

# Practical guide to engaging with health and wellbeing boards

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Written by Nehal Depani, Compact Voice

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# Executive summary

Health and wellbeing boards (HWBs) have been operational since April 2013. They set the strategic health and wellbeing priorities for the local area and help guide the work of the local clinical commissioning groups (CCGs); they are therefore important bodies for voluntary sector organisations to engage with. The first part of this guide, aimed at those who are less familiar with the health commissioning landscape, gives an overview of how HWBs work, what they are responsible for and who is involved in their work. The second part of the guide focuses on practical tips to help you engage with HWBs. We break this down into five key steps:



To a large degree, the best way of engaging will depend on the relationships and structures which already exist in your local area. This guide provides a framework to help you get started in creating a sustainable and mutually productive relationship with your HWB by outlining options to consider and questions to ask.

Good relationships rely on both parties understanding each other: explaining the value of the voluntary sector is much easier if you can put yourself in a HWB's shoes. As a result, we emphasise the importance of planning and doing your research beforehand both in terms of logistics (who to approach and how) and in demonstrating impact. Investing resources in this at an early stage will be well worth the effort if it leads to better partnership working later on.

## Introduction

HWBs are part of the new health commissioning landscape introduced by the Health and Social Care Act 2012. The Act moved responsibility for public health into local government, and created several new bodies – including HWBs.

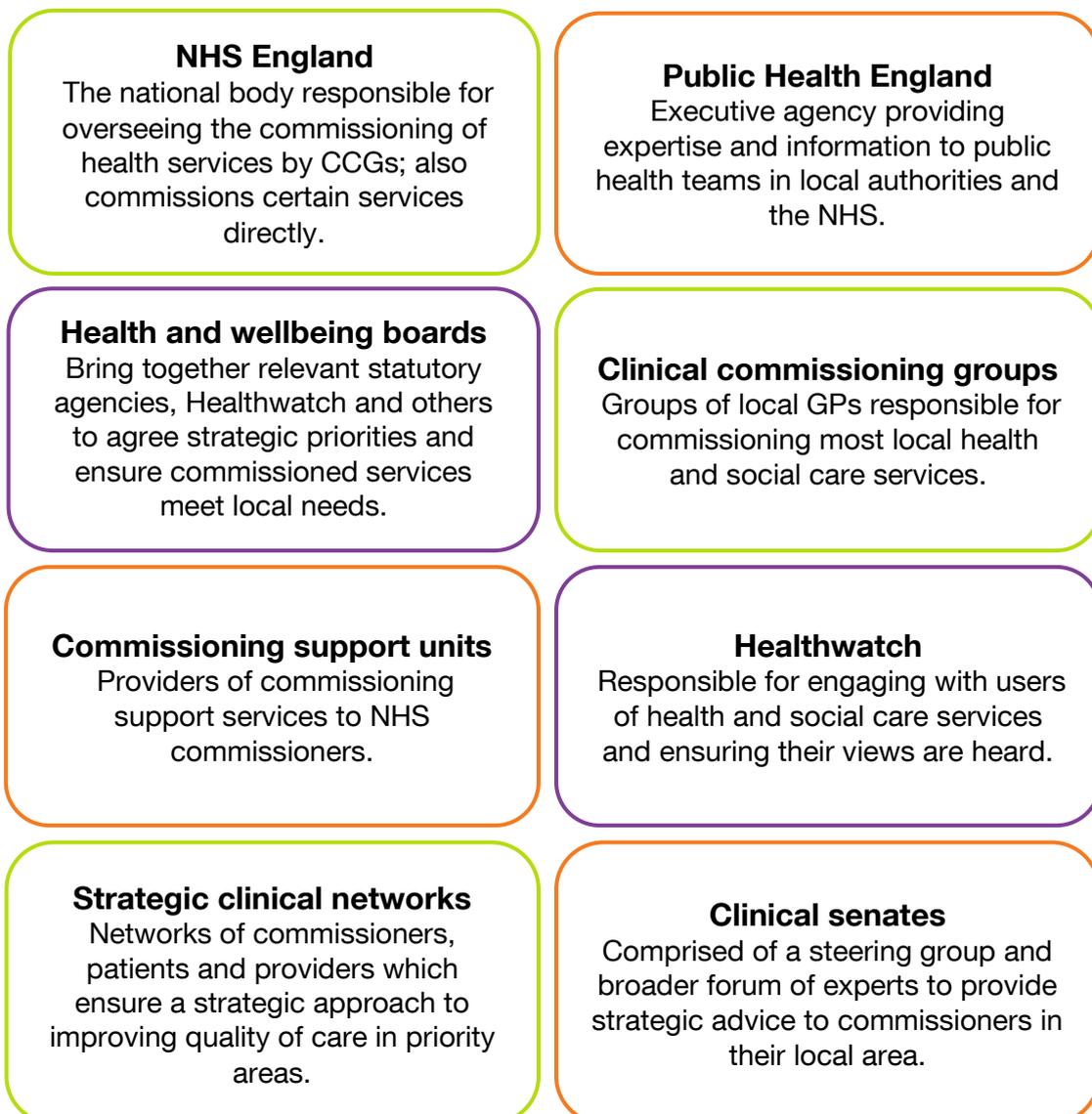
A [Compact Voice briefing on the Compact and health partnerships](#) was produced in 2012. Regional Voices has also been carrying out [detailed research into how HWBs are working](#)

