



# **Effective Health and Wellbeing Boards: Findings from 10 Case Studies**

September 2016

# Introduction

In our third 'state of the nation' report on health and wellbeing boards (HWBs), *The Force Begins to Awaken*<sup>1</sup>, we concluded that a significant number of HWBs are now beginning to play a genuine leadership role across local health and care systems. In that report we identified a number of drivers and barriers to being an effective HWB. Those drivers and barriers are summarised in the table below.

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

We were subsequently commissioned by the Local Government Association (LGA) to explore in more detail the characteristics of an effective HWB. We did so by carrying out case study visits to ten HWBs and conducting over 60 face-to-face and telephone interviews with HWB members. Our interviewees included HWB chairs and vice chairs (generally a council leader or cabinet member and Clinical Commissioning Group (CCG) representative), senior council officers, health service managers, Healthwatch chief executives and HWB support officers.

This report includes a pen portrait of each of the ten HWBs. They provide an understanding of what an effective HWB looks like and explore the conditions for effectiveness. The pen portraits also highlight some of the outcomes that effective HWBs have been able to secure.

The table below lists the HWBs that we visited and the drivers and barriers that we highlight in each pen portrait.

<sup>1</sup> <http://www.local.gov.uk/documents/10180/6101750/HWB+Shared+Intelligence+report+March+2016+WEB.pdf/392c708e-1591-4b3f-8347-95291fde4f47>

Pen portrait	Drivers and barriers
Bath and North East Somerset (page 4)	<i>Focus on place; clarity of purpose; committed leaders</i>
County Durham (page 6)	<i>Collaborative plumbing; committed leaders; a director of public health who 'gets it'; focus on place</i>
East Riding of Yorkshire (page 10)	<i>Committed leaders; collaborative plumbing; focus on place; high quality support</i>
Hackney (page 13)	<i>Focus on place; getting the basics right; collaborative plumbing; clarity of purpose</i>
Plymouth (page 16)	<i>Clarity of purpose; focus on place; committed leaders and collaborative plumbing; a director of public health who 'gets it'</i>
Southend on Sea (page 19)	<i>Collaborative plumbing; clarity of purpose; churn in the system</i>
Suffolk (page 24)	<i>Clarity of purpose; focus on place; high quality support; getting the basics right</i>
Warwickshire (page 27)	<i>Focus on place; clarity of purpose; collaborative plumbing; churn in the system</i>
Wigan (page 30)	<i>Getting the basics right; collaborative plumbing; focus on place</i>
Wiltshire (page 33)	<i>Focus on place; collaborative plumbing; committed leaders; clarity of purpose; getting the basics right</i>

It is important to note that this is not an exhaustive list of effective HWBs. We and the LGA are confident, however, that they constitute a useful sample of effective HWBs, from which we hope that others will be able to learn.

To supplement our case study work we also carried out a number of telephone interviews to explore two of the drivers to effectiveness:

1. A director of public health (DPH) who 'gets it';
2. A geography that works.

In *The Force Begins to Awaken*, we highlighted the importance of a DPH who 'gets it' in terms of shaping the HWB's agenda, driving the progress of the HWB towards health and social care integration and addressing the wider determinants of health. Our calls highlighted that the contribution a DPH can make to a HWB include:

Communicating the importance of addressing the wider determinants of health to all HWB members and their organisations;

Acting as a "boundary spanner" and "systems translator" helping health and local government colleagues to collaborate more effectively together;

Championing the use of evidence and by using it to craft a compelling narrative and inform the action pursued by the HWB.

Our previous research has shown that complex geography can act as a barrier to the effectiveness of a HWB. This is most often the case in county council areas with a large number of district councils and CCGs. There are, however, examples of HWBs which have made complex geographies work.

Surrey County Council, for example, has 11 districts and boroughs and its HWB includes two council leaders and one chief executive who represent the districts and boroughs. They feed a district perspective into HWB discussions and feed back to the other districts and boroughs. The effectiveness of this approach hinges on the representatives providing an active communication link.

# Bath and North East Somerset

*Focus on place; clarity of purpose; committed leaders*

The Bath and North East Somerset HWB has 12 members. The HWB is co-chaired by the portfolio holder for adult social care and health and the clinical chair of the CCG. Three elected members and three CCG representatives sit on the HWB in total, as well as two representatives from local Healthwatch and a representative from NHS England. The HWB also includes the chief executive of the council, the Director of Public Health and the Strategic Director for People and Communities.

