

Making a local difference

State of play and challenges ahead for health and wellbeing boards



The National Learning Network for health and wellbeing boards

This paper was developed as part of the National Learning Network for health and wellbeing boards, a programme funded by the Department of Health and supported by the NHS Confederation, the Local Government Association and the NHS Institute for Innovation and Improvement, to share learning and support the establishment of well-functioning boards.

All the National Learning Network publications can be found on the NHS Confederation website at www.nhsconfed.org/hwb and on the Local Government Association website at www.local.gov.uk

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Executive summary

In April 2013, health and wellbeing boards became fully-fledged statutory bodies. Their introduction has been widely welcomed across local government, health and health-related organisations. There are high expectations that they will better coordinate health and care services and drive improvements to raise local health outcomes, alongside considerable optimism about their prospects of success.

Health and wellbeing boards will have to rely primarily on local leadership, relationships and influence to ensure their strategies for change are effectively delivered. Furthermore, they are operating within a complex local and national environment of new health and care bodies including clinical commissioning groups (CCGs), local Healthwatch, Public Health England and NHS England, all seeking to establish their remit and reach amid tight financial constraints.

Prior to April 2013, a total of 138 local authorities participated in the Department of Health's Early Implementer programme to create shadow health and wellbeing boards, to establish and test their working procedures before formally taking up their duties and responsibilities. Throughout their shadow existence, the boards were supported by the National Learning Network for health and wellbeing boards, a programme funded by the Department of Health and supported by the NHS Confederation, the Local Government Association and the NHS Institute for Innovation and Improvement, to share learning and support the establishment of well-functioning boards.

At this important juncture in the early life of health and wellbeing boards, this report assesses the current state of play in terms of their progress towards making a real difference to

local health outcomes. After outlining the main lessons to guide health and wellbeing boards towards effectiveness that have emerged from the work of the National Learning Network, this report sets out a series of challenges for boards in terms of what still needs to be done if they are to make a significant impact on local population health.

The report content is based on the learning, guidance and outputs from learning sets, national summits and bespoke leadership support that were part of the National Learning Network; a summary report by Frontline on support delivered through the NHS Leadership Academy's health and wellbeing board leadership development programme (June 2012 to March 2013); and the report from a webinar for Local Government Association facilitators providing leadership support for health and wellbeing boards (February 2013).

Significant advances have been made by most health and wellbeing boards, yet even at this early stage some clear differences are emerging in terms of the pace and scale of progress towards being 'effective boards'. Learning from the experiences of the National Learning Network provides valuable insights as to why some boards are advancing better and faster.

There are five key lessons. First, health and wellbeing boards working best have built good relationships between the local authority and CCGs. Where relationships are most advanced, clinical commissioners are not only at the heart of discussions to develop Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, but are reflecting these in their own commissioning plans. Second, the key to progress is to be clear and focused about the

board's strategic role, and to have the right membership to deliver this. Boards working faster and better strategically have taken the lead in shaping transformational change across the whole system, focusing on a small number of higher-impact, 'big' themes that attempt to add value to 'what would have happened anyway'.

Third, more progress towards integration is being achieved where boards attempt to understand and influence the delivery as well as commissioning of services. 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. Fourth, an effective board needs to look outwards to engage with service users, patients, the public, and local communities, not inwards to its members and their organisations alone. Fifth, 'task and finish' sub-groups help boards drive actions between board meetings and maintain momentum for change. Meeting only infrequently, boards cannot rely solely on members to deliver their duties and goals.

Health and wellbeing boards are still at an early stage of development. It would be unrealistic to expect them to have already fulfilled their potential to make a significant local difference to health and wellbeing. The distinctive needs and contexts of different localities mean individual boards will need to identify their own *modus operandi*. Yet for boards to achieve success in changing local health outcomes, several important issues will need to be addressed. On the basis of knowledge captured from the National Learning Network, we set nine key challenges for boards to consider as they move forward. Examples of current good practice in relation to these are included in the report.

Challenges for health and wellbeing boards

There is no order of priority to the following set of challenges. To some extent they are interlinked, with success in one area likely to be associated with advancement in others.

- **Adding value locally** – to what would have happened anyway, and in ways that will achieve significantly better local health outcomes. The most effective boards consider and define what they can direct, influence and inform that will make a distinct contribution. Members ensure the strategic priorities they agree upon underpin the board's added value, demonstrating what it is they can do that cannot be done elsewhere.
- **Working through influence and collaboration** – the most successful boards provide credible, strong, shared purpose and leadership that can engage partner organisations, both with and without board membership, in effecting real change. This requires a different approach combining status and authority with 'soft power' based on influence, persuasion and negotiation. These aspects of leadership may not be familiar to all members; to acquire this capacity they will need new skills and experience. More progress has also been made where board chairs have pushed members to question the status quo, challenging existing policies and practices where they have not worked, and generating the confidence for boards to experiment and innovate.
- **Localising delivery of Joint Health and Wellbeing Strategies in two-tier areas** – in balance with whole-system leadership. The most effective Joint Health and Wellbeing Strategies provide a high-level framework for district councils and CCGs to develop plans for taking action locally. The resulting mosaic of initiatives will require sophisticated and

imaginative leadership from the health and wellbeing board.

- **Aligning resources with priorities** – as set out in the Joint Health and Wellbeing Strategies. It requires board members to take a 'system' approach, seeking together to find opportunities for how best to use collective spending across agencies to deliver the agreed strategic priorities. As yet there is limited evidence of alignment between the strategic objectives of boards and the local pattern of expenditure.
- **Shared ownership, purpose and commitment to delivery** – boards will need to commit to the actions that delivery of Joint Health and Wellbeing Strategies requires. For this to happen they need to build from a partnership of shared respect and understanding, where most boards are now, to operating as a cohesive and unified body: doing as well as thinking as a board. This involves putting the board's strategic priorities above organisational interests, including giving up some power where necessary.
- **'Committee-plus'** – to work in a transparent, inclusive, whole-system way, health and wellbeing boards need to operate with more flexibility than conventional council committees. Members need time and space for informal discussion and to listen to patients, service users, carers and community groups, as well as professionals, if they are to truly get under the skin of how the local health and wellbeing system is working.
- **Wellbeing, not just health** – to make a sustainable difference to population health, boards will need to be ambitious and far-sighted in focusing on wellbeing. Work

on the wider determinants of health is underdeveloped (which is understandable, given the scale and pace of change in the local health architecture). Many boards have an 'in principle' commitment to addressing the wider determinants of health, but as yet are often unclear how they can influence these to make a difference.