in practice. The purpose of this guide is to provide a consolidated overview of how HWBs are working, and outline practical steps for voluntary sector organisations looking to engage with HWBs based on this knowledge.

This briefing is part of a series on engaging with new local government bodies. If you find this resource useful, have a look at the rest of the series, which covers **clinical commissioning groups, police and crime commissioners** and **local enterprise partnerships**.

## A who's who of health commissioning

To understand how HWBs work, it is important to be familiar with the other key bodies in the health commissioning landscape. These are summarised below.



# About health and wellbeing boards

## What is the purpose of health and wellbeing boards?

HWBs bring into one forum representatives from health, social services and the local community to decide what the main public health needs of the local population are, and to determine how best to meet them in an integrated and holistic manner.

HWBs have a statutory duty to encourage the integrated delivery of health and social care to advance the health and wellbeing of people in their area.

## Where do health and wellbeing boards operate?

The local authority is responsible for establishing a HWB for its area. They are a statutory requirement for upper tier and unitary local authorities (i.e. county councils, unitary authorities in shire areas, London boroughs and metropolitan boroughs). Second tier councils (district, borough, city councils) may create a HWB (for instance as a sub-committee of the upper tier HWB) but this is not a requirement.

## Who sits on health and wellbeing boards?

The core membership of HWBs is prescribed by statute and includes:

- A councillor or elected mayor/executive leader of the local authority;
- The director of adult social services;
- The director of children's services;
- The director of public health;
- A local Healthwatch representative; and
- A representative from each CCG in the area.

The local authority also has latitude to include other people following a consultation with the rest of the HWB. In roughly half of HWBs, this includes one or more voluntary sector representatives.

## What are health and wellbeing boards responsible for?

HWBs provide oversight of the local health and care system: they do not commission health services themselves and do not have their own budget (although the local authority may delegate some of its functions and budget to the HWB). It is worth noting that some are pushing for HWBs to have a more direct role in commissioning, particularly to ensure the provision of integrated care. The principal responsibilities of HWBs are set out below:

- **Producing joint strategic needs assessments (JSNAs):** JSNAs are assessments of the current and future health and social care needs of the whole of the local population. HWBs must consult with the local community when producing the JSNA and should take into account a broad range of issues, including demographics, the particular needs of disadvantaged or vulnerable groups and wider social, environmental and economic factors which might impact on health and wellbeing. The JSNA must be taken into account by local authorities, CCGs and NHS England when preparing or

revising commissioning plans. For more information, see [Regional Voice's resources on JSNAs](#).

