

# Good practice in joint health and wellbeing strategies: a self-evaluation tool for health and wellbeing boards

September 2013

## Ten questions every health and wellbeing board should ask about its JHWS

1. Is the JHWS being co-created through active engagement and involvement of local communities, patients, service users and carers?
2. Are local providers effectively engaged?
3. Are data and intelligence being used and presented wisely in the JHWS?
4. Will the JHWS add value to existing local strategic plans and actions around reducing health inequalities and improving health and care?
5. Is the JHWS sufficiently ambitious in addressing wellbeing not just health?
6. Is a system approach being taken to align resources with strategic priorities?
7. Will the JHWS facilitate and drive integration and joint commissioning?
8. What mechanisms and structures are in place to deliver the JHWS?
9. Is there clarity on accountability for action and outcomes?
10. Has the JHWS been presented in an accessible, compelling and mobilising way?

Joint health and wellbeing strategies (JHWSs) are strategies to meet local population's health and wellbeing needs identified in Joint Strategic Needs Assessments (JSNAs). They are not one-off documents but are a live, continuous process of strategic assessment and planning, which in a two-way relationship will build on and inform other local assessments and strategies.

In this way JHWSs do not stand alone but are a vital part of the local array of strategies, reports and assessments, including: the director of public health's annual reports; clinical commissioning groups' (CCGs') needs assessments; child poverty strategies; community strategies; local economic assessments; and strategic housing market assessments.

Whilst helping drive integrated working and partnership arrangements for health and care services, JHWSs should also be a key component of the local partnership and commissioning landscape.

This tool sets out good practice, based on experience of health and wellbeing boards (HWBs) to date. Given the early stage of HWB development, it is not assumed that HWBs will be able to or want to implement all the suggestions. Neither is it definitive or comprehensive. It is a tool that can be modified locally and added to over time, as learning and experience builds.

The distinctive needs and context of different localities means individual HWBs will need to identify which approaches are relevant and effective for them.

### At a glance

- **Audience:** This practical self-evaluation tool is designed for use by all HWBs.
- **Purpose:** To provide guidance on good practice in planning, developing and delivering JHWSs, based around key questions to consider and top tips on approaches that might be taken. Case study examples are used to illustrate the good practice.
- **Development:** The self-evaluation tool was developed by the NHS Confederation in partnership with the Association of Directors of Public Health, the Department of Health, the Local Government Association and Regional Voices.

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**1. Is the JHWS being co-created through active engagement and involvement of local communities, patients, service users and carers?**

**Top tips for achieving success**

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| <ul style="list-style-type: none"> <li>✓ Co-creation requires active engagement from the outset.</li> <li>✓ Engagement approaches should facilitate systematic empowerment and involvement throughout the JHWS process. For example, with support local people can help run focus groups to discuss priorities, design new forms of service delivery, inform commissioning plans and pilot new services.</li> <li>✓ Harness community assets by supporting local communities to identify their needs and priorities, alongside the skills and capacity they have to help deliver the priorities.</li> <li>✓ Engage people from all parts of the local community – not just those well known for getting involved, with a high capacity to engage, the more visible, those registered with a GP practice or registered to vote.</li> <li>✓ Make use of appropriate local mechanisms to listen to the views of children and young people. Ensure they are engaged, rather than relying on proxies. Establish an agreed method of engaging with schools or existing forums such as youth parliaments or stakeholder groups for looked after children and young people.</li> <li>✓ Local voluntary and community organisations often have good connections with seldom heard groups that can be built on to engage more widely and deeply.</li> <li>✓ Successful local provider engagement will allow the board to access more channels for two-way dialogue with patient and service user groups, including the seldom heard, and better utilise community assets.</li> </ul> | <ul style="list-style-type: none"> <li>✓ Local Healthwatch is well placed to act as a critical friend, but their resources and reach may be restricted. Patient and public engagement should be the business of every board member and member organisation; it may be helpful for a member to be an ‘engagement champion’.</li> <li>✓ Build willingness among board members to experiment with new ways of engagement to help achieve greater reach.</li> <li>✓ Utilise the JHWS process to open up conversations with local communities around major ‘wicked’ issues, including service reconfiguration and decommissioning, and specific local issues of conflict, such as reorganising hospital services.</li> <li>✓ Be open and transparent about evidence on health and care, and challenge the public to debate the tough local choices and trade-offs that need to be made around future service delivery if improvements are to be made to health outcomes.</li> <li>✓ Taking questions from the public at board meetings will encourage debate on contentious issues, both among board members and with the public.</li> <li>✓ Involve local people in reviewing where community engagement has been strong and where there are gaps; refine engagement plans and processes accordingly.</li> </ul> |
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### Case study: Active engagement and involvement of local communities in Sheffield