The Joint Health and Wellbeing Strategy is built around three themes, each of which contains a set of priorities. Theme one focuses on preventing ill health, including priorities around children's weight, support for families with complex needs, reducing alcohol misuse and creating healthy and sustainable places. Theme two is around improving the quality of people's lives, with priorities including support for those with long term conditions, promoting mental wellbeing, enhancing quality of life for those with dementia and improving services for older people. Theme three focuses on reducing health inequalities, including priorities around improving skills and employment, reducing the health and wellbeing consequences of domestic abuse, and taking action on loneliness. The strategy also sets out anticipated outcomes for each of the priorities, as well as examples of current service delivery and measures of progress.

## Key achievements of the Bath and North East Somerset HWB

*Your Care, Your Way*: a significant re-procurement exercise aimed at bringing over 200 different contracts for community care under a consortium or single provider.

Health Inequalities Inquiry Day: supporting the HWB to understand health inequalities in Bath and North East Somerset.

Implementation of IRIS (Identification and Referral to Improve Safety) training: helping general practice staff and GPs identify and support those suffering from domestic abuse, resulting in 108 referrals for support between July 2015 and June 2016<sup>2</sup>.

The Bath and North East Somerset local authority area and CCG are coterminous, which helps the HWB to have a clear definition and focus on place.

### *Focus on place*

In order for the HWB to understand health inequalities, it led a Health Inequalities Inquiry Day (with representation from the Council and other public services, education, voluntary and community sector, NHS and local residents). The session focused on how to understand and take action locally to tackle health inequalities. Part of the day was dedicated to listening to the experiences of local people and to mapping work around inequalities to spot gaps.

A report setting out the key priorities identified during the session has been presented to the HWB and conversation had by members about how they challenge one another, and other local

<sup>2</sup> <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/domestic-abuse>

organisations and partnerships, to demonstrate explicit plans and actions for reducing health inequalities in the future. The HWB will be monitoring this work as it progresses and will receive further updates at future meetings.

### *Clarity of purpose*

The Bath and North East Somerset HWB has agreed a clear purpose, which is reflected in the clarity of the themes within its strategy such as reducing the health and wellbeing consequences of domestic abuse. This clarity enables clear impactful deliverables against its objectives. An example of this is a project to tackle domestic violence and encourage victims to access support. A collaboration across partners, IRIS (Identification and Referral to Improve Safety) represented an early 'win' for the HWB, and has helped to further strengthen links between partners. There were 108 referrals for support through the service between July 2015 and June 2016.

The HWB is providing the space for strategic collaboration for the council, NHS and voluntary sector to lead on the *Your Care, Your Way*<sup>3</sup> initiative, a large-scale and far reaching review of community health and care services in Bath and North East Somerset, of which there are over 200. The aim is to procure a single provider or consortium of providers to deliver high quality care based around the person.

There is an understanding that health is cross-cutting, and that the wider determinants can be addressed outside of the health and care system. Economic development, skills and other wider determinants are written into the HWB's priorities. The council's public health team has developed a health impact assessment for new building developments after sending both a public health and planning officer to Antwerp to understand good practice around Europe and the world. The DPH is influential in shaping what goes to the HWB, and giving work like this a profile among HWB members brings a focus on place and generates a shared understanding around how to improve health outcomes for residents.

### *Committed leaders*

Members of the HWB recognise the value that they themselves and the HWB as a whole bring to the local health and care system. Co-chairing arrangements demonstrate a multi-organisational commitment to the HWB, helping secure buy-in from wider partners.

***For more information about the Bath and North East Somerset HWB, please contact Andrea Benham - [HWB@bathnes.gov.uk](mailto:HWB@bathnes.gov.uk).***

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<sup>3</sup> <http://www.yourcareyourway.org/>

# County Durham

*Collaborative plumbing; committed leadership; getting the basics right; focus on place*

County Durham's HWB has 16 members, and is chaired by the cabinet portfolio holder for adult and health services, with the vice chair from a CCG. Other members of the HWB are from five NHS Foundation Trusts, two CCGs, Durham County Council, including cabinet portfolio holders for children and young people's services and safer communities, and Healthwatch.

The vision for the County Durham Joint Health and Wellbeing Strategy is to "improve the health and wellbeing of the people of County Durham and reduce health inequalities". The strategy has six objectives: children and young people make healthy choices and have the best start in life; reduce health inequalities; improve the quality of life, independence and care and support for people with long term conditions; improve the mental and physical wellbeing of the population; protect vulnerable people from harm; and support people to die in the place of their choice with the care and support they need.

## Key achievements of the County Durham HWB

The HWB launched the consultation of the Altogether Active, physical activity framework for County Durham in 2015 which is aimed at increasing levels of physical activity in the county. County Durham is one of only four local authority areas in England being actively selected by Leeds-Beckett University to take forward a whole system approach to tackling obesity over the next three years.

