SHARED INTELLIGENCE

The power of place

Health and Wellbeing Boards in 2017

April 2017

Executive Summary

This is the fourth report in a longitudinal review of health and wellbeing boards (HWBs) for the Local Government Association (LGA). The titles of our reports provide a crisp history of the boards and their effectiveness:

- **Great Expectations** (April 2014);
- **Stick With It!** (February 2015);
- **The Force Begins to Awaken** (March 2016);
- **The Power of Place** (April 2017).

The most important trend we have identified from this year's research is the decision by a significant number of boards to reassert a focus on the wider determinants of health and exercise a place leadership role. They are acting as the anchors of place in a sea of Sustainability and Transformation Partnerships (STPs), integration and new models of care.

The HWBs which have adopted this route see themselves as developing a wider and longer term place perspective that provides a strategic framework for more immediate and more narrowly focused activity. It helps the board to avoid the trap of "tick box sign off" of work that has been led elsewhere. And it gives the board ownership of the overall direction of travel of the local health and care system.

In many cases this commitment to adopting a place focus has led to widening of the board's membership to include, for example, the police, fire and rescue services universities and housing providers. The links between the economy, employment, housing, growth and wellbeing are seen by many as a key element of a place-based approach.

Most of our interviewees said that the formal involvement of their board in the STP process had been confined to a request to the board to sign off the plan. It is significant that in previous reports we have identified the practice of signing off reports without adding real value as an indicator of an ineffective board. In this case boards are being pushed into this ineffective mode by the nature of the STP process.

Many members of HWBs are involved in the STP process, but a fundamental concern expressed by our interviewees is the lack of any substantial local political input to STPs. Our interviewees pointed to a lack of respect for and understanding of the local political process in the DH and NHS England.

Despite these concerns the most effective HWBs are developing their place-based leadership role to provide a compelling strategic context for STPs and to make progress on the wider determinants of health which are critically important to achieving a more sustainable health and care system in the long term. They are also working with neighbouring boards across the relevant STP footprint.

We have identified the five factors which our research suggests have a significant influence on the effectiveness or not of a HWB in the current context. They are:

- **A focus on place**, as the most effective HWBs act as “anchors of place”
- **Committed leadership,** exerting influence across the council, place and health and care system
- **Collaborative plumbing**, to underpin the leadership of place and influence the STP
- **A geography that works,** or the capacity to make the geography work
- **A DPH that gets it,** and who can support placed-based leadership

1 Introduction

1.1 In 2017 the most effective HWBs are reasserting the importance of action to address the wider determinants of health. By doing so they are creating a strategic framework to which STPs and action on the integration of health and social care must relate. This is enabling boards to gain traction with STPs as is the ability of the best networked boards to use their members informally to influence the process. But the fact remains that most HWB chairs are frustrated by the limited scope for formal local political engagement in the development of STPs.

1.2 This is the core conclusion of our fourth "state of the nation" report on HWBs for the LGA. In our third report, *The Force Begins to Awaken,* published in March 2016 we concluded that a significant number of HWBs were more effective than they were a year earlier and were beginning to play a genuine leadership role across health and care systems. Our conclusion 12 months later is that more effective boards have continued to develop, but that some boards are still struggling, confining their role to either a small number of initiatives or receiving reports which have been generated elsewhere.

1.3 This report sets out our findings on the position of HWBs in 2017. The evidence on which this report is based includes:

- Interviews with 19 local and national stakeholders involved with HWBs including board chairs and vice chairs;
- Observation of a HWB Leadership Essentials course;
- A review of documentation produced by the pilot application of the "Stepping up to the Place" self-assessment tool;
- A workshop with people providing bespoke support to HWBs on behalf of the LGA;
- A discussion at the HWB chairs' and vice chairs' summit on March 22.