- **Producing joint health and wellbeing strategies (JHWS):** JHWSs are strategies for meeting the local health needs identified in the JSNA. Like JSNAs, JHWSs must be taken into account by local authorities, CCGs and NHS England when preparing or revising commissioning plans.
- **Oversight of CCG commissioning plans:** CCGs must liaise with the HWB when preparing or making significant revisions to their commissioning plans, and provide the HWB with a draft plan. The HWB opinion on the final plan must be published with the commissioning plan. The HWB can refer the plan to NHS England if it thinks the JHWS is not being taken account of properly and must be consulted by NHS England when the annual performance of each CCG is drawn up.
- **Better Care Fund plans:** The Better Care Fund is a £3.8 billion pooled budget reallocated from other budgets to allow health and social care services to work together in producing more integrated services. Local areas were required to submit joint plans in April 2014, signed off by their local HWB, on how they would spend their allocations in 2015/16. In some areas, the voluntary sector was involved in this process, although this was hampered by short timeframes for engagement exercises.

## Engaging with health and wellbeing boards

In this section we set out a five step practical plan for how voluntary organisations could engage with their local HWB.



### 1. Do your homework!

It is useful to begin by making sure you have a clear idea of how HWBs work in general and how your local one works in particular. The previous section of this briefing provides an introduction on the first question; the box below lists key pieces of information to help you answer the second.

## What do I need to know about my HWB?

- ✓ The membership of the HWB, including who the chair and vice chair are and whether there are any representatives in addition to statutory members
- ✓ The terms of reference for the HWB; this sets out governance arrangements for the HWB (where and when it meets, conflict of interest procedures, voting procedures etc.)
- ✓ The current JSNA and JHWS
- ✓ How often the HWB meets and what its mix of formal and informal meetings is
- ✓ The agenda and minutes for the most recent meetings (to give you an idea of how the HWB works in practice)
- ✓ Any working groups, priority delivery groups, sub-committees or other bodies which have been set up by the HWB to consider specific issues, their members, powers and governance arrangements
- ✓ The identity of the local authority officer(s) responsible for supporting the HWB
- ✓ The identity of the local Healthwatch member(s)
- ✓ Whether there is a voluntary sector member on the HWB, what their background and involvement is, and how they engage with other voluntary sector organisations
- ✓ The other forms of stakeholder engagement outside of representation on the HWB (for instance, networks or open meetings)
- ✓ The main deadlines that are coming up for the HWB
- ✓ Who the elected members are and what their priorities are in terms of health and social care.

This information will give you an overview of how the HWB works in practice, and crucially, where the influence lies. HWBs deal with an enormous amount of information and a voluntary sector representative sitting on the HWB is likely to have limited resources to consider it all; getting a feel for where decisions are made is therefore very important.

In many HWBs it is rare for decisions to be made at the HWB meeting itself – important aspects of strategy may for instance be decided by the planning committee that sets the agenda for the meetings, or in other sub-committees.

The [Local Government Association's \(LGA\) brief guide to local government](#) is a good starting point for understanding local government.

Contact and other basic information for each HWB is available from various sources including the [King's Fund Directory](#) and [Regional Voices' "Who's Who in Health and Social Care Guides"](#). The [King's Fund's free monthly bulletin](#) also contains the latest news, policy developments and guidance around HWBs. For local information, most HWBs have their own webpages on the local authority website. This [LGA interactive map summarises local priorities and contains links to health and wellbeing strategies](#).

## 2. Making contact

### Making initial contact

The best way to contact the HWB is through contacts that you already have. Your local voluntary support organisation is likely to have had some involvement in their work – if you are not sure who they are, have a look at [NAVCA's directory of local support and development organisations in England](#). In some cases, however, pressure on local authority spending and the introduction of a number of new bodies means that older relationships no longer exist and new contacts need to be made. In either scenario, it can help if the voluntary sector is co-ordinated in its approach to the HWB as HWB members may not have the resources to look through information sent by each individual voluntary organisation.

#### Who do I target?

- ✓ What are your objectives in engaging with the HWB? Why is the HWB the right body to approach, rather than the CCG, a commissioning support unit, the public health team or a local GP directly? Remember that HWBs have a strategic role rather than commissioning directly.
- ✓ If there is a voluntary sector member on the HWB, they are the obvious person to approach. Work out what engagement channels exist already and use those rather than trying to bypass them or invent new ones.
- ✓ If there is no voluntary sector representative or other form of voluntary sector engagement, think carefully about who to contact. A useful starting point is the HWB supporting officer who will know the best channels of communication.
- ✓ Research the members and identify any who seem aligned with your objectives. A targeted approach is likely to work better than sending a generic letter to the chair. The Healthwatch member is likely to be sympathetic to the voluntary sector, but remember that they represent the patients and the public and not the voluntary sector (see below).
- ✓ Consider whether you are better off targeting your approach at a particular sub-committee if this is where ideas are formulated before going up to the main HWB.