- **Advocating and mobilising for change** – engaging in an open and honest debate with the public to explain why changes are necessary and gaining trust and support. Some boards have shown they are effective local advocates for better health and wellbeing, but this is not the norm. In the face of potentially unpopular decisions, they have an important role in demonstrating how change will improve local health provision or outcomes, especially where service reconfiguration and service closure is involved.
- **Managing expectations** – through clearly defining and articulating the local priorities on which they will focus and against which success should be measured. Concentrating on key themes where they can add value, not attempting to deliver solutions for all local health and wellbeing issues.

These challenges highlight the essential features if boards are to progress from thinking and planning around how to improve health outcomes, to delivering effective change through action. Despite the advances made, and optimism surrounding the potential for health and wellbeing boards, it is still an article of faith that they will make a significant and sustainable difference to local health outcomes. Everything remains to play for in terms of their future success.

Introduction

Health and wellbeing boards have the potential to make a significant difference at local level through developing a shared set of priorities, to focus commissioning plans and achieve better health outcomes. The Health and Social Care Act 2012 ('the Act') places on upper-tier local authorities and unitary authorities a statutory duty to create a health and wellbeing board as a committee of the local authority (see 'Health and wellbeing boards at a glance' on p. 26). Local authorities and CCGs have statutory duties to develop Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs) to be discharged through the health and wellbeing board.

Together, these are intended to drive local commissioning priorities, policies and practice. They are the mechanisms by which boards and their partners will be able to jointly plan and support delivery of improvements to the health and wellbeing of local populations. Health and wellbeing boards also have a duty to encourage integrated working between the commissioners of any health, health-related or social care services in their local area.

In April 2013, after almost two years in shadow form, health and wellbeing boards became fully-fledged statutory bodies. Following this watershed for health and wellbeing boards,

this report assesses the current state of play of their progress towards making a real difference to local health outcomes. After outlining the key support for health and wellbeing boards delivered through the National Learning Network, it identifies the main lessons that have emerged from this work to guide boards towards being fully effective. The report then identifies the critical challenges facing boards to maximise their effectiveness to make a significant and sustainable impact on local population health and wellbeing.

The report is based on findings, guidance and outputs from:

- learning sets, national summits and bespoke leadership support that were part of the resources provided by the National Learning Network for health and wellbeing boards between November 2011 and March 2013 (for more information, see pages 7-10)
- a summary report with case studies by Frontline on support delivered through the NHS Leadership Academy's health and wellbeing board leadership development programme from June 2012 to March 2013
- the report from a webinar for Local Government Association facilitators providing leadership support for health and wellbeing boards, held in February 2013.

'In April 2013, after almost two years in shadow form, health and wellbeing boards became fully-fledged statutory bodies'

Background

Early implementers

The white paper, *Liberating the NHS: legislative framework and next steps*, published in 2010,¹ committed the Department of Health to setting up and supporting an 'early implementers' network of health and wellbeing boards. In January 2011, every local authority in England was invited to become an 'early implementer' on the basis that they met three criteria:

- sign-up and commitment from the leader and chief executive
- genuine commitment to working in

partnership, particularly with emerging GP consortia and district councils

- prepared to actively participate in sharing information and learning.

These early implementers were to form part of a National Learning Network, set up with the key objective of enabling members to share their thinking and expertise with peers. By Summer 2011, 138 out of 152 local authorities had signed up, a far larger number than the original target; therefore, all shadow health and wellbeing boards were invited to participate in the National Learning Network.

Case study. Working with the Local Government Association self-assessment tool in Darlington

The NHS Leadership Academy and Local Government Association supported the health and wellbeing board in Darlington through a self-assessment process after the board had been functioning in shadow form for 18 months. The Local Government Association self-assessment tool was used to design an online survey and individual diagnostic interviews, which were undertaken among board members. A facilitated half-day workshop provided feedback from the self-assessment process to members and, through open-space discussion, enabled board members to explore how to take forward the following issues:

- **Delivery of priorities** – board members were more comfortable with the why and what of board operations than how strategic priorities would be delivered. At issue were perceived to be trade-offs between members over priorities, allocation or re-allocation of resources to support these priorities, and who wins and who loses in this process.
- **Decision-making** – concerns about how to decide on priorities were exaggerated by tensions around whether the board should have a strategic or operational role. For

example, board papers prepared by executives in advance of meetings were presented with recommendations for rubber-stamping rather than debate. Members agreed that, in future, board papers should be option-focused to enable them to take a more strategic approach in meetings.

- **Influence** – in terms of holding to account and influencing partner organisations, the board was seen to have the advantage of being in the smallest English local authority and therefore members 'knowing everyone'. Yet members were concerned this familiarity and closeness might lead to insularity and coercion. Trust was recognised as important, as well as maintaining openness and transparency in relationships.
- **Linkages across the system** – there was concern about 'joining the dots' between organisations, and particularly the relationship with the local strategic partnership.

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The National Learning Network

The National Learning Network for health and wellbeing boards ran initially from November 2011 to April 2013 as a programme funded by the Department of Health and supported by the NHS Confederation, the Local Government Association and the NHS Institute for Innovation and Improvement (now incorporated into NHS Improving Quality). Its aim was to share learning and support the establishment of well-functioning boards. A comprehensive package of resource support for health and wellbeing boards has been delivered through the National Learning Network.

National summits

Four large-scale national learning events were held to bring together health and wellbeing board members and associates with national experts, to share learning and experiences through plenary discussions, facilitated workshops, marketplace stalls and networking areas. Each national summit focused on specific themes:

- Ministerial launch event, 15 November 2011
- Halfway – an opportunity to share progress, 1 February 2012;
<http://tinyurl.com/la85kck>
- Building blocks for successful health and wellbeing boards – learning from others, 24 April 2012; <http://tinyurl.com/kvdhb3y>
- Shared leadership to improve health and wellbeing – turning ambition into reality, 8 November 2012;
<http://tinyurl.com/l449sux>
<http://tinyurl.com/lvnq39f>
- Report of the national summit for health and wellbeing boards, 8 November 2012;
[www.nhsconfed.org /Documents/Health_wellbeing_board_nov2012.pdf](http://www.nhsconfed.org/Documents/Health_wellbeing_board_nov2012.pdf)

Self-assessment development tool

The Local Government Association worked jointly with the Department of Health, The King's Fund and the NHS Leadership Academy to co-produce a self-assessment development tool. The tool enables a health and wellbeing board to assess how effective it is being in practice and how effectiveness is enhanced over time. It assists a board to explore its strengths and opportunities to improve, and develop an approach to help transform health outcomes.

