



Shadow Health and Well Being Board

Date:	Wednesday, 14 December 2011
Time:	5.00 pm
Venue:	Committee Room 2 - Wallasey Town Hall

Contact Officer: Fiona Johnstone
Tel: 0151 651 3914
e-mail: fiona.johnstone@wirral.nhs.uk
Website:

AGENDA

- 1. WELCOME AND APOLOGIES**
- 2. DECLARATIONS OF INTEREST**
- 3. MINUTES**

This is the first meeting of the formal Board therefore no previous minutes are available.
- 4. TERMS OF REFERENCE (Pages 1 - 8)**
- 5. SHADOW BOARD DEVELOPMENT PLAN (Pages 9 - 14)**
- 6. JOINT STRATEGIC NEEDS ASSESSMENT / JOINT HEALTH AND WELL BEING STRATEGY WORKSTREAM (Pages 15 - 36)**
- 7. DEVELOPING EFFECTIVE COMMUNICATIONS (Pages 37 - 40)**
- 8. DATE OF NEXT MEETING**

13 March, 2012
5pm – 8pm in Committee Room 2, Wallasey Town Hall

This page is intentionally left blank

WIRRAL SHADOW HEALTH & WELLBEING BOARD

Meeting Date	14 December 2011	Agenda Item	4
---------------------	------------------	--------------------	---

Report Title	Terms of Reference for Wirral Shadow Health & Wellbeing Board
Responsible Board Member	Fiona Johnstone Director of Public Health

Link To Shadow HWB Function	Board development	✓		
	JSNA/JHWS			
	Health and social care integrated commissioning or provision			
Equality Impact Assessment Required & Attached	Yes	No	N/A	✓
Purpose	For approval	✓	To note	To assure

Summary of Paper	The attached document provides the initial terms of reference, including membership of the Wirral Shadow Health & Wellbeing Board		
Financial Implications	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£ n/a	£ n/a	£ n/a
Risks and Preventive Measures	The remit of the Shadow Health & Wellbeing Board may change over time as the Health & Social Care Bill passes through Parliament, or as the Board develops during its shadow year. To ensure these terms of reference remain fit for purpose they will be reviewed on an annual basis, or as required by the Board in response to development.		
Details of Any Public/Patient/Service User Engagement	These Terms of Reference will be published in the public domain on the meetings website for the Council.		
Recommendations/Next Steps	<ol style="list-style-type: none"> 1. Publication of agreed Terms of Reference 2. Review suggested at 6 and 12 months during shadow year 3. Agreement of any sub-committees of the Board, in particular the Joint Strategic Needs Assessment Executive Board. 		

Report History		
Submitted to:	Date:	Summary of outcome:
Development session of Shadow Health & Wellbeing Board	21/09/11	It was agreed that the Board would not operate as a commissioning board. As a result it was agreed to extend the core membership to include Portfolio holder for Social Care and Inclusion; Portfolio holder for Children's Services and Lifelong Learning; Chief Executive, Voluntary & Community Action Wirral; Chief Executive,

		Wirral University Teaching Hospital NHS Foundation Trust; Chief Executive, Wirral Community NHS Trust; Chief Executive, Cheshire & Wirral Partnership Trust; Chief Executive, Clatterbridge Centre for Oncology NHS Foundation Trust
Development session of Shadow Health & Wellbeing Board	17/11/11	Agreed the draft terms of reference and amended to describe the additional membership as co-opted.
List of Appendices	1. Terms of Reference for Wirral Shadow Health & Wellbeing Board	

Publish On Website	Yes	✓	Private Business	Yes	
	No			No	✓

Report Author: Fiona Johnstone, Director of Public Health

Contact details: Public Health Directorate
Old Market House
Hamilton Street
Birkenhead
Wirral CH41 5FL

email: fiona.johnstone@wirral.nhs.uk
tel: 0151 651 3914

WIRRAL SHADOW HEALTH & WELLBEING BOARD TERMS OF REFERENCE

1. Background

- 1.1 The formation of the Health & Wellbeing Board has arisen from the fact that the Health and Social Care Bill currently making its way through Parliament will expand local authorities' responsibilities for ensuring integration in the approach to health and social care provision in its area, and (subject to the final legislation) will require the establishment of a formal Board. The initial draft Terms of Reference were agreed by Council Cabinet on 23rd June 2011 to enable the first development meeting of the Shadow Board to take place.
- 1.2 The Bill, if passed as currently drafted, will transfer to local authorities and the commissioning consortia in their area the existing duty in the NHS Act 2006 requiring local authorities and PCTs to produce a Joint Strategic Needs Assessment. To this is added a further duty requiring the local authority and the commissioning consortia to prepare a joint health and wellbeing strategy, which is a "strategy for meeting the needs included in the [JSNA] by the exercise of functions of the authority, the NHS Commissioning Board or the consortia". In preparing this strategy consideration must be given to the extent to which the needs could be met more effectively by arrangements under Section 75 of the NHS Act 2006 [arrangements between local authorities and NHS bodies] rather than in any other way.
- 1.3 The JSNA and the joint health and wellbeing strategy are then given effect by another new requirement that local authorities and the commissioning consortia must have regard to the JSNA and the strategy when exercising any relevant functions and by a power on local authority Health and Wellbeing Boards to give their local authority an "opinion" on whether the authority is fulfilling the requirement to have regard to the JSNA and the strategy when performing its functions.
- 1.4 The Health and Wellbeing Board is the new body which will carry out the local authority functions in relation to the JSNA and the joint health and wellbeing strategy. It will be a committee of the local authority, but its membership is broad and determined in the Bill.
- 1.5 In addition to the functions already described, HWBs will have further functions in relation to encouraging integrated working, including a duty to encourage those arranging for the provision of health or social care services in their area to work in an integrated manner, and in particular provide advice, assistance etc. to encourage the making of arrangements under Section 75 of the NHS Act 2006.
- 1.6 In addition the local authority would have power to pass other functions to the HWB. This reflects the message from the government that, while the HWB functions expressly set out in the Bill are reasonably limited and largely strategic in nature, it is anticipated that they will develop a wider key role in the area in relation to health and social care. The Healthy Lives, Healthy People white paper states that the Bill gives "sufficient flexibility... for health and wellbeing boards to go beyond their minimum statutory duties to promote joining-up of a much broader range of local services for the benefit of their

local populations' health and wellbeing". It refers to the wider localism agenda in setting out a vision of local government taking "innovative approaches to public health by involving new partners", which might put HWBs as the central co-ordinating point of a network of services commissioned from different types of provider.

- 1.7 The membership of the HWB reflects the breadth of perspective needed for the preparation of the JSNA and the strategy, and to facilitate integrated working. In response to the requirement to have at least one councillor of the local authority on the Board, Cabinet at its meeting on 4th February 2011 agreed that the Wirral HWB would include all three party leaders. Other required members are the directors of public health, adult social services and children's services, representatives of each commissioning consortia and a representative of the Local Healthwatch organisation. In addition the HWB itself and the local authority (in consultation with the HWB) will have powers to include additional members. The core membership of the Shadow Health & Wellbeing board have thought carefully about the composition of our HWB to ensure that it balances the need for other perspectives with ensuring appropriate levels of control over the body's activities. The role of provider organisations is one area where, despite the Board having a commissioning focus, with appropriate transparency and controls in place, it is felt that there is a greater benefit to inclusion than to exclusion.
- 1.8 The Health & Wellbeing Board may also wish to consider establishing some working groups to take forward specific areas of work. One workstream already identified in the development plan is the need to produce a Joint Health & Wellbeing Strategy informed by our Joint Strategic Needs Assessment (JSNA). A multi-agency group called the JSNA Executive Board exists, and it is proposed that this be recognised as a sub-committee of the Health & Wellbeing Board. Any further sub-committees will be considered by the Board as it gains an understanding of how it wishes to work.