### Making the case for voluntary sector involvement

In many cases, individuals on the HWB may not have had much previous contact with the voluntary sector or may have preconceived ideas of how the sector operates. In such circumstances it helps to be able to make a concise case for the value of the sector and its economic contribution.

### Five reasons for public bodies to work with voluntary sector organisations

1. **Expertise:** by working with geographic or thematic communities – often over the course of many years – voluntary sector organisations have detailed and granular knowledge of local health and social issues
2. **Value driven:** the ultimate goal of the voluntary sector is to meet the needs of its beneficiaries, so it will often deliver added value.
3. **Innovation:** voluntary sector organisations can often identify problems and start experimenting with solutions more rapidly than the statutory or private sector – particularly when they are grant funded.
4. **Preventative services:** the voluntary sector excels in early intervention, prevention and holistic services which reduce the need for individuals to rely on statutory services later on.
5. **Contact with underrepresented groups:** voluntary sector organisations reach people who are less likely to be heard by government, ensuring that policies take into account the needs of all sections of society.

In order to relieve the strain on public resources, government is having to fundamentally rethink how public services are delivered, including by breaking down silos between health and social care and investing in preventative and early intervention services. It helps to remind the HWB that these are areas in which the voluntary sector already has significant expertise. By offering a common sense approach and challenging preconceived assumptions (rather than trying to provide clinical solutions) the voluntary sector can demonstrate its value to the HWB.

### Case study: Early Action Commission in Southwark

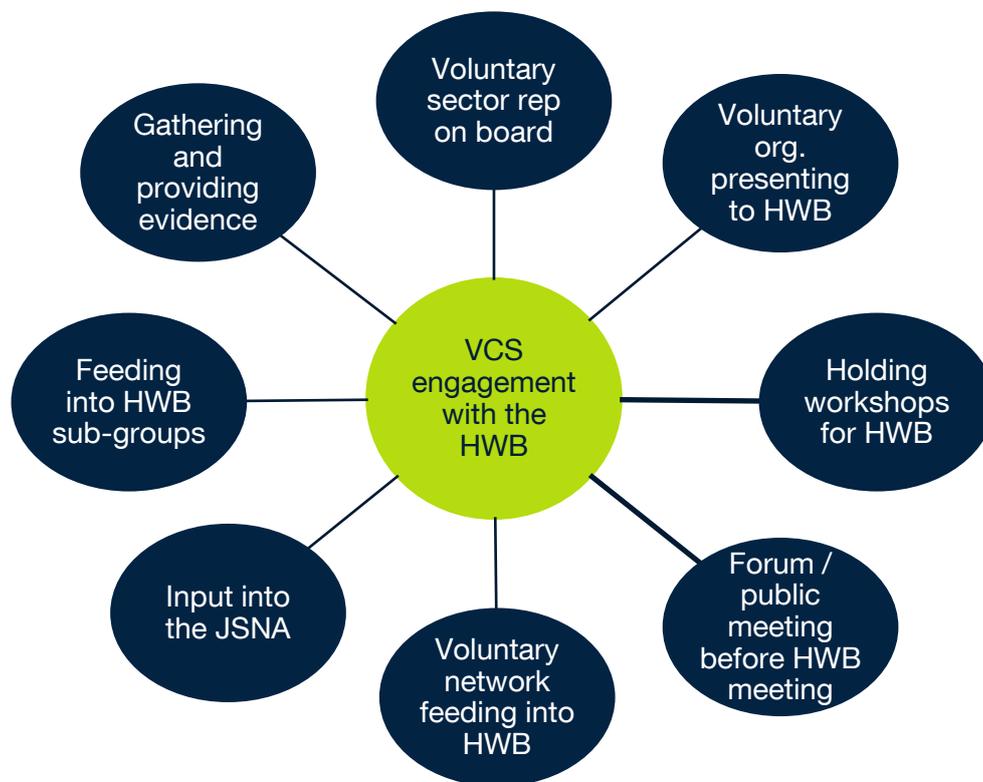
Southwark's Early Action Commission was established by the HWB following a proposal by [Community Action Southwark](#) (the voluntary sector representative on the HWB). Bringing together voluntary and public sector organisations, and chaired by Margaret Hodge MP, it will look at the ways in which measures taken at an early stage could improve the health and wellbeing of the local population and reduce reliance on expensive public services such as hospitals, prisons and care homes.