<http://tinyurl.com/a5wjvtd>

For more information see: *A new development tool for health and wellbeing boards*;
www.local.gov.uk

Regional simulation events

A programme of simulation events was delivered in six regions. Facilitated by the University of Birmingham, these were designed to enable health and wellbeing board representatives to experience the challenge of tackling different scenarios within a 'safe' environment. London councils and NHS London organised similar activities. The simulations were structured to assist board members to develop the confidence to tackle tough challenges, to examine their leadership role in relation to managing complexity and tensions, and to develop the mindsets and behaviours needed to achieve transformational change across the system.

Chairs' networks

A core component of the Local Government Association's health and wellbeing boards leadership offer, chairs' networks have been formed in seven of the nine local authority regions. Across the networks, meetings have tackled core issues through development sessions and engaging key stakeholders whose work impacts on health and wellbeing boards. Issues covered include: challenges

of the different health and local government cultures, and engaging with both constituencies; commissioning, pooled budgets and integration; challenges of redistributing resources to preventative approaches, reconfigurations and different care models; and managing performance, setting clear outcomes and evaluating progress.

Virtual learning set themes

Creating effective governance arrangements

Focus areas: Determining areas of responsibility, holding partners to account for delivery of strategic priorities, accountability of boards, relationship between boards and scrutiny committees, handling conflicts of interest.

Resources: *A guide to governance for health and wellbeing boards.*

Improving the health of the population

Focus areas: How boards add value, place-shaping, addressing inequalities, engaging hard-to-reach groups, driving up life expectancy, reducing infant mortality, setting priorities to drive effective action.

Resources: *Health impact assessment: tool for health and wellbeing boards.*

Improving population health: action learning for health and wellbeing boards.

Raising the bar in JSNAs and JHWSs

Focus areas: Understanding and best practice, encouraging collective responsibility and ownership, engaging all stakeholders, building into commissioning, ensuring links to wider determinants of health.

Resources: *Operating principles for Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies: enabling joint decision-making for improved health and wellbeing.*

Bringing collaborative leadership to major service reconfiguration

Focus areas: Impact of different styles of leadership, building trust and transparency, governance, resource shifting between organisations to achieve better outcomes, co-created relationships.

Resources: *Working with local government: a guide for GP commissioners.*

Working with GP commissioners: a guide for local councillors and officers.

How do we 'hardwire' public engagement into the work of boards?

Focus areas: Embedding patient and public engagement (PPE) into boards' work as an integral element, guardianship of PPE (individual or whole board), learning from successes and failures, building on existing PPE structures, joining up work.

Resources: *Patient and public engagement for health and wellbeing boards: a review of resources.*

Patient and public engagement: a practical guide.

Specialist facilitation and leadership support

Between April 2012 and March 2013, the Local Government Association, in collaboration with the NHS Leadership Academy, provided bespoke leadership support to more than 60 health and wellbeing boards. The main objective of this support was to equip senior leaders with the skills, knowledge and behaviours to help them operate effectively in a cross-organisational environment. Facilitators delivered a range of different types of support, predominantly focused around group development events. Support events were mostly held with health and wellbeing board members, although in some

cases facilitators worked with sub-groups or facilitated much wider stakeholder events.

Virtual learning sets

Learning sets were established to consider issues of importance to the development of health and wellbeing boards nationally, and to develop products of practical value to them on these issues. Each learning set focused on a particular theme identified by early implementers as being of most interest and importance. Products developed by the learning sets aimed to provide board members with an accessible and helpful resource, not necessarily showcasing best practice, but representing key learning. There were 11 learning sets in total, covering eight themes (see box on page 8 and below).

Virtual learning set themes (continued)

Improving services through more effective joint working – adults and older people

Focus areas: Clarifying the role of boards in supporting and driving integration, understanding how stronger integration can improve outcomes, relationships, shared strategic leadership, handling conflict.

Resources: *Encouraging integrated working for adults and older people: a practical guide for health and wellbeing boards.*

Poster: Developing a local outcomes framework for adults and older people.

Improving services through more effective joint working – children and families

Focus areas: Effective profiling of children's and young people's needs, setting priorities, partnership working, quality engagement so the voices of children and young people are heard, encouraging use of assets.

Resources: *Poster: Health and wellbeing boards and children, young people and families; Children and young people's health and wellbeing review of documents; Children and young people and health and wellbeing boards: putting policies into practice.*

Making the best use of collective resources

Focus areas: Developing principles for best use of resources, essential information requirements, identifying key financial information, recognising capacity and assets including community-based resources.

Resources: *Making the best use of collective resources: an introduction for health and wellbeing boards.*

Making the best use of collective resources: examples in practice.

Criminal justice and health and wellbeing boards

Focus areas: Impacts of criminal justice reform for health and care, getting the offender voice heard, encouraging knowledge share about what works, emphasising link between health and criminal justice issues.

Resources: *Health and wellbeing boards and criminal justice system agencies: building effective engagement.*

All resources available are at:
www.nhsconfed.org/hwb

Online communication support

Online Q&As, YouTube videos, social network media, and webinars gave health and wellbeing boards the opportunity to report and share thinking and learning, discuss challenges and work through 'wicked' (intractable) issues. Web-based seminars proved to be a simple and effective way of engaging with board members on a range of challenging topics, including working with providers, addressing loneliness and social isolation, and how district councils will contribute to the new public health system.

To follow the conversation online – search #hwblearn on Twitter

For all recordings and supporting documentation from the webinars, see: *Webinars for health and wellbeing boards*

<http://healthandcare.dh.gov.uk/hwb-webinars/>

Learning from experience

Health and wellbeing boards have started with a real sense of purpose and optimism. Significant advances have been made, with most boards having established their membership, agreed their role and remit, established governance arrangements, and prepared JSNAs and draft JHWSs. They have been thoughtfully working through how to balance their roles and responsibilities between being strategic, executive and inclusive. There are also many examples of boards tackling complex local health issues, developing measured and sensible local assessments of need, and consulting on their strategies. Yet even at this early stage, some clear differences have emerged in terms of the pace and scale of progress towards achieving their full potential.

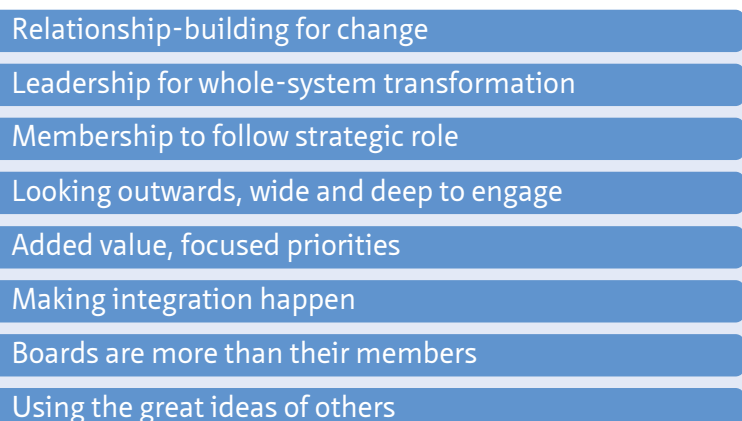
Learning captured from the work and experience of the National Learning Network for health and wellbeing boards provides valuable insight into factors that are critical to effectiveness (see Figure 1). These early lessons provide useful pointers as to why some boards are making better and faster progress than others.