The HWB demonstrated system leadership through the development of the Mental Health Implementation Plan for County Durham, which is the overarching mental health strategy for children and adults in the county. The HWB was the apex for partners tasked with delivering the strategy and brought strategic direction and coordination between partners.

The HWB supported a voluntary smoking ban to be progressed which has been implemented across the county, encouraging play areas to become smoke free. The outdoor play area at Riverside Park in Chester-Le-Street was the first park to become a smoke free zone, and now all Durham County Council defined/fenced play areas have the 'smoke free' signage in place. This required coordination and buy-in from various departments in the council, and demonstrates the effectiveness of the DPH, who made this happen.

## *Collaborative plumbing*

County Durham's HWB is one cog in a sophisticated partnership mechanism that connects local communities and strategic decision making. At the centre of this is the County Durham Partnership, made up of key public, private and voluntary sector partners and supported by five thematic partnerships each with a specific focus, one of which is the HWB, which aims to reduce health inequalities and improve health and wellbeing outcomes for the people of County Durham.

The county has 14 Area Action Partnerships (AAPs), local mechanisms to ensure that the strategic objectives and priorities of the HWB and other thematic partnerships are aligned to local delivery, and that local people are able to influence strategic priorities and set their own local priorities.

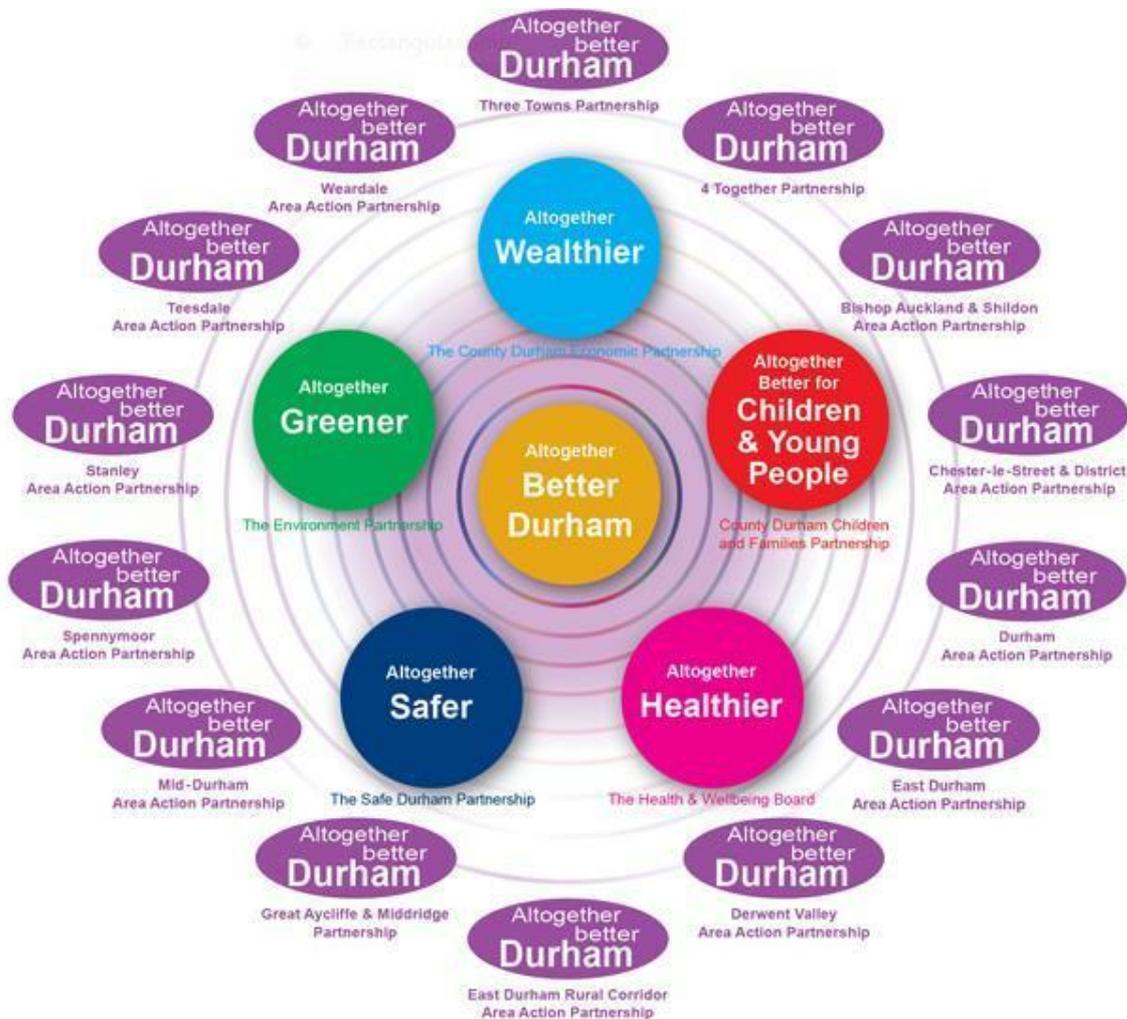


Diagram 1: The 14 AAPs and five thematic partnerships in Durham. Altogether Healthier is the HWB. *Source: Durham County Council*