The Commission will work with the HWB and is due to report in March 2015.

## 3. Determine the best form of engagement

A voluntary sector representative on the board is only one of a number of ways in which the voluntary sector can engage with the HWB. Some of the possible routes are set out below, and are also explored in more detail by Regional Voices in "[Influencing the Agenda](#)".

Whatever method is used, it is important that the voluntary sector is able to present a united front and ensure that the views of the sector as a whole that are put forward, rather than just the organisation with the loudest voice.



It is important that any voluntary sector representative has the attributes that make them appropriate for the job – in particular, think seriously about how they are selected and how they communicate with the sector. These elected representatives must work together to gather and share information with the rest of the sector. A representative from a provider of health services who is appointed in a closed process and who does not have regular contact with other voluntary organisations will be more vulnerable to accusations of unfair advantage, even if these are completely unfounded. A transparent selection, or better yet, election process, and clear lines of communication minimises the potential for conflict later on.

### Appointing a Voluntary Sector Advocate to the HWB in Bristol

The [voluntary sector advocate](#) to the Health and Wellbeing Board in Bristol is elected by the local voluntary sector. The work of supporting advocates (there are several in Bristol who sit on strategic boards and partnership groups) is undertaken by [Voscur](#), the local support and development organisation. Voscur is funded by the local authority for the work. The voluntary sector advocate's term on the Health and Wellbeing Board is for four years, with the option to stay for a further year. This gives the advocate a chance to really get into the role. Bristol Health and Wellbeing Board allows for a stand-in advocate from the Health and Social Care Network, should the named advocate be unavailable for a meeting.

Source: Regional Voices: '[Case study: Feeding back to the VCS in Bristol](#)', October 2014.

The Regional Voices publication '[Influencing health and wellbeing boards – reviewing your role on the board](#)' is a useful resource for new voluntary sector representatives on HWBs.

When considering other ways to influence the HWB, look at the methods of engagement that already exist. It is easier to use these than trying to establish completely new processes.

### **Case study: Norfolk Voluntary Sector Engagement Project**

Funded by the HWB, the Voluntary Sector Engagement Project continues the strategic integration of the voluntary sector started through the Norfolk Compact and Local Area Agreement. The HWB has three elected voluntary sector members; expertise from the sector can also be accessed through voluntary sector provider forums and task and finish working groups. The project has helped the HWB mitigate the impact of welfare reforms on vulnerable people. It has also contributed to the production of the "Moving Forward Together Action Plan", which embedded formal opportunities for the voluntary sector to feed into commissioners and improve commissioner / voluntary organisation dialogue.

The Norfolk Voluntary Sector Engagement Project was shortlisted in the "Compact Engagement" category of the 2014 Compact Awards. For further details about this project, see the [Compact Awards 2014 shortlisted nominations booklet](#).

It is important that the sector does not rely solely on the Healthwatch representative to put forward its views. Healthwatch is the representative for patients and the public, not voluntary organisations and the specific communities they serve, and is unlikely to have the capacity to speak for the voluntary sector. That said, a good relationship between Healthwatch and the voluntary sector representative can be crucial for sense checking and providing support.

For further information, see the Regional Voices briefing '[The voluntary sector: a key partner in local Healthwatch](#)'. It also pays to find out more about how you can work with the Patient Participation Group.

## **4. Demonstrate your impact**

The crucial point is to be able to demonstrate that you are solving a problem that the HWB cares about. This means being able to show both value for money and good outcomes. The NHS Confederation, Regional Voices and the LGA have provided a useful briefing '[Comparing apples with oranges? How to make better use of evidence from the voluntary and community sector to improve health outcomes](#)' advising HWBs on useful ways in which they could approach using evidence from the voluntary sector.