Relationship-building for change

Health and wellbeing boards have to work on the basis of influence and relationships to ensure their strategies for change are effectively delivered. Boards that have approached relationship-building with a fresh mindset for new ways of partnership working have made the most progress. Investing time in developing relationships through awareness and understanding of each others' agendas, and how partner organisations differ from their own, has been time well spent. Openness and honesty between board members about their organisational priorities and pressures has helped foster closer, more trusting relations.

The central pivot of every strong board is a constructive working partnership between the local authority and CCGs. Lead GPs and councillors, in particular, have learnt about each other and discovered they have common experiences and aspirations: they work at the sharp end in the same neighbourhoods, have local information about local needs and assets, and see at first-hand the effects of service delivery on outcomes. This has enabled boards to move towards more of a common language and shared culture from which to develop a common

Figure 1. Learning to guide health and wellbeing boards towards effectiveness

- 
- Relationship-building for change
 - Leadership for whole-system transformation
 - Membership to follow strategic role
 - Looking outwards, wide and deep to engage
 - Added value, focused priorities
 - Making integration happen
 - Boards are more than their members
 - Using the great ideas of others

Case study. Relationship-building in Peterborough

Relationship-building has helped Peterborough's shadow health and wellbeing board move from a local authority bias towards a whole-system focus. At their first leadership development session, board members said they were keen to discuss roles and ambitions for the board, as well as relationships and how members could work in a more joined-up way. Leading on from this, members were encouraged to explore how collaborative working might benefit health outcomes for Peterborough. Further facilitated sessions enabled board members to have more free and open discussions about perceived difficulties they might encounter, constraints across the system, and how they might work together for the benefit of local population outcomes. Members also explored how they could achieve some early 'small wins' in partnership working. As the facilitator explains:

"Locking them in a room together and finding ways to hold them to their rhetoric has given

each member time and space to become part of the conversation, which would not otherwise occur through their normal practice."

The learning process has led members to better appreciate the complexity of issues faced which, in turn, means no one body can ever be 'in charge'; a joined-up, collectively shared approach is required. Any 'small wins' have been achieved through agreement: to be consultative across partners, strategically challenge and support initiatives, and amend meeting time and process to allow greater engagement, multi-perspective dialogue and honesty. In turn, this has 'softened' local authority dominance and enabled members to establish an approach based on genuine partnership working rather than the board operating as just another 'lever' of the council.

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strategic framework. Where relationships are most advanced, clinical commissioners are not only at the heart of discussions to develop JSNAs and JHWSs, but are already reflecting these in their own commissioning plans.

Leadership for whole-system transformation

Health and wellbeing boards are widely seen as the forum for local authorities, the NHS, local Healthwatch, communities and wider local partners to lead transformational change across the health and care system to improve local population health. There is also the opportunity for boards to take shared leadership and ownership of key challenges facing health and care delivery in their local area. Such whole-system leadership across organisational boundaries demands skills based more on

'soft power' through influence, persuasion and negotiation. It also requires board members and partner organisations to be open and willing to change, with no 'sacred cows'. While the board as a whole should have responsibility for delivering such leadership, it is strong direction and inspiration from the board chair that is proving paramount.

Chairs are setting the style, culture and behaviour for the ways boards operate as system leaders. Boards have been more effective where the chair has facilitated mature debate, encouraging members to take a broader and long-term view of shaping the whole system. More progress has been made where chairs have pushed board members to question the status quo, challenging existing policies and practices where they have not worked. Generating the confidence for boards to experiment and innovate is also necessary if significant advances are to be made in improving outcomes.

‘We are getting some good challenges around the board table. Everybody is being very open because I think they are coming at it with fresh eyes and saying, “Why do you do it this way, isn’t that silly?” ‘

Health and wellbeing board chair

Membership to follow strategic role

Health and wellbeing boards have taken different approaches to board membership. A range of local factors has been the predominant influence on form, including geographical complexity and scale, type of local government, the nature of local challenges, and local models that have emerged for board sub-structures and sub-regional activities. Where boards have remained small, they have had to be confident that their sub-structures will support inclusive participation. Where they are large, boards have had to establish robust executive and business planning functions. Some boards have sought to merge with other partnership bodies, for example, the Crime and Disorder Partnership and the Children’s Trust Board.

While all such localised approaches are to be welcomed, the key to progress has been to find the right membership to deliver a board’s agreed strategic role. This might, for example, include providers sitting on the board, or it might not. It would be impossible, even in the smallest authorities, for all those organisations wanting membership to be represented on the board without making it unwieldy and pushing it towards being a forum for discussion rather than actively working to make a difference to improved local health outcomes. Ongoing review is helpful. For example, one board recognised that it needed expertise related to housing and crime reduction, and invited additional

members to join. Another board realised that it had too large a membership to enable focused delivery of the JHWSs, and reduced the number of members accordingly.

Looking outwards, wide and deep to engage

An effective board will actively engage with service users, patients, the public and local communities. There are already many examples of successful engagement activity, often building on pre-existing mechanisms for neighbourhood and community involvement in the preparation of strategies. Some boards have incorporated engagement and communication strategies into all of their work. Nonetheless, only a few boards have made real progress in this area, with signs that their engagement approaches have led to systematic empowerment, the co-creation of strategies and the real involvement of local people in prototyping new services and forms of service delivery.

Much still needs to be done to engage seldom-heard groups and to shift the debate from consideration of deficits and problems to how to utilise the richness of resources in the local community. For example, one board has been working in partnership with the public through developing a new asset-based approach – using a programme of activities and workshops to facilitate local communities to identify their health and wellbeing needs, alongside the skills, capacity, knowledge and resources in place within the communities to help deliver these priorities.

Case study. Patient and public engagement in development of the JHWS in County Durham

An engagement framework was agreed by the shadow health and wellbeing board in County Durham in early 2012. This outlined mechanisms to engage with a wide range of stakeholders throughout the county and provided an action plan of how engagement and involvement activities could be implemented in future.

