SHARED INTELLIGENCE

The force begins to awaken

A third review of the state of health and wellbeing boards

March 2016

Contents

1 Introduction

1.1 A significant number of health and wellbeing boards (HWBs) are now beginning to play a genuine leadership role across local health and care systems. This is an important development and is the core conclusion of this our third state of the nation report on HWBs commissioned by the LGA. Our work suggests that these boards are considerably more effective than they were a year ago and a number of other boards are on the cusp of making that shift. Most boards are doing useful work, but their potential remains unfulfilled.

1.2 Ironically this step change in the performance of some HWBs has coincided with the emergence of a more muscular top down approach by NHS England. This is reflected in the introduction of sustainability and transformation plans which introduce an alternative focus for system leadership across a larger geographical footprint.

1.3 In this report we explore the current position of health and wellbeing boards in more detail, seeking to understand the features of the more effective boards and to identify the factors that are influencing whether or not a board makes significant progress.

1.4 The evidence on which this report is based includes:

- Interviews with 23 local and national stakeholders involved with HWBs;
- A workshop with people doing bespoke work with boards on behalf of the LGA;
- Observation of and a focus group discussion at a HWB leadership essentials course;
- A review of 8 health and wellbeing peer challenges;
- Sense-making discussions with officials from the LGA and Department of Health.

1.5 The report:

- Describes the current state of play with HWBs;
- Identifies a number of themes which are relevant to thinking about how to improve board effectiveness;
- Concludes by pulling together a number of areas for action.

2 The current state of play

2.1 Our core conclusion is that a small but significant minority of boards have made considerable progress and are now beginning to drive change across the local health and care system. A higher proportion of interviewees now speak about boards in this way than was the case a year ago. The litmus test of a more effective HWB is a board which addresses health and wellbeing from a whole place perspective rather than one which concentrates on specific conditions such as diabetes or obesity.

2.2 Our previous report, Stick with It!, published in February 2015, concluded that many boards were addressing a range of challenges and issues, that progress was being made across some common themes and that a small number of boards were ahead of the curve. The report added: "It is also evident from the review that many boards are still some way off driving the big issues and that progress is slower than perhaps widely anticipated. Frustrations exist within and outside boards."

2.3 The majority of boards are still in a similar position as last year; that is "some way off driving the big issues". But everybody we spoke to felt able to give at least one good example of their board having had an impact and/or added value to an initiative or programme. These ranged from the creation of new co-commissioning posts to action on gambling and health, from a successful Better Care Fund submission to a more effective relationship with the police, and from work on mental health to creating a better relationship with providers.

2.4 One interviewee referred to HWBs as being "part of the landscape" in a way that was not the case a year ago. There are pros and cons to this perception. It means that the boards' existence is not being challenged, but it also hints at some complacency about the role they are now playing. In this context it is important to reflect the view of many of our interviewees that the day to day work of the vast majority of boards is important in its own right. In one case this involved providing a space in which the council and clinical commissioning group (CCG) could continue to work together at a time when there was a significant political dispute between them over a proposed service reconfiguration. In another case the HWB enabled conversations between health and care to take place in the absence of any other mechanisms.

2.5 These examples can help to distinguish between boards which have made the transition and are now effective and those which are on the cusp of doing so. On the basis of this research our view is that effective boards have established a shared view on the future of the health and care system and are reframing the debate on the subject. Those which are on the cusp of doing so have pursued a number of individually effective initiatives, are enabling debates on some topics and are "keeping the show on the road" in terms of relations between health and local government and other board members.

2.6 Members of more effective boards speak about them being at centre of set of relationships that are "effective, positive and progressive". They are part of a wider set of relationships that include developments such as the CCG Accountable Officer sitting on the council's corporate management team. Effective boards create the space for developments such as the creation of a chief executive group bringing together the CEOs from the council, CCG and provider trusts. They receive fully

integrated reports on issue such as workforce development (rather than three or four separate reports). And they are capable of having constructively challenging discussions on topics such as the introduction of smoke-free tenancies in social housing.

2.7 This is not a time for complacency, particularly given the pace at which the policy agenda is moving on. It is notable that all the people we spoke to from boards which have made less progress over the last year remain confident about their potential.

2.8 The next section will explore the drivers of this shift to system leadership and the factors inhibiting progress. At least two factors are particularly pertinent to the pace of change: the value of a prior history of partnership working; and the difficulty of making these arrangements work in the context of a complex geography with a large number of district councils and CCGs. These factors go some way to explaining the relatively slow progress that this, and our previous reports, have identified. They also highlight the importance of the continued ambition of many HWB members to improve the effectiveness of their board.