### Impact and solutions

- ✓ How could your experience contribute to the JSNA and JHWS so that it more fully reflects the needs of the community?
- ✓ How does the issue you care about fit in with the priorities and strategy already identified in the JSNA and JHWS?
- ✓ Do you have any relevant experience in providing integrated services that could assist the HWB?
- ✓ Who are the groups of people that you could help connect the HWB with?
- ✓ Have you got evidence or could you collect evidence which could feed into the commissioning process?
- ✓ Could you found or contribute to a special interest group which addresses a particular relationship?
- ✓ Have you in place robust evaluation processes which demonstrate that you are delivering real social value and value for money?

### Case study: East Merton Community Health and Wellbeing Fund

The Merton Community Health Champions project recruits and trains Community Health Champions from diverse backgrounds to promote healthy lifestyles in hard to reach communities. The evidence on local need and solutions drawn from the work of the Health Champions has formed the basis of bids to the East Merton Community Health and Wellbeing Fund.

The Community Health Champions project was shortlisted in the Advancing Equality category of the Compact Awards 2014. For further details about this project, see the [Compact Awards 2014 shortlisted nominations booklet](#).

One East Midlands (one of the Regional Voices' networks) has developed a briefing about open source data sets (such as PHE's [Data and Knowledge Gateway](#), the [Office for National Statistics](#), and the [Health and Social Care Information Centre](#) a data catalogue) which can help the voluntary sector make its case to clinical commissioners and other funders in health and wellbeing. Key sources of data are also summarised in '[Better Data: Making the third sector business case for health improvement](#)'.

## 5. Encourage Compact working

### The national Compact and local Compacts

[The Compact](#) is the agreement between government and the voluntary sector in England. It sets out key principles which establish a way of working that improves their relationship, in order to achieve common goals for the benefit of communities and citizens in England. The

latest version of the Compact was produced in 2010, and all central government departments have signed up to it.

The national presence of the Compact means that it has a strong identity and widespread buy-in. This is combined with the flexibility of local Compacts which are often based on the national Compact but which are tailored to reflect the needs of each community. [Compact Voice's map of local Compacts](#) will help you find your local Compact, and who its main point of contact is.

## Using Compact principles

The national Compact is made up of five key principles.



Each principle is sub-divided into a number of undertakings made by government and / or the voluntary sector. These undertakings are more than abstract concepts – they are concrete steps which can help ensure that the voluntary sector is not an optional extra, but a co-producer and provider. Using the national Compact as an example, the table below shows how undertakings within Compacts can be used by the voluntary sector to push for real change.

	<b>Undertaking</b>	<b>Application to HWB</b>
<b>1.4</b>	Ensure greater transparency by making data and information more accessible	Encourage the HWB to hold more of their debates in public, to tweet and to live stream meetings
<b>2.3</b>	Work with civil society at the earliest possible stage to design policies, programmes and services	Convince the HWB to let the voluntary sector become more involved in the committees that set agendas and send papers out

3.11	Ensure all bodies distributing funds on the Government's behalf adhere to the commitments in this Compact	HWB constituent members (including CCGs, social services and public health teams) to take the Compact into account in their own activities
5.2	Acknowledge that organisations helping specific disadvantaged or under-represented group(s) can help promote social and community cohesion	Encourage the HWB to make links with voluntary groups working with seldom heard groups in order to fulfil its own duty to involve such groups

### Embedding the Compact in your local community

The [Department of Health's statutory guidance on JSNA and Joint Health and Wellbeing Strategies \(JHWS\)](#) sets out the expectation that the relevant local Compact should be considered and recognised within the JSNA and JHWS process. Our 2013 annual local Compact survey showed that 9% of Compacts were signed by the local HWB. While exactly who is signing up and in what capacity can mean different things in different areas, the important point is that HWBs are increasingly becoming more engaged with the Compact.

It is important to remember that the voluntary sector also must uphold certain standards of behaviour in order to ensure productive relationships. This involves being open, constructive and using a robust evidence base to back up positions.