The board used Local Government Association facilitators to support a 'big tent' engagement event in 2012 that invited attendees to provide their views on draft strategic objectives and actions contained in the JHWS. It was attended by a wide range of stakeholders, including service users, carers, patients, voluntary and community organisations, and NHS and local authority bodies. There were group discussions on the strategic objectives and a voting system for attendees to choose their most important objectives. The board used learning and feedback from the event to determine the key priorities for improving local health and wellbeing to include in the JHWS. Those people who attended the engagement event were provided with further opportunities to comment on development of the JHWS through targeted consultations. The 'big tent' engagement was perceived as such a success that it is planned to hold an event around development and review of the JSNA and JHWS on an annual basis.

Additional patient and public engagement around the strategic priorities has included briefings and presentations, some of which were led by CCGs to the area action partnerships (AAPs) in County Durham. There have also been briefing and discussion sessions with sub-groups of the board, the children and young people's overview and scrutiny committee and the adults' wellbeing and health overview and scrutiny committee. As the vice chair of the health and wellbeing board says:

"It is very important that we involve our communities and stakeholders in having a say on the work of the board, particularly relating to the health and wellbeing priorities through the JHWS. There has been a lot of interest in the strategy through engagement activities, including the 'big tent' event and presentations and briefings to AAPs."

Building on this work, an action plan is in development on how engagement and involvement activities could be systematically implemented in future.

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Added value, focused priorities

Based on the evidence in JSNAs and consideration of what resources they have available to meet needs and build on community assets, many boards have been developing JHWSs. These should outline the shared priorities for action and reflect issues that matter most to communities, and where the greatest impact can be made to improve health and wellbeing outcomes. Boards working faster and better strategically have focused on a small number of more high-impact, 'big' themes

that attempt to add value to what would have happened anyway; dealing with new priority topics locally, or tackling 'wicked' issues. This has involved boards agreeing a robust and transparent prioritisation process, taking into account such factors as:

- type and complexity of need
- how priorities can be delivered
- what is directly achievable by board members and what requires the wider influence of stakeholders and partners

- cost-effectiveness and budget limitations.

Using a strategic prioritisation framework of this type, they have reviewed the comparative evidence against an often lengthy candidate list of priorities to reduce them to a small, manageable number.

Added value, focused priorities will set a stronger foundation for joined-up commissioning and promotion of integrated services. They also provide better opportunity and incentive for concentrating resources where they will have most impact on addressing health inequalities and improving local population health outcomes.

Making integration happen

A key duty of health and wellbeing boards is to promote integration and partnership across the whole local system, with the ambition of tackling health inequalities and improving local population health. Those boards seizing this baton most effectively recognise that integrated working involves a cross-cutting, wide-ranging

'The fastest progress towards making integration happen is being achieved by boards that are attempting to understand and influence the delivery as well as the commissioning of services.'

and holistic approach beyond health and social care services that considers the whole spectrum of plans and services that impact on people's health and wellbeing outcomes. They are taking a whole-system approach, attempting to involve not only board members, but partner organisations and local people and communities in working together to put local people's needs and aspirations at the heart of the system.

The fastest progress towards making integration happen is being achieved by boards that are attempting to understand and influence the delivery as well as the commissioning of services. If boards simply focus on a commissioning role, the opportunity to lead and drive an integrated

Case study. Setting and delivering priorities in Doncaster

In Doncaster, the health and wellbeing board carried out a comprehensive stakeholder engagement exercise and used the findings to develop an extensive list of priority health and wellbeing issues. At the first seminar, facilitated by the NHS Leadership Academy, members considered each of these priorities in terms of an impact and influence 'matrix', with a view to narrowing action towards a smaller number of key priorities. Four priorities were agreed: alcohol; mental health and dementia; obesity; and family. Common characteristics across all these priorities was a focus on taking the longer-term view to improving health and wellbeing outcomes in Doncaster, their potential to leverage additional change across

the whole system, and sharing responsibility for these priorities with local citizens and communities.

Members also agreed a key measure of the board's success would be effective fulfilment of a 'conductor role'; engaging other stakeholders who have the resources and power to make changes that will move forward the agreed priorities. To this end, it was decided to include providers on the board, additional to the statutory membership.

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approach to service delivery across the local system may be constrained. A more cooperative relationship between commissioners and providers is beneficial, with providers actively involved in design and development, and working closely with commissioners to get the outcomes needed for their local communities. Yet this can create tensions in terms of board function and governance. In response, some boards are experimenting with a range of creative approaches to engaging providers, for example, through cooperative working with provider forums, market facilitation for innovation, and provider representation on boards for groups not individuals.

Boards are more than their members

Meeting infrequently, sometimes only quarterly, it is not possible for most health and wellbeing boards to rely solely on members to deliver their duties and goals. The boards making greatest progress have set up 'task and finish' sub-groups, with a membership wider than board members, to drive actions between board meetings and maintain the momentum for change (see case study below). Examples of activities that have been delegated in this way include: developing JSNAs; integrated commissioning; community and stakeholder engagement plans; overseeing health protection; and provider engagement. Most of these are informal arrangements, but some groups have been constituted as formal

Case study. Coordination and 'task and finish' groups in Derbyshire

Soon after the creation of the shadow health and wellbeing board in Derbyshire, a health and wellbeing coordination group was established to set the agenda, chase progress and drive forward the work of the board. This ensures that the board considers the most appropriate and relevant issues and makes the most effective use of time available.

Given that the board meets for two hours every other month, it has also been important to find ways to ensure action is taken on priority areas between board meetings. The board was prompted to give this issue attention after a presentation to the board on falls and bone health. This made clear to board members that hip fractures account for significantly more hospital bed-days locally than any major disease, with hip fracture rates in Derbyshire being higher than the national average and projected to significantly increase over the next decade. The board decided the issue was too important to delay taking any action until the next board meeting and therefore set up

a specialist, time-limited 'task and finish' group to develop a strategic plan for how to address the identified problem. The board then discussed this plan in detail and agreed to align increased funding against prevention of falls, to help slow the increase and the resulting pressure on acute services. The decision supported one of the board's key strategic priorities to strengthen investment in the prevention of ill-health.

The 'task and finish' group approach was judged to have worked well in that the board had received appropriate and timely information to inform action and decision-making. It was seen as an effective way to move activity forward on strategic priorities between board meetings and it is planned to use the approach in relation to other priority issues.

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sub-committees of the health and wellbeing board. For example, in one area the health and wellbeing board has set up five sub-groups comprising a wide range of service users, providers, commissioners, professional advisers and other stakeholders. The aim is to help ensure board recommendations are well informed and services are effectively designed and delivered. Another board working as a joint commissioning body has set up an operational sub-group, a provider sub-group and a group for community and patient input.