There is a link coordinator for the AAPs who reports every six months to the HWB on their work and the issues arising from it. This results in a two-way system of strategic direction being provided by the HWB at the centre, and intelligence about local priorities and issues feeding from localities into the HWB and other thematic partnerships. Some stakeholders of the HWB also sit on the AAPs, so there is connectivity right across the system.

The effectiveness of the HWB is helped by the fact that Durham's partnership arrangements are longstanding and comprehensive. CCGs are represented on the County Durham Partnership and many of the thematic partnerships and sub groups. The two CCGs are coterminous with the county council which is advantageous, and providers sit on the HWB.

The HWB provides a forum for organisations to develop joint strategies and challenge each other on better ways of working. It has a clear structure in place with comprehensive supporting sub group

arrangements which carry out work on behalf of the HWB. These governance arrangements are subject to regular review to ensure they remain fit for purpose.

The HWB provides strategic oversight and acts as a space for joint working between the various organisations involved in the development and delivery of services. An example of one of the HWB's achievements is the development of IC+ (Intermediate Care Plus)<sup>4</sup> service that provides a range of time limited health and care services to adults that are built around the person, according to individual need. IC + is one of the programmes of the Better Care Fund and involves cross-organisational and cross-professional working. Care packages are based on a single assessment, with arrangements on shared systems in place and shared protocols between organisations.

The HWB is committed to working in a co-ordinated way across the health and social care economy, putting patients and services users at the centre of the HWB's work to support the best outcomes for the patients. The development of the County Durham and Darlington Urgent Care Strategy is an example of how the HWB works with and supports the wider system. The Urgent Care Strategy is aligned to current initiatives including Intermediate Care Plus and the Better Care Fund in addition to the North East Urgent Care Network Vanguard which is led by the vice chair of the HWB.

### *Committed leadership*

Leadership is a core component of the effectiveness of the HWB. The chair is challenging of other HWB members, but in a way that is open and fair and empowers them to contribute and be heard. The chair has seniority and has been in post as an elected member for nine years. She has a background in community safety and health.

The chair's experience and knowledge of the health and care system helps her to understand the issues facing other members and their organisations, and this encourages a shared understanding around the table. This was further helped by a programme of development sessions held in the early days of the HWB where partners were able to get to know each other and their organisations.

The chair is keen that the HWB is not risk-averse. The HWB supported the Wellbeing for Life programme which is providing measurable and tangible outcomes to improving the health and wellbeing of local residents, by targeting people in the most deprived areas of the county, using an asset based approach and utilising the health trainer model. These people are often those with the worst health outcomes. An evaluation has shown positive outcomes for local people.

### *A director of public health who 'gets it'*

An example of the effectiveness of the DPH and the HWB as a whole is Altogether Active, a physical activity framework for Durham. In this case the DPH, along with Culture and leisure colleagues, gathered and presented evidence to the HWB to help develop the framework, and the HWB oversaw a series of consultations, workshops and a task and finish group to help draw out the detail.

### *Focus on place*

Meetings of the HWB are sometimes held in different parts of the county. Because HWB meetings are not only held in council buildings or seen as just another council committee, wider public services are more likely to engage.

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<sup>4</sup> <https://www.durhamlocate.org.uk/Services/970/Intermediate-Care>

One meeting for example was held in a fire station, and the fire service have been key partners in supporting the work of the HWB. As part of the work of the Community Wellbeing Partnership to “Make every Contact Count”<sup>5</sup> fire fighters have received training from the council’s public health team, and now carry out safe and wellbeing visits in around 20,000 homes a year. Safe and wellbeing visits are an expansion of the existing Home Fire Safety Check model to incorporate the health and wellbeing element.

Other examples of innovation by the HWB included a meeting led by young people. This session was held outside of school hours so that young people were able to attend, and they used the meeting to discuss their top priorities. The young people produced and presented a document to the HWB. One area raised was concern at the use of the word ‘obesity’ in documents and strategies given the stigma attached to it. As a result, the HWB now uses ‘excess weight’ where possible. The young people requested early access to mental health services and a crisis service has been developed to ensure access to mental health crisis support and intervention in order to reduce rates of self-harm by young people.

