

What a difference a place makes

The growing impact
of health and
wellbeing boards

Foreword

I have great pleasure in introducing this resource which shows the achievements of a large group of effective health and wellbeing boards and demonstrates how these boards are working flexibly and proactively to improve outcomes in health, care and wellbeing.

Effective health and wellbeing boards are true partnerships and I am particularly pleased to see how their work is valued by board members from all organisations and sectors and by wider partners, such as those in integrated care systems and sustainability and transformation partnerships. It is good to hear that many of the contributors believe that the conditions are now right for health and wellbeing boards to fully do the job they were set up to do, as local leaders for health, care and wellbeing.

The examples in the resource show that, at a time of continuous change, health and wellbeing boards are anchors of place, providing leadership and stability, and helping to bring coherence to the new ways of working that connect neighbourhood, place and system.

This resource shows that there has been a quiet revolution in recent years. Building on the duty to promote health and wellbeing, board members are working with partners across public services and the voluntary and community sector to tackle the wider determinants of health. They are driving health and social care integration and making sure that prevention is at the heart of this. The expected prevention Green Paper will hopefully provide the impetus for all partners to put a greater focus on improving health and wellbeing outcomes and reducing health inequalities.

If there is one key message from this resource, it is that we must all work together across the NHS, local government, the community and

voluntary sector and beyond to make best use of all our resources. It is only by collaboration that we will make genuine progress, and, as sustainability and transformation partnerships develop into integrated care systems, full and equal involvement of councils is essential. Without this, plans for NHS reform will fail to realise their potential.

It is testament to the work of health and wellbeing boards that the messages in this report are positive, set against, as they are, difficult times for local government, the NHS and other partners. We collectively face unprecedented demand for health and care services, and in local government year-on-year cuts to budgets continue. At the time of writing, the adult social care Green Paper remains unpublished, leaving a gap in the policy context set by the NHS Long Term Plan and uncertainty for the public, and local government, about how adult social care will be funded going forward.

Through collaborative leadership and a clear focus on shared outcomes, health and wellbeing boards play a leading role in the most effective use of resources. Nonetheless, even the most effective board cannot address the continuing gap in funding for adult social care and for public health. These urgently need to be put on a sustainable footing through positive measures in the forthcoming spending review.



Councillor Ian Hudspeth
Chairman, LGA Community Wellbeing Board

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Health and wellbeing board snapshot areas

Bath and North East Somerset Health and Wellbeing Board

Bradford Health and Wellbeing Board

Buckinghamshire Health and Wellbeing Board

Cambridgeshire and Peterborough Joint Health and Wellbeing Board

Cheshire West and Chester Health and Wellbeing Board

County Durham Health and Wellbeing Board

Coventry and Warwickshire Place Forum

East Riding of Yorkshire Health and Wellbeing Board

Gloucestershire Health and Wellbeing Board

Leeds Health and Wellbeing Board

Kent and Medway Joint Health and Wellbeing Board

Merton Health and Wellbeing Board

Norfolk Health and Wellbeing Board

North East Lincolnshire Place Board

Nottinghamshire Health and Wellbeing Board

Plymouth Health and Wellbeing Board

Rotherham Health and Wellbeing Board

St Helens People's Board

South Tyneside Health and Wellbeing Board

Surrey Health and Wellbeing Board

Sutton Health and Wellbeing Board

Wigan Health and Wellbeing Board

Integrated care system snapshot:

West Yorkshire and Harrogate Health and Care Partnership

The individual snapshots from the health and wellbeing boards included in this resource can be found at www.local.gov.uk/health-and-wellbeing-board-snapshots

Executive summary

“West Yorkshire and Harrogate’s integrated care system works to the principle that partnership is the servant of place and that the right activity needs to happen at the right level to improve health and wellbeing for individuals and communities. In Bradford, the health and wellbeing board holds the ‘place’ together, setting direction, helping partners collaborate to achieve shared outcomes rather than organisational needs; it feels like it’s doing what it was set up to do and the environment is right for it to take this system leadership role.”

Helen Hirst, Chief Officer for Airedale, Wharfedale and Craven, and Bradford City and districts Clinical Commissioning Groups

This resource captures the achievements, challenges and learning from 22 effective health and wellbeing boards (HWBs) across the country, all of which are making good progress on integrating health and care, improving wellbeing and tackling the wider determinants of health. We identified these HWBs from our support and development work and through our knowledge of local areas.

Throughout this report, we refer to the sample of 22 HWBs identified, rather than all 153 HWBs throughout the country. Many other HWBs, however, will also have the same characteristics as the ones featured in this publication.

This resource shows how HWBs are improving how they work and are creating wider partnerships to respond effectively to the new NHS planning and delivery levels of ‘system’, ‘place’ and ‘neighbourhood’.

Examples from the work of the 22 HWBs and one integrated care system, are included throughout this resource. You can read the full snapshots at www.local.gov.uk/health-and-wellbeing-board-snapshots

We hope the following resource will show national policy makers and local health and care leaders how HWBs can fulfil their duty to improve health and care outcomes, through integration and prevention. It looks at how HWBs are engaging wider partners, including in sustainability and transformation partnerships (STPs) and integrated care systems (ICSs), in a collaborative effort to make best use of resources and achieve sustainable service provision.

The HWBs featured have different geography, demographic make-up and patterns of need, and operate within different STPs and ICSs. Nonetheless, several key themes are consistently evident, demonstrating what HWBs are achieving and suggesting how they may develop in future.

Key learning and impact of the HWBs reviewed

“In Buckinghamshire, the Health and Wellbeing Board is the only board with democratic accountability to provide a forum for senior leaders to come together to develop strategic oversight and direction for health and care in the county. A combination of public meetings and development sessions in private are invaluable to build effective relationships where members are able to provide the necessary challenge to make sure that everyone is working together so that the people of Buckinghamshire have happier and healthier lives.”

Councillor Martin Tett, Council Leader and Chair of the Health and Wellbeing Board

HWBs are effective vehicles for strategic planning in the new landscape – all areas should make the most of this resource.

We found clear evidence of boards acting as the anchors of place. The most mature HWBs are using their system-wide leadership as the glue across neighbourhoods, place and systems.

There is growing understanding among leaders of STPs and ICSs that ‘place’ has primacy in local system planning, with contributors to this resource clear that the system is the servant of place, and that local characteristics, history and resources are all vital in shaping the local approach.

In addition, the HWBs we spoke with highlight how operating at a place level brings a consistent strategic shared purpose to more localised neighbourhood working, while at the same time bringing the situational authority, deep knowledge of communities and added value from working at scale to system planning and delivery.

HWBs’ engagement with, and reach into, communities is deep and insightful and is especially powerful when combined with

the population data set out in joint strategic needs assessments (JSNAs).

HWBs provide strategic leadership for health and care integration, health and wellbeing improvement, and sustainable and effective use of resources.

As the only forum bringing together political, community and health leaders, HWBs have been instrumental in building strong relationships among equals, with trust, shared values and a common vision underpinning their shared endeavours.

HWBs provide robust vehicles to help partners navigate local challenges or tensions, as well as the imposition of national requirements, enabling leaders to act more quickly and be more flexible. HWBs have provided a platform for developing relationships and while partners have disagreements, HWBs have become resilient enough to withstand individual disagreements and tensions, and help keep attention focused on the bigger prizes – improved health and wellbeing outcomes for communities, better place-based, person-centred services and more effective use of public resources.

In working across a local system, and in the context of growing demand and constrained resources, HWBs are demonstrating how to make more effective use of resources across a place – as well as improve health and wellbeing – through the increasing use of joint commissioning, pooled budgets, ‘the place pound’ and joint delivery arrangements.

“Wigan Health and Wellbeing Board has been key in providing strategic direction and energy to the integration agenda. We have set ambitious plans through our Locality Plan and Deal 2030 to galvanise the system to work together through collaboration and positive action, keeping pace at a time of significant change.”

Councillor Keith Cunliffe, Deputy Leader, Wigan Council and Joint Chair of Wigan Health and Wellbeing Board

HWBs are driving health and care integration, making a reality of place-based, person-centred, preventative approaches.

Involvement at system level is increasing, with more HWBs working at system level, as well as at place.

The examples we looked at demonstrate that the most effective HWBs are using health and wellbeing as the common thread through all place plans and delivery arrangements. A key area of work for all of the boards is to ensure that primary care networks, as envisaged in the NHS Long Term Plan¹, build on existing integrated community teams, as well as community navigation and wider voluntary and community sector provision.

HWBs are bringing a strategic approach to prevention, ensuring this sits at the heart of ambitions for integrated services. This includes ensuring that prevention encompasses wider wellbeing and the wider determinants of health, helping to keep people well in the first place, rather than managing ill health better.

HWBs are also adding value though leveraging the impact of partnership working to not only improve communities' health and wellbeing, but to tackle health inequalities and the wider determinants of health, often linking this to wider place-based agendas, such as growth, prosperity, community resilience and sustainable environments.

“I have been impressed how both the health and wellbeing boards work together as partners in Coventry and Warwickshire Place Forum. The Place Forum will play an increasingly important role in the STP, particularly helping to ensure that prevention, population health and community engagement are central to its work and that data from the JSNAs informs locality models.”

**Professor Sir Chris Ham, CBE,
Independent Chair, Coventry and
Warwickshire Sustainability and
Transformation Partnership – Better
Health, Better Care, Better Value**

As well as being the place to set a clear shared vision, joint health and wellbeing strategies (JHWS) are also being used to underpin wider local ambitions around place, and support HWB leaders to manage the web of cross-cutting local themes.