DRAFT TERMS OF REFERENCE (version 1.3) – Changes to the original draft TOR which went to Cabinet in June 2011 are shown in red.

WIRRAL HEALTH & WELLBEING BOARD

Purpose

The Shadow Health and Wellbeing Board will not be responsible for directly commissioning services, but will provide oversight, strategic direction and coordination of the following activities.

1. To oversee and implement the creation of a Wirral Health & Wellbeing Board in readiness to assume its statutory responsibilities from April 2013.
2. To propose recommendations regarding this work to:
 - Wirral Council Cabinet
 - NHS Cheshire, Warrington & Wirral Cluster PCT
 - Wirral GP Commissioning Consortia
3. To drive a collaborative approach to commissioning of improved health and care services which improve the health and wellbeing of local people.
4. To develop a shared understanding of the needs of the local community through the development of an agreed Joint Strategic Needs Assessment.
5. To seek to meet those needs through leading on the development and publication of a high-level Joint Health & Wellbeing Strategy.
6. To consider options for the development of HealthWatch in Wirral ensuring that appropriate engagement and involvement within existing patient and service user involvement groups takes place.
7. To consider and take advantage of opportunities to more closely integrate health and social care services in commissioning and provision.
8. To review the financial and organisational implications of joint and integrated working across health and social care services, ensuring that performance and quality standards of health and social care services are met, and represent value for money across the whole system.
9. To establish a key forum for local democratic accountability relating to commissioning against agreed health outcomes.
10. To consider how best the Shadow Health & Wellbeing Board can work with the Local Strategic Partnership and ensure that the relationship is productive and does not duplicate activity.
11. To identify and act on changes that may be required following the enactment of the Health and Social Care Bill in order to establish the Statutory Health and Wellbeing Board to replace the Shadow Board.

Membership

Board membership as outlined in Health & Social Care Bill	Shadow Board Membership
<p>Locally elected representatives</p> <p>Chief Executive Council</p> <p>NHS Commissioners (PBC) Representative of NHS Commissioning Board</p> <p>Director of Public Health Director of Adult Social Services Director of Children & Young People's Services</p> <p>HealthWatch</p>	<p>Core Membership</p> <p>All three party leaders</p> <p>A representative from each of the three GP Commissioning consortia</p> <p>Chief Executive Wirral Council</p> <p>A representative of the NHS Cheshire, Warrington & Wirral Cluster Board</p> <p>Director of Public Health Director of Adult Social Services Director of Children & Young People's Services</p> <p>LINKs</p> <p>Co-opted membership</p> <p>Portfolio holder for Social Care and Inclusion Portfolio holder for Children's Services and Lifelong Learning</p> <p>Chief Executive, Voluntary & Community Action Wirral</p> <p>Chief Executive, Wirral University Teaching Hospital NHS Foundation Trust</p> <p>Chief Executive, Wirral Community NHS Trust Chief Executive, Cheshire & Wirral Partnership Trust Chief Executive, Clatterbridge Centre for Oncology NHS Foundation Trust</p>

Representatives of other bodies may be invited to participate in Board discussions, or **co-opted**, to support effective decision-making. Such representatives should be invited bearing in mind the principles of fairness, equality and transparency.

The Board will be supported by appropriate administrative support provided from the public health directorate.

Meetings

Formal meetings will be held quarterly. Development sessions will also be held for Board members during the year as required.

Agendas and minutes of formal meetings of the Board will be published on the Council website.

Chair

The Leader of the Council will chair the Health & Wellbeing Board.

Decisions

Where a decision is required, that decision will be made by agreement among a majority of members present. Where a decision needs to be ratified by one or more of the statutory agencies, the ratification process will be in accordance with the agreed process within that particular agency.

Minutes

Minutes of the proceedings of each meeting of the Health & Wellbeing Board will be drawn up, circulated and agreed as a correct record at the subsequent meeting, once any required amendments have been incorporated.

Support to the health & wellbeing board

Support to the Board will be provided through [the Public Health Directorate](#).

Review

The membership and terms of reference of the Health & Wellbeing Board will be regularly reviewed (at least annually) to ensure that they remain relevant and up to date.

This page is intentionally left blank

WIRRAL SHADOW HEALTH & WELLBEING BOARD

Meeting Date	14 December 2011	Agenda Item	5
---------------------	------------------	--------------------	---

Report Title	Shadow Board Development Plan – Building the Platform
Responsible Board Member	Director of Public Health

Link To Shadow HWB Function	Board development	✓		
	JSNA/JHWS			
	Health and social care integrated commissioning or provision			
	Other (please specify, referring to the TOR)			
Equality Impact Assessment Required & Attached	Yes	No	N/A	✓
Purpose	For approval	✓	To note	To assure

Summary of Paper	This paper outlines the main development programmes that the Board will undertake in its initial shadow year.		
Financial Implications	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£ 40,000	£ none	This is funding received to be spent on facilitation support from the National Leadership Council under its Place Based Leadership programme
Risks and Preventive Measures	Engagement with the development activities. In order to mitigate against poor engagement from the membership, all members of the board have been asked to nominate themselves to be involved in the work of particular development projects.		
Details of Any Public/Patient/Service User Engagement	Community engagement is one of the proposed development projects		
Recommendations/Next Steps	<ol style="list-style-type: none"> 1. That the development programmes and member links are agreed. 2. That the leads for each programme should work with our assigned facilitators to take the project forward. 3. That progress reports on each of the projects should be received at the Health and Wellbeing Board on a quarterly basis. 		

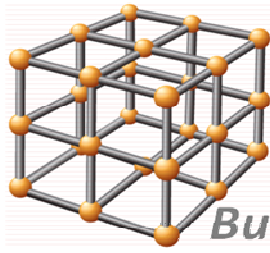
Report History		
Submitted to:	Date:	Summary of outcome:
Development session of Health & Wellbeing Board	17/11/11	This final draft was considered at the Board
List of Appendices		

Publish On Website	Yes	✓	Private Business	Yes	
	No			No	✓

Report Author(s): Professor Laurie McMahon, Loop2,
Fiona Johnstone, Director of Public Health

Contact details: Public Health Directorate
Old Market House
Hamilton Street
Birkenhead
Wirral CH41 5FL

email: fiona.johnstone@wirral.nhs.uk
tel: 0151 651 3914



Building the Platform

A Placed Based Leadership Project to develop the
Wirral Health and Wellbeing Board


1. Background

Introduction

On the 21st September the Wirral Health and Wellbeing Board (HWB) held its first development meeting in shadow form. Wirral had been successful in becoming one of small number of pilot sites for a 'place based leadership' (PBL) initiative sponsored by the National Leadership Academy. In their application Wirral planned to use the resources provided through the PBL project to help establish their Health and Wellbeing Board. The Wirral project – given the working title of 'Building the Platform' – was initiated with a series of telephone interviews with senior managers and professionals from local government, health and third sector agencies across the peninsula.

During its initial development meetings the Board members have considered a report prepared by Professor Laurie McMahon (from Loop2 – one of the two providers selected for the Wirral PBL project. The other facilitator allocated to the Board is Bruce Havelock, from the company GE) which looked at perceptions about partnership working, the expectations about roles and relationships around the new HWB and the PBL issues that might be tackled through the programme.