Engagement is at the heart of the HWB. The AAPs are one way of delivering this, but the HWB also takes other innovative approaches to engaging residents. The annual Big Tent event held by the HWB invites 200+ stakeholders including service users, carers, patients and residents to discuss key priority areas for the HWB in a series of workshops which showcases the work of the HWB and help local people understand the issues it is trying to address. Feedback from these events contributes to shaping the strategic direction in the Joint Health and Wellbeing Strategy.

***For more information about the County Durham HWB, please contact Andrea Petty – [andrea.petty@durham.gov.uk](mailto:andrea.petty@durham.gov.uk)***

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<sup>5</sup> <http://www.makeeverycontactcount.co.uk/>

# East Riding of Yorkshire

*Committed leaders; collaborative plumbing; focus on place; high quality support*

The East Riding of Yorkshire HWB has 14 members. It is chaired by the deputy leader of the council. Membership includes three GPs, four portfolio holders, a representative from NHS England and a representative from local Healthwatch.

The Joint Health and Wellbeing Strategy is built around four life course stages, covering: pregnancy and the early years; childhood through to adolescence; adulthood and working life; and retirement and later life. Underpinning each of these stages are the priority outcomes the strategy seeks to achieve, and the strategic actions necessary to deliver these.

## Key achievements of the East Riding of Yorkshire HWB

The HWB took the decision to bring the six CCG and HWB leads together across the Sustainability and Transformation Plan footprint to understand the impact of this on local systems. This resulted in a plan for a sub-regional approach to the STPs based on agreed priorities.

Moving HWB meetings around the county allows the discussion of issues specific to local areas and to showcase work going on there. A key achievement related to this is the innovative Men in Sheds project which aims to tackle social isolation among males in Withernsea.

The HWB oversaw the development of a single workforce plan covering four separate organisations, where previously there were individual plans. This means different partners can adhere to the HWB's strategies, promoting collaborative working and enhancing the HWB's impact.

### Committed leaders

Strong leadership and open and trusting relationships have played a significant part in the HWB's approach to the NHS Sustainability and Transformation Plan (STP). In response to a lack of clarity about the impact of STPs, the chair is convening a meeting of the chief operating officers from CCGs together with the chairs of the six HWBs to have a discussion around STPs and their potential impact on local systems. It is hoped that the meeting will give clarity around what a shared plan for their STP footprint based on shared priorities will look like.

The chair recognises the individual value of HWB members, and empowers individuals to take a leadership role themselves. When a single HWB member is better placed to lead a discussion about a particular topic, the chair delegates responsibility to them. This further strengthens the joint ownership and shared responsibility.

As noted above, the HWB's Joint Health and Wellbeing Strategy is split into four life-stages<sup>6</sup>. An individual HWB member leads on each part of the strategy, and is responsible for making sure other HWB members follow up on their actions. This ensures that all members of the HWB are

<sup>6</sup> <http://www2.eastriding.gov.uk/EasySiteWeb/GatewayLink.aspx?allId=176821>

accountable and helps to drive its progress, in addition to fostering a sense of joint ownership and shared clarity of purpose. During 2016-17, HWB meetings will be themed according to a life course of the Health and Wellbeing Strategy. Each meeting will be led and presented by the lead HWB member for that life course.

### *Collaborative plumbing*

Joint ownership of the HWB leads to greater levels of joint working. Recently the HWB held a discussion about how each organisation had its own workforce development plan, meaning four separate reports would have to come to the HWB. The HWB jointly decided to develop a whole-systems workforce development plan covering four organisations (two CCGs, a provider organisation and the council), which will help to avoid siloed working and reinforce the sense that the HWB is jointly owned. This will also help to avoid duplication and ensure a universal approach to workforce issues.

Both council and health partners take responsibility for developing and maintaining relationships. The head of adult services and the DPH sit on the CCG governing body, and the chief officer of the CCG sits on the Corporate Management Board of the council. This generates a shared understanding of the individual organisations and gives HWB members the opportunity to strengthen their relationships. The commitment to building and maintaining relationships of HWB members and member organisations has led to the emergence of new ways of working. For example, the council's adult social care team and the CCG now work together, which wouldn't have happened previously.

An impact of this has been that the council and CCG are now more aware what types of services other organisations are commissioning, helping to mitigate duplication.

### *Focus on place*

HWB meetings are held in different parts of East Riding on a meeting-by-meeting basis. Moving meetings gives the HWB an opportunity to focus in on issues specific to a locality. When the meeting was held in Bridlington, for example, one item on the agenda looked at the impact of tourism on local health services. A different meeting in Withernsea highlighted the problem of social isolation, and as a result the council has recently set up a Men in Sheds project to tackle social isolation among males. Holding meetings in different areas gives a renewed focus on place to HWB meetings, and has also resulted in increased media coverage. Meetings have been covered by television and radio broadcasts and seen an increased social media presence. This has resulted in a raised profile for the HWB and its strategies, particularly in the communities where the HWB's work was showcased.