Mature HWBs are bringing oversight and coherence to a wide range of local partnership arrangements and are enabling collaboration with other HWBs, such as on an ICS or STP footprint. These advanced HWBs are supporting system change at scale, using larger footprints to work on wider problems such as tackling variation across the system, or embedded issues such as unemployment or poverty. They are also providing stability in the increasingly fluid and complex local landscape.

“The Health and Wellbeing Board in the East Riding in my opinion is a place of support and challenge. A place where honest conversations are had and standards are put in place. The board works in a way which is much bigger than the sum of its parts and every organisation is open to challenge and contributing to the vision of the board. From a Healthwatch perspective partners recognise our value and position and are open to hearing the public and patient voice, and how this information could drive service change.”

**Mathew Fawcett, Chief Officer,
Healthwatch, East Riding of Yorkshire**

¹ NHS England (2019) 'NHS Long Term Plan'
www.longtermplan.nhs.uk

Where next?

The HWBs we spoke with were optimistic about what they could achieve in the future, but also shared some concerns. The crux of these was the extent to which they would be subject to national imperatives and direction. HWBs, and ICSs, that were performing well wanted the space and support to continue to make progress.

It is also recognised that the maturity and impact of all HWBs around the country varies. In the years since their inception, boards have made many strides, but not all are as effective as they could be, and some need to do more to reach their full potential.

Health and wellbeing system improvement support offer

The Local Government Association (LGA), with sector partners, is committed to continuing to provide support to HWBs so that all boards maximise their effectiveness. For the past few years, the LGA has been working with NHS Clinical Commissioners to offer a range of leadership and developmental support to HWBs. Programmes are focused on councillors and clinical leaders working together, and include workshops, conferences, bespoke sessions and peer reviews. The aim is to support well-performing HWBs become even more effective and to enable those that have not yet met their full potential become as good as the best. The support offers for 2019 are available and include new collaborations with NHS Confederation, NHS Providers and NHS England and Improvement.

“The partnership approach by HWBs within the health and wellbeing system is essential; it allows senior leaders from across the area to discuss the important issues involving our communities and more importantly to collectively work together to improve outcomes.”

**Michelle Moran, Chief Executive,
Humber Teaching NHS Foundation Trust**

Conclusions and key messages

The examples of HWBs given in this report show that the founding principles of HWBs are just as relevant to the new NHS landscape as they were when HWBs were established in 2013 – if not more so. Effective leadership and vision from HWBs give ICSs strong foundations on which to develop system-wide plans. The view from the HWB members we spoke with is that HWBs have now had the time to mature into their role and this, coupled with the renewed focus on place, means the national conditions are right for HWBs to do the job they were set up to do.

Effective HWBs are a valued and vital resource in the new landscape and their contribution is central to the future health and care outcomes set out in the NHS Long Term Plan. ICSs should build on the strong partnerships, clear visions and plans that HWBs have developed.

“Rotherham Health and Wellbeing Board has, from its inception, always seen the voluntary and community sector (VCS) as vital to the development of the HWB and its strategy and priorities. The VCS has been able to constructively question and influence strategic priorities and inform operational priorities through a variety of mechanisms, including board representation, individual meetings, taking on strategic leads, where appropriate, in the numerous sessions designed to engage the wider VCS.”

**Janet Wheatley, Chief Executive,
Voluntary Action Rotherham**

Key messages for health and wellbeing boards

- Each HWB, and all its members, is collectively and individually responsible for ensuring that its board is working effectively and doing all it can to develop integration and prevention, providing the shared vision, principles and outcomes needed to improve the health and wellbeing of the population.
- Each HWB should review its way of working and consider if its JSNA and JHWS are still fit for purpose in the new landscape of system, place and neighbourhood working.
- Where more than one HWB falls within an STP or ICS footprint, partners should consider what can be achieved by working together strategically.

Key messages for national and regional bodies

- Continue to support the development of HWBs so that all are supported to operate at the level of the best.
- ICSs should work with local government as equal partners in health, care and wellbeing; they should also involve major stakeholders from all sectors, including representation from people who use health and care services and the public.
- As STPs evolve into ICSs, ensure that HWBs are anchored into system architecture and are equal partners in the development of ICS plans.
- Support the 'primacy of place' and the principle of subsidiarity in health, care and wellbeing planning, commissioning and delivery.
- Address the funding deficits in adult social care and public health and establish the future funding of adult social care on a sustainable footing.

Introduction

“We are building on the fact that local partnership-working across West Yorkshire and Harrogate has been progressing for more than a decade, with councils, the NHS and communities joining together to improve health outcomes for people in their areas. We recognise that HWBs are the strategic drivers of change in each of our six places. The mind-set shift we have made is that all work at neighbourhood, place and WY&H level is part of our integrated care system – including the HWBs that play such a crucial role.”

Rob Webster, Chief Executive Lead for West Yorkshire and Harrogate Health and Care Partnership (ICS) and Chief Executive, South West Yorkshire Partnership Foundation Trust

Health and wellbeing boards (HWBs) are working with their partners in a rapidly changing health and care environment. Many have identified the need for support and information to make the best use of the opportunities presented by NHS reforms, to advance their work on health and care integration and to promote health and wellbeing.

We have taken snapshots of 22 HWBs and one integrated care system that are making a positive impact on health, care and wellbeing, and are working with wider partners in sustainability and transformation partnerships (STPs) and integrated care systems (ICSs) to help shape the new health and care landscape. Appendix 1 has a summary of NHS reforms and terminology used in this report.

We have identified common themes from the snapshot HWBs that demonstrate what can be achieved when partners develop positive relationships based on trust, and when they agree a shared vision and commitment to improve health, care and wellbeing outcomes. The themes also show how effective HWBs are changing, to operate within the planning and delivery framework of ‘system’, ‘place’ and ‘neighbourhood’.

You can read the snapshots in full at www.local.gov.uk/health-and-wellbeing-board-snapshots

This resource provides information for national, regional, system and place leaders, and for the wider health and wellbeing community. Many of the NHS reforms, such as ICSs and primary care networks (PCNs), are still under development, so our resource does not set out to provide definitive answers. Rather it gives ideas and suggestions for how HWBs and wider partners can work most effectively together, how they can maximise their potential for integrating health and care, and how they can improve their communities’ health and wellbeing.

The range of voices captured in this resource reflects the role of HWBs as valued partnerships.

“Gloucestershire Health and Wellbeing Board has provided a platform from which connections have been made, trust established and a collective commitment to early intervention and prevention developed. The board has provided vision, direction and permission; the ‘heavy lifting’ of strategy development, innovation, system-wide solutions and implementation all happens beneath. At all levels, it is driven by people motivated to work collaboratively for the common good.”

**Assistant Chief Constable Julian Moss,
Gloucestershire Constabulary**

The HWBs featured in this report include some that have a substantial track record of positive impact, as well as some that have undergone a significant transformation in recent years and are now driving change across their system. The boards all say that they still have much work to do but all can point to good headway in many areas of their work.

The boards represent a spread of geography, political control and type of council – county and unitary – from across the country. Several are in first or second-wave ICSs. Some are coterminous with ICSs or STPs, others have more complex arrangements. Three of the boards have pioneered joint health and wellbeing arrangements across their STP footprints, and were described in a recent LGA publication.² Partners in West Yorkshire and Harrogate Health and Care Partnership suggested that a snapshot of their ICS could also be useful, so this has been included.

We identified these HWBs from our support and development work and through our knowledge of local areas. Throughout this report, we refer to the sample of HWBs identified, rather than all 153 HWBs throughout the country. Many other HWBs will also have the same characteristics as the ones featured in this publication.

We are committed to working in partnership to support all HWBs to perform at the level of the best, and for all to continue to improve.

“The work we do with our health partners is critical to our ambitions for Sutton as a council and that is why as Leader I have chosen to chair the HWB. The integrated health and care place agenda is really exciting and fits perfectly with our own place-based approach to public service reform through the Sutton Plan. I look forward to the HWB further developing its role in directing and overseeing place-based health and care budgets and services so we can truly make the most of the Sutton pound to help and support all our residents’ health and wellbeing.”

Councillor Ruth Dombey OBE, Council Leader and Chair of Sutton Health and Wellbeing Board

² LGA (2019) ‘Developing joint health and wellbeing board arrangements’ www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/health-and-wellbeing-systems/research

Background

Role and purpose of HWBs

“The need has never been greater for the NHS to work closer together with local partners in delivering a strategy to support the health and wellbeing of our population. The Surrey 2030 Vision is a prime example of Surrey HWB’s collaborative focus, as the vision is a product of the board’s integrated and holistic approach towards understanding and addressing Surrey’s local health and social care needs.”

Dr Elango Vijaykumar, Chair, East Surrey Clinical Commissioning Group

HWBs were established in councils with adult social care responsibilities in 2013 through provisions in the Health and Social Care Act 2012.³ In addition to the Act, their role is shaped by statutory guidance.⁴

HWBs are responsible for encouraging integrated working between health and social care commissioners, including partnership arrangements such as pooled budgets, lead commissioning and integrated provision. Each is also charged with producing a:

- joint strategic needs assessment (JSNA) which provides a wide source of information and data for health, care and wellbeing planning and commissioning, customised to the needs of the area and developing over time
- joint health and wellbeing strategy (JHWS) which sets out the vision, priorities and action agreed at the HWB to improve the health, care and wellbeing of local communities and reduce inequalities for all ages.

Although HWBs are constituted within local authorities, their purpose is to establish collaborative decision making, planning and commissioning across councils and the NHS, informed by the views of patients, people who use services and other partners.

JSNAs and JHWSs are referred to as ‘joint’ to emphasise that they are system-wide mechanisms for which councils and clinical commissioning groups (CCGs) are equally responsible. HWBs are typically chaired by an elected member, with a deputy or co-chair from a CCG. Appendix 2 provides a summary of the roles and responsibilities of HWBs.

