issues for intervening HWB development sessions
- have we still got the right people around the table?
- involvement of parishes and districts (where relevant)
- understanding how our place will influence strategy and decision-making in wider footprints
- mechanisms to be candidly aware of and vigilant about the relevance of our plans for the wider system
- revisit the HWB engagement and communications strategy with partners and the community.

8. Are there existing tools and frameworks that can help us?

HWBs might want to discuss framing the response in the context of pre-existing tools and frameworks. These could include:

- Health in All Policies
- Marmot 10 year review

Additionally, as HWBs grapple with the enormity of the task ahead, HWBs might want to contribute experience and intelligence to the national representational thinking of bodies such as the LGA, ADASS, ADPH, NHHCC particularly as they identify key policy and resource challenges.