1.4 This report:

- Sets out the background to the production of this report;
- Summarises the wider context in which HWBs now operate;
- Presents our findings on the place-based contribution that effective boards are now making;
- Explores the relationship between HWBs and STPs;
- Refreshes our analysis of the areas that require attention by boards that are seeking to improve their effectiveness;
- Sets out a number of "top tips" for HWBs to consider.

2 Background and context

2.1 This is the fourth report in a longitudinal review of HWBs for the LGA. The titles of our reports provide a crisp history of the boards and their effectiveness:

- **Great Expectations** (April 2014);
- **Stick With It**! (February 2015);
- **The Force Begins to Awaken** (March 2016);
- **The Power of Place** (April 2017).

2.2 Our first report highlighted the high expectations that the creation of HWBs had generated across the health and care system and the commitment of HWB members, particularly board chairs, to meeting those expectations. Stick With It! concluded that while some boards were meeting those expectations "many boards are still some way off driving the big issues and that progress is slower than perhaps widely anticipated. Frustrations exist within and outside boards."

2.3 In our third report, "*The Force Begins to Awaken",* published 12 months later, we concluded that while a majority of boards were still not driving the big issues, many had made significant progress and were driving change across the local health and care system. We added that "the litmus test of a more effective HWB is a board which addresses health and wellbeing from a whole place perspective rather than one which concentrates on specific conditions such as diabetes or obesity."

2.4 Many of the people we interviewed for this report stressed that the context in which HWBs now operate is much more pressured and politically turbulent. The most significant organisational development has been the preparation of STPs across 44 geographical footprints in England. The average population size of an STP area is 1.2m and most cover several HWBs and CCGs. The plans cover all aspects of NHS funding as well as focussing on better integration with social care. They are long term documents covering October 2016 to March 2021.

2.5 The King's Fund has concluded that STPs "offer the best hope for the NHS and its partners to sustain and transform the delivery of health and care."[1] It adds that "there is a risk that work to sustain services will crowd out efforts to transform care" and that the proposals need to be developed into coherent plans, with clarity about the most important priorities in each footprint." As we explore in more detail later there is a widespread perception that the STP process has by-passed HWBs.

2.6 There has been a particular focus on winter pressures and the performance of A&E departments. Each region has been required to set up A&E Delivery Boards to support delivery, manage high risk systems, report progress, and deploy employment support. The areas covered by these boards are smaller than the STP footprints but do not match HWB areas.

2.7 The NHS and local councils are both facing huge financial and operational pressures. This was reflected in the Spring 2017 budget with the announcement of an additional £3bn for adult social care over the next three years, including £1bn in 2017-18. Meanwhile integration of health and care is a continuing

[1] Delivering Sustainability and Transformation Plans, King's Fund 2017

priority nationally and locally, although the extent to which it can contribute to meeting the current financial pressures is increasingly being questioned.

2.8 In the last 12 months The Association of Directors of Adult Social Services, LGA, NHS Clinical Commissioners and NHS Confederation have subsequently published *Stepping Up To The Place*, their vision of successful health and social care integration. The LGA and its partners have produced a facilitated diagnostic tool based on the vision to support HWBs to critically self-assess with expert facilitation their ambitions, capabilities and capacities to integrate services to improve the health and wellbeing of local communities. The tool has been piloted in 10 places and subsequently rolled out to a further 9 and we have had access to the outcome of the workshops to inform this report. Demand for the use of the tool is high.

2.9 We were also commissioned by the LGA to explore in more detail the characteristics of an effective HWB. We did so by carrying out case study visits to ten HWBs. The results of this work were published on the LGA website in *Effective HWBs: Evidence from 10 case studies.*

2.10 As part of the research for this report we have reviewed the drivers of and barriers to effects HWBs which we identified in our previous reports. We have identified five of those factors which we consider are particularly important in this context and on which we will be focussing in this report. They are[2]:

- A focus on place;
- Committed leadership;
- Collaborative plumbing;
- A geography that works (or making the geography work);
- A director of public health who gets it.