³ HM Government (2012) ‘The Health and Social Care Act 2012’ www.legislation.gov.uk/ukpga/2012/7/part/5/chapter/2/crossheading/health-and-wellbeing-boards-establishment/enacted

⁴ Department of Health (2013) ‘Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies’ www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance

Renaissance in the new landscape

“St Helens leaders all share a vision and a commitment to work in a collaborative way to make a difference, and to maximise the St Helens pound on behalf of all our residents. We are still on that journey and already we have seen tangible results and have been recognised both nationally and regionally for what we are doing. There is still more to do but we are all committed to delivering the vision.”

Geoffrey Appleton, Vice Chair, People’s Board, Lay Chair, NHS St Helens Clinical Commissioning Group

In recent years, HWBs have been influenced by a range of factors.

- An increasingly difficult financial context alongside growing demand have led to a better understanding across system leaders that only by working together can sustainable improvements be made.
- As public health became embedded in local government, there has been growing recognition of the importance of prevention and an acknowledgement that health and wellbeing is everyone’s business.
- The increasing importance of ‘place’ in local government, the NHS and wider public services in which the assets and expertise of organisations and communities are brought together to improve lives and environments.

- Expanded responsibilities for HWBs, such as overseeing the Better Care Fund.
- Moves towards devolution, combined authorities, and new unitary authorities in some areas.
- A greater role for district and borough councils in health and wellbeing.
- NHS reforms – particularly the planning levels of system, place and neighbourhood and the greater emphasis on system-wide partnerships (see diagram overleaf).

To remain relevant and effective, the HWBs we looked at have undertaken a refresh of their boards, JSNAs and JHWSs. Details of the resulting changes are covered in the next section, but overall there are clear signs that NHS reforms, alongside the development of public health and integration through initiatives such as the Better Care Fund, have led to a renewed energy and sense of purpose.

A greater national focus on integration has galvanised many HWBs. Those that already had advanced integration are going even further; those that had more to do have picked up pace; many indicate that major improvements are about to come to fruition. Sometimes progress is being made because the added drive gave an extra push to developments already underway; sometimes there is a growing recognition of what can be achieved at scale and place; sometimes because partners wanted to shape their own destiny rather than having one imposed on them.

Future architecture of health and care systems – NHS England

Level	Pop. Size	Purpose
Neighbourhood	~50,000	<ul style="list-style-type: none"> • Strengthen primary care • Network practices and other out of hospital services • Proactive & integrated models for defined population
Place	~250-500,000	<ul style="list-style-type: none"> • Typically council level • Integrate hospital, council & primary care teams/services • Develop new provider models for 'anticipatory' care
System	1+million	<ul style="list-style-type: none"> • System strategy & planning • Develop accountability arrangements across system • Implement strategic change and transformation at scale • Manage performance and £
Region	5-10million	<ul style="list-style-type: none"> • Agree system 'mandate' • Hold systems to account • System development • Intervention and improvement

Each level performs specific functions under the following common headings

- | | |
|---|--|
| <ul style="list-style-type: none"> • Leadership and workforce • Strategy and planning • Population health management & care redesign | <ul style="list-style-type: none"> • Performance and improvement • Managing collective financial resources |
|---|--|

For the HWBs we talked with, despite the challenges of working in a shifting landscape of reform and with severe financial challenges, there is a sense of optimism and even excitement about the future.

“The joint health and wellbeing board has proved very useful because of the significant overlap and similarity in priorities between the health and wellbeing, and system transformation agendas. All partners are seeking to tackle health inequalities and take a strategic approach to prevention – for example, looking at new housing developments, education and the wider determinants of health.”

Catherine Pollard, Executive Programme Director, Cambridgeshire and Peterborough Sustainability and Transformation Partnership Delivery Unit

Themes and examples from the snapshots

Relationships – developing shared cultures and trust

All HWBs agree that their progress is based on good relationships, understanding, honesty and trust. Many emphasise that it is because of the relationships established at board level that they are able to respond quickly and flexibly as a partnership to national requirements. Nonetheless, they counsel against underestimating the difficulties of developing integration across NHS organisations and councils, which have very different cultures, governance and accountability.

For many, the ultimate aim of joint working is to create a ‘one team’ approach in which achieving shared outcomes for the health and wellbeing of local people is more important than organisational goals – though partners will also cooperate to help each other meet organisational imperatives for the good of the partnership. This is accompanied by an ethos in which group decisions are accepted by all, where there is no recrimination if things do not work well, and joint accountability for successes too.

Many of the boards have supported formal working arrangements in concordats or memoranda of understanding covering values and behaviour as well as practical matters such as dealing with finance. This has given them a strong framework of values and expectations in which to operate.

Most of the HWBs have development programmes to take stock regularly of what they have achieved, what they could do better and where to go next. Developmental activity is widely acknowledged as leading to more effective relationships. The LGA’s leadership development programme for HWBs promotes mutual understanding between council members and clinical leaders and provides HWBs with the tools to improve how they work. The programme is covered in more detail on page 31.

There are many national and local factors which can put a strain on local relationships, for example contested NHS reconfigurations. The leaders of the featured HWBs attest that where partners have built trust through HWBs, they have been able to deal with disagreements as issues, rather than letting them sour relationships.

Agreements for joint working

Coventry and Warwickshire Alliance Concordat

Coventry and Warwickshire Place Forum is made up of the health and wellbeing boards from Coventry and Warwickshire with representation from Coventry and Warwickshire STP, NHS England and others. The forum has developed an Alliance Concordat which describes how partners will collaborate in a place-based approach – prioritising prevention, strengthening communities and sharing responsibility. The STP has adopted the Concordat as a key document for shaping place and system. The Place Forum is developing an outcomes framework dashboard to monitor progress on system-wide key performance and proxy indicators. The Forum has agreed that 2019 will be the ‘Year of Wellbeing’ to showcase the practical benefits of the Alliance Concordat. Aims include: extending the network of healthier lifestyle champions; promoting physical activity, particularly in primary schools; partners joining the Thrive West Midlands workplace wellbeing programme; and taking measures to get people talking to reduce loneliness and social isolation.

Bradford strategic partnering agreement

In Bradford, local commissioners and providers from all sectors have signed a strategic partnering agreement (SPA) which sets out the framework for roles, responsibilities, leadership and decision making in the integrated care partnership. An important principle of the SPA is to devolve decisions as close as possible to where support takes place. Bradford has a focus on planning and delivery at a local level and has 13 community partnerships made up of primary care, social care, the voluntary and community sector and local communities.

South Tyneside Alliance

South Tyneside Alliance is a wide partnership of commissioners and providers from all sectors, established in 2017 to help develop integrated commissioning and delivery. It works to the alliance model, ‘A Better U’, which is a set of behaviours based around being proactive, fair, and person-centred with the minimum of bureaucracy. This involves a learning culture in which staff from all organisations work to shared principles.

Leadership for integrating health and care and for improving health and wellbeing

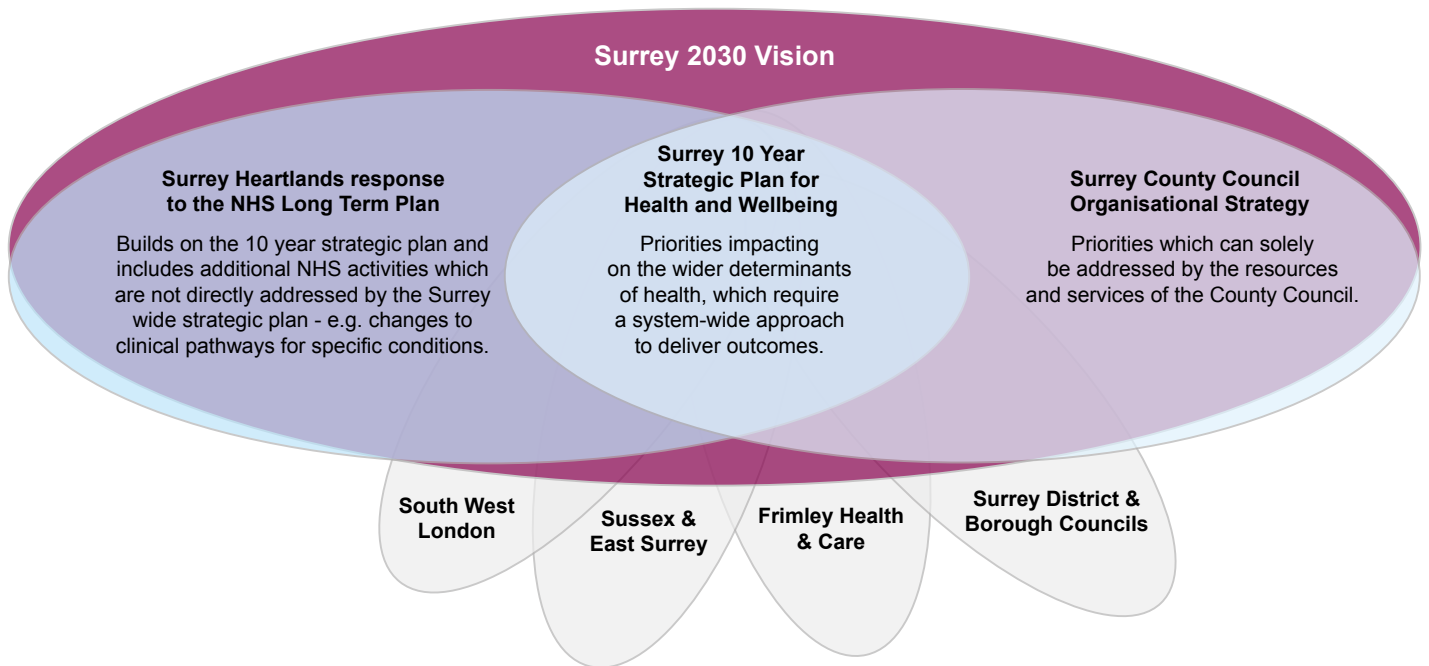
Almost all the HWBs are the strategic leadership forum which agrees the vision, principles and outcomes for both health and care integration and improving health and wellbeing, including tackling the wider determinants of health. This means that they can ensure there are effective links across both areas of work and maintain a focus on shifting health and social care towards prevention.