3 The drivers of and barriers to more effective boards

3.1 On the basis of our research for this review we have identified eight factors which have a significant influence on the effectiveness (or not) of a HWB. The list is summarised in the box below and the following paragraphs explore each of them in turn.

Drivers of and barriers to effective health and wellbeing boards
Committed leaders, both political and managerial
Collaborative plumbing, often reflecting a history of partnership working
Clarity of purpose, being clear about the primary task of the board
A geography that works, or has been made to work
The response to austerity, which can drive either collaboration or a retreat to silos
A focus on place, with local priorities that drive collaboration
A director of public health, who gets it
High quality support, and a flexible approach to the council committee thing
Churn in the system, within local government and health
Getting the basics right, to enable effective systems leadership

Committed leadership

3.2 A common feature of our interviewees' descriptions of boards which have become more effective over the last year is a HWB chair with a real determination to secure change, supported by a senior officer who both understands the importance of health and care and recognises the potential of the board in that context. These two leaders must have clout and in many cases achieving a more effective board has required the attention of the council leader and chief executive.

3.3 It is important, however, to recognise the competing pressures on them and their time. A number of interviewees reported that over the last year HWBs and the devolution agenda have competed for that time, often with the former often losing out. Where a board is stuck and the leader and chief executive are not engaged it is unlikely that progress will be made.

3.4 There is extensive evidence that the council leader or relevant portfolio holder is the most appropriate choice to chair the HWB. In some cases, however, effective leadership is provided by a different chair. Two of the boards widely considered to be performing effectively are chaired by councillors who are not a leader or portfolio holder: one has a relevant professional background and the other uses the fact that she is not the portfolio holder to provide constructive challenge.

3.5 Shared leadership between health and local government is an important success factor. The vast majority of HWBs have appointed a CCG member of the board as vice chair. We have been alerted to a growing number of local authority and CCG co-chairs; this is an important development reflecting greater collaboration between the two organisations.

Collaborative plumbing

3.6 Most of the board members we spoke to, who consider their boards to be effective, point to a history of collaboration between health and social care. Similarly, interviewees from less effective

boards cite the need to build relations between health and local government as a precondition for improvement. We have coined the phrase collaborative plumbing to capture a combination of the existence of both mechanisms for collaboration and good personal relationships between key players. Effective boards have shifted from polite conversations between members to more meaningful conversations, including productive (and resolved) disagreements. Where this plumbing is not in place it has to be installed and the place needs to get experience of using it, both of which require time and effort. It is very difficult to move quickly and effectively from a standing start.

Clarity of purpose

3.7 Members of boards which are now functioning effectively list clarity of purpose as a key factor in their development. One chief executive pointed to a peer challenge which prompted the board to be clear whether it wanted to operate as a co-ordinator or a driver, or to explicitly aim to be a mix of both. Another board has focussed on developing a locally designed approach to integration. And a third board, in London, has coalesced around a devolution initiative. On the other hand we have also seen evidence of less-effective boards struggling with what exactly the primary task of the board should be.

A geography that works

3.8 One aspect that has featured far more prominently in our analysis for this report compared with previous years is the impact of geography. It is clear from our interviews and reviews of peer challenge reports that messy and complex geographies can make the task of installing this collaborative plumbing more difficult and time-consuming than elsewhere. By complex geographies we mean shire areas with a large number of district councils and CCGs. All areas face the challenge of working with NHS England's patchwork of new models, but that is compounded by complex or messy geographies. It is important to note, however, that progress can be made in these areas. Two of the six HWBs shortlisted for the LGC awards cover two tier areas, but Somerset has a single CCG and Suffolk has a long history of joint working between the county and district councils. Geographical complexity looks set to be compounded by NHSE's requirement of a larger footprint for sustainability and transformation planning.

The response to austerity

3.9 The implications of the Comprehensive Spending Review 2015 have important implications for HWBs in terms of the both the spending plans for health and local government and the differences in treatment between the two sectors. Our interviews suggest that the impact of reduced resources is playing out in one of two ways in boards. In some places it is acting as a driver a deeper collaboration as a means of securing "better for less". In other places it is forcing organisations back into their silos as they seek to tackle "their" budgetary challenges. It is fair to say that those with well-established collaborative plumbing fall into the former camp and those without are more likely to sit in the latter camp. There is also growing evidence that the perception that the health service received a much better deal in the CSR than local government is souring relations across the health and care system in many places. Many effective boards have the benefit of councils and CCGs which are financially stable.