By the end of the meeting these had been narrowed down to six candidate *Building the Platform* projects – set out below:



Ideas about PBL programme – now 

(preferred approach to PBL : 'learning by doing')

Adopted PBL Projects

1. 'Bench Test' – a process about making difficult decisions
2. 'Producing the Joint Plan' – JSNA to JHWB
3. 'Extending Engagement'
4. Service Reshaping – e.g. Long Term Conditions
5. Public Health Programme – e.g. Healthy Workplace or Alcohol
6. Developing New Leadership Behaviours for the Board for our staff

(revised after the Board discussion)



This short report outlines the areas of work that might be progressed through the PBL programme. This follows.

2. Candidate Projects

There was agreement that the most productive approach to developing the confidence and competence of the Board would be through 'action learning'. The following six themes have emerged as appropriate candidates for inclusion in the Building the Platform project and the resources that go with it. The general approach to each of these was discussed but set out below is a more detail about how best they can be delivered.

2.1 *Making Difficult Decisions*

In the interviews undertaken with stakeholders there was reference to the effects of the Wirral 'double whammy' of demographic change driving up demand occurring at the same time as a rapidly deteriorating financial situation for both the health and local authorities. This would mean that from its inception, the HWB – with a new membership and remit - would have to make some extremely tough strategic decisions - the like of which had not been previously experienced. It was felt best if the leaders represented on the Board could develop their ability to handle such decisions in a safe but realistic learning environment during the shadow phase rather than wait until real lives and real resources were involved.

The '*Making Difficult Decisions*' or *MDD* process has been developed by Loop2 for just these situations. It involves using an imaginary setting and a series of highly realistic scenarios or dilemmas of the type that will be faced by the Wirral HWB. Each dilemma is backed by sufficient information about the context and the evidence to inform the deliberations of Board members. With the help of expert facilitation they work together to decide how best the issue should be resolved. As the members work through the dilemmas a workable approach to decision making emerges based on a better understanding of each others' values and mindsets and the principles and priorities of their host organizations. This outcome will be carefully documented, but the real value of the process is that it provides a safe, pragmatic and reliable way to improve place based decision making and to prepare placed based leaders for making difficult decisions for real. The *MDD* process will require a morning or afternoon.

2.2 *Board Leadership Behaviours*

It was suggested during the meeting that as the HWB was a new arrangement, new relationships and ways of working together would need to be established at an early stage.

It was felt that a rigorous process was required to develop a 'memorandum of understanding' between the members about their behaviour both inside and beyond Board meetings. A process will be prepared for consideration by the Board.

2.3 *The Joint Strategic Needs Assessment and the Joint Health and Wellbeing Plan.*

It was clear that the JSNA should provide the evidence base for the Joint HWB Plan. This PBL project is about developing a robust planning cycle that moves from the JSNA to a HWB plan, through to implementation and on to evaluation.

This is a complex process that needs to be carefully planned. As the first stage Loop2 will design and run a facilitated (half day) planning workshop for a range of local leaders to establish - in collaboration - what needs to be done and by whom. The existing Joint Strategic Needs Assessment Executive Board members will be involved in, and provide leadership to this project.

2.4 *Extending Engagement*

A recurrent theme in the interviews was the need for the Board to find ways of going beyond the current (and quite successful) engagement mechanisms and deliberate directly with the public about health and wellbeing issues *before* attitudes became polarised. It was suggested that it would be difficult to make or implement 'difficult decisions' unless the public were informed about the issues and generally accepting of the need for change. Loop 2 would design and facilitate a 2-3 hour meeting in which a group of relevant local leaders (supported by specialist expertise) would consider the issues, learn from previous experience on the Wirral and establish how the depth and reach of the Board's public engagement could be extended. The output would be a full development proposal to be brought to a subsequent meeting of the Board. This engagement strategy meeting would take 2-3 hours.

2.5 *Understanding how the Health & Wellbeing Board can support the reshaping of services*

It was evident from the interviews that members anticipated that there would have to be quite radical service redesign in order to increase productivity without an undue loss of service quality or access. Although the managing the reconfiguration itself was not seen as part of the Board's role, the development of a shared understanding of the need for change and a common agreement about the integrated change strategy required was seen as central to the Board's function. Developing such a strategy can only be achieved through a process of structured negotiation between stakeholders. It was suggested that we run a demonstration project that draws on Loop2's experience and expertise to learn how to do this. Long term conditions (or specific LTC services) were seen as a good service to serve as the focus for the reconfiguration project.

The design would be bespoke to the LTC services selected and to Wirral's circumstances. It was suggested that a small design group consisting of Board members and others meet for 2-3 hours to develop an outline process for Board approval. Loop2 would then support the Board in the process of developing with stakeholders - especially users, their families and the clinicians and carers involved - a shared reconfiguration strategy.

2.6 *The Public Health Programme*

Two aspects of this emerged during the meeting. The first was the need for the Board to learn how to work together and combine resources to address the stark inequalities that existed on the Wirral. It was suggested that an approach that supports the development of a 'wellness' services approach would be valuable. Within this, particular public health issues may be addressed in more depth.

Linked to this is the transition of public health from an NHS function to a fully integrated health and wellbeing function within the Council. This provides an opportunity to realise the full implications of a move towards 'place based public health' where the public health issues of prescribed communities are addressed together. We suggest that we run a half day design workshop with public health people and others in order to establish how the transition might best be managed.

3. Other Issues and Next Steps

The next step is for these outline proposals to be developed into a fuller delivery plan with timescale and outputs. It was agreed that members of the Board would indicate which of the projects they would like to be involved in and sponsor. All project sponsors would be accountable to the Board for their project's progress and the delivery of the outcomes.

Board members have indicated their interest in involvement with the projects as shown in the table below.

Project	Project Sponsors and Member Leads
'Making Difficult Decisions	Sheena Cumiskey
Board Leadership Behaviours	Sheena Cumiskey
JSNA and the Joint Strategic Health Strategy	Fiona Johnstone
Extending Engagement	Annette Roberts, Sheena Cumiskey
Understanding how the HWB can support the reshaping of services	Sheena Cumiskey
Public Health Programme and Transition	Fiona Johnstone

It was also agreed that members should indicate which order they felt the projects could be addressed in. A suggestion from one of the Board members has been received, which is as follows:

Board Leadership Behaviours
Making Difficult Decisions
JSNA and the Joint Strategic Health & Wellbeing Strategy
Extending Engagement
Public Health Programmes and Transition
Understanding how the HWB can support the reshaping of services.

Clearly a number of these might run in parallel, but it was felt that the reshaping of services should be addressed following the building of relationships and determination of priorities for the HWB.

It is requested that Board Members agree both their project links and the order in which the projects should be addressed at the formal meeting.

WIRRAL SHADOW HEALTH & WELLBEING BOARD

Meeting Date	14 December 2011	Agenda Item	6
---------------------	------------------	--------------------	---

Report Title	Joint Strategic Needs Assessment: supporting the Health & Wellbeing Board outcomes
Responsible Board Member(s)	Director of Public Health; Interim Director of Adult Social Services; Interim Director of Children & Young People; Clinical Commissioning Group Representatives

Link To Shadow HWB Function	Board development		
	JSNA/JHWS		✓
	Health and social care integrated commissioning or provision		
Equality Impact Assessment Required & Attached	Yes	No	N/A
Purpose	For approval	To note	To assure

Summary of Paper	This paper outlines how the Joint Strategic Needs Assessment for Wirral is being developed and refreshed. It also proposes a timeline and set of activities to develop the Joint Health & Wellbeing Strategy.		
Financial Implications	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£ n/a	£	£
Risks and Preventive Measures	Failure to align commissioning plans to clear local outcomes – we would hope to have the draft Joint Health & Wellbeing Strategy presented to the Board in June/July so that it can be agreed, and members who are commissioners can ensure that their plans for 2013/14 are aligned to the identified outcomes.		
Details of Any Public/Patient/Service User Engagement	We would expect significant and wide engagement in the development of the Joint Health & Wellbeing Strategy. A wide range of stakeholders, including the voluntary sector are already engaged in developing the Joint Strategic Needs Assessment		
Recommendations/Next Steps	<p>That the Board:</p> <ol style="list-style-type: none"> 1. agree that the JSNA Executive Board should become a sub-group of the Health & Wellbeing Board. 2. note this report and agree to receive regular progress reports from the JSNA Executive Board 3. agree the suggested actions and timescale for the production of the Joint Health & Wellbeing Strategy. 		