Another key leadership role is in providing assurance to members of the detailed planning and delivery undertaken by other partnership groups in the system. Boards have, and regularly refine, performance frameworks and dashboards, to monitor performance against outcomes and finance, and ensure progress is maintained. Boards use agenda planning and a forward plan to maintain a tight focus on their priorities and progress.

The strategic leadership role is undertaken at the level of place, and sometimes at the level of system in areas where HWBs and ICSs are coterminous. Aligned or combined arrangements are being considered across other configurations and are likely to become more frequent as partnerships develop.

Surrey's overarching JHWS

Surrey County Council sits across three health and care partnerships: Surrey Heartlands is a first-wave ICS, one of two ICSs to have devolution status, and lies entirely within the county. Frimley Health and Care, another first-wave ICS, is partially within Surrey, as is East Surrey and Sussex STP. Surrey HWB has undertaken a major refresh of its JHWS with the intention of establishing a high-level strategic framework for health, care and wellbeing across all partnerships and delivery vehicles in the county. The JHWS will provide the core of Surrey Heartland's response to the NHS Long Term Plan and will also form part of the separate submissions made by both East Surrey and Sussex STP and Frimley in their responses.



Buckinghamshire's whole-system approach

Buckinghamshire is a first-wave ICS within Buckinghamshire, Oxfordshire and Berkshire West STP. Buckinghamshire HWB provides leadership and vision for health, care and wellbeing, and has strategic oversight of progress, key deliverables and system-wide projects in the ICS, 'Your Community, Your Care'. The council's chief executive chairs the ICS Implementation Board and over time there may be potential for greater alignment between the Integrated Care Partnership Board and the HWB. Already through the HWB, the whole system has signed up to a shared approach to prevention where all partners will be working together on shared priorities, including social isolation, to improve the health and wellbeing of their population.

The main reasons for HWBs taking the strategic leadership role:

- the HWB provides democratic accountability
- the council leader is involved in the HWB
- the statutory basis of HWBs
- their good track record and well-regarded partnerships
- JHWSs and JSNAs are very useful partnership mechanisms
- inclusive membership and reach into communities.

As well as system oversight, the HWBs in this resource often focus on topics to which they can add value through collaboration, such as social isolation or domestic violence – see examples under JHWSs, below. They also focus on the key elements of joint work that may be in danger of getting lost in any drive towards financial or service targets, particularly:

- keeping prevention at the heart of integration
- maintaining the focus on person-centred and asset-based working
- making sure communication and engagement is fundamental to service planning and delivery.

HWBs and health overview and scrutiny committees (HOSCs) have established a clear understanding of their separate roles and purposes but also discuss how their work programmes can be complementary. For example, a HWB may ask a HOSC to review a complex issue, such as children's mental health pathways, to get a fresh, more independent perspective. A HOSC will always retain the right to independently call in issues that it wishes to scrutinise.

Driving health and social care integration

Most of the HWBs we looked at have provided the impetus for driving health and social care integration over several years. Some areas have extensive arrangements including joint commissioning, joint posts, pooled budgets,

integrated teams, shared health and care records, single access points, workforce academies, shared health and social care data and the like. Others have these partially in place or under development. Areas which had been integration vanguards or pioneers found these had been a helpful foundation for progress, and the Better Care Fund was seen as a useful vehicle for deepening integration.

Large-scale integration

Rapid transformation in St Helens

In 2016, partners in St Helens agreed they had to do something radically different to tackle growing costs and demand and make the best use of available resources. In June 2018, the council and the CCG came together to form St Helens Integrated People's Services (SHIPS). The accountable officer of the CCG is employed by the council and is also its strategic director of people. SHIPS covers CCG responsibilities, including devolved commissioning for general practice, adult social care, children's social care, educational improvement and public health. Budgets are combined through a Section 75 agreement.

Integrated commissioning and provision in Plymouth

The HWB has overseen the establishment of integrated commissioning in Plymouth, with an integrated fund, and risk and benefit-sharing arrangements. Joint commissioners are co-located and work as a single team under a director of integrated commissioning. Most adult social care services have been transferred to Livewell South West, an integrated community health and care provider with a single point of access, locality-based services and improved secondary care discharge pathways. The integrated service has helped the adult social care budget achieve balance for four years in a row, while also achieving good outcomes and satisfaction ratings.

Single public sector purse in Wigan

Under the direction of the HWB, significant transformation has taken place in commissioning and provision. Wigan

is taking its joint commissioning arrangements to a new level by bringing together health and care budgets in a Section 75 pooled and aligned budget arrangement extended out to housing and leisure. This effectively creates a single public sector purse for the borough and the potential for more efficient use of resources. It is led by the Integrated Commissioning Committee, which has political and clinical leadership and is overseen by the HWB.

HWBs are widening their membership to respond to the shift to a greater strategic role for NHS providers and provider alliances. Those that did not already do so are including as members GPs, integrated care partnerships (ICPs), providers and provider alliances, the voluntary and community sectors and district/borough councils.

Alliance models

Sutton Health and Care At Home integrated provider alliance

The alliance was jointly commissioned in 2018 as a contractual joint venture to deliver the HWB priority of enabling people to live well in their own homes. The alliance covers NHS providers, the council and the GP federation, and aims to reduce non-elective admissions and enable patients to be discharged safely from hospital as quickly as possible. It has been live for less than a year, but already performance indicators are improving despite growing demand, and compare favourably with comparator areas:

- non-elective admissions for over 65s – reduced by 1 per cent
- length of stay for over 65s – fell by 6 per cent
- average length of stay in hospital – cut by 5 per cent
- the proportion of older people remaining at home 91 days after reablement continues to increase year-on-year with a current target of 95 per cent.

St Helens Cares whole community model

St Helens has developed a lead provider model in which key health and social care commissioners and providers work together under a memorandum of understanding. Initial priorities are frailty pathways, respiratory pathways (adults and children) children's mental health, and adult mental health. There are already signs of positive impact – for example, St Helens Contact Cares is a single front door staffed by a multi-disciplinary team based in the main acute hospital and early outcomes include:

- a reduction in secondary care activity, including A&E presentations and a reduction in the rise of non-elective admissions
- an increase in people accessing intermediate care
- best performing area in the North West for delayed transfers of care
- HWBs are not just focused on integrated support for older people but on developing arrangements in other service areas, particularly children's services and mental health. For example, through their leadership they have enabled health, social care and the voluntary and community sector to:
 - re-design pathways from maternity services through to early years and making links with community resources, such as children's centres
 - improve access to child and adolescent mental health services and linking these with preventative support in schools, often designed by children and young people
 - base mental health teams in primary care.

All areas are focused on rolling out or developing integrated health and care teams based around PCNs to deliver care close to people's homes and neighbourhoods. In the HWB examples, how services are integrated is vitally important. These developments are not just about joining teams together but doing so in a place-based way which recognises that neighbourhoods are often very different.

Most areas aim to join community health and care teams in PCNs with support for the wider determinants of health such as housing, money advice, wellbeing services and the like, often around community hubs and using social prescribing and community asset-based approaches. The intention is for communities to have a single point of access for health, care and healthy lifestyle support alongside a range of self-help initiatives to build personal and community resilience, such as walking groups or community gardens.

Integration in neighbourhoods

Plymouth's network of wellbeing hubs

Plymouth is implementing a network of wellbeing hubs where the public can access advice and support, such as social prescribing, and a range of services and voluntary and community sector offers, and to provide a flexible base for the work of multidisciplinary teams. Four hubs are in place and others are being rolled out in a city-wide network. The hubs were co-designed with local stakeholders and a key role is to support remodelled GP practices and PCNs. This utilises Plymouth's 'one public estate strategy' which aims to make better use of all public buildings.

Social prescribing outcomes in Merton

A social prescribing pilot delivered by Merton Voluntary Service Council in two GP surgeries resulted in positive outcomes, including a 33 per cent fall in GP appointments, an increase in reported wellbeing, and an average reduction of £550 per patient in secondary care costs. Based on these findings, the CCG expanded the service to cover 13 GP surgeries and is planning to roll out the scheme across all 22 Merton practices.

Mental health pilots in Surrey PCNs

Surrey is piloting primary care mental health support in three PCNs. The new model has been designed with people who use mental health services and their carers. The team will include mental health practitioners, pharmacists, psychologists, peer support workers, psychiatry in-put,

improving access to psychological therapies and the voluntary sector.

Bath and North East Somerset integrated neighbourhood teams

Bath and North East Somerset Council delivers community services through a pooled budget contract for integrated neighbourhood teams. The HWB will consider how this neighbourhood approach can be developed over time, potentially involving PCNs, the voluntary and community sector, mental health providers, other public services, communities and ward councillors.

In many two-tier council areas, district councils are increasingly involved in planning and providing health, care and wellbeing support and are central to community-based activity. Some HWBs are seeking to go further and are devolving a greater say in planning and delivery to local areas through, for instance, linking councillors, GPs and communities in a citizen approach to neighbourhood management.