A focus on place

3.10 A characteristic of a number of the more effective boards that we have explored for this report is that their work and agendas are now structured around place issues – such as resilience, workforce

or children – rather than maintaining a more medical condition based focus – such as diabetes or obesity. More effective boards have also begun to address wider issues such as employment and skills. Some board members report having used a locally generated place-based objective, such as the development of a bespoke approach to integrated care, as a way of moving the board on. This focus on place can help build a shared approach with the CCG and GPs as well as crafting a distinctive role for the board. The challenge now is whether these boards can establish themselves as drivers and leaders of their local systems as they move to full integration by 2020.

A director of public health who gets it

3.11 Notwithstanding the key role played the council leader and chief executive referred to above, the contribution of the director of public health is also an important factor. The DPH has an important part to play in shaping the HWB's agenda and in maintaining a focus on the "twin peaks" of progress on health and care integration and action to address the wider determinants of health.

High quality support

3.12 Our research suggests that as well as senior input, the quality of the day to day support that a HWB receives can have a significant impact on its effectiveness – which is an important point to note in a period of reduced resources.

3.13 One HWB chair interviewed for this report cited some basic steps as an important factor in his board's improvement over the last year, namely:

- Creating a new logo, meeting in "neutral" venues and moving away from a classic committee room layout;
- Inviting people to present to board meetings and always beginning with the voice of a patient or service user;
- Improving the arrangements for monitoring and reporting back on action following board meetings.

3.14 Three other aspects of the support that can drive board effectiveness are:

- The support available to HWB chairs and vice-chairs, including development opportunities and networking with other chairs;
- The adoption of approaches to the planning and management of board meetings which reflects the fact that a key difference between HWBs and other council committee's is that they are partnership bodies;
- The need for the boards to meet in a variety of settings, formal and informal in meeting format and in workshop mode.

Churn in the system

3.15 Our research has also revealed the impact that churn in board membership and leadership can have a significant impact on the effectiveness of a board. We have been pointed to examples of boards where a new chair has acted in a way which significantly improves a board's performance. We have also seen examples of changes in board membership causing a loss of direction and momentum.

Getting the basics right

3.16 Our previous reports have highlighted the importance of some basic housekeeping in creating the conditions for an effective board.

Warning signs

3.17 These factors come together in different ways, but we are clear that if at any one point in time a board is experiencing two or more of the following characteristics it should take stock of how it is working and whether it needs to call on support from the wider sector. Those circumstances are:

- Weak collaborative plumbing;
- A messy and complex geography;
- A high level of churn in board membership; and
- A purist approach to the management of board meetings.

4 Emerging themes

4.1 This section explores some other themes which have emerged from our research which we think are relevant to thinking about how to improve the effectiveness of HWBs.

Hubs and fulcrum

4.2 In thinking about the difference between functional boards and more effective boards we have explored the notion of a board as a "hub" and the board as a fulcrum. By a hub we mean a board's ability to bring the right people together in order to have coherent conversations which lead to decisions and action. By the right people we mean good representation of key interests and an ability to commit their organisations. Highly effective boards provide this hub function, but they go one stage further and also act as a fulcrum around which things happen. These are boards that create a space in which significant things happen between meetings, in which the board has a pivotal influence. On the other hand a common feature of less effective boards is that too much emphasis is placed on the formal HWB meetings and all the requirements associated with a council committee.

A more assertive NHS England

4.3 The role and impact of NHS England featured far more prominently in our research for this report than it did in previous years. Our interviewees talked about NHSE acting in a more "muscular" way and making more demands of CCGs.

4.4 This has culminated in the requirement for local areas to produce sustainability and transformation plans using a geographical footprint that is wider than HWBs. National NHS organisations have recently instructed local areas to submit governance plans for this work including a single named person "who can command trust and confidence in the system" and who will be responsible for "facilitating open and honest conversations that will be necessary to secure sign-up to a shared vision and plan".

4.5 Members of even the most effective boards are concerned about how their boards will navigate these arrangements. It is worth noting the King's Fund's conclusion that these changes represent a significant extension of central control over local decision making.[1] This will have significant implications for the partnership dynamics of HWBs with health members responding to the strength of national rather than local accountability. There is a danger that in places where the local collaborative plumbing is poor it will be more difficult than ever for the HWB to carve out a distinctive role and secure effective local leadership of the local health and care system.