Following an initial consultation to shape the draft JHWS, the HWB in Sheffield implemented a second consultation focused from the outset on the active engagement and involvement of local communities.

At the start a co-production event was organised involving the board, local Healthwatch and the health and wellbeing reference group – a group made up of local people representing different geographical areas, communities of interest and seldom heard groups. Participants designed the consultation process. Based on the JSNA and findings from the earlier JHWS consultation, it was agreed the focus should be on engaging local communities in determining key priorities and actions needed to achieve five key strategic themes: improving access to healthcare; living independently at home; healthy lifestyles; mental health and wellbeing; and support in response to changing welfare benefits.

To ensure engagement was as wide and deep as possible, the co-production event decided on different consultation approaches, including:

- an online survey with questions chosen by the health and wellbeing reference group, posted on board member organisations' websites, and emailed to a wide range of stakeholder organisations, including voluntary and community organisations
- voluntary and community organisations and other patient, service user and carer groups encouraged and supported to run focus groups across all local communities; an outline discussion guide and other support materials made available
- specialist providers commissioned to conduct focus groups with seldom heard groups; for example, Activity Sheffield ran groups with children and young people, and Deafnoise facilitated groups among deaf people
- information stands at shopping centres and public events.

A second co-production event, with similar membership to the first, was held to share the consultation findings and decide how these should be presented to the HWB. As a result four local people, members of the reference group, presented the findings and service user case studies at the board meeting in July 2013. Prior to the board meeting, presentation support and guidance were offered to the presenters. A poster of the findings and a visual display of the consultation journey were also shown at the meeting. As well as board members, over 100 members of the public attended, alongside staff from several local provider organisations. In response to this feedback, the JHWS, due to be published in final form in autumn 2013, will closely build on what local people have said.

For more information, contact Melanie Rice, development officer:  
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## 2. Are local providers effectively engaged?

### Top tips for achieving success

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| <ul style="list-style-type: none"><li>✓ Engage not only with the major local providers, but also with smaller, community-based providers who might have developed innovative approaches of relevance to achieving the board's strategic goals.</li><li>✓ Constructive provider engagement can alert commissioners to services already being delivered and which can contribute to the strategic priorities; these can be supported and duplication avoided.</li><li>✓ Consider using and experimenting with a range of different engagement mechanisms, given the variety of size and type of local providers. No provider should be disadvantaged.</li></ul> | <ul style="list-style-type: none"><li>✓ Engagement methods might include cooperative working with provider forums, informal peer to peer relationships, and board sub-groups involving commissioners and providers looking at a particular priority, care pathway or client group.</li><li>✓ Provider involvement in the design and development of engagement mechanisms will lead to stronger and more successful engagement across a board locality.</li><li>✓ Providers over and above statutory membership can engage actively in the work of the board without becoming full members, for example by being invited to attend particular board meeting discussions where it is valuable to delivery of the board's strategic role.</li></ul> |
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### 3. Are data and intelligence being used and presented wisely in the JHWS?