Report History		
Submitted to:	Date:	Summary of outcome:
Not previously submitted		

elsewhere		
List of Appendices	Appendix 1: Terms of Reference JSNA Executive Board	
	Appendix 2: Current JSNA Workplan	
	Appendix 3: Springboard for Action key points	

Publish On Website	Yes	✓	Private Business	Yes	
	No			No	✓

Report Author: John Highton
JSNA Programme Manager

Contact details: NHS Wirral
3rd Floor, West Wing
Old Market House
Hamilton Street
Birkenhead
Merseyside
CH41 5FL

Tel: 0151 651 0011 ext 1496
john.highton@wirral.nhs.uk

Joint Strategic Needs Assessment (JSNA): Supporting the Health & Wellbeing Board outcomes

1. Introduction

Joint Strategic Needs Assessment (JSNA is ‘a process to identify the current and future health and wellbeing needs of a population in a local authority area’. **(DH Guidance)**

The JSNA intends to be a systematic review of the health and wellbeing needs of the local population, informing local priorities, strategies and targets and leading to a review of commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities throughout the Borough.

Information from Council, NHS and other partners is collected and collated to inform the JSNA and this reflects the important role that all organisations and sectors have (statutory, voluntary, community and faith) to improve the health and wellbeing of Wirral’s residents.

This paper sets out the JSNA Workplan as it is intended to support the Health & Wellbeing Board activities and outcomes through providing regular updates on the activity undertaken and progress made in developing the JSNA

2. Background

The first and second Wirral JSNAs were produced in 2008//09 and 2009/10 respectively.

The iterative and continuous process that underpins the JSNA process has been possible since March 2011 when the delivery of Wirral’s Joint Strategic Needs Assessment (JSNA) has been supported by a Programme Lead (seconded from Wirral Council) and Senior Analyst who will lead the review of current content, develop future information for inclusion and work across sectors and partners to enhance the involvement, participation and communication of Wirral’s JSNA and provision of a future Joint Health & Wellbeing Strategy.

3. Local approach to JSNA

The work of the JSNA is directed through the JSNA Executive Board, whose members include the Directors of Adult Social Services, Children’s Trust and Public Health, GP Commissioning Consortia Chief Officers and Chief Executive of Voluntary & Community Action Wirral (VCAW) and articulated through the JSNA Workplan. This plan recognises the need for significant and continued action in relation to fulfill the statutory requirement to produce a Joint Strategic Needs Assessment (JSNA). The terms of reference for the JSNA Executive Board can be seen in **Appendix 1**.

In order to meet this expectation a JSNA Workplan has been produced that provides the framework for undertaking the required activity that underpins the development and delivery of both the statutory requirement and the development of the continuous and iterative process that uniquely defines the JSNA.

3.1 JSNA Workplan

The workplan has a wide range of key activities and actions that essentially cover three defined areas. They are structure, developmental and culture.

Structure – in order to facilitate long term understanding, involvement engagement and use of JSNA in directing needs for local commissioning and service planning it is important to develop the most appropriate local working environment. The work activity in this area covers those fundamental practices to enhance the ability to achieve long lasting outcomes. This includes such aspects as providing the latest documents, considering future policy &

guidance on JSNA and engagement with variety of data users, GPs, sectors and over what range of methods we use to involve everyone in JSNA.

Developmental – with a strong foundation offered through the ongoing structural work it allows us to undertake more detailed work that further enables improvements and developments for the use of the JSNA. This includes such aspects as Exploring new needs and aspirations, considering how we extend use of current partner consultation processes to include JSNA and working with a wider group of commissioners & chapter authors

Culture & Intelligence – with ever increasing involvement, engagement and use of the JSNA as a means to understand the health and wellbeing needs of the local population, informing local priorities, strategies and commissioning it will offer the chance to create a greater ‘joint intelligence’ approach to understanding population needs. This collective and collaborative opportunity is being moved forward, through greater involvement, and will develop further by further joint use of evidence in decision making processes. This includes such aspects as how JSNA can support future business planning as well as commissioning alignment, developing Joint Intelligence and embedding collective and continuous engagement.

The current JSNA Workplan is included as **Appendix 2**.

4. Wirral’s Joint Health & Wellbeing Strategy

A key outcome to be achieved for the shadow Health & Wellbeing will be the production of Wirral’s first Joint Health & Wellbeing Strategy. The suggested timeframe for this work to occur is detailed below as highlighted at the board meeting on 17th November.

November/December 2011

- Provide H&WB Board with background to process
- H&WB Board define approach

January/February 2012

- Engage far and wide to confirm or otherwise the key issues

March/April 2012

- Determine priorities

May/June 2012

- Drafting the strategy

July 2012

- Presented to H&WBB and other associated structures

Key activities to achieve the presentation in July of a draft strategy for the board will include: scoping the work and planning engagement around those identified key issues for Wirral; providing board with the detail in order for it to consider key priorities and transferring those considerations into the draft joint strategy

5. Reporting to Wirral Health & Wellbeing Board

JSNA Executive Board will provide the Health & Wellbeing Board members with regular updates on its activity, the progress of the workplan and development of the Joint Health & Wellbeing Strategy.

This progress report will also offer some focus on those aspects identified in the national guidance provided by Local Government Improvement and Development (LGID) in its [JSNA Springboard for Action](#) document discussed at the HWBB on 17th November 2011 (**Please see Appendix 3**). These aspects are considered as key and fundamental to providing a JSNA that meets local needs and expectations.

6. Recommendations

- 6.1 The Board are asked to agree that the JSNA Executive Board should become a sub-group of the Health & Wellbeing Board.
- 6.2 Health & Wellbeing Board members are asked to note this report and agree to receive regular progress reports from the JSNA Executive Board
- 6.3 Health & Wellbeing Board members are asked to agree to the suggested actions and timescale for the production of the Joint Health & Wellbeing Strategy

Appendices

- **Appendix 1**
 - JSNA Executive Board - Terms of Reference
- **Appendix 2**
 - JSNA Workplan 2011/12
- **Appendix 3**
 - LGID 'Springboard for Action' – JSNA Guidance - key considerations for Health & Wellbeing Board

This page is intentionally left blank

Wirral JSNA Executive Board
Terms of Reference (November 2011)

1 Background

The Local Government and Public Involvement in Health Act (2007) placed a duty upon Local Authorities and Primary Care Trusts to work together to produce a Joint Strategic Needs Assessment (JSNA) for their local population.

The 2011 Health & Social Care Bill proposes placing Health and Wellbeing Boards on a statutory footing and ascribing specific new functions to them, in addition to joining-up the NHS, social care, public health and other local services.

2 Purpose of the Executive Board:

Wirral's early implementer Health and Wellbeing Board will be required to lead the continued development of the local Joint Strategic Needs Assessment (JSNA) to provide a strong information and intelligence system.

The Health and Wellbeing Board will also lead on the development of a Joint Health and Wellbeing Strategy (JHWS) which is underpinned by the JSNA. Subject to agreement of the Bill, a legal obligation will be placed on NHS and local authority commissioners to refer to the JSNA and to have regard to the JHWS in exercising their commissioning functions.