Using the great ideas of others

Although the distinctive needs and context of different localities mean that individual health and wellbeing boards will need to identify their own optimum approach, there is real value in making use of other people's good ideas. Curiosity about what other boards are doing well can pay dividends. They do not have to reinvent the wheel, though they may have to adapt ideas and approaches to suit local circumstances. Peer-to-peer learning is proving beneficial for many health and wellbeing boards.

'An effective board will actively engage with service users, patients, the public, and local communities.'

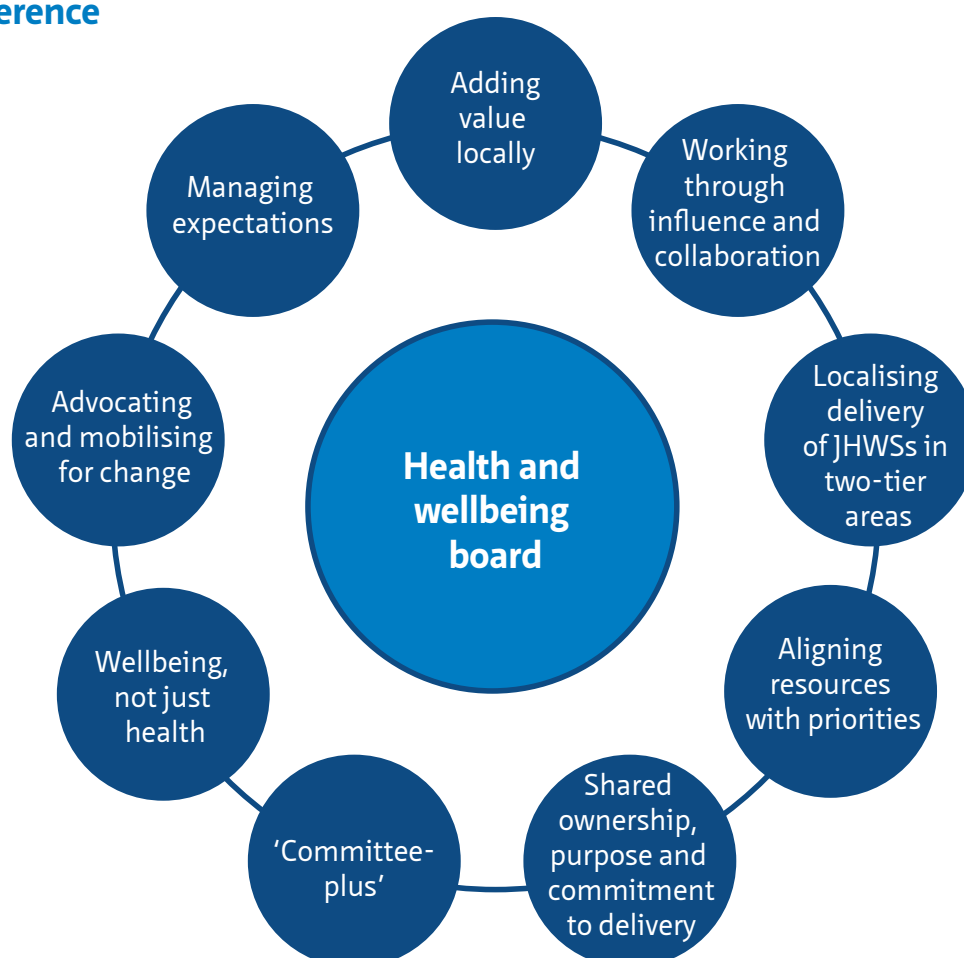
Challenges for success

Health and wellbeing boards 'went live' in April 2013. It is not surprising that they continue to develop their potential to make a significant local difference to health and wellbeing. For boards to achieve success – delivering the internal productivity and external traction to change local health outcomes – several important issues will need to be addressed. On the basis of knowledge captured from the National Learning Network for health and wellbeing boards, we identify nine key challenges for boards to become fully effective, together with learning and insights about how these might be met (see Figure 2).

Adding value locally

To make a difference locally, health and wellbeing boards will need to add value to what would have happened anyway, and in ways that will achieve significantly better local health outcomes. This is likely to be the key dimension against which the success of health and wellbeing boards will be judged. Yet in some local areas there is scepticism among board members, as well as partner organisations, that the board will add any value to the work being done by existing local bodies, for example, in localities where there has been advanced development of children's trusts.

Figure 2. Key challenges for health and wellbeing boards to make a local difference



Case study. Adding value in North Lincolnshire

There are significant work streams in place within services and agencies, and across existing partnerships in North Lincolnshire, to address elements of the health and wellbeing agenda. The health and wellbeing board has been keen to add value rather than duplicate, recognising that whilst the JSNA details multiple needs and challenges, the board's strategic priorities should focus on actions which only the board can achieve. Learning development sessions have helped members better understand the particular strengths and assets offered by the board. The members have also worked hard in close consultation with the local community, to ensure the draft JHWS identifies the added value of the health and wellbeing board working together with partners to improve health and wellbeing outcomes and reduce inequalities.

The draft JHWS sets out a small number of priorities as well as what each organisation's contribution will be to make the changes happen. The priority actions are:

- focusing on 'best start' from conception to age two
- addressing poverty and reducing the impact on people
- improving literacy (including health literacy) and numeracy skills
- improving the safety and vibrancy of the night time economy
- advocating and modelling behaviour change.

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The most effective boards consider and define what they can direct, influence and inform that will make a distinct contribution to improving local health and wellbeing. They strongly articulate this message both internally and externally to establish a meaningful presence. Members also ensure the strategic priorities they agree upon underpin the board's added value, demonstrating what it is they can do that cannot be done elsewhere.

Additionally, it will be important that boards evaluate where, how, why and to what extent they are directly having influence across the local health and wellbeing system. Boards will need the evidence to demonstrate – to both their own members and to local organisations and communities – their work delivers added value on local health outcomes.

Working through influence and collaboration

Delivering whole-system leadership with few powers, across multiple organisational and professional boundaries, is crucial. To be effective requires more than administrative coordination of local organisations. The most successful health and wellbeing boards provide credible and strong shared purpose and leadership that can engage partner organisations, both with and without board membership, in effecting real change. A different leadership approach is required combining status and authority with 'soft power' based on influence, persuasion, and negotiation. Using emotional and interpersonal intelligence – being more astute and sophisticated in recognising what others want and need, knowing who is bringing what to the table, managing confrontation wisely – will be of particular value. These aspects of leadership may not be familiar to all board members. Not only are they having to learn new skills, they also need to acquire

leadership capacity through experience. This will inevitably take time.