The HWB's membership demonstrates a place-based approach to tackling health and wellbeing issues, and reflects its priorities. There is wide portfolio holder membership, including portfolio holders for adults, children, economic development, and community involvement and local partnerships. The membership of the HWB flexes with its priorities. Previously, for example, the portfolio holder for leisure and cultural services sat on the HWB, but health has now become fully embedded in leisure and cultural policy, so this is no longer necessary. One of the impacts of this is a piece of work exploring how adult skills and learning feeds into health and wellbeing. This work came about partly as a result of having the member for economic development on the HWB.

### *High quality support*

The quality of support is critical to the effective running of the HWB. Annual agenda setting sessions are held where the work programme for the year is developed. The officer charged with supporting

the HWB is also in charge of health scrutiny. They are therefore well placed to limit duplication and maximise both committees' effectiveness. The officer acts as a 'gatekeeper' for the HWB, ensuring that any submissions are of a sufficiently high quality and merit being on the agenda. A bulletin of items that didn't make it on to the agenda is circulated, ensuring that members' contributions and other important materials are seen. Meetings are therefore more focused, and dedicated to 'getting things done – things with actions to take forward that have outcomes'.

***For more information about the East Riding of Yorkshire HWB, please contact Gareth Naidoo - [gareth.naidoo@eastriding.gov.uk](mailto:gareth.naidoo@eastriding.gov.uk).***

# Hackney

*Focus on place; getting the basics right; collaborative plumbing; clarity of purpose*

Hackney's HWB has 12 members in total. The HWB is chaired by the portfolio holder for health, social care and culture, and the vice chair is the chair of the CCG. The HWB's membership also includes a representative from the voluntary and community sector, as well as the chief executives of two foundation trusts, a representative from the GP confederation and the chair of the local pharmaceutical committee.

The Hackney Joint Health and Wellbeing Strategy runs from 2015 to 2018, and focuses on the four priorities that were developed in the original strategy in 2012 during the HWB's shadow period, including improving the health of children and young people, and controlling the use of tobacco. Other priorities include promoting mental health and caring for people with dementia. Along with the four priorities, the strategy sets out the planned activities for the future and the outcomes to be used by the HWB in monitoring its progress.

## Key achievements of the Hackney HWB

The collaborative and focused nature of the HWB helped Hackney in its successful bid to become a London Health and Social Care Devolution pilot. This has brought renewed focus and clarity of purpose to the HWB.

The HWB is committed to collaboration and joint working. An example of this approach has been to jointly commission a mental health needs assessment with the mental health provider trust, the East London Foundation Mental Health Trust, to feed into the Joint Strategic Needs Assessment.

The HWB's focus on place means importance is placed on the service user voice. Service user and resident feedback has led to action from the HWB and partners, including the council and acute trust taking action to better serve those who are visually impaired.

### Focus on place

Hackney's HWB is characterised by a shared vision among HWB members and a focus on place. The HWB has a strong sense of what it aims to achieve for the health and social care system in the borough, improving the health and wellbeing of people in Hackney and reducing health inequalities.

The HWB's focus on place means that partners are keen to understand and address the challenges facing residents in the borough. For example, recognising that mental health and substance misuse are high need factors and conditions for residents, the HWB commissioned a mental health needs assessment<sup>7</sup>, to sit alongside the Joint Strategic Needs Assessment (JSNA)<sup>8</sup>.

The voice of the service user is at the forefront, and each meeting begins with a service user talking about their experience of using health and social care services in Hackney. This puts the service user

<sup>7</sup> <http://www.hackney.gov.uk/Assets/Documents/Mental-health-needs-assessment.pdf>

<sup>8</sup> <http://www.hackney.gov.uk/jsna>

at the fore, bringing a focus on place and on the communities the HWB serves, and can give the impetus for the HWB to take action. For example, at one meeting, a service user spoke on behalf of East London Vision about access to services for those with visual impairments, and queried the HWB's commitment to improving this. By the following meeting, partner organisations including the council and acute hospital had taken action such as providing training to library staff and developing easy read materials.

Hackney is a London Health and Social Care Devolution pilot, which strengthens the HWB's focus on place. As a health and social care devolution pilot, Hackney has requested new commissioning powers, including devolution of some national health commissioning budgets. Through devolution, Hackney has also asked for additional freedoms in the way buildings and property are used for delivery of integrated services, and financial flexibilities in how services are paid for.

Devolution plans are overseen by a transformation board, and many of the members of this sit on the HWB. There is therefore good connectivity between the two, and the HWB as a result is better able to take a whole-systems view in trying to improve the health and wellbeing of residents.