#### Top tips for achieving success

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| <ul style="list-style-type: none"><li>✓ Present clear evidence linked to the JSNA, to substantiate each strategic priority, proposed action and measure of success. Show how lessons have been learned from local experience to find solutions to difficult issues and support priority actions.</li><li>✓ Use good data analysis to draw out strategic conclusions. If there is a lack of analytical skill/staff to link data in the JSNA to strategic development, consider using assistance from local Public Health England.</li><li>✓ Personalise data presentation to make it more real and less academic. For example, it is easier to understand mortality rates when explained as the number of people dying. Use qualitative insights and patient/service user stories. Paint a picture of what effective delivery of each priority might 'feel like' for a service user.</li></ul> | <ul style="list-style-type: none"><li>✓ If a prioritisation framework has been used to decide the strategic priorities this should be detailed and explained in the JHWS. Highlight the results of engagement and consultation activities.</li><li>✓ Show a clear link between the strategic outcomes and the Marmot Review principles for reducing health inequalities.</li><li>✓ Give attention to improving and evolving the evidence base, because JHWSs are a continuous and iterative process.</li><li>✓ Identify gaps in knowledge which future JSNAs should address.</li></ul> |
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#### 4. Will the JHWS add value to existing local strategic plans and actions around reducing health inequalities and improving health and care?

##### Top tips for achieving success

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| <ul style="list-style-type: none"> <li>✓ Consider what the board can influence and direct to make a distinct and high impact contribution. Avoid duplication of existing local strategies that impact on health, care and/or wellbeing.</li> <li>✓ Focus on a small number of priority areas where members can take collective action and add value to what would have happened anyway, and which cannot be done elsewhere in the local system.</li> <li>✓ Use a prioritisation framework to assist the prioritisation process, working in close collaboration with local communities. Several consultation stages may be needed.</li> <li>✓ Local board hubs can help coordinate consultation at CCG or district council level in two-tier areas or areas with localities of very different health profiles and challenges.</li> <li>✓ The prioritisation framework might include factors such as: type and complexity of need; the evidence base for change; how delivery can be achieved; what can be directly implemented by member organisations and what requires the wider influence of stakeholders and partners; cost effectiveness; and available assets and resources.</li> </ul> | <ul style="list-style-type: none"> <li>✓ The priorities identified in top-tier areas may need to be adapted for district levels based on the needs, assets and community views of the local area.</li> <li>✓ Explain that non-reference in the priority actions and outcomes to a specific disease/condition, for example to diabetes or hypertension, does not signify they have been ignored. In this context it might be helpful, for instance, to provide evidence on the benefits to local older people's health outcomes of focusing on co-morbidities.</li> <li>✓ Ensure the strategic priorities are achievable as well as relevant. Refer to evidence on the effectiveness of interventions, for example from the National Institute for Health and Clinical Excellence (NICE) and Public Health England.</li> <li>✓ Give attention to what gaps there are in provision, possibilities for new partnership working and ways of working, opportunities for joining up existing services, and removing obstacles to new provider entrants.</li> </ul> |
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### Case study: Deciding on strategic priorities in Halton

In Halton, the HWB carried out an extensive consultation process among key stakeholders, including children, young people and local community groups, to collate their views on health and wellbeing priorities. Using this valuable picture of local priorities alongside evidence of local needs identified in the JSNA, and the national Outcomes Frameworks (NHS, adult social care and public health), the board developed a list of priority health and wellbeing issues. The board then used a prioritisation tool to turn this list into a more manageable five key priorities for focus in the JHWS.

The prioritisation tool enabled the HWB to score each priority on a scale of one to five against a range of ranked factors: strategic fit, health inequalities, strength of evidence, value for money, magnitude of clinical benefit, number of people benefiting, public acceptability, and risk of not investing. Each priority measured by the tool could subsequently be ranked by its achieved score. The prioritisation tool used by the board is detailed in full in an appendix to the published JHWS.

