

## Developing joint health and wellbeing board arrangements: issues to consider

### Introduction

The development of sustainability and transformation partnerships (STPs) and integrated care systems (ICSs) means that many health and wellbeing boards (HWBs) are considering how they can work together across larger footprints to support a system-wide approach to integrated health and social care, prevention, and tackling health inequalities.

Informal arrangements for greater collaboration between HWBs are already taking place in many areas. These include joint development days; meetings of chairs and vice-chairs; collaboration over joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies; HWBs meeting to discuss specific topics; and locality-based alliances involving districts, reporting to HWBs. Some areas now want to go further by establishing more comprehensive or formal joint HWB arrangements.

The LGA has compiled case studies of three areas which have set up joint HWB arrangements. Based on these, this report provides ideas and learning that may help other areas seeking to develop joint approaches. This is the first stage of the LGA's work on joint HWB arrangements, and further case studies will be added. The LGA is also undertaking a report on the work of health and wellbeing boards in the new NHS landscape, due in May 2019.

### Summary of case studies

#### Cambridgeshire and Peterborough

- A formal joint health and wellbeing board sub-committee with delegated authority is being agreed – interim joint arrangements are in place while constitutional issues were worked out.
- A system-wide JSNA core data set has been established and there is agreement to consider a system-wide joint health and wellbeing strategy.
- A peer challenge of the health and care system resulted in important recommendations for system improvements.

#### Coventry and Warwickshire

- A [Health and Wellbeing Alliance Concordat](#) sets out the vision and principles for how the health, care and wellbeing system will work together.
- A Place Forum, involving both health and wellbeing boards, drives the vision of the Concordat and aims to make prevention and early intervention the 'first chapter' in all change programmes and pathway redesigns.

- The Place Forum is running a 2019 Year of Wellbeing Programme, in which all partners are collaborating on health and wellbeing initiatives.

### **Kent and Medway**

- A formal joint health and wellbeing board was established as an advisory sub-committee to Kent HWB and Medway HWB to be coterminous with the STP footprint.
- A focus on prevention and deep dives into topics such as smoking, obesity and carers.
- The board is developing a system-wide performance dashboard to increase accountability.

### **Benefits of joint HWBs**

The joint HWBs in the case study areas have been meeting for around a year and report a number of benefits from coming together.

- A better understanding of the needs of the whole area, such as patient flows and granular data on neighbourhoods; joint board arrangements are bringing this together into shared JSNA data sets and intelligence
- The ability to work together on CQC system-wide reviews – this was a key theme for boards
- The combined expertise and perspectives of the joint arrangements provide renewed energy for shared approaches and better solutions
- A single arrangement is more efficient – less need to discuss the same development in different forums – helpful for STP colleagues
- Areas are benefiting from learning from each other, particularly how each area is tackling public health challenges
- The joint arrangement provides an opportunity to clarify misunderstandings that can arise from the different cultures and languages in the NHS and local government
- Joint arrangements provide a forum for discussing disputed NHS reconfigurations on a system-wide basis, while maintaining positive working relationships.

### **When would joint health and wellbeing board arrangements be helpful?**

The following factors can be considered to help areas decide whether to set up joint arrangements. A joint HWB would:

- lead to improved joint working across a system, efficiencies in use of resources and improved health and care outcomes for residents
- provide greater opportunities to hold the ring for a social model of integrated care and prevention based on the wider determinants of health and greater community and service user involvement
- help to implement initiatives that work better at scale
- lead to better involvement of the wide range of partners who contribute to health and wellbeing, such as police, and fire and rescue services
- provide a stronger democratic voice into STP and ICS planning
- and the input involved in developing and maintaining new relationships and administrative systems is outweighed by the benefits that can be achieved.

## **Establishing boards**

### **Making a start**

Collaboration in the case study areas started with key individuals, such as chairs and vice chairs, recognising there was common ground and having informal discussions about the potential for joint arrangements. This was followed with full discussion by the HWBs, separately and together. Two areas used independent facilitators for development sessions to allow members to share any concerns about joint arrangements, such as whether these might lead to unnecessary meetings, as well as considering the benefits of greater collaboration. The LGA's Care and Health Improvement Programme (CHIP) support was welcomed for providing data on the impact of integration.