Therefore the purpose for Wirral's JSNA Executive Board is to give strategic direction and overall programme management to the JSNA process so that it meets current and future demands.

3 Aim of the Executive Board:

- 3.1 JSNA Executive Board will lead the ongoing development and utilisation of robust joint intelligence and strategic needs assessment (JSNA) to inform strategic planning and strategic commissioning of services in Wirral through Wirral's Health & Wellbeing Boards Joint Health & Wellbeing Strategy

4 Core Objectives:

- 4.1 Ensure the development of the JSNA directly supports the production of the Health & Wellbeing Strategy for Wirral
- 4.2 Influence local leadership to embed JSNA within processes for the planning and coordination of local services and support key commissioning and service provision decisions (local structure)
- 4.3 Improve the co-ordinated approach to commissioning activity, across Council departments and partner organisations through the utilisation of the JSNA.
- 4.4 Direct the development and future use of JSNA through the statutory Health & Wellbeing Board.
- 4.5 Facilitate the development of working relationships with GP Consortia and their use of JSNA in the commissioning of services in relation to the Health & Wellbeing Board and the production of its Health & Wellbeing Strategy for Wirral.
- 4.6 Positively influence and develop the working relationships with all local partners and organisations with regard to their systematic use and content development of JSNA specifically the commissioning of services, the future delivery of Wirral's Health & Wellbeing Board and its associated Health & Wellbeing Strategy
- 4.7 Direct the development of opportunities for public and wider community, service users and providers as contributors to Wirral's JSNA
- 4.8 Oversee the development and deployment of joint intelligence and data resources across the health and wellbeing strategy board partners and beyond
- 4.9 Ensures the statutory functions relating to JSNA are met in full and relevant documents are completed and provided in a timely manner.
- 4.10 Promote the benefits of JSNA utilisation to all partners

5 Membership:

- 5.1 Representation will be designated from the following roles and functions:

Role	Function	Suggested representative	Named and briefed deputy
Three statutory lead Directors	Director of Adult Social Services	Howard Cooper	To be added
	Director of Children's Trust	David Armstrong	To be added
	Director of Public Health	Fiona Johnstone	To be added
Partnership Joint Intelligence	Head of Performance and Public Health Intelligence	Tony Kinsella	To be added

lead officer			
GP Consortia	Wirral GP Commissioning Consortia	Paul Edwards Chief Operating Officer	To be added
	Wirral Health Commissioning Consortia	Andrew Cooper Chief Operating Officer	To be added
		Lorna Quigley Chief Operating Officer	
	Wirral NHS Alliance	Ian Stewart Chief Operating Officer	To be added
	GP Lead	To be agreed	To be added
Others	To be added	To be added	To be added
Others	To be added	To be added	To be added
Others	To be added	To be added	To be added
Chair of JSNA Engagement Group	Chief Executive, Voluntary & Community Action Wirral (VCAW)	Annette Roberts	To be added

6 Accountability and Obligations

- 6.1 JSNA is a duty of the Local Authority and NHS under the leadership of the Directors of Public Health, Adult Social Services and Children's Services. This will be exercised through the JSNA Executive Board (and structure) and reporting directly to the Health & Wellbeing Board
- 6.2 Health & Wellbeing Board requires the JSNA Executive Board to support the work in developing the Joint Health & Wellbeing Strategy as a sub committee of the full board. Reporting and accountability will be required to the HWBB on a regular and timely basis
- 6.3 Each Executive Board member is responsible for establishing communication links with their relevant networks around JSNA in an appropriate and timely manner.
- 6.4 Each Executive Board member will ensure decisions relating to the JSNA will be communicated through their sphere of influence and provide officer support in the completion of any associated actions
- 6.5 Each Executive Board member acknowledges that they are entering into these arrangements and will participate in developing the work of the Executive Board on the basis of the demands and necessities of the Health & Social Care Bill and mutual trust.
- 6.6 Each Partner agrees to adopt a policy of mutual openness about information and their intentions relevant to the remit of the Executive Board.
- 6.7 Where decisions of the Board require ratification by other bodies, the relevant Executive Board Member shall seek such ratification promptly following the Board's recommendations.

7 JSNA Programme Management:

- 7.1 The Project Management for Wirral's JSNA is currently led by NHS Wirral through the JSNA Programme Lead. This project management role includes:
 - 7.1.1 Managing the JSNA on a day to day basis on behalf of the Executive Board and wider partners
 - 7.1.2 Through the JSNA Programme Lead ensuring the implementation of the work plan and reporting progress to the Executive Board
 - 7.1.3 Developing the accessibility of supporting information and data sources including linking to the JSNA data group
 - 7.1.4 Ensuring interactive/on-line version remains current to available information

8 Advisory Members

- 8.1 The JSNA Executive Board can call upon officers to be in attendance at meetings as Advisory Members of the Board:

- 8.2 The role of Advisory Members is to advise assist and provide information to the Board and where appropriate participate in discussions at meetings of the Board.
- 8.3 An Advisory Member may nominate a substitute to attend in their place, subject to notifying the Chair before the relevant meeting and that deputy being suitably able to provide the information and analysis seen as required.
- 8.4 The Board may invite any person to the Board's meetings to advise assist and provide information to the Board as it sees fit on a non-voting basis.

9 Designated Task Groups

- 9.1 Task Groups will be established to carry out programmes of work as required by the JSNA Executive Board. These will include:
 - 9.2 **JSNA Engagement Task Group** - to ensure the involvement of voluntary, community, third sector, patient and public in the development and interpretation of health and wellbeing joint intelligence.
 - 9.2.1 Membership will include an engagement facilitator from either the Local Authority or NHS Wirral and representatives from LINK and VCAW. Further membership and terms of reference will be developed by the core group.
 - 9.3 **Joint Intelligence Group (*formerly Wirral Research & Intelligence Group*)** - to bring together analytical skills from a wide range of relevant organisations to plan and carry out an annual work programme.
 - 9.3.1 Membership will include representatives were possible from Community Safety, Housing, Merseyside Fire and Rescue Service, Merseyside Police, Wirral Drug & Alcohol Team (DAAT), NHS Wirral, Wirral University Teaching Hospital (WUTH), Dept. of Adult Social Services (DASS), Children and Young People's Department (CYPD), Neighbourhood Management and other organisations able to contribute to the data and information requirements of the JSNA.
- 9.4 The Task Groups will designate a representative/s as Chair/Deputy Chair of the Task Group to carry out the following tasks:
 - 9.4.1 Ensure agendas, minutes and meetings are arranged efficiently and papers (pre/post) are circulated to Task Group members accordingly.
 - 9.4.2 Arrange for minutes from the Task Group to be provided to the administrator for the Executive Board for distribution to Board members
- 9.5 All Task Groups should have Terms of Reference established and in case of task and finish groups then the clear identification of end date/ completion tasks. Membership must always reflect the coverage of JSNA across partners and other organisations as appropriate and possible.
- 9.6 Attend the JSNA Executive Board as requested by the Board to consider specific aspects of the JSNA work plan and raise issues agreed with the Task Group / ensure ongoing communication between the groups and feedback on work plan progress.

10 Public Statements

10.1 Public statements on behalf of the Executive Board can only be made by the Chair and with the prior approval of the Executive Board. Where that is not possible for reasons of time or expediency, any such actions taken by the Chair shall be reported to the next meeting of the Board.