For more information, contact Councillor Rob Polhill, HWB chair:  
[rob.polhill@halton.gov.uk](mailto:rob.polhill@halton.gov.uk)

### Case study: Adding value and integrating the JHWS with existing local strategies in Leeds

The JHWS in Leeds links into, builds on and is being used to influence other local strategies and action plans. It centres on four strategic commitments that the HWB believes will make the most difference to the lives of local people: support more people to choose healthy lives; ensure everyone has the best start in life; improve people's mental health and wellbeing; and increase the number of people supported to live in their own home.

A key part of the JHWS process involved reviewing the extensive work already being carried out across the city to reduce inequalities and improve local people's health outcomes. The HWB wanted to ascertain these efforts were added to and not duplicated, as well as identify any gaps and weaknesses that could be addressed through the JHWS. In a two-way relationship the JHWS is also being used to identify where and how other local strategies can be strengthened, ensuring activities and resources are better used to deliver against the strategic commitments.

The published JHWS demonstrates how the strategic commitments build on and integrate into what is happening already in Leeds, including:

- the Let's Change programme, providing information and signposting to help people make healthy lifestyle choices, including losing weight and stopping smoking
- neighbourhood network schemes, enabling older people to live independently and proactively participate in their local communities
- the Working Well Action Plan, supporting individuals into work and improving the health and wellbeing of employees within businesses across the Leeds economy
- 12 integrated health and social care teams across the city, working closely with GPs, hospitals, the voluntary sector and patients to plan care jointly
- the Pudsey Wellbeing Centre, run by volunteers to help people cope better with managing their long-term conditions through organised health walks, social events and health support groups.

For more information, contact Councillor Lisa Mulherin, HWB chair:  
[lisa.mulherin@leeds.gov.uk](mailto:lisa.mulherin@leeds.gov.uk)

### 5. Is the JHWS sufficiently ambitious in addressing wellbeing not just health?

#### Top tips for achieving success

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| <ul style="list-style-type: none"><li>✓ Recognise the importance of tackling wellbeing as well as health if the JHWS is to maximise its effectiveness and make a significant local difference.</li><li>✓ Marshal the evidence for addressing strategic priorities such as rural isolation, loneliness, fuel poverty, social housing provision, and misuse of alcohol and tobacco.</li><li>✓ Recognise that wellbeing priorities cannot be tackled in silos, but require joined-up thinking and integrated approaches given that poor measures of wellbeing tend to co-occur and cluster in local populations.</li><li>✓ Particularly helpful are partners who come into contact with and hold valuable knowledge about service users with multiple wellbeing needs – for example, criminal justice agencies, providers of social housing, and fire and rescue services.</li></ul> | <ul style="list-style-type: none"><li>✓ Use the prioritisation process to better understand how individuals, families and local communities might be supported and helped to change behaviours and become co-producers in improving their health and wellbeing.</li><li>✓ Give attention to aligning the JHWS with other local community strategies, including housing market assessments, community safety strategic assessments, local economic assessments and child poverty strategies.</li><li>✓ Use the JHWS as an opportunity to identify how the commissioning of wider public services that impact wellbeing, such as those linked to crime and disorder, could be more closely integrated with the commissioning of health and wellbeing services.</li><li>✓ Ambition need have no bounds – the only constraint on a board’s strategic priorities is that board members, partners and local communities be in agreement and have the resources.</li></ul> |
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6. Is a system approach being taken to align resources with strategic priorities?