Finally, in this complex context, it is important to remember that HWBs were established by legislation and are formally constituted council committees.

[2] The factors to which we are giving less attention in this year's report are: clarity of purpose; the response to austerity; high quality support; churn in the system; and getting the basics right.

3 HWBs as "place anchors"

3.1 The most important trend we have identified from this year's research is the decision by a significant number of boards to reassert a focus on the wider determinants of health and exercise a place leadership role. They are acting as the anchors of place in a sea of STPs, integration and new models of care. This trend has featured in our interviews, in the *Stepping up to the Place* documentation that we reviewed and in our workshop with people working with HWBs. It was validated in the discussion on our emerging findings at the HWB chair's summit.

3.2 The HWBs which have adopted this route see themselves as developing a wider and longer term place perspective that provides a strategic framework for more immediate and more narrowly focused activity. It helps the board to avoid the trap of "tick box sign off" of work that has been led elsewhere. And it gives the board ownership of the overall direction of travel of the local health and care system.

3.3 As one of our interviewees said: "There are choices to be made. The HWB can lead the place discussion or the focus will shift either to the STP or, if one has been created, to the combined authority." Or, in the words of another interviewee: "While the organisations may change the key features of the place do not. The role of the HWB is to have a strong message about what the local vision and priorities are and to have the confidence to argue for what is needed."

3.4 Chairs of boards have adopted this approach talk about boards being on a journey in which increasing attention is being given to their roles as place-leaders. They have been galvanised to pursue this approach by a combination of:

- Financial pressures;
- The political context;
- The "stuff" around STPs;
- The danger of simply signing off work that has been instigated elsewhere or of focussing on short-term fixes.

3.5 Some talk about a change in focus from addressing specific initiatives to the wider determinants of health. Some refer to a shift from developing a shared vision to agreeing action to deliver the vision. Others refer to their boards having shifted from a focus on commissioning to the provision of place-based systems leadership.

3.6 A shift to more honest and constructively challenging conversations is also seen as an important contributor to a place-based approach. One chair referred to a discussion on a report on action on healthy weight as a vital step on his board's journey. The report adopted a traditional approach to tackling obesity which one board member argued had not worked previously and was unlikely to work now – what was required, the board agreed, was a focus on a wider range of levers, many of which are at the council's disposal. The shift in focus requires a degree of confidence in the board and its role.

3.7 In many cases this commitment to adopting a place focus has led to widening of the board's membership to include, for example, the police, fire and rescue service, universities and housing providers. For county HWBs this focus enables district councils to be clearer about their role. The relationship between HWBs and local enterprise partnerships was not referred to in the interviews that informed our previous reports, but was raised by a number of interviewees this year. The links between the economy, employment, housing, growth and wellbeing are seen by many as a key element of a place-based approach. In some places the broadening of a board's membership has prompted a review of the arrangements for working groups etc. reporting to the board to ensure that its effectiveness is not undermined.

4 The STP conundrum

4.1 The relationship (or not) between HWBs and STPs featured in all of our interviews. On the one hand interviewees were keen to ensure that the STP issue should not dominate a review of HWBs. Yet on the other hand they recognised the Kings Fund's conclusions that STPs offer the best hope of transformation in health and care.

4.2 In thinking about this issue it is important not to talk loosely about HWBs and STPs. There are at least four important sets of relationships to consider. These are:

- The different roles that many of the members of the HWB play in relation to STPs, including leadership roles;
- The involvement of local councils in the STP process which often involves the adult social services function and, occasionally, the chief executive;
- The contribution of local political leaders;
- The role of the HWB as a whole.

4.3 Most of our interviewees said that the formal involvement of their board in the process had been confined to a request to the board to sign off the plan. In several cases boards have refused to do so. In some cases they have decided not sign off the plan because of policy differences. In other cases it has been because of a lack of engagement.