The other important 'how' of integrated working, is to bring together multi-disciplinary teams in consistent, person-centred working. Several of the HWBs are developing 'single conversation' approaches to be used by workers from all sectors to help people make or re-establish social networks and live as independently as possible.

Working as a single team

Leeds Health and Care Academy

The ambition to build 'one workforce for Leeds' has led to the development of the Leeds Health and Care Academy, a collaboration of health, care and university partners creating a joined-up approach to learning and development across the city. The academy is an essential component of the developing workforce strategy. The health and care workforce is also being trained to better listen to people who use services, and each other, to co-produce solutions in a 'better conversations' approach.

Wigan learning experience

The Healthier Wigan Partnership has developed a unique walk-through learning experience. Staff come together in a dedicated venue which has been transformed to combine visual and interactive story-telling, exploring culturally sensitive approaches to care through simulated learning, carried out in rooms staged as patient/resident settings. The experience is delivered to multidisciplinary groups, providing them with an opportunity to share practice and build close networks with a 'one-team approach'.

Health and wellbeing and tackling the wider determinants of health

All the HWBs in this resource are well aligned with the work of public health teams and are central to ensuring that partners collaborate on health and wellbeing issues. Areas are clear that, without HWBs, the roll-out of important system-wide health and wellbeing initiatives would have been much slower and more ad hoc. There are numerous detailed examples of this in recent LGA public health annual reports.⁵ These include:

- rolling-out 'making every contact count' health conversations to frontline staff in hospitals, primary care, and the voluntary and community sector
- 'health in all policies' approaches, such as district councils adopting healthy planning policies, restrictions on fast-food outlets near schools, or smoke-free hospitals, including mental health facilities
- asset-based approaches, such as building dementia-friendly communities
- sign-up to charters on healthy food and physical activity, and implementing action plans

⁵ LGA (2019) 'Public health transformation six-years on' www.local.gov.uk/public-health-transformation-six-years-partnerships-and-prevention (see references for further years)

- working with schools, children and young people to build resilience and reduce anxiety, for example peer support to reduce bullying.

Improving health outcomes through collaboration

County Durham

Since 2012, collaboration in County Durham by partners in the HWB has supported 22,000 smokers to quit; 14.2 per cent of adults in County Durham now smoke compared to the England average of 14.9 per cent and a North East average of 16.2 per cent. The ambition is to achieve five per cent by 2025. The HWB has also overseen a health impact assessment on the County Durham Plan, a hot food takeaway policy and collaboration on healthy weight.

Wigan

Wigan HWB oversees a comprehensive approach to improving population health by tackling the wider determinants. It has seen positive improvements in outcomes, including: number of adults physically active; smoking rates; hospital stays for alcohol related harm; teenage pregnancy rates; and early deaths attributable to cardiovascular disease and to cancers.

South Tyneside

Collaboration across public health, an NHS provider and others through a reducing smoking in pregnancy incentive scheme and new referral pathway resulted in a reduction in the proportion of pregnant women smoking at time of delivery from 25 per cent to 14.7 per cent.

As partners' understanding of the impact of the wider determinants of health has grown, all the HWBs are doing more to reduce factors such as worklessness, poverty, poor housing, transport, crime and safety. Council leaders are often involved in this approach, and many boards have extended membership to portfolio holders for regeneration, housing associations, schools, universities and the police, fire and rescue services. Some priorities being tackled include:

- employment support for people in disadvantaged groups and healthy workplace programmes
- considering the opportunities for health in major housing developments or where areas are experiencing population or economic growth, sometimes linked with regional combined authority priorities
- improving poor housing stock
- benefits advice linked to primary care and in multi-agency community hubs.

HWBs in this resource cite as important developing asset-based approaches to tackle the wider determinants of health. This typically involves working with local people and with 'anchor organisations' that have a significant influence on the health and wellbeing of communities, such as primary care practices, schools, leisure centres, and voluntary and community umbrella organisations.

Asset-based approaches

Healthy and sustainable places in Nottinghamshire

'Healthy and sustainable places' is one of Nottinghamshire's ambitions in its new JHWS. Existing place-based groups in the seven districts coordinate local action to build on the strengths of local communities. The groups involve a wide range of partners – district councils, the county council, the NHS and other public organisations, the voluntary and community sector, and local people. Examples include place-based food initiatives, insight work into the barriers to physical activity, health in strategic planning and community resilience. The work is coordinated through a Healthy and Sustainable Places Coordination Group which reports to the HWB and provides a direct conduit between the board and local communities.

Asset-based working in East Riding

Active Withernsea is a whole-system project overseen by East Riding HWB, aimed at improving physical and mental health in an area with poor health outcomes and a high

demand for services. This project has had many positive outcomes:

- multi-million pound investment from Sport England
- development and implementation of a local social prescribing model
- savings related to reducing demand on hospital services
- leisure centres seen as wellbeing centres.

Learning from the project is being used to support the development of the PCNs, community hubs, and social prescribing, all of which are HWB priorities.

Bath and North East Somerset neighbourhood development

In its work to tackle the wide determinants of health, the Bath and North East Somerset HWB is looking at how partners can develop an asset-based approach to neighbourhood development, recognising the important contribution of communities to improving health and wellbeing. It has adopted a 'statement of commitment' setting out principles for working in an asset-based way and is supporting a local voluntary and community sector group develop a project called 'compassionate communities' aimed at increasing community resilience. The HWB also supports the 'three conversations' model which aims to establish a different relationship between workers and individuals based on building strengths and making links with communities.

HWBs as the central place board

Most HWBs work alongside similar strategic partnership boards, such as economic growth or community safety, which all align their objectives with the vision in the local plan, as well as any combined authority or devolved arrangements. Two HWBs we looked at, Bradford and North East Lincolnshire, are developing into a central 'place board', responsible for aligning and

coordinating the work of the other strategic partnerships. This occurs when an area has a strong focus on place, understands that health and wellbeing are a common thread, and recognises the statutory basis and wide partnerships of senior leaders within HWBs. St Helens People's Board has taken a slightly different approach, combining the functions of health and wellbeing board with community safety partnership.

Place boards

Bradford logic model

Bradford HWB has become the 'senior strategic partnership' for the city, focused on tackling the wider determinants of health and coordinating the work of the other strategic partnerships. One of the challenges facing such ambitious strategic planning is managing the web of cross-cutting themes. Bradford HWB has developed a logic model which has been adopted by all the strategic partnerships that it oversees. The model allows partners to understand the impact of actions taken in one area on another and to monitor actions and progress. For example, action on skills and employability helps address workforce needs of the care sector.

North East Lincolnshire (NEL)

Place Board

Subject to cabinet approval in June 2019, the NEL Place Board will take on the role of the HWB to become the strategic leadership board for place – the forum through which all organisations and partnerships will work together and invest for better community outcomes. A place-based wellbeing framework with five key outcomes, including health and wellbeing, is currently out for consultation and will serve as the JHWS. The Place Board's future priorities will be a small number of complex issues that are best tackled by all partners working together. They are likely to include:

- targeted support for families who come into contact with many services
- improving skills, employability and employment aspirations for local people – particularly necessary with the large growth in jobs expected from the development of the 'energy estuary'.

HWBs are highly effective strategic planning vehicles, particularly in the new landscape

The statutory elements of HWBs provide an excellent basis for both place-based and system-wide planning. The vital elements of communication and engagement, JSNAs and JHWSs are widely seen by contributors to this resource as a basis for NHS reforms. Many contributors expressed the view that, without them, progress on national requirements would have been far slower and more difficult.

Communication and engagement

All the HWBs in this resource prioritise engaging with local people and many have developed comprehensive programmes. As a statutory member of HWBs, Healthwatch ensures that listening to the views of the public, patients, communities, people who use services and carers is central to the work of the board. Healthwatch is sometimes commissioned to undertake or oversee consultation programmes for its HWBs and others.

The voluntary and community sector also has a big role in engaging with their communities, as do patient and service user and carer groups. In recent years, the emphasis on engagement has increased and diversified, with feedback fed into JSNAs. Many of the HWBs are also using their consultation mechanisms to engage with local stakeholders on change stemming from STP and ICS priorities.

HWB engagement

Understanding lived experience in Merton

Each year members of Merton HWB focus on a few shared priorities for collaboration. They also reach out to communities to deepen their personal understanding of the challenges people face and to identify shared solutions. The Diabetes Truth programme was the first phase of a whole-system approach to tackling diabetes. The programme connected each HWB member to a local resident with lived experience of diabetes for a series of one-to-one conversations. Combining this insight work with data analysis, the Tackling Diabetes Action Plan was produced and implemented.

Cheshire West and Chester consultation on ICP and place plan

Cheshire West and Chester HWB champions full and meaningful engagement with health and care stakeholders and the public. One example is an appreciative enquiry – a series of community conversations with over 500 residents in 49 venues across the borough, plus one-to-one engagement by phone and online, managed by a voluntary and community sector provider. Feedback will be used to inform the development of the ICP and place plan.

Leeds engagement programme

Listening to people is central to the work of both the HWB and partners across the city with findings fed into strategic planning and service delivery. Recent examples include:

- Big Leeds Chat – a citywide event attracting 500 people to discuss health and wellbeing priorities as one health and care system
- a workshop to hear from communities with some of the poorest health outcomes – asylum seekers, gypsies, travellers, refugees, homeless people and sex workers.

Engagement for Sutton's health and care plan

Sutton HWB regularly holds themed interactive discussion sessions to hear the views of stakeholders. It is developing the health and care plan in an inclusive way, focused on the wider determinants of health. A successful engagement event brought together professionals and the public to debate what 'starting well, living well and ageing well' meant in Sutton. Feedback from the event includes "the energy in the room has been inspiring" and "we talked about real people and real lives".