Top tips for achieving success

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| <ul style="list-style-type: none"> <li>✓ Map money and assets in the local system before planning alignment of spending.</li> <li>✓ Seek opportunities for how best to use collective spend across member organisations to deliver the priorities; aim to align strategic objectives with the local pattern of expenditure.</li> <li>✓ Recognise this may require shifting resources from existing services to fund new or different services in another part of the system.</li> <li>✓ An understanding of each other's financial policies and procedures will help members identify cost issues early enough to be able to take appropriate preventative action and better manage unpredictable financial pressures when they arise.</li> <li>✓ Be brave and consider innovative solutions to resource alignment that have the potential to prevent additional costs.</li> <li>✓ Use learning from the community budget pilots that have demonstrated the benefits of aligning resources, reducing duplication and sharing information to deliver better outcomes as well as realising substantial financial savings.</li> </ul> | <ul style="list-style-type: none"> <li>✓ Establish boundaries of responsibility for the three funding streams represented by board members – CCGs, local authorities and NHS England – in terms of their relative contribution to commissioning relevant services to deliver the strategic priorities.</li> <li>✓ Give regard to more formalised accountability mechanisms to help build trust and confidence among members that resource shift will happen when necessary. This might involve new forms of governance to secure more effective resource use, for example linking joint commissioning plans to an overarching Section 75 agreement.</li> <li>✓ Utilise new funding opportunities for collaborative working. A portion of NHS funding – £1 billion by 2014/15, £3.8 billion by 2015/16 – has been set aside for social care and reablement services. Local joint plans will have to detail local agreements on how the money is to be spent.</li> <li>✓ Make use of community assets by incorporating the skills and know-how of local people in service delivery.</li> <li>✓ Maximise the use of public assets, including health centres, children's centres, libraries, schools and youth services.</li> </ul> |
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7. Will the JHWS facilitate and drive integration and joint commissioning?

Top tips for achieving success

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| <ul style="list-style-type: none"> <li>✓ Facilitate alignment of the commissioning plans of CCGs, the local authority and NHS England with the JHWS, by ensuring the foundations of the strategy are built from the JSNA and other local assessments and strategic plans.</li> <li>✓ Clarify and detail in the JHWS where there are cross-over links with other strategies.</li> <li>✓ Ensure strategic priorities are not associated with specific health or care services. Focus priorities, for example, on population groups requiring services across the spectrum of health and care, such as children with disabilities, carers or older people who are frail. Promote care pathways that cross organisational boundaries.</li> <li>✓ Map out existing local integration initiatives and explain how they should interlink and connect to better deliver the priorities.</li> <li>✓ Specify an agreed set of aligned local outcome measures from across the three national outcome frameworks – NHS, adult social care, public health – linked to each strategic priority, to use as the basis for identifying where shared and integrated commissioning is necessary.</li> <li>✓ Consider the most appropriate time period over which to initially commission an integrated care plan, taking into account how and when to incorporate learning from evaluation measures. Robust evidence of impact on health outcomes is likely to take some years, but useful early learning on quality of care delivered can be gained by measuring service user and staff experiences.</li> </ul> | <ul style="list-style-type: none"> <li>✓ Where possible, reconcile the different commissioning cycles of local authorities and the NHS.</li> <li>✓ Marshal the collective executive influence of the board to encourage coordinated commissioning decisions across local partner organisations based on the strategic priorities and outcomes.</li> <li>✓ Use the JHWS to identify how commissioning of wider public services which impact on the priority outcomes, such as housing provision and services for victims of violence and offenders, can be more closely integrated with commissioning of health and wellbeing services.</li> <li>✓ Effective joint working for integrated delivery of the strategy also requires the many different local provider organisations to align their priorities with those of the JHWS. This is more likely to happen where providers feel they have been actively engaged in helping identify the priority actions and outcomes.</li> <li>✓ Integrated care partnerships which also involve providers can lead to faster and more effective innovative working that helps drive integration.</li> <li>✓ Examine neighbouring JHWSs for potential partnership links or cooperative approaches for delivering on the same or similar priorities.</li> </ul> |
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### Case study: Using a devolved HWB structure to facilitate integration based on the JHWS in Kent

Kent's HWB has developed a devolved structure designed to better deliver an integrated approach to health and wellbeing linked to the JHWS, in a multi-tier local authority area. Using powers provided in secondary legislation under the Health and Social Care Act 2012, sub-committees of the county HWB have been established, based on seven CCG boundaries and involving district council representatives.