Devolution

4.6 Some of the devolution agreements negotiated between government and localities, most notably in Cornwall and Greater Manchester, are pointing to the contribution that action across a wider geography can make to securing health and care integration and the promotion of health and wellbeing. We have also noted that in some places the time commitments involved in pursuing a devolution agreement have meant that some leaders and chief executives have had to devote less

[1] Kings Fund, What the planning guidance means for the NHS 2016-17 and beyond

time to their HWB. Some interviewees have noted that because installing the collaborative plumbing that is necessary to make HWBs effective is difficult there may be a temptation to shift attention to a wider, combined authority level. On the basis of our research we have concluded that this would be a mistake and that addressing health and care through a devolution deal is a way of building on the work of effective health and wellbeing boards, rather than being an alternative or substitute to them.

5 Areas for action

5.1 In this concluding section we pull together or findings on:

- The attributes of a well performing board;
- Areas that require attention if a board is to become more effective.

In our previous report, *Stick with IT*! We set out what we described as a developing picture of the key attributes of a well-performing board. A year later we have built on that picture and the table below summarises our latest description of the attributes of an effective HWB.

A well performing board	
Key attributes	**Key actions**
Evident passion and ambition	Recognises the need for fundamental change to health and care system e.g. has ambitious BCF and plans for future. The council leader and chief executive pay attention to the board and there is either a CCG co-chair or a senior councillor and CCG representative act as co-chairs. Has refreshed priorities which align clearly with council, CCG and other relevant plans. Has developed a narrative and road map for change setting out how system can move from where it is now to where it needs to be and which can help staff, providers, partners and the community. Invests in new ways of working e.g. uses developmental sessions to develop trust and collaboration, operates as a board not a council committee. Has developed a coherent radical strategy which underpins an integrated approach to commissioning. Uses a robust performance framework to plan future activities. Has pragmatic and effective approach to engagement of providers (for e.g. provider forums, provider engagement in sub structures, providers on board). The board has a shared understanding of the role of providers in delivering change. The board acts as a hub (bringing people together) and a fulcrum (a point around which things happen). Ensures effective engagement with the public is everyone's business and local healthwatch is building on networks to increase engagement and visibility.
Enthusiasm, drive and leadership – notably, but not solely, from board chair	
Demonstrates positive behaviours	
Strong foundation of partnership working	
Trust, respect and genuine collaboration across board and with key external stakeholders	
Open to learning and challenge – self aware	
A geography that works or has been made to work	
Committed to engaging with local people and communities	
Shared understanding of how board fits with other structures e.g. scrutiny	
The HWB is more than a meeting	

5.2 On the basis of our latest research we have also updated our understanding of the areas requiring attention by boards if they are become more effective. Our refreshed understanding is summarised in the table below.

Areas requiring attention
Installing collaborative plumbing • Is the board one of a number of mechanisms for joint working between health and local government? • Have good personal relationships been established between the key players? • Are the conversations "polite" or "meaningful"? • Is there a parity between board members and a shared understanding of each other's needs and constraints?
Making the geography work In areas with a complex geography, involving a number of district councils and CCGs: • Is there a mechanism for effective CCG and district council engagement with the board that does not result in an unduly large board? • Has the scope for collaboration between districts and between CCGs been fully explored? • Is there a shared understanding of what is best done at a county level and at a more local level, and are there mechanisms for joint work between health and care at that more local level?
Effective leadership • Do the council leader and chief executive recognise the importance and potential of the HWB and give the board the attention that it requires? • Is there shared leadership between the council and CCG and is that reflected in a CCG co-chair or vice-chair?
Place focus • Is the board addressing place issues – such as resilience, workforce, skills and employment or children – as opposed to more condition-specific issues – such as diabetes or obesity? • Does the board have a locally generated focus for pursuing health and care integration?
Responding to national pressure • Is the board able to balance the national requirements on it – and particularly the CCG(s) – with the need to develop and pursue a local agenda? • How is the board engaging with the sustainability and transformation planning process?
More than a board meeting • Is the board the primary strategic forum for delivering change? • Does the board act as a hub (bringing people together) and a fulcrum (a point around which things happen)?
Clarity of focus • Is there a shared understanding of the primary task of the board? • Is the board a co-ordinator or a driver? • Does the board have a central, locally instigated initiative around which it can coalesce?
Getting the basics right? • Where does the board meet? Should it consider alternative venues? • Is the layout for board meetings suitable for the types of discussion the board is seeking? • Is there an effective mechanism for following up and reporting progress on the outcome of board meetings? • Is the board exploiting the potential of formal meetings and making good use of the time between board meetings?

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