11 Administration:

11.1 Minutes will be taken by an NHS Wirral administrator and will be distributed within two weeks of the meeting.

11.1.1 This will include:

11.1.2 Attending to take minutes of the meeting;

11.1.3 Keeping a record of matters arising and issues to be carried forward to the next meeting;

11.1.4 Providing appropriate support to the Chair;

11.1.5 Collating papers for meetings, circulating them before the meeting;

12 Executive Board Governance

12.1 Frequency of meetings:

12.1.1 Initially Meetings will be held once every six weeks with ad hoc meetings being held if necessary.

12.1.2 Following this initial development period meetings will revert to being held once every three months but with the proviso of ad hoc meetings if necessary.

12.1.3 Task Groups will meet as determined by their work programmes.

12.1.4 Meetings will be held at NHS Wirral - Old Market House unless otherwise agreed by Executive Board members

12.2 Chairing of meetings

12.2.1 Meetings shall be chaired by Director of Public Health

12.2.2 In the absence of the nominated chair one of the other two directors shall chair the meeting

12.3 Attendance at meetings:

12.3.1 Members are expected to attend meetings as far as possible. If they are unable to attend they are expected to send a fully briefed named deputy as their representative to ensure their area of expertise is reflected on the Executive Board. (See table on page 2)

12.3.2 Other colleagues will attend the meeting by invitation as required.

12.4 Quorum

12.4.1 A minimum of four members will need to be present for the meeting to be considered able to decide on matters.

12.4.2 The membership should include at least:

12.4.2.1 One of the three directors of public health, adult social services or children's services as chair or deputy

12.4.2.2 One of the GP Consortia lead officers or GP leads

12.4.2.3 One of representatives of Health Information team

12.5 Declaration or conflict of interest

12.5.1 Members must declare any conflict of interest in a matter being considered by the Executive Board, that

12.5.1.1 Arises from their personal circumstances, or

12.5.1.2 Arises in respect of the Partner which they represent.

12.5.2 Any Executive Board member who declares an interest or conflict of interest may, at the discretion of the Chair,

12.5.2.1 Be required to leave the meeting while the matter is discussed; or

12.5.2.2 Remain in the room but not participate in the discussion;

12.6 Leaving the Board

12.6.1 A Board Member shall cease to be a Member of the Board if:

12.6.1.1 He or she resigns;

12.6.1.2 The Partner notifies the Board of a change of representative; or

12.6.1.3 The Partner ceases to exist.

12.6.2 Should any Partner wish to withdraw from the Board, six months notice must be given in advance to the Chair of the Board.

12.7 Access to Meetings

12.7.1 The JSNA Executive Board is NOT a public meeting and as such is not open to public to attend

12.8 Alterations to the Terms of Reference

- 12.8.1 The Executive Board will have flexibility to amend the terms of reference as and when agreed at meetings, up to and including 12 months from its first meeting in 2011.
- 12.8.2 Thereafter and subject to the following provisions, the Terms of Reference and associated documentation may be altered at a meeting of the Board.

12.9 Dissolution

- 12.9.1 The Board may be dissolved where:
 - 12.9.2 The Members have agreed at a Executive Board Meeting that the Board should be dissolved; and
 - 12.9.3 Where the Members have agreed a detailed exit strategy which addresses adequately all the consequences of dissolution including:
 - 12.9.3.1 The relationship with Wirral's Health & Wellbeing Board
 - 12.9.3.2 The relationship with service providers
 - 12.9.3.3 Any financial impact of dissolution
 - 12.9.3.4 All other relevant issues, including the need to ensure continued compliance with relevant statutory provisions
 - 12.9.4 Where the Members have agreed to ensure that the minimum of disruption is caused to service users in Wirral by the dissolution

12.10 Review

- 12.10.1 **Terms of Reference** will be reviewed after 6 months and thereafter at least annually.
- 12.10.2 **Membership** will be reviewed after 6 months and thereafter at least annually.
- 12.10.3 **JSNA Work Plan** will be reviewed after 3 months and thereafter at least every 6 months.
- 12.10.4 **Full JSNA** will be reviewed at least annually.
- 12.10.5 **Sections of the JSNA** will be reviewed as and when new information becomes available and version control will be maintained
- 12.10.6 **Chair** will be confirmed annually at a meeting of the Executive Board.

ID	Task Name	2011	2012	2013
1	Wirral JSNA 2011 - 2012	07/11	16/05	24/12
2	Structural			
3	Engagement (stage 1)			
4	Previous & Current users Maintain regular contact with variety of senior managers and policy and strategic groups on JSNA developments to ensure its full utilisation in decision making processes			
5	Work with partners to widen JSNA knowledge base to include other elements that define needs but also highlight assets that can be built upon Manage a necessary number of Task, or Task & Finish groups, to support JSNA work			
6	Question users on use of JSNA to drive future developments			
7	Create regular contact with diverse groups of HoS, Senior Managers and colleagues			
8	GPCC			
9	Develop greater awareness of GPCC processes, engage chief officers at Exec Board and widen knowledge of JSNA with GPs (Link to HSM Intel Workplan)			
10	Develop greater understanding of GP data and explore how this, and other data, can be combined and used innovatively (Link to HSM Intel Workplan)			
11	Work with colleagues to create joint/combined GP Cluster JSNAs where possible (Link to HSM Intel Workplan)			
12	Work with Lead GPs for Public Health to see development of wider JSNA awareness, use, and opportunities with/hor GPs/GPCC			
13	Develop communication process (aligned to JSNA products) to engage Consortia's, Boards, GPs Local Clusters and Practices			
14	Research & Intelligence Group			
15	Re-invigorate current dormant Wirral Research & Intelligence Group offering it added purpose for JSNA (Link to HSM Intel Workplan)			
16	Develop Knowledge Bank/Warehouse process and access (aligned to Instant Atlas Web Server option) for others to contribute to and develop. Covers publicly available data so widening availability, new sources, and greater understanding			
17	Potential Users			
18	Explore options to engage a new user through the variety of established networks and internal communication across the range of contacts, partners and colleagues, develop closer links to Council website and intranet system as examples			
19	Website			
20	Review current access, improve access review tools, Understand personal preferences of site users and offer them bespoke additional options, Widen interactive elements.			
21	JSNA Education & Training Plan			
22	Existing Users			

Project: Latest project
Date: Thu 08/12/11

Task Split

Progress Milestone

Summary Project Summary

External Tasks External Milestone

Deadline

ID	Task Name	2011	2012	2013
25	Review and reflect on access to devise information advice and guidance on access	01/11	28/11	17/06
26	Infrequent users Consider what new opportunities may exist and provide suitable awareness raising sessions to enable this	01/11	28/11	17/06
27	Potential Users Find out who, meet, discuss and then work with infrequent users to define how and what would create regular use of JSNA, greater involvement in JSNA process and contributing to JSNA in future	01/11	28/11	17/06
28	Subscribers and access to all/new data (Data sharing) Develop and implement relevant policies and procedures across partners associated with the delivery of the JSNA and joint intelligence services.	01/11	28/11	17/06
29	Email JSNA Bulletin Create wider engagement of online data access. Develop understanding of interested parties needs of data, information, intelligence and knowledge. Create membership approach. Underpin development of HWBB Comms Plan	01/11	28/11	17/06
30	Latest Documents (Link to HSM Intel Workplan)	01/11	28/11	17/06
31	New Data Work with variety of previous, current and future data providers to populate JSNA on its iterative journey (Link to HSM Intel Workplan)	01/11	28/11	17/06
32	JSNA Schedule for delivering refreshed document Provide a system schedule of delivery and monitoring of the JSNA data set for ongoing review and continuous management of data flows	01/11	28/11	17/06
33	Formalise tracking of data references in JSNA (timing, availability, integration) (Feb 11/ July 11)	01/11	28/11	17/06
34	Fully understand and greater awareness of developing JSNA data to ensure most accurate current JSNA document	01/11	28/11	17/06
35	Version Control Provide opportunity that offers an ongoing collaborative process to include latest data into a newer version of the chapter or section	01/11	28/11	17/06
36	JSNA Data Review (Link to HSM Intel Workplan) Collective approach to the collation of any identified data needs across partners and those with expertise e.g. PCT Operational Plan, Council Corporate	01/11	28/11	17/06
37	Describes requirements for existing and new data and information activity as a result of collective review of data needs	01/11	28/11	17/06
38	Build upon JSNA Data Review Plan (requirements for existing and new data and information activity) to request where needs are known and acknowledged that resources are aligned	01/11	28/11	17/06