Joint strategic needs assessments

The HWBs we looked at regularly reviewed JSNAs to improve the range, depth and quality of the information they provide so that partners can more effectively identify priorities and solutions, and so that they are effective at neighbourhood and place levels, and at scale. Types of improvement include:

- online information, easily accessible to partners and the public
- joint intelligence units serving the NHS, local government and partners
- population health management data, such as identifying people at risk of hospital admission
- ICS and ICP-level data
- working with universities to develop analysis tools
- improved presentation, such as infographics, to make data meaningful and clear
- deep-dive information about groups or communities
- community profiles for districts or neighbourhoods.

Population health in Buckinghamshire

Buckinghamshire is developing a tailored population health management approach to support both system-wide commissioning and locality working through detailed local data packs. Buckinghamshire is working to establish local community boards which will develop a neighbourhood vision and strategy. It will explore how PCNs, community health and care delivery, and the voluntary and community sector could work together in neighbourhoods.

Integrated Needs Assessment in County Durham

County Durham has developed an Integrated Needs Assessment (INA) supported by the Durham Insight website: Durham Insight Community Mapping Tool, bringing together the evidence base to inform strategic planning in the new JHWS. The JSNA is part of the INA, as is the Pharmaceutical Needs Assessment (an assessment of the availability and range of pharmacy services). This has been reviewed and a new action plan will further develop healthy living pharmacies, promote the use of self-care and the appropriate use of healthcare services.

Surrey Office of Data Analytics (SODA)

Surrey Heartlands ICS established SODA as a system-wide intelligence unit to provide insight and analysis to inform the transformation of increasingly integrated health and care services. Partners include NHS commissioners and providers, and the council's team of analysts in public health, children's social care and adult social care. One of SODA's projects is to improve the visual presentation of data to help decision makers to make more informed decisions.

Joint health and wellbeing strategies

JHWSs provide the overall strategic vision and priorities for health care and wellbeing. They are often described as the glue that joins the partnership together. JHWSs generally provide the strategic context for areas' local response to implementing the NHS Long Term Plan. In the HWBs we looked at, JHWSs and one/five-year plans are being aligned or sometimes combined.

JHWSs are also used to establish priorities for adding value. Most of the HWBs in this resource identified a few shared issues where partners could add value and make the biggest impact through collaboration. Many HWBs have identified common themes:

- domestic violence
- tackling loneliness and social isolation
- reducing Type 2 diabetes
- mental health discrimination, resilience and tackling suicide
- self-harm in children and young people
- homelessness and its impact
- alcohol and drug misuse.

Joint health and wellbeing strategies and added value

New Joint Health and Wellbeing Board Strategy (JHWBS) in Norfolk

Norfolk HWB undertook a major refresh of its JHWBS with extensive stakeholder engagement. Norfolk agreed the vision of a single, sustainable health and wellbeing system, prioritising prevention, inequalities and integrated ways of working. Partners also agreed a set of values to underpin future joint working – being collectively accountable, simplifying systems, promoting engagement and involvement, being evidence-based and sharing intelligence. Partner plans and strategies, including the STP programme, are being aligned and will support the delivery of the JHWBS 2018-2022.

Rotherham reducing social isolation

Rotherham HWB is focused on tackling the wider determinants of health and taking an asset-based approach to working with communities. A project was set up to address the priority of reducing social isolation, based around social prescribing and delivered by a partnership of local voluntary and community organisations. A vital element was a grant programme which funded additional capacity in the voluntary sector. Evaluation by Sheffield Hallam University found that seven out of 10 people reported feeling less isolated, over half were more active, and there was less use of NHS services.

Added value in Gloucestershire

Gloucestershire HWB identified self-harm as a priority due to high rates of hospital admission and as a topic on which all HWB members could add value. The HWB undertook a deep-dive session and supported a range of actions that would produce quick wins and sustainable improvement including:

- conversations with people with experience of self-harm to get a better understanding
- reviewing, updating and implementing an improved self-harm pathway

- adopting the Prevention Concordat for Better Mental Health
- training to understand and reduce self-harm provided to a large range of staff groups, including school nurses, minor injury unit staff, school communities (teachers, students and parents), GPs and primary care staff.

The HWB is taking a similar approach to tackle adverse childhood experiences – traumatic events occurring before the age of 18.

Increasing involvement at system level

Information from the snapshot areas confirms the national picture – that involvement of local government and other stakeholders in the vehicles for NHS reform, particularly STPs, is increasing, but remains variable.

Some of the HWBs we spoke with indicate that they have had good involvement in their STPs/ICSs from the start. They add that their ICSs and HWBs work closely together and that they are partnerships of equals with shared visions and goals. This was most commonly true of coterminous ICSs/HWBs, but was also the case in other configurations.

All the HWBs in this resource had good or excellent local relationships across councils, CCGs and NHS providers, and some were focused on developing integration at a place and neighbourhood level.

A significant number that had not felt well engaged in the work of STPs indicate that a shift is taking place, and that emergent ICSs are involving local government and the voluntary and community sector to a far greater extent. With the NHS Long Term Plan setting out an expectation of council representation on ICS boards, there is now an opportunity to involve local government as equal partners and to ensure that ICSs are inclusive mechanisms for improving health, care and wellbeing outcomes at scale.

System partnership arrangements

Kent and Medway STP

Kent County Council and Medway Council are embedded in the work of the STP. Councillors and senior officers from both councils are members of the Programme Board; the Kent County Council Leader chairs the Local Care Implementation Group and the Director of Adult Social Care and Health Partnerships for Kent chairs the Local Workforce Action Board. The STP Prevention Workstream coordinates STP-related prevention activity, and reports to the two directors of public health for Kent and Medway. A joint Kent and Medway HWB has been established to consider matters relating to the STP footprint and the STP is represented on the joint board.

West Yorkshire and Harrogate (WY&H) Health and Care Partnership

Partners in WY&H have agreed a memorandum of understanding describing how they work together. A key aspect of this is the establishment of a Partnership Board made up of local elected members, including from health and wellbeing boards, and non-executive chairs of NHS organisations, along with other key stakeholders, including Healthwatch and the voluntary and community sector. The board will provide oversight and assurance and an additional link between health and wellbeing boards and the partnership.

Parity between NHS and local government partners, and across each of the six places, is an important principle, recognising that it is only through collaboration that comprehensive improvement to health and wellbeing will be achieved. A dedicated post of Head of Regional Health Partnerships has been established, hosted in Leeds Council, to support the involvement of local councils in the partnership.

Collaboration in Devon

Local authorities and HWBs in the STP footprint have agreed to collaborate more closely across Devon and have established an Integrated Commissioning Executive across the CCG and three local authorities to oversee commissioning at scale and by place. Other developments across the STP include a single Healthwatch and closer collaboration of HWB chairs across the county.

Working at scale or system-level and working at place

All the HWBs reflect that their STPs/ICSs are giving a consistent message that 'place has primacy' and that the majority of planning and delivery will continue to happen at place level and in neighbourhoods. West Yorkshire and Harrogate Health and Care Partnership, for example, has formalised this through a subsidiarity test which has been adopted in all six health and wellbeing board areas.

All the HWBs in this resource understand that working at scale, beyond their boundaries on issues that lend themselves to system-wide working, can make best use of resources and expertise and improve outcomes. This can be seen in the work of combined authorities tackling issues such as poverty and unemployment. Evidence of the benefits can be found in the work of the Cheshire and Merseyside Champs Collaborative⁶ and the London Public Health Network⁷ which have been effective in many priority areas, including smoking cessation, suicide reduction, obesity, alcohol, sexual health, mental health and making every contact count.

6 <http://champspublichealth.com>

7 <http://adph.org.uk/networks/london>

West Yorkshire and Harrogate (WY&H) Health and Care Partnership subsidiarity tests

WY&H always works locally, unless the issue passes one or more of the following three tests:

- it is necessary to work on a bigger geography to achieve a critical mass to get the best outcomes
- across the geography there is an unacceptably high variation in outcomes – and working together will improve overall quality, reduce variation and provide opportunity to share best practice
- there is opportunity to achieve better outcomes for people overall by tackling ‘wicked issues’, ie attracting resources, energy or new thinking to long-term, complex, intractable problems.

Examples of working at scale include better vascular care, suicide prevention, new eating disorder services, smoking cessation, addressing health inequalities and technological advances. A health and housing priority has also been established.

Workforce wellbeing in Rotherham and South Yorkshire

To encourage businesses to commit to supporting the wellbeing of their workforce, Rotherham has launched the Be Well @ Work programme, developed in partnership with other councils across South Yorkshire. This is a free programme to organisations in the region which includes a workplace visit, a workplace health needs assessment, training and the opportunity to work towards an accredited award. This programme strives to support businesses and provides a framework for employers to build good practice.

HWBs have a growing interest in how they can work with neighbouring boards across a wider footprint. Informal collaboration includes joint development days, chairs’ meetings, joint meetings on specific topics, collaboration over JHWSs and JSNAs, and local alliances feeding into HWBs.

Some HWBs have set up joint arrangements across their STP footprint. The LGA has produced case studies and a briefing note on three of these: Cambridgeshire and Peterborough, Coventry and Warwickshire, and Kent and Medway.⁸ It is early days for these arrangements, but the HWBs and their STPs indicate they are gaining a better understanding of the whole area, such as patient flows and neighbourhood assets, and are bringing together JSNA data sets and intelligence. They are also looking to develop a shared or aligned JHWS to provide an overarching vision and priorities and are developing performance dashboards.

HWBs that work together across boundaries find that they have greater understanding of, and influence over, work carried out at scale and that there are opportunities to bring learning back into their local area. Working together at the ICS level also means that HWBs can help ensure that their emphasis on prevention, tackling the wider determinants of health, and person-centred and asset-based approaches can inform this level.