The CCG-level HWBs have been tasked with developing and delivering an integrated commissioning strategy and plan informed by JSNA findings and JHWS priorities. These strategies will be signed off by the upper-tier Kent HWB. The devolved boards are also empowered to endorse and secure joint arrangements, where agreed and appropriate, including the use of pooled budgets for joint commissioning, undertake monitoring of local outcomes, and ensure effective local engagement.

This approach has enabled district council and GP members from the CCG to collaborate with the county council, the voluntary sector, local Healthwatch and local communities to develop and design an integrated commissioning strategy. As a result, each board has its own independent strategic priorities developed around integrated commissioning. For example, in Ashford the priorities include supporting families, long-term conditions and healthy living, and in South Kent Coast the focus is on integrated intermediate care services designed to reduce the use of hospital-based care and improve health outcomes for people with long-term conditions. In turn, all the different local integrated commissioning activities are linked to Kent's JHWS.

For more information, contact Mark Lemon, strategic business adviser:

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## 8. What mechanisms and structures are in place to deliver the JHWS?

### Top tips for achieving success

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| <ul style="list-style-type: none"><li>✓ Board sub-groups can be used to lead and monitor programme delivery using a performance management framework.</li><li>✓ Establish how commissioning plans will achieve the priority outcomes, providing directional links to outcome-based commissioning for each priority action.</li><li>✓ A cooperative relationship between commissioners and providers is beneficial, with providers actively involved in design and development, working closely with commissioners to get the outcomes needed.</li><li>✓ Some market shaping may be needed to help move it in a direction to effectively deliver the strategy. For example, setting up a working group outside the main board that focuses on implementation of a particular priority, challenging providers to contribute to how services might be better designed.</li></ul> | <ul style="list-style-type: none"><li>✓ Recognise the value of incorporating existing partnerships in strategy delivery. For example, delivery of an early years' focused priority might be devolved to established children's partnership structures.</li><li>✓ Devolved board structures might better deliver the JHWS in two-tier local authority areas, or areas with localities of very different health profiles and challenges.</li><li>✓ Demonstrate the contributions local communities, patients, service users and carers can make to delivery of the priority actions and outcomes.</li></ul> |
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**9. Is there clarity on accountability for action and outcomes?**

**Top tips for achieving success**

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| <ul style="list-style-type: none"> <li>✓ Clarify roles and responsibilities for strategy implementation; for each priority designate a named person/organisation with lead responsibility, how they will lead, and which other partners will be involved.</li> <li>✓ Acting as a board requires putting the board's strategic priorities above organisational interests; giving up some power where required. Strong, direct leadership from board chairs, as well as shared member responsibility, is needed to make this happen.</li> <li>✓ Well developed boards should be able to use board meetings to constructively challenge and hold each other to account for what it has been agreed to do, whilst maintaining cohesion and strong relationships.</li> </ul> | <ul style="list-style-type: none"> <li>✓ Proactively determine how the board will work with the scrutiny function of the local authority to hold commissioner members to account.</li> <li>✓ Clarify how the board will know it is making a difference. Put in place clear, transparent mechanisms and timeframes to measure the effectiveness and impact of the JHWS and progress in achieving priority outcomes against the money spent.</li> <li>✓ Providing links to JHWS priorities in local audit reports can help the measurement of progress in achieving the priorities; for example, in the annual reports of CCGs, local Healthwatch, and the director of public health, and local authority accounts.</li> </ul> |
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**Case study: Clarifying accountability for achievement of strategic priorities in Manchester**

The JHWS in Manchester clearly sets out which member and partner agencies are accountable for achieving results against each of the eight strategic priorities. For example, the Children's Board is given responsibility for oversight of the strategic priority of getting the youngest people in local communities off to the best start. It is explained that representation on the Children's Board includes schools; CCGs; the main service provider, Central Manchester Foundation Trust; chairs of the five Children's Partnerships; the chair of the Manchester Safeguarding Board; as well as representatives from a number of city council departments and the voluntary sector.