#### How can I embed the principles of good partnership working?

- Encourage explicit reference to the principles of the Compact in commissioning plans, thinking about the practical implications of each principle in your local context.
- Establish routes of communication between the HWB and the local Compact group.
- Encourage the HWB to sign up to the local Compact if they are not already – this can be part of a broader renewal. This might be the chair signing on behalf of the entire board or encouraging each of the constituent members to sign up.
- Remember the other levers for good partnership working – in particular the public authority's duties under the Public Services (Social Value) Act 2012 and the public sector equality duty under the Equality Act 2010.
- Make the most of the HWBs duty to involve the local community, including people living in different geographic areas, communities of interest and seldom heard groups when developing its JSNA and JHWS.

[Talk to Compact Voice!](#) We provide local support to help build and maintain sustainable relationships.

**Case study: Manchester JSNA Protocol and VCS:  
A unique Compact between Manchester HWB and the voluntary sector**

The JSNA Protocol and VCS Compact provides a framework governing the respective roles of the Manchester HWB and the local voluntary sector in producing and developing the joint JSNA. It recognises the importance of the voluntary sector in developing the JSNA. Calls for evidence and for priority topics have been issued to local people and organisations to determine the extent to which services are meeting the needs of the local population and to feed into the priorities included in the JSNA.

See also the Regional Voice's case study '[Voluntary Sector Intelligence - Case study: VCS Involvement in the Manchester JSNA – The JSNA Protocol and the Compact](#)'.

Finally, good partnership working between voluntary organisations can be as crucial as good partnership working between the voluntary sector and the public sector. While competition between voluntary sector organisations can make this more difficult, the sector can have more influence when it presents a co-ordinated front.

## About Compact Voice

Compact Voice works to promote the Compact and ensure that strong, effective partnerships are at the heart of all relationships between the voluntary sector and government locally and nationally. We provide training, support, advice and information about better partnership working to both sectors, represent the interests of the voluntary sector to government, and champion the principles of the Compact.

## About Regional Voices

Regional Voices is a partnership of nine regional networks which champions the work of voluntary and community organisations to improve health, wellbeing and care across England. It is a [Health and Care Voluntary Sector Strategic Partner](#) of the Department of Health, NHS England and Public Health England and it works to support voluntary and community organisations to understand changes within the health and care system and supports organisations to influence these changes, in order to achieve better outcomes.

## Selected further resources

- Compact Voice has recently published a revised version of the [Partnership working toolkit](#) which provides practical, straightforward information covering everything you need to know about local Compacts, understanding and engaging with commissioners, decommissioning well and constructive dispute resolution procedures.

- [Regional Voices has carried out detailed work on how voluntary sector organisations can engage with HWBs and how the voluntary sector can engage with them.](#) This includes a series of resources on ‘[Influencing Health and Wellbeing Boards](#)’ including Working with Councillors, Voting Rights, Influencing the Agenda, Conflict of Interest and Funding Engagement, briefings on specific issues (voting rights, working with councillors etc.) and a guide for board members.
- The [Department of Health’s statutory guidance on JSNA and JHWS](#) explains the relevant duties and powers relating to JSNAs and JHWSs.
- The National Audit Office released in November 2014 a report entitled ‘[Planning for the Better Care Fund](#)’ on the operation of the Better Care Fund and HWBs.
- A detailed set of [operating principles](#) has been published by a partnership of government organisations to help HWBs consider how they can create effective partnerships across local government and the NHS.
- [Public Health England’s a framework for Health and Wellbeing Boards](#) on the importance of developing strong, inclusive communities is a useful resource for making the case for voluntary sector involvement.
- For information on a specific topic, a good first port of call is the [LGA’s detailed HWB Information Resource](#) which brings together sources of information for HWBs arranged by subject (including a section on partnership working). The LGA’s briefing “[Healthwatch: On the board toolkit](#)” has useful case studies and tips on how to influence on the HWB.

## Further information

This briefing is part of a series produced by Compact Voice, which are aimed at helping voluntary organisations to engage better with commissioning bodies. Other practical guides in the series focus on:

- Clinical Commissioning Groups
- Police and Crime Commissioners
- Local Enterprise Partnerships

The guides will be published throughout March and April 2015, and can be downloaded from [www.compactvoice.org.uk](http://www.compactvoice.org.uk).

**If you require this information in an alternative format or have any feedback on our resources, please email [compact@compactvoice.org.uk](mailto:compact@compactvoice.org.uk) or call 0207 520 2451.**