### *Getting the basics right*

The HWB has invested significantly in relationship building and developing a shared understanding between members. This has included holding externally facilitated development sessions on a regular basis, with the ambition that these are held every second meeting. This gives members of the HWB the space to meet in a less formal environment, and the sessions hold a mirror up to the HWB and invite members to reflect on their contribution.

Early on, the HWB held a series of facilitated sessions to jointly decide on its priorities. This fed in to the Joint Health and Wellbeing Strategy<sup>9</sup>. This gave HWB members joint ownership of the strategy, and better enables partners to align their work to the shared priorities set out within it, resulting in a more collaborative approach.

### *Collaborative plumbing*

Hackney's successful bid to become a Health and Social Care Devolution pilot has further strengthened the collaboration between HWB partners. Its status as a devolution pilot marks a commitment from HWB partners and wider partners to work towards greater integration of budgets and service provision. The proposal to become a pilot was jointly developed by many of the organisations that sit on the HWB. This helped strengthen relationships and demonstrates a commitment to joint working.

The devolution programme is built around six work streams, some of which are led by HWB members. These work streams have helped to further strengthen the collaboration between members. For example, as a result of the finance work stream, the council and CCG directors of finance meet regularly, something which was not common in the past. Devolution has also therefore helped to develop new links between individuals and organisations within the health and social care system, and gives them the opportunity to better understand the challenges and issues faced by organisations.

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<sup>9</sup> <http://www.hackney.gov.uk/media/3631/joint-health-and-wellbeing-strategy/pdf/joint-Health-and-Wellbeing-Strategy>

Hackney's geography is advantageous, with just one CCG, one acute hospital and one mental health provider. Relationships between the council and CCG are good, building on earlier positive relationships between the council and the Primary Care Trust (PCT). There is a history of collaborative working in health and social care in the borough, with the PCT and council having had some pooled budgets and shared commissioning arrangements.

#### *Clarity of purpose*

In the early days of the HWB, the chair took the decision that, to demonstrate the its potential to have impacts in the local health and social care system, there should be a focus on discrete 'quick wins'. This gave HWB members a greater clarity of purpose, and helped strengthen collaboration.

For example, the HWB focused on one piece of work around smoking, which showed members that they could, as a HWB, make tangible improvements. Following this, issues around tobacco and smoking became a standing item on the HWB agenda, and the HWB has influenced partners' work around smoking. This includes the decision taken, following a HWB meeting, by City & Hackney Safeguarding Children Board to consider the consequences of smoking in pregnancy.

***For more information about the Hackney HWB, please contact Councillor Jonathan McShane - [jonathan.mcshane@hackney.gov.uk](mailto:jonathan.mcshane@hackney.gov.uk).***

# Plymouth

*Clarity of purpose; focus on place; committed leaders and collaborative plumbing; a director of public health who 'gets it'*

Plymouth's HWB is chaired by the portfolio holder for health and adult social care. The HWB is made up of 16 members, and its membership is designed to be as inclusive and reflective of local public services as possible. This includes the chief executive of Livewell Southwest, the independent social enterprise and community interest company that provides integrated health and social care services in Plymouth. Other members include the chief executive of the Plymouth Hospitals NHS Trust, the executive dean of Plymouth University, the chief executive of the local social housing provider, and the chief superintendent of Devon and Cornwall police.

Plymouth does not have a standalone health and wellbeing strategy. Rather, the HWB's approach to improving the health and wellbeing of residents is to ensure that a health module is embedded in the emerging Plymouth Plan<sup>10</sup>, a plan to 2031 that sets the direction of travel for the future of the city. This brings a number of strategic planning processes into one document. The Plymouth Plan sets out a number of strategic objectives relating to health and wellbeing, including delivering accessible health services, optimising the health and wellbeing benefits of the natural environment and meeting housing need, and delivering a health-enabling transport system.

## Key achievements of the Plymouth HWB

The HWB supported and gave a platform to Thrive Plymouth<sup>11</sup>, a ten-year public health initiative to improve population health and wellbeing through empowering and enabling residents to take lifestyle decisions that benefit their health. The initiative has been launched so far with businesses and schools, and awareness of it among residents is increasing.

Under the direction of the HWB, Plymouth has made significant strides in the integration of health and social care. To date, over £460 million worth of council and CCG budgets have been pooled, and an integrated community provider is providing a range of health and care services to residents. The arrangements for integration were delivered ahead of schedule.

Far-reaching and comprehensive integration of health and care services, under the direction of the HWB, meant that the council's adult social care spend came in under budget in 2015/16.