4.4 It is significant that in previous reports we have identified the practice of signing off reports without adding real value as an indicator of an ineffective board. In this case boards are being pushed into this ineffective mode by the nature of the STP process.

4.5 The fundamental concern expressed by our interviewees is the lack of any substantial local political input to STPs. Many of the chairs we interviewed are exploiting the informal links available to them, but this falls well short of their expectations of appropriate involvement. Our interviewees pointed to a lack of respect for and understanding of the local political process particularly in the DH and NHS England. This is reflected, for example, in a lack of regard for the timing of announcements in relation to local electoral cycles.

4.6 Despite these concerns the most effective HWBs are using the involvement of board members in the development of STPs to ensure that HWB chair and members are as well briefed as possible on the STP and as a route to informally influencing their development. They are developing their place-based leadership role to provide a compelling strategic context for STPs and to make progress on the wider determinants of health which are critically important to achieving a more sustainable health and care system in the long term.

4.7 One interviewee highlighted the need for a coherent national input to HWBs if they are to get real traction in this context, but there are widespread concerns about the adequacy of the involvement of NHS England officials in boards.

4.8 Most of the HWB chairs we interviewed referred to the fact that their boards are working with neighbouring boards across the relevant STP footprint. This is a significant development: in previous

reports we have commented on the insular attitude of most HWBs and the very limited extent of joint working. It is taking a variety of forms ranging from joint development days through meetings of HWB chairs across a STP footprint to formal joint working between boards.

5 The drivers of and barriers to more effective joint working

5.1 As we noted above, in previous reports we identified eight factors which our research suggested had a significant influence on the effectiveness or not of a HWB. We have identified five of those factors which we consider are most significant in the current context. They are summarised in the table below and explained in more detail in the following paragraphs.

Drivers of and barriers to effective HWBs in 2017
A focus on place, as the most effective HWBs act as "anchors of place"
Committed leadership, exerting influence across the council, place and health and care system
Collaborative plumbing, to underpin the leadership of place and influence the STP
A geography that works, or the capacity to make the geography work
A DPH that gets it, and who can support place based leadership

A focus on place

5.2 This is the defining characteristics of the most effective HWBs in 2017 combined with a reassertion of a focus on the wider determinants of health (which requires a place-based approach). The elements of this approach include;

- Being clear about the distinctive characteristics of the place and the implications for health and wellbeing;
- Taking decisions from a place perspective rather than an organisational one;
- Marshalling the collective power and influence of relevant organisations across the place.

5.3 The role of the HWB as the anchor of place in relation to health, care and wellbeing is important in its own right and in order to gain traction with and add value to the STP process and action on health and care integration.

Committed leadership

The emphasis that effective boards are now placing on place and the wider determinants of health means that respected political leadership is more important than ever. In the current context HWB chairs must have the ability to exert influence:

- Across the council;
- With wider partners, such as the police, universities and LEP;
- Across the health and care system;
- With neighbouring HWBs across an STP or combined authority footprint.

5.4 This highlights the value of the board being chaired by the council leader or by a cabinet member with a role or breadth of interest and influence that extends beyond health and care. In one case for example the HWB chair is the cabinet member with responsibility for partnerships. If the leader and

chief executive are not members of the board it is now more important than ever that they take an active interest in it.

5.5 As we noted in the previous section, the relationship between HWBs and STPs often hinges on the board being able to take advantage of the roles that board members play in other settings. This highlights the importance of CCG representatives taking on a leadership role within the board and health providers being engaged with the board and its work.

Collaborative plumbing

5.6 We have coined the phrase collaborative plumbing in previous reports to capture the existence of mechanisms for collaboration and good personal relationships between key players. Some people have suggested that the phrase undermines the importance of this factor. We feel however that it reflects the need for this essential partnership infrastructure which will be more important than ever if boards are to put place and the wider determinants of health at the core of what they do. In the current context a board's collaborative plumbing is important in two respects:

- First, to enable the board to work alongside other partnership bodies such as the community safety partnership and LEP;
- Second, so that the HWB board is able to exploit its members' other roles to understand and informally influence developments associated with the STP.