Project: Latest project
Date: Thu 08/12/11

Task Split

Progress Milestone

Summary Project Summary

External Tasks External Milestone

Deadline

ID	Task Name	2011	2012	2013
47	JSNA Data Review (Tracking) (Link to HSM Intell Workplan)			
48	Provide system review that identifies where JSNA baseline data will/has not been embedded in all partners strategy, policies and plans and relating to effective commissioning			
49	Create record of partner usage & referencing of JSNA			
50	Enable partners to consider future opportunities for JSNA informing their evidence based decision making			
51	JSNA Minimum Data Inclusion Process			
52	Schedule of known work that contains required dataset inclusions from JSNA Collate known data inclusion requirements for JSNA and have schedule of needs			
53	Understand partners known needs to ensure all necessary elements are actioned in a timely manner			
54	Streamlined process that is aware of demands and needs of others			
55	Knowledge Bank/Warehouse (Link to HSM Intell Workplan)			
56	Collective approach for information colleagues to deposit relevant data to Wirral partners and withdraw information – confidence to use as most recent and accurate			
57	Through collaboration, Greater engagement and involvement of partners/R & I leads & Group - Improved/defined data sharing & Wider resource			
58	Improved outcomes through better provision & use information & intelligence Using Instant Atlas Web Server to provide holding point for partners publically available data			
59	Amended and new analysis			
60	Ask previous/current data providers to update and return data			
61	Direction and Vision			
62	Executive Board			
63	JSNA Executive Board providing strategic direction and outward impetus to ensure JSNA is embedded in the work of partners - so evidence based decision making underpins commissioning and wider work			
64				
65	JSNA Risks & Issues Log			
66	Understand risks and issues - Work with colleagues and partners to define what risks and issues and plan to put in place plans to mitigate - Informed process			
67	Plan to mitigate impacts - Understanding potential – create mitigation plans to minimize impacts, negative outcomes or positive opportunities			
68	Review outcomes and redesign mitigation plans - Changes that occur are managed and plans reflect changes made			
69	External & Internal impetus (legislation, people, demand)			
70	Understand how, why and where the JSNA can be affected and make contingencies to mitigate any adverse outcomes			
71	JSNA Future Policy & Guidance			

Project: Latest project
Date: Thu 08/12/11

Task Split

Progress Milestone

Summary Project Summary

External Tasks External Milestone

Deadline

ID	Task Name	2011	2012	2013
72	Review new policy and guidance for current and future JSNA specification Ongoing review of internal and external demands contact with other JSNA leads. Give Executive Board and others with up to date details on future policy ecide future direction of JSNA	01/11	16/05	24/12
73	Review of JSNA use and derived benefits			
74	For the JSNA, understand where and how, and adapt to widen benefits for others - Questioning previous, current and potential users through a variety of media			
75	Review other JSNAs and how they have adapted to meet wider needs - Improved outcomes through better provision & use information & intelligence			
76	Support Health & Wellbeing Board (see later task)			
77	Ensure JSNA process informs forthcoming development of HWBB			
78	Commissioning			
79	Understand policy, planning and commissioning processes of partners and organisations to ensure JSNA is able to support these processes in a timely manner.			
80	Set up a written specification between commissioners and authors, agreed by all.			
81	Developing Culture (stage 1)			
82	Work with partners to improve awareness, change perceptions, collaborate on data and analysis, and develop new ways of working			
83	Health & Wellbeing Board			
84	Ensure JSNA process collates key issues relating to Wirral population to inform future HWBB activity			
85	Provide analysis in a timely and appropriate manner to improve evidence based decision making			
86	Support development and delivery of HWBB Communications activity that includes engagement across Wirral to confirm or otherwise JSNA key issues			
87	Ensure JSNA informs H&WB Board and others of likely key issues for then prioritising in Joint HWB Strategy			
88	Support development and implementation of HWBB processes to develop approach from key issues through to strategy			
89	Use previous and latest guidance to inform developments and support structures - such LGID Springboard to Action			
90	Development of Joint Health & Wellbeing Strategy			
91	Provide support to HWBB in developing JH&WB Strategy			
92	Provide data and information to HWBB that enable them to understand curmet position in terms of a number of subject areas			
93	Work with DPH and other JSNA Exec Board members to decide how JSNA Key Issues should be presented to HWBB			
94	Provide support to use defined HWBB process that engages local communities, organisations and partners to 'sensor check' what are considered those key issues			
95	Assist HWBB to define key priorities (keeping content of key issues up to date during process)			
96	Provide support to HWBB as it drafts Joint Health & Wellbeing Strategy based upon reviewed key issues and defined local priorities			
97	Developmental Engagement (stage 2)			
98				
99	Opportunities to link to partner existing and planned points of contact			

Project: Latest project
Date: Thu 08/12/11

Task Split

Progress Milestone

Summary Project Summary

External Tasks External Milestone

Deadline

ID	Task Name	2011	2012	2013
		01/11	16/05	28/11
			17/06	24/12
100	Understand partner communication with service users so develop wider understanding and engagement with JSNA through these routes.			
101	Plan resident and other links to JSNA through partner contact routes			
102	Wider access for residents and partners to JSNA data			
103	VCF sectors			
104	Revisit previous development work and look to develop options where appropriate. Consider current monitoring data being collected by/for sector and align to JSNA qualitative work			
105	Work with sector leads to express JSNA as a need to be considered in development work and within future commissioning processes as minimum requirement			
106	Exploring new needs and aspirations			
107	Work with current and new partners to understand opportunities to develop new data access, reporting and recording - all contributing to an iterative JSNA that leads to better EBDM			
108	Established routes and collective approaches			
109	Understand how collaborative JSNA data opportunities work - and embed these and improved methods - to develop greater understanding and clarity of work			
110	Extend use of current partner consultation processes			
111	Extend use of current partner consultation processes to introduce JSNA to new people and understand future consultations and provide access to JSNA to inform their considerations			
112	Sharing good practice			
113	Develop systematic review of best JSNA practice across Wirral partners that informs colleagues and future practice			
114	Improved awareness and understanding of how JSNA can support partners service planning and provision			
115	Reporting of JSNA Engagement			
116	Record engagement processes, outcomes and developments - and where changes accrue - to both internal and external audiences as required			
117	Provide feedback for JSNA Engagement through NHS Wirral PPI Annual Report process			
118	Future JSNA			
119	Localism & Big Society			
120	Provide information and intelligence to development of localism process			
121	Enhance neighbourhood area plans to reflect wider local data available to inform planning and provision			
122	Informing strategies, policies and plans and reviewing processes			
123	Provide system review that identifies where JSNA baseline data has/not been embedded in all partners policy, strategy and implementation relating to effective commissioning			
124	Prospective schedule of major strategy, policy, and commissioning work so directing timely contact with JSNA			
125	Determine where strategies, plans, policies and commissioning has achieved, or not, its expected outcomes			
126	Ongoing review of internal and external demands – contact with partners, colleagues and other JSNA leads			