### Clarity of purpose

In the year preceding the formal establishment of HWBs, HWB partners in Plymouth decided not to set up a shadow board, instead dedicating time and energy to thinking about the model of the HWB,

<sup>10</sup> <http://www.plymouth.gov.uk/plymouthplan>

<sup>11</sup> <http://www.plymouth.gov.uk/thrive/>

what it would aim to achieve, and how it would define health and wellbeing. This included holding externally facilitated development sessions for HWB partners.

Out of this work came a shared agreement that all HWB partners wanted better health outcomes and better use of resources, including through greater integration of health and care services, and that the membership of the HWB should reflect a whole-systems approach.

### *Focus on place*

The HWB's membership demonstrates its commitment to such a whole-systems approach to improving outcomes for residents. This is not limited to just health and care partners, but includes other major partners who have an influence on residents' health and wellbeing, such as representatives from the voluntary and community sector, the police, the university and the social housing provider.

The HWB's focus on place can also be seen in the Plymouth Plan. Within the plan is a health and wellbeing module, which serves as the health and wellbeing strategy for the city. Community engagement was a key part of the plans development. In order to do this as effectively as possible, members of the HWB actually took a sofa to different locations around the city and held conversations with residents about their priorities for the city and their health and wellbeing.

### *Committed leaders and collaborative plumbing*

A number of factors have contributed to the effectiveness of HWB partners' collaborative working. This includes significant early developmental work and colocation of the council's adult social care team and the CCG. The collaborative nature of the HWB has led to the joint development between council and CCG of four commissioning strategies for wellbeing, enhanced and specialised care, children and young people, and community. The council and CCG will also be jointly sponsoring a new director of integration post.

Plymouth's integration arrangements are ambitious and significant, and the HWB has been the primary vehicle for developing, accelerating and understanding the implications of integration. HWB meetings and other informal sessions have provided the space for partners to discuss their ambitions and to give and receive feedback on progress. The council and CCG have pooled budgets, amounting to a single integration fund of £462 million. This includes a contribution of £131 million from Plymouth City Council, including its adult social care, leisure, housing, community safety, and hospitals and community health services budgets.

The HWB has been the space for partners to direct and drive integration. Throughout the process, HWB partners have carried out substantial engagement with the public, and the collaborative nature of the HWB and strong collective leadership has meant that integration has had cross party support.

A major strand of Plymouth's integration has been the commissioning of Livewell Southwest, a community interest company that provides integrated health, social care and wellbeing services to residents of Plymouth. Part of Livewell Southwest's services is the Robin Community Assessment Hub, a community based service where multi-disciplinary teams can test and treat patients without the need to go to hospital. The hub includes GPs, physios, nurses, social workers and other health and care staff. In its first week, 30 people were able to be assessed at the hub, of which 28 were able to return home with a care package. The capacity of the hub has since increased to 18 per day.

Integration and the more efficient use of resources has led to significant achievements. In addition to integrated community health and care, the council was also able to bring in its adult social care spend under budget in 2015/16.

#### *A Director of Public Health who 'gets it'*

The HWB has been supportive of and given a platform to Thrive Plymouth, an initiative championed by the DPH, running over ten years which aims to improve the health and wellbeing of the population. The initiative is built around community engagement and empowering residents to make healthier choices. Through the Plymouth Plan, the HWB is setting a clear direction of travel for the whole system, and has provided the platform for the DPH to drive a public health agenda that recognises the wider determinants of health and develop a narrative case for change among all partners.

Several public health indices have improved, in part due to Thrive, including the life expectancy gap. Furthermore, awareness of the initiative is increasing. In its first year, Thrive was launched with businesses, followed by schools in the third year. The drive of the DPH and the support of the HWB helped secure buy in from schools in Plymouth, which as a result have committed £1.5 million over three years to commission additional wellbeing support for young people. Thanks to this additional resource, 60% of calls have been diverted away from children's social services to more appropriate services such as troubled families support and intensive youth support.

***For more information about the Plymouth HWB, please contact Ross Jago -  
Ross.Jago@plymouth.gov.uk.***

# Southend-on-Sea

*Collaborative plumbing; clarity of purpose; churn in the system*

The Southend-on-Sea HWB has 19 members and is chaired by the executive councillor for health and adult social care. Five other elected members sit on the HWB, including the deputy mayor and the leader of the council. The HWB membership also includes the chief executive of the council, as well as three representatives from the Southend CCG, two NHS Trust chief executives (Southend University Hospital NHS Foundation Trust and South Essex Partnership University NHS Foundation Trust), the chief executive of Southend Association for Voluntary Services, and the independent chair of the Children and Adults Safeguarding Boards. Establishing the CCG Chair as Vice Chair of the Health and Wellbeing Board has strengthened the genuine partnership approach towards achieving common goals. The whole structure of Southend's health and wellbeing system, including the HWB, can be seen in diagram 2.