The recent publication, ‘Shifting the Centre of Gravity’ which sets out a shared vision, principles and checklist to support integration and prevention, advises partners to be willing to be flexible about operating across boundaries.⁹

⁸ LGA (2019) ‘Developing joint health and wellbeing board arrangements’ www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/health-and-wellbeing-systems/research

⁹ LGA, ADASS, ADPH, NHS Clinical Commissioners, NHS Confederation, NHS Providers (2018) ‘Shifting the centre of gravity: making place-based, person-centred health and care a reality’ www.local.gov.uk/shifting-centre-gravity-making-place-based-person-centred-health-and-care-reality (This updates the earlier joint publication ‘Stepping up to the Place’.)

Integrated care partnerships (ICPs) are being established

Some of the HWBs we looked at are involved in the development of ICPs. In broad terms, these are planning and delivery vehicles for integrated health services and integrated health and social care, including prevention. Developments in the snapshot areas suggest that the term is being used for several types of arrangement:

- subdivisions of ICSs/large counties for services best delivered across smaller areas, maybe made up of several neighbourhoods – HWBs have been involved in negotiating these footprints so that, as far as possible, these align with district councils
- a partnership for joining most or all health and care services within a council area
- a partnership for joining specific aspects of health and care, such as mental health pathways, across several council areas to take advantage of scale.

ICPs are at an early stage of development in many of the snapshot areas, and details are still being worked out. Some areas are also building on or developing local planning and delivery mechanisms.

Examples of integrated care partnerships

Cambridgeshire and Peterborough Alliance Delivery Groups

Partners have developed two STP Alliance Delivery Groups (North and South) which have representation from health and social care commissioners, providers, patients and the voluntary and community sector. There will also be four Living Well Partnerships which will link district councils, local communities, multi-agency neighbourhood teams, PCNs and locality wellbeing initiatives, such as support for carers and promoting physical activity. The aim is to develop an integrated neighbourhood model across populations of 30,000 to 60,000 people, and this is currently being piloted in two areas of Cambridgeshire. All community-based services will deliver preventative and holistic care that enable people to live healthier longer and more independently.

Gloucestershire Integrated Locality Partnerships

The area's next JHWS will take a place-based approach to set out the overall health and wellbeing framework for six integrated locality partnerships. These are largely aligned with district council boundaries, involve voluntary and community groups and wider stakeholders, and will work with around 14 PCNs, which are developing from established primary care clusters.

Each locality partnership will develop a place plan setting out local needs and priorities for integrated health and care and for promoting health and wellbeing within the overall frameworks of the JHWS and ICS Long Term Plan requirements. For instance, in Gloucester, there is a strong emphasis on asset-based community development to tackle deprivation. The JSNA has been developed to cover improved health information at district level, and data packs have been provided as a basis for this work.

Cheshire West and Chester Integrated Care Partnership

The ICP is a collaboration of six organisations – NHS providers, GP federations and the council's adult social care and public health services, hosted by the main acute trust and underpinned by an integration agreement. It has a care model based on nine 'care communities' in which GPs, local groups and community teams provide care and support for populations ranging from 20,000 to 70,000 people. The ICP provides monthly updates to the HWB.

East Riding Integrated Care Partnership

East Riding is part of a proposed ICP, with Hull, to work at scale across community and primary care, planned care, urgent and emergency care. Three initial projects have been identified: community paediatrics, frailty and ambulance services. The work of the ICP will be overseen by the HWB.

- The development of PCNs is widely supported, but there is concern that contract arrangements do not actively encourage PCNs to work with existing community teams and social prescribing initiatives.
- A concern that any drive to produce 'quick wins', such as focusing on reducing emergency admissions without tackling prevention and system-wide issues, could result in less sustainable systems in the long term.
- The severe budget challenges facing adult social care and public health, and the lack of a sustainable long-term solution to adult social care funding, are having a negative impact across the health and care system and are a fundamental concern for HWBs.

Potential barriers to effective HWBs

The HWBs we looked at were enthusiastic and optimistic about what they could achieve in the coming years. They identified, however, some common challenges.

- A concern that the focus on the importance of place could be overshadowed by a shift towards increasing activity carried out at a system-level, becoming more transactional and losing the benefits of the place-based approach. Many councils and CCGs have close and constructive relationships, including large pooled budgets, and were concerned that these could be affected as CCGs merged to cover wider areas.
- New NHS regional leaders may not have had previous involvement in STP/ICS development in an area, and there was concern that they may want a different direction.

Health and wellbeing system improvement support offer

This report focuses on some of the most effective HWBs. The LGA and sector partners are committed to supporting all HWBs to operate at the level of the best. One of the defining features of the HWBs we looked at, and of HWBs in general, is that they are reflective forums which understand they are made up of very different member organisations. They know they need to undertake regular development activity to continue to improve.

Through the LGA's development and leadership offers, we have built a considerable body of experience and expertise in supporting HWBs to become more effective. Many of the HWBs that feature in this resource have been involved in these programmes.

Over the past two years, in partnership with NHS Clinical Commissioners, the LGA has supported HWBs and political and clinical leaders in health, care and wellbeing in a range of ways:

- the HWB Leadership Essentials programme has been completed by over 150 councillors and 50 GPs
- tailored support from our pool of political, CCG and NHS peers has been delivered to over 60 HWBs/systems
- 47 facilitated integration leadership workshops have been delivered
- 20 system-wide care and health peer challenges have been delivered, with a senior CCG officer or chair on every team
- the Annual Summit for political and clinical leaders in care and health continues to grow in attendance and interest

- a range of evaluation tools have been developed to enable HWBs to assess different aspects of their work, such as their impact on performance and finance.

Through the LGA's work with local HWBs, the following features of an effective HWB have been identified:

- shared vision for the place
- understanding population needs and the resources in an area
- committed shared leadership
- investing time in developing relationships
- working across different planning, commissioning and delivery footprints
- clarity of role for the parts of the system and how they fit together
- ability to demonstrate impact.

The LGA also commissioned a longitudinal study which traced the development of HWBs annually over a five-year period to 2017.¹⁰ This series of reports, and others, including an academic study¹¹ and the Care Quality Commission's report on system reviews¹² indicate that the effectiveness of HWBs

¹⁰ LGA/Shared Intelligence: 'The Power of Place, 2017'; 'The Force Begins to Awaken, 2016'; 'Stick with it, 2015'; 'Great Expectations, 2014'; 'Change Gear, 2013 www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/health-and-wellbeing-systems/research

¹¹ Hunter, David, et al (2018) 'Evaluating the leadership role of HWBs as drivers of health improvement and integrated care across England', Durham University, University of Sheffield, London School of Hygiene and Tropical Medicine <https://research.ncl.ac.uk/media/sites/researchwebsites/davidhunter/Evaluating%20HWBs%20FINAL%20REPORT%20-%20April%202018%20Final.pdf>

¹² Care Quality Commission (2018) 'Beyond Barriers: how older people move between health and care in England' www.cqc.org.uk/publications/themed-work/beyond-barriers-how-older-people-move-between-health-care-england

is mixed, and some need to do more to reach their full potential. There are often complex reasons for this, which may be part of a larger council, NHS or financial issue. Working through its sector-led improvement mechanisms, the LGA continues to build a picture of HWBs across the country, both in terms of good practice to share, and identifying those HWBs not yet operating at an optimum level and which are encouraged to take up support.

In recent years, many HWBs have redefined their role and working arrangements and have renewed clarity about their local vision and priorities. The 2017 longitudinal study of HWBs indicates that, year-on-year, more boards are becoming effective and have been acting as the 'anchors of place in a sea of sustainability partnerships, integration and new care models'.

The support offers for 2019 feature new elements through partnership with NHS Providers and the NHS Confederation, as well as an STP support programme funded by NHS England and Improvement. HWBs and system leaders are invited to contact the LGA for more information on how we can support further development.

For more information

www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/health-and-wellbeing-systems

Conclusions and key messages

The snapshots show that the original objectives for HWBs are just as relevant to the new NHS landscape as they were when HWBs were established in 2013 – if not more so. The view from the contributors to this resource is that the national conditions have now caught up with the job HWBs were set up to do – in terms of highlighting the primacy of place and of a partnership of equals.

Effective HWBs are a valued and vital resource in the new landscape. Any moves to bypass or sideline HWBs would impede, and even jeopardise, improvements to future health and care outcomes set out in the NHS Long Term Plan. Contributors are clear that ICSs should build on the strong partnerships, clear visions and plans that HWBs have developed.

The snapshots show that there are many ways of approaching integration and prevention, but local leadership is central to making the best use of resources and adding value to all of them. A balance needs to be struck between meeting national targets and ensuring consistency in approach, while also responding to local need and priorities. HWB partners are sure that they expect progress towards integration and prevention to be monitored, but when progress is good, they should be given space to continue with their approach.

The most effective boards have ensured that health and wellbeing is a common thread, uniting local planning, actions and commitments, particularly to galvanise strategic change or connect with the wider place agenda. The added value brought by effective boards, and their JHWSs or place-based planning and delivery, is evident in the impact they are having on improving health and wellbeing, reducing inequalities and the more effective use of resources across the local system.

This greater focus on system-wide, at-scale development in health, care and wellbeing is essential to meet the challenges of increasing demand and constrained resources. It also has great potential, such as alignment with the work of combined authorities and devolved areas on major strategic issues like poverty, sustainability and growth. It is important for HWBs, government and others to appreciate the positive health and wellbeing outcomes that can be achieved by tackling some issues at scale, and to work flexibly at many planning levels with other boards and partners. This might be through joint HWBs or ICS partnership boards that involve health and wellbeing board members or through other combinations. In the coming months and years, a range of alignments will no doubt emerge. The fundamental characteristics common to all of them are an equal partnership between the NHS and local government, and meaningful inclusion of other stakeholders.