Similarly, the JHWS states that the Integrated Delivery Directorate and Integrated Commissioning Directorate of Manchester city council have lead accountability for achieving results against the strategic priority to turn around the lives of troubled families. This work is to be strongly supported by governance of the Manchester Investment Fund, with implementation at a locality level being progressed through Strategic Regeneration Framework areas.

For more information, contact David Regan, director of public health:  
[d.regan@manchester.gov.uk](mailto:d.regan@manchester.gov.uk)

### Case study: Clarifying responsibilities for strategy implementation in West Sussex

The HWB in West Sussex agreed that the JHWS should focus on three priority areas: dementia; children and families; and workplace health. Recognising that the greatest impact of the JHWS will be achieved through the board's relationships and taking collective responsibility, board members also agreed a series of working principles to deliver the strategy. The principles outlined in the strategy document include:

- identifying HWB members to act as custodians of cross-cutting interests
- a commitment to work collectively to progress commissioning plans
- being mutually accountable
- providing support when not satisfied with commissioning plans and working collectively to look at options to address concerns.

The board chair used the board meeting following agreement of the JHWS to remind members: “The focus for the health and wellbeing board is about adding value to priority areas where combining the input of partners is of maximum benefit.” Members were asked to clarify how their areas of responsibility, skills and continued development of integrated relationships could add value and accelerate work on the strategic priority areas. In response:

- voluntary sector members described how their services for parents with young children and older people would be engaged
- NHS members detailed how their strategic perspective and understanding of different NHS sector functions would be used to avoid duplication of effort
- CCG members emphasised their primary care role of early dementia diagnosis and the need for better partnership work to support carers
- members were challenged to consider how all council services might be better used to support the board strategy, for example the library service hosting community groups
- local Healthwatch's responsibility to hold partner members to account where services are failing was highlighted.

For more information, contact Councillor Louise Goldsmith, HWB chair, leader:

[louise.goldsmith@westsussex.gov.uk](mailto:louise.goldsmith@westsussex.gov.uk)

**10. Has the JHWS been presented in an accessible, compelling and mobilising way?**

**Top tips for achieving success**

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| <ul style="list-style-type: none"><li>✓ Present the JHWS in an accessible style for a broad public audience, not as a report for councillors, officers and professionals. Favour brevity over length. Consider categorising priorities by life stage as this is easy to understand and assimilate. Inclusion of an executive summary and simplified 'strategy on a page' can be helpful.</li><li>✓ Provide a compelling narrative, framing priorities and actions in ways that engage and mobilise local people towards a shared purpose and vision.</li><li>✓ Give attention to detailing the little actions that can often make a big difference to people's health and wellbeing, as well as the major actions; for example, a community library service to help reduce isolation.</li></ul> | <ul style="list-style-type: none"><li>✓ Encourage and enable all local people to share their comments, thoughts and ideas in response to the JHWS, by providing a named contact and contact details.</li><li>✓ Use different communication methods for advertising the JHWS to as wide an audience as possible.</li><li>✓ Ensure the JHWS is easy to navigate to on the websites of all member organisations. Also encourage partner organisations, providers and other stakeholders to make the JHWS clearly visible on their websites and through other communication tools.</li></ul> |
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**Additional resources can be found at:**

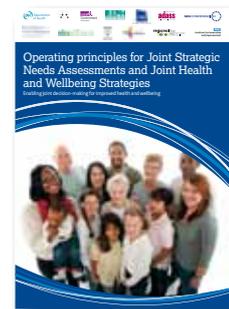
[https://knowledgehub.local.gov.uk/group/hwbs\\_resources](https://knowledgehub.local.gov.uk/group/hwbs_resources)

[www.nhsconfed.org/HWB](http://www.nhsconfed.org/HWB)

**See also:**

*Operating principles for Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.*

Available at [www.nhsconfed.org/HWB](http://www.nhsconfed.org/HWB)



**Further information**

Email: [hwb@nhsconfed.org](mailto:hwb@nhsconfed.org)

[www.nhsconfed.org/HWB](http://www.nhsconfed.org/HWB)