Localising delivery of JHWSs in two-tier areas

Most health and wellbeing boards in two-tier areas with counties and district councils recognise the importance of district councils in shaping, supporting and delivering locally focused, strategic priorities. Much consideration has been given to district involvement, acknowledging that successful health improvements need strong roots and that many of the building blocks for changing health and wellbeing outcomes operate at district level.

Some district councils feel that they have not been sufficiently involved in shadow arrangements. But, in general, boards have worked hard to make sure they remain a manageable size while both representing and being sensitive to the needs of their diverse localities; having had to put these arrangements in place just as local government horizontal and vertical relationships change in response to resource pressures. A number of different approaches have been taken. For example, one board has used its public sector leadership network to confirm board membership for two councillor representatives from across six districts: the leader of the county council and a single district councillor. Another board has put in place federated arrangements, creating seven formal board sub-committees from 12 districts and seven local primary care groups.

Health and wellbeing boards in two-tier areas will need to keep under review structural arrangements to balance whole-system leadership with flexible localised development and delivery of JHWSs. The most effective JHWSs provide a high-level framework for district councils and CCGs to develop plans for taking action locally. For example, if one of the agreed priorities across the health and wellbeing board area is improving the quality of life for older people, a more rural district might focus on reducing loneliness, and an urbanised district might put more effort into reducing alcohol misuse. While offering the benefit of localised delivery of strategic priorities, the resulting mosaic of actions within the overarching framework will require sophisticated and imaginative leadership from the board.

Aligning resources with priorities

To maximise their effectiveness, health and wellbeing boards will need to influence partner agencies to align resources with the JHWSs. This requires board members to take a 'system approach'; not seeking to protect their budgets by shifting costs to other partners, but together seeking to find opportunities for how best to use collective spend across agencies to deliver the agreed strategic priorities. As yet there is limited evidence of alignment between the strategic objectives of boards and the local pattern of expenditure. Furthermore, many boards lack an overview of what resources are available and where in the local system. They will need to do more to map the money and assets in the system before they can align spending with priorities.

Case study. Aligning resources with strategic priorities in Leeds

Early in its development, the health and wellbeing board in Leeds recognised resource alignment would be essential to effective delivery of the board's strategic ambitions. The council, NHS and third sector partner organisations were therefore invited by the board to discuss the key local financial issues and how they might work together to make best use of their collective resources. To ensure partners collaborated in a structured way, an integrated commissioning executive (ICE) was established consisting of Leeds city council directors and commissioners, CCG chairs, and commissioners and representatives from the NHS Commissioning Board. This new body agreed a set of principles and values based on working together for the improved health and wellbeing of the people of Leeds rather than the strategic benefit of individual organisations.

On behalf of the health and wellbeing board, the ICE has overseen development of the draft JHWS and, from the outset of this process, enabled CCG commissioning plans to be aligned with the strategic priorities. The draft JHWS was used to work through the challenging issues involved before joint commissioning plans for adult health and social care services were agreed, linked to an overarching Section 75 Agreement.* The agreement is in a form that allows future joint arrangements to be easily and cost-effectively appended. A related mechanism is anticipated for children's health services.

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Most board members appreciate that resource distribution between secondary care, primary and community healthcare, social care and prevention needs to shift, but are often unclear about how they can make this happen and wary of the risks. They are rightly concerned that aligning resources with priorities will require reducing or decommissioning existing services to fund new or different services in another part of the system, resulting in double running costs or rising budgets due to increased demand. Members will need to discuss how to address such issues and consider innovative solutions to prevent additional costs. Understanding each others' financial policies and procedures will help members identify cost issues early enough to be able to take appropriate preventative action and better manage unforeseen financial pressures when they do arise. There may also be value in boards considering formalised mechanisms of accountability to help build trust and confidence among members that resource shift will happen when necessary.

Shared ownership, purpose and commitment to delivery

Successful building of relationships and 'team spirit' has been a significant element in the early development of health and wellbeing boards; members getting to know one another and learning about the different perspectives represented on the board. Many boards have not moved beyond this stage and have not yet tackled difficult issues, or discussed and managed conflict associated with taking action on strategic priorities.

To be effective in making a real impact on health outcomes, delivery of strategic priorities is likely to involve significant change to local services, including reconfiguration and closure of some well-established services. Health and wellbeing boards will need to commit to the actions that delivery of JHWSs requires. For this to happen they need to build from a partnership of shared

* Section 75 Agreements are local arrangements for the pooling or delegation of local healthcare provision, where this is identified as likely to lead to improved health outcomes.

respect and understanding – where most boards are now – to operating as a cohesive and unified body: ‘doing as well as thinking’ as a board. This involves putting the board’s strategic priorities above organisational interests, including giving up some power where necessary. While board members might have signed up to this in principle, this commitment has not yet been put to the test.

An interesting approach used in this respect by one board chair was to openly challenge board members to consider their individual commitment – going through the agreed strategy section by section, asking each member their views on what their organisation could commit to in terms of delivering the necessary local actions.

‘Committee-plus’

To work in a transparent, inclusive, whole-system way, health and wellbeing boards need to operate with more flexibility than conventional council committees. If they are to truly get ‘under the skin’ of how the local health and wellbeing system is working, members need time and space for informal discussion and to listen to patients, service users, carers and community groups, as well as professionals. They can be disappointed where boards are run as formal council committees with large numbers of papers presented and little substantive debate, often struggling to square the actuality of the meetings with the broad strategic aim of taking a whole-system perspective of local health and wellbeing.

Sub-groups (working groups), reference groups, sounding boards, expert panels and sub-committees can help health and wellbeing boards function effectively and productively. Nonetheless, careful balance is needed to ensure they support flexibility rather than constrain the board from operating in a whole-system way. Dependent on how meeting agendas and procedures are laid down, boards can also be very creative about how they tackle difficult local health and wellbeing problems.

‘It’s actually doing as well as talking about doing... it’s very easy to say in the meeting ‘Yes we’ve all signed up to mother and apple pie’, but then when you leave the meeting you want to do something different. That is the challenge in this, to turn it into something tangible and meaningful... to actually do it rather than just aspire to do it’

HWB member

Ongoing support for health and wellbeing boards

As the new system slowly beds down, the support needs of health and wellbeing boards will be greatest during the first 12 months of live operation. To help facilitate this, the Department of Health has provided grant funding to the Local Government Association to convene a health and wellbeing improvement programme for 2013/14. The programme will bring together three strands of ongoing improvement work for the development of health and wellbeing boards, local public health teams and local Healthwatch: focusing on improvement, helping those that need the most support, and learning from those that are using the new system and powers to make transformational change to their local health services.