It is welcome too that a consistent message from STPs and ICSs is that system is the servant of place, recognising the benefits of partnership working at this level. Through the snapshots presented, HWBs are demonstrating how a focus on place provides the glue to unite neighbourhood and system levels. For example, in providing a strategic narrative and understanding of communities through which neighbourhood networks and services can adapt flexibly to meet local need. At a system level, HWBs' reach into communities provides rich, deep insights, which are especially powerful when combined with population-based data, through JSNAs for instance.

The HWBs featured here are working hard to make best use of funding and wider resources through collaborative leadership and a clear focus on shared outcomes. Nonetheless even the most effective HWB cannot overcome the continuing gaps in funding for adult social care and public health. Funding for these areas urgently needs to be put on a sustainable footing through positive measures in the forthcoming spending review.

Key messages for health and wellbeing boards

- Each HWB, and its members, is collectively and individually responsible for ensuring that it is working effectively and doing all it can to develop integration and prevention, providing the shared vision, principles and outcomes for improving the health and wellbeing of the population.

- HWBs need to consider whether their way of working, their JSNA and JHWS are still fit for purpose in the new landscape of system, place-based and neighbourhood working.
- HWBs need to have a demonstrable commitment to continuous improvement through developmental activity.
- HWBs need to regularly review their progress on integration and prevention. There is a range of tools and resources to help them, including the checklist in 'Shifting the Centre of Gravity'.¹³
- HWBs and HOSCs should ensure they are complementary, do not duplicate work, and communicate their distinct roles clearly to all NHS partners.
- Where more than one HWB falls within a STP or ICS footprint, they should consider what can be achieved by working together strategically.
- Councils, HWBs and ICSs should maximise all opportunities to work together, and with combined authorities, on major social and economic issues which have an impact on health outcomes, for example housing, planning, employment, growth, transport and infrastructure.
- ICSs should work with local government as equal partners in health, care and wellbeing. They should also involve all major stakeholders from all sectors, including representation from people who use health and care services and the public.

¹³ LGA, ADASS, ADPH, NHS Clinical Commissioners, NHS Confederation, NHS Providers (2018) 'Shifting the centre of gravity: making place-based, person-centred health and care a reality' www.local.gov.uk/shifting-centre-gravity-making-place-based-person-centred-health-and-care-reality

Key messages for national and regional bodies

- Continue to support the development of HWBs so that all are able to operate at the level of the best.
- Support the development of STPs so they become integrated care systems that are equal partners with local government and which involve other key stakeholders.
- Support the primacy of place and the principle of subsidiarity in health, care and wellbeing planning, commissioning and delivery.
- Where STPs/ICSs and integrated care partnerships are doing well, operate a light-touch assessment regime.
- Carry out research into what activity is best undertaken at scale.
- Address the funding deficits in adult social care and public health and establish the future funding of adult social care on a sustainable footing.

The individual snapshots from the health and wellbeing boards included in this resource can be found at www.local.gov.uk/health-and-wellbeing-board-snapshots

Appendix 1

Summary of NHS reforms and terminology

The NHS Five Year Forward View¹⁴, published in 2014, established a programme of reform to make the NHS financially sustainable and to improve quality in areas such as urgent and emergency care, hospital admission and discharge, elective care, primary care and community services, mental health and children's health. There was also a greater emphasis on the role of the NHS in prevention. Structural changes include:

- 44 sustainability and transformation partnerships across England
- new care models with pioneer, vanguard and primary care pilot programmes.

The NHS Long Term Plan¹⁵ builds on the aims to improve quality and create a sustainable system. Developments are based on the four planning and delivery levels of region, system, place and neighbourhood and include:

- expanded community health teams based with primary care networks covering populations of 30-50,000
- a revitalised culture of support and collaboration across the NHS, including providers having greater responsibility for system-wide outcomes and decision-making
- integrated care systems across the country by 2021
- fewer 'leaner' and 'more strategic' CCGs – an aim for one per ICS

- a move from one-year to five-year plans at system and place level.

In addition, there are seven new combined NHS England and Improvement regional directorates.

Integrated care systems are developing from STPs to take 'collective responsibility for managing shared resources and using them to improve the quality of care and health outcomes for local residents, working in close partnership with local government and others in the community'.¹⁶ The NHS Long Term Plan does not give a size for ICSs, although previous reports have indicated that they should be around one million population. The Long Term Plan indicates that ICSs will have a key role in working with local authorities and partners in the voluntary and community sectors at 'place' level and on the broader agenda of prevention, health and health inequalities. ICSs and health and wellbeing boards will also work together and there is an expectation that local government will be members of ICS partnership boards.

Primary care networks are an enhanced service within the five-year GP contract framework agreed between NHS England and the British Medical Association. All GP practices are expected to join a PCN. PCNs will appoint a clinical director and will be funded to employ additional staff to operate across the network – physician associates, physiotherapists, social prescribing link workers, community paramedics.

14 NHS England (2014) 'NHS Five Year Forward View' www.england.nhs.uk/five-year-forward-view

15 NHS England (2019) 'NHS Long Term Plan' www.longtermplan.nhs.uk

16 NHS England (2019) 'Breaking down barrier to better health and care' www.england.nhs.uk/wp-content/uploads/2019/04/breaking-down-barriers-to-better-health-and-care-march19.pdf

Appendix 2

HWB role and responsibilities at a glance

- Encourage integrated working between health and social care commissioners – supporting the development of integrated arrangements, such as joint commissioning and pooled budgets.
- Produce joint strategic needs assessments (JSNAs) which provide data, information and analysis on the needs and assets in local areas to support strategic planning and commissioning for health, care and wellbeing.
- Produce a joint health and wellbeing strategy (JHWS) which sets out the strategic priorities and desired outcomes in order to tackle the needs identified in JSNAs through local commissioning and other local initiatives.
- Have oversight of relevant local authority and CCG plans to make sure they are aligned with JSNAs and JHWSs unless there is a good reason not to. CCGs must involve the HWB in preparing or making significant changes to their commissioning plans, and it is good practice for the 'NHS Commissioning Board' to involve HWBs when developing their commissioning plans.
- HWBs can set up joint arrangements to work with other HWBs and produce JSNAs and JHWSs that cover a combined geographic area, where there are common needs and it is cost effective to do so.
- County council HWBs must involve relevant district councils in developing JSNAs and should work with districts on preparing JHWSs.
- Statutory membership requires representation from at least one local authority elected member, from all CCGs within the health and wellbeing board area, local Healthwatch, and directors of adult social services, children's services and public health.
- HWBs should address the wider social, environmental and economic factors that impact on health and should work closely with other partners, such as youth justice, police and crime commissioners, the voluntary and community sector and many others.
- Building on the core membership of Local Healthwatch, HWBs should identify ways to engage with a wide range of people from local communities.
- JSNAs and JHWSs must be publicly available and must show what public views have been considered when developing priorities.

Appendix 3

References and resources

Care Quality Commission (2018) 'Beyond Barriers: how older people move between health and care in England'

www.cqc.org.uk/publications/themed-work/beyond-barriers-how-older-people-move-between-health-care-england

Champs Collaborative

www.champspublichealth.com

Department of Health (2013) 'Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and wellbeing Strategies'

www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance

Hunter, David, et al (2018) 'Evaluating the leadership role of HWBs as drivers of health improvement and integrated care across England', Durham University, University of Sheffield, London School of Hygiene and Tropical Medicine.

<https://research.ncl.ac.uk/media/sites/researchwebsites/davidhunter/Evaluating%20HWBs%20FINAL%20REPORT%20-%20April%202018%20Final.pdf>

HM Government (2012) 'The Health and Social Care Act 2012'

www.legislation.gov.uk/ukpga/2012/7/part/5/chapter/2/crossheading/health-and-wellbeing-boards-establishment/enacted

Kings Fund (2018) 'A year of integrated care systems, reviewing the journey so far'

www.kingsfund.org.uk/publications/year-integrated-care-systems

LGA (2019) 'Developing joint health and wellbeing board arrangements'

www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/health-and-wellbeing-systems/research

LGA/Shared Intelligence.

'The Power of Place: HWBs in 2017'

'The force begins to awaken, 2016'

'Stick with it, 2015'

'Great expectations, 2014'

'Change gear. 2013'

All reports here:

www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/health-and-wellbeing-systems/research

LGA Health, care and wellbeing improvement support offers

www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/health-and-wellbeing-systems

LGA (2017) 'Public health transformation four-years on'

www.local.gov.uk/lga-annual-public-health-report-four-years

LGA (2018) 'Public health transformation five-years on'

www.local.gov.uk/public-health-transformation-five-years

LGA (2019) 'Public health transformation six-years on'

www.local.gov.uk/public-health-transformation-six-years-partnerships-and-prevention

LGA, ADASS, ADPH, NHS Clinical Commissioners, NHS Confederation, NHS Providers (2018) 'Shifting the centre of gravity: making place-based, person-centred health and care a reality'

www.local.gov.uk/shifting-centre-gravity-making-place-based-person-centred-health-and-care-reality

London Public Health Network.

<http://adph.org.uk/networks/london>

NHS England (2014) 'NHS Five Year Forward View'

www.england.nhs.uk/five-year-forward-view

NHS England (2019) 'NHS Long Term Plan'

www.longtermplan.nhs.uk

NHS England (2019) 'Breaking down barrier to better health and care'

www.england.nhs.uk/wp-content/uploads/2019/04/breaking-down-barriers-to-better-health-and-care-march19.pdf



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