Project: Latest project
Date: Thu 08/12/11

Task Split

Progress Milestone

Summary Project Summary

External Tasks External Milestone

Deadline

ID	Task Name	2011	2012	2013
127	Modelling Tools			
128	Develop with others use of modelling tools to consider other aspects such as value for money and outcomes for investment	01/11	16/05	24/12
129	Joined up assessments			
130	Plan to align people and resources so that partners plan and act collaboratively - so outcomes recognise joint working, intelligence and analysis	01/11	28/11	17/06
131	Wider footprint JSNA leads group			
132	Contact colleagues - Define opportunities - Meet when appropriate - Link to CHAMPS - Consider future implications for JSNA - Share practice as required	01/11	16/05	17/06
133	Breadth & depth			
134	Work with JSNA Exec Board to consider approach of JSNA data and analysis as to where it covers a range of areas and where it delves deeper into issues that are recognised as a local priority - Board members giving that direction	01/11	16/05	17/06
135	Commissioners & Authors			
136	Work with range of colleagues and partners to ensure all can and do contribute to the JSNA process so that it provides a complete and comprehensive document - this will be achieved where everyone puts into the process - whatever their knowledge and informa	01/11	16/05	17/06
137	Guidance, analysis and best practice			
138	Develop clear understanding of previous, current, future information - that shapes approach to JSNA work activity	01/11	16/05	17/06
139	Place based budgets			
140	Consider information requirements of this future process to ensure that JSNA plays pivotal role in understanding needs ahead of partners making collective provision decisions	01/11	16/05	17/06
141	Culture & Intelligence			
142	Direction & Vision (stage 3)			
143	Business planning and commissioning alignment			
144	Align reviews and refreshes to partner business planning season - this would act as a business planning process for JSNA - providing priorities for partners and commissioning leads to act upon	01/11	16/05	17/06
145	Joint Intelligence			
146	Support DASS in terms of Outcomes Framework, Data Capture & Reporting (Link to HSM Intel Workplan)	01/11	16/05	17/06
147	Over period of JSNA - work towards a data, intelligence and analysis process that is collaborative and assigns resources accordingly	01/11	16/05	17/06
148	Our JSNA			
149	One assessment process - Partners to have now taken ownership of process - content - methods and assessment	01/11	16/05	17/06
150	Engagement (stage 3)			
151	Collective & continuous engagement			
152	Work with range of colleagues to ensure the JSNA has embedded process that includes range of colleagues, partners, organisations and communities - so ensuring best information, best analysis and best application to understand current and future priorities	01/11	16/05	17/06

Project: Latest project
Date: Thu 08/12/11

Task Split

Progress Milestone

Summary Project Summary

External Tasks External Milestone

Deadline

Local Government Improvement and Development

Latest Guidance - LGID Springboard into action

July 2011

Extract taken from document

Key message:

Whilst the potential value of a JSNA is clear, each process requires local design beyond the basic essentials. Take ownership and lead a review from first principles.

Experience shows that the most effective JSNAs have considered a number of key issues that have to be resolved when designing their JSNA process. We have developed these issues into seven quality themes to assist emerging health and wellbeing boards in deciding on their JSNA approach.

Take stock

- Learn from the past - review your existing JSNA process and strategic partnerships.

Ask big questions

- Agree the scope and mandate for the JSNA process going forward.
- Know your audience. Agree the users of your JSNA and what they need from the process.
- Build trust and agree a shared process of strategic priority setting through your JSNA and JHWS.

Go into further detail

- Match form to function and specify your JSNA products.
- Secure the capacity, skills, data and knowledge needed to deliver your JSNA.

Consolidate

- Agree governance and consolidate your vision into a clear specification

This page is intentionally left blank

WIRRAL SHADOW HEALTH & WELLBEING BOARD

Meeting Date	14 December 2011	Agenda Item	7
---------------------	------------------	--------------------	---

Report Title	Developing effective communications
Responsible Board Member	Director of Public Health

Link To Shadow HWB Function	Board development	✓		
	JSNA/JHWS			
	Health and social care integrated commissioning or provision			
	Other (please specify, referring to the TOR)			
Equality Impact Assessment Required & Attached	Yes	No	N/A	✓
Purpose	For approval	✓	To note	To assure

Summary of Paper	Communication of Health & Wellbeing Board activities, and effective engagement of stakeholder and our local communities to inform the Board is a critical element of establishing a successful set of relationships to enable us to deliver our aspirations to improve health and wellbeing outcomes on Wirral. This paper proposes the development of a communications plan for the Board, supported by partner communications leads		
Financial Implications	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	Time of staff involved		
Risks and Preventive Measures	There is a risk that work streams and commissioning plans gain little wider ownership beyond the membership of the Health & Wellbeing Board, and that interested parties are unable to contribute to, or find out about the work of the Board. We will establish a website, but this is only one method of communication and will not meet the needs of a diverse community. We will therefore develop a communications plan which will scope the effective methods of communication and make recommendations for members' approval.		
Details of Any Public/Patient/Service User Engagement	None at this point.		
Recommendations/Next Steps	<p>The Board is recommended to agree that:</p> <ol style="list-style-type: none"> 1. Communications Leads from partner organisations should be asked to form a network supporting the Health & Wellbeing Board 2. That this network be tasked with producing a set of proposals which will form the basis of a communications plan for approval by the Board. 		

Report History		
Submitted to:	Date:	Summary of outcome:
Has not been submitted elsewhere		
List of Appendices	None	

Publish On Website	Yes	✓	Private Business	Yes	
	No			No	✓

Report Author(s): Fiona Johnstone, Director of Public Health

Contact details: Public Health Directorate
 Old Market House
 Hamilton Street
 Birkenhead
 Wirral CH41 5FL

email: fiona.johnstone@wirral.nhs.uk
 tel: 0151 651 3914

HEALTH & WELLBEING BOARD COMMUNICATIONS PLAN

1. Introduction

Health & Wellbeing Boards will occupy an important place in local communities as the forum for establishing aspirations for improving health and wellbeing outcomes based on an understanding of needs and assets.

A wide range of stakeholders will be involved in, or interested in the work of the Board, and good communications will be at the heart of ensuring that they remain engaged and able to help to shape the future.

2. Proposal for a Communications Plan

There will be many ways in which the Board wishes to communicate on different issues and with different people. We need to develop a means by which we are clear who our audiences are; what channels of communication we currently have in place across the partnership; how these might best be used; how we not only communicate outwards, but how we also receive communications.

We should also consider how we can overcome barriers to communication, such as being clear about our aims and objectives in communicating; what our key messages are; and whether we are using the right mechanisms for communicating with what will be a very diverse audience.

Formal minutes, agenda and papers for the Board will be placed on Wirral Council's meetings section of their website. However we might wish to consider whether we would want to develop a website that is able to deliver additional functionality in the long-term. This could include an evidence resource, message boards, 'what's on'; 'Apps' for keeping healthy and promoting wellbeing, as well as linking opportunities or services available for use by people in Wirral.

Across our organisations we have staff who are skilled in communications, and it is proposed that we should bring these staff together to form a network which can support the work of the Board, without necessarily incurring any additional cost other than their time. One of the benefits of this will be that we will have a means of understanding what current communications channels exist, and which suit particular types of communication.

This would link into our aspirations to develop good engagement models, and to our understanding of the needs and assets of our communities.

If agreed, this network should be tasked with developing an outline communications plan that will be brought back to the Board for consideration.

Board members are asked to nominate appropriate communications leads to form the network, and to consider whether there are any other particular communications issues that they would like to be explored within the remit of developing a communications plan.

This page is intentionally left blank