Working in partnership to align support with NHS England, Public Health England, Healthwatch England, the NHS Confederation

and the Department of Health, the Local Government Association will use this programme to help grow the capacity of local health and wellbeing boards.

Part of the funding will be delegated to regional partnerships to help foster greater levels of cooperation among partners at a local level and enable them to respond to specific local needs.

The Local Government Association is working with the Department of Health and key national organisations to develop an offer of help, support and challenge for the health and wellbeing system, including health and wellbeing boards. For more information, see www.local.gov.uk.

For more information, follow #hwblearn on Twitter

Wellbeing, not just health

Some boards have aligned the JSNAs and JHWSs with other local community strategies, including child poverty strategies, local economic assessments, community safety strategic assessments and housing market assessments. A small number of boards have merged their work on crime and disorder with health and wellbeing. There are also examples of boards addressing strategic priorities such as rural isolation, loneliness, fuel poverty, houses in multiple occupation, and misuse of alcohol and tobacco.

Nonetheless, work on the wider determinants of health is generally still underdeveloped and many boards are unclear about how they can influence these to make a difference. Few boards have enlisted expertise from people with a background in spatial planning, regeneration, housing, culture and leisure, or industry and commerce. Boards will need to ensure that immediate pressures linked to health and social care issues do not prevent them addressing the challenge of how to improve wellbeing. They need to be ambitious and far-sighted to make a sustainable difference to wellbeing. This should include a focus on understanding how to help individuals, families and communities to change their behaviours and become co-producers in making improvements to their health and wellbeing.

Advocating and mobilising for change

Strategic leadership that results in real improvements to health outcomes requires that health and wellbeing boards are able to mobilise widespread local support for the changes needed. Some boards have shown they are effective local advocates for better health and wellbeing, but this is not the norm.

There is a considerable challenge involved in shifting the public mindset around how local services can best be configured to deliver the improvements to health and wellbeing they need and want. The public currently have their arms firmly around the walls of their local hospital. In the face of potentially unpopular decisions around service redesign, health and wellbeing boards have an important advocacy role in making an explicit and compelling case for change, especially where there is a need to shift resources from the acute sector to the community sector, or for service reconfiguration and service closure. Board members will need strong communication and political skills to engage in an open and honest debate with the public at the outset of the process to explain why changes are necessary and gain trust and support. In this respect, clinicians can benefit from working alongside local authority board members, who are likely to have more experience in taking local communities with them on the path of change. To help foster buy-in among local communities, provider involvement in advocating change will also be advantageous (see *Stronger together* [Additional resources section, page 27]).

Managing expectations

A considerable and growing weight of expectation is being placed on the shoulders of health and wellbeing boards. Their main duties and functions are hugely challenging in themselves. They are also the only component of the new health and care system that formally enables different parts to work together through a strategic plan that joins up health and local authority decision-making. Furthermore, health and wellbeing boards are increasingly seen as the answer for many difficult issues emerging within the new system. They are perceived as the one place where risks of fragmented commissioning can be mitigated, for example, ensuring join-up of the large number of different places where elements of child health will now be commissioned. They are viewed as the place to lead joined-up commissioning across patient pathways, for example, linking public health interventions with primary and secondary care for cardiovascular disease. There is also debate around the role health and wellbeing boards should play in relation to health protection and safeguarding.

Health and wellbeing boards will need to clearly define and articulate their local priorities against which success will be measured. Boards will be most effective if they focus on a few key themes where they can add value, rather than attempting to deliver solutions for all local health and wellbeing issues.

Conclusion

It is encouraging that health and wellbeing boards have made significant advances towards their establishment as well-functioning boards. Given the early stage of their development it is only to be expected that they have more to do to achieve transformational change. It will take time to design, debate and deploy their full potential. Some boards are making stronger progress and faster than others. There are important lessons from their work, outlined in this report, to guide boards towards becoming more effective.

There are high expectations and optimism behind health and wellbeing boards. It is important they build on this early enthusiasm and continue their active development. While boards will identify their own optimum approach, the challenges in this report highlight the ways that boards can maximise their effectiveness; providing helpful direction for boards to add value and make a local difference to health and wellbeing.

For more information on the issues raised in this report, contact kate.ravenscroft@nhsconfed.org

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Health and wellbeing boards at a glance

'The ambition behind the introduction of health and wellbeing boards is to build strong and effective partnerships, which improve the commissioning and delivery of services across NHS and local government, leading in turn to improved health and wellbeing for local people.'²

'Health and wellbeing boards are intended to be a genuinely new model of partnership working.'³

Underlying principles

- shared leadership of a strategic approach to improve the health and wellbeing of communities
- identification and commitment to key priorities for health and local government commissioning
- commitment to driving real action and change, to improve services and outcomes
- parity between board members
- shared ownership of the board by all members and accountability to the communities it serves
- openness and transparency in conduct of work
- inclusiveness of engagement with patients, service users and the public.^{3,4}

Board functions

- to prepare JSNAs and JHWSs, which is a duty of local authorities and CCGs
- a duty to encourage integrated working between commissioners of any health and social care services
- a power to encourage close working between commissioners of health-related services and the board
- a power to encourage close working between commissioners of health-related services and of health and social care services
- any other functions that may be delegated by the council, such as certain public health functions and/or functions relating to joint commissioning of services and the operation of pooled budgets.^{3,5}

Board members

The prescribed core statutory membership is:

- at least one elected representative
- a representative from each local CCG whose area falls within or coincides with the local authority area
- the local authority directors of adult social services, children's services, and public health
- a representative from the local Healthwatch
- the local authority can appoint additional non-statutory board members, as appropriate, who would support the work of the board, including other local service providers.⁵

Who are local providers?

Any persons within the area of a health and wellbeing board who arrange for any:

- health services provided as part of the health service in England
- social care services provided in pursuance of the social services functions of local authorities
- health-related services that may have an effect on the health of individuals.⁵

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From shadow into the spotlight: the story of health and wellbeing boards. <http://storify.com/DHgovuk/reflections-on-health-and-wellbeing-boards-support>

Making a local difference

In April 2013, health and wellbeing boards became fully-fledged statutory bodies. Their introduction has been widely welcomed across local government, health and health-related organisations. There are high expectations that they will better coordinate health and care services, and drive improvements in local health outcomes.

This report is based on outputs from the learning sets, national summits and bespoke leadership support that formed part of the National Learning Network; a summary report on support delivered through the NHS Leadership Academy's health and wellbeing board leadership development programme; and the report from a webinar for Local Government Association facilitators providing leadership support for health and wellbeing boards. It aims to give all those involved in leading and supporting the work of health and wellbeing boards an insight into the opportunities and challenges ahead.

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