### **Arrangements to fit local needs**

HWBs were established with legislation and statutory guidance which makes provision for them to work together. The Health and Social Care Act 2012<sup>1</sup> gives three scenarios for joint arrangements. Two or more HWBs may make arrangements for:

- i. any of their functions to be exercisable jointly
- ii. any of their functions to be exercisable by a joint sub-committee of the boards
- iii. a joint sub-committee of the boards to advise them on any matter related to the exercise of their functions (HSCA 2012, S.198).

The guidance<sup>2</sup> states that two or more HWBs can produce JSNAs and joint health and wellbeing strategies (JHWSs) that cover a combined geographical area and that HWBs may find it helpful to collaborate with neighbouring areas where they share common problems and it proves more cost effective than working in isolation.

When considering what form of collaborative arrangement to establish, areas looked to the legislation and guidance in relation to what would work best for their local circumstances. For example, the relationship of the joint board to individual boards and the extent to which it should be able to make independent decisions. Areas stressed that the democratic services sections from each council were invaluable in collaborating to support the joint arrangements.

Probably the greatest anxiety for individual HWBs was the potential to lose focus on local priorities. Although partners were geographically close and had a history of working together on many joint developments, the case study examples involved a partnership between generally rural councils with a larger but dispersed population, and urban councils with a smaller, but more condensed population.

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<sup>1</sup> HM Government, 2012, The Health and Social Care Act 2012  
<http://www.legislation.gov.uk/ukpga/2012/7/part/5/chapter/2/crossheading/health-and-wellbeing-boards-establishment/enacted>

<sup>2</sup> DH, 2013, Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and wellbeing Strategies.  
<https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance>

A number of different arrangements could be used to address such concerns. These include:

- parity of voting rights across areas
- swapping the chair of the board between areas, generally on an annual basis
- maintaining individual health and wellbeing boards, either a full programme or reduced frequency, to keep a focus on local issues
- establishing the joint board on a time-limited basis and reviewing it at the end of the period
- keeping clear oversight of agendas so only system-wide issues are considered.

The case study areas had chosen to bring together more or less full membership of each HWB so that no one was excluded. If more than two HWBs were involved, this would be less tenable, and agreement would need to be reached on appropriate representation. Areas also considered whether the joint arrangements would be an opportunity to involve other partners such as district councils, NHS providers, the voluntary and community sector, Police and Crime Commissioner, the STP and NHS England. There was acknowledgement that membership and other arrangements should be kept under review because of the changing NHS landscape.

### **Making joint boards work**

Keeping a joint HWB or forum running effectively requires sustained effort. Areas were clear that lead senior officers, such as directors of public health, needed to work closely together and with the chair and vice chair to keep agendas on track and make sure decisions were implemented. The role of a co-ordinator, or co-ordinators, was also vital. Areas agreed that this role should combine a high level of administrative, problem resolution and coordination skill, with a sound understanding of the health, care and wellbeing agenda.

Structural issues boards tended to work on in their first year include:

- a system-wide JSNA
- developing a system-wide joint health and wellbeing strategy
- a concordat or similar arrangements to underpin health and care partnerships
- an outcomes framework to measure progress.

Boards were aware that their joint arrangements were new and untested, so were inclined to start working on a few defined areas. Building trust and relationships through development work were seen as important for joint boards. As boards mature they are likely to become more confident and ambitious. System leaders were looking to how joint boards and integrated care systems can work together without duplication.

## **Top tips for establishing joint HWB arrangements**

Start discussions with other HWBs in STPs/ICSs about joint working. Informal discussions often start with chairs talking with each other, followed up by exploratory joint board sessions.

Consider independently chaired development sessions to shape joint arrangements.

Senior officers responsible for supporting HWBs, such as directors of public health, have a vital role in working together to support the joint board, keeping the focus on prevention, and providing a conduit between councils and the NHS.

In preparing to set up joint arrangements, have honest discussions about configuration, membership and delegated powers, and any concerns about these.

Ways of establishing equitable arrangements include: parity over membership and voting rights, sharing chairing responsibilities, and joint agenda planning.

Bring democratic services from both areas together to help develop arrangements.

Skilled HWB co-ordinators are essential: they need an understanding of health and wellbeing priorities as well as the ability to help keep the board on track, and to manage partner relationships.

Once a joint board is formed, key activity may include: aligning or producing joint JSNAs and joint health and wellbeing strategies; developing outcome frameworks to measure progress; establishing concordats for joint working; and preparing for CQC system wide reviews.

Review progress after a year and consider independently facilitated developmental sessions to keep on track.