A geography that works

5.7 In previous reports we have shown that coterminosity helps and that boards working with complex or messy geographies face particular challenges. There are however very few places in which the boundaries of the council, CCG, STP and LEP are coterminous. The fact is that effective HWBs have to develop the capacity to work with and flex between geographies, including:

- The council and HWB boundary;
- District council and or locality boundaries;
- Major hospital catchment areas;
- CCGs;
- The STP footprint;
- LEPs;
- In some cases combined authorities or sub-regional partnerships.

5.8 There is a strong case for amending the wording of this factor to read: **Making the geography work.** In other words, assuming that in most places at least one aspect of the geography will be messy or complex, the role of an effective board is to make the geography work.

A DPH who gets its

5.9 In most places directors of public health have an important role to play in helping to shape the development of the HWB and its work programme. The focus on place leadership plays to the wider ambitions of the public health agenda but requires the DPH to have a good understanding of the wider local government and local partnership scene and the capacity to influence it.

6 Areas for action

6.1 The objective of this section is to present the key learning from this and previous reports in a way which is useful to boards which are aiming to improve their effectiveness. On the basis of our latest research we have updated our understanding of the areas that require attention by boards an have summarised it in the table below:

Areas requiring attention
Installing collaborative plumbing To what extent: • Is the board one of a number of mechanisms for joint working between health and local government? • Have good personal relationships been established between the key players? • Do the relationships enable constructively challenging conversations between board members? • Does the board have effective links with other organisations with a place focus including the police, housing providers educational institutions and the local enterprise partnership? • Is the board making the most of the roles its members play in other contexts, most notably in the STP process?
Making the geography work To what extent: • Are there arrangements for joint working and development across the relevant STP footprint? • Has the board developed a capacity and capability to operate across different geographies including the STP, the LEP, the CCG(s), neighbourhoods and communities and (if appropriate) the combined authority? In areas with a complex geography, involving a number of district councils and CCGs: • Is there a mechanism for effective CCG and district council engagement with the board that does not result in an unduly large board? • Has the scope for collaboration between districts and between CCGs been fully explored?
Effective leadership To what extent: • Do the council leader and chief executive recognise the importance and potential of the HWB and give the board the attention that it requires? • Is there shared leadership between the council and CCG and is that reflected in a CCG co-chair or vice-chair? • Does the HWB chair have the confidence of the leaders of other organisations with a place focus and the other relevant council cabinet portfolio holders? • Is NHS England consistently represented at board meetings?
Place focus To what extent: • Is the board addressing place issues – such as resilience, workforce, skills and employment or children and the wider determinants of health? • Is the board providing place-based systems leadership? • Does the board have a locally generated focus for pursuing health and care integration?
More than a board meeting To what extent: • Is the board the primary strategic forum for delivering change?

• Does the board act as a hub (bringing people together) and a fulcrum (a point around which things happen)?
Clarity of focus To what extent: • Is there a shared understanding of the primary task of the board? • Is the board a co-ordinator or a driver?

6.2 We have also captured a number of top tips for HWBs from our interviewees which are set out in the table below

Top tips for HWBs
• Develop a broad, place focus that goes beyond specific conditions and health and care integration and create a strong place-based narrative. • Develop a style and culture of constructive challenge. • Be clear how you will judge the effectiveness of the board. • Think about how to engage with the development of new care models and organisational structures. • Develop a mechanism for effective engagement with partners. • Devote time and effort to partnership development. • Begin with some deliverable projects and work out from them. • Collaboration with neighbours across different footprints. • Ensure that the board has a genuinely shared strategy and action plan. • Think about the board as being the centre of a network rather than just a meeting. • Review the membership of the board as its role evolves. • Hold a reflective session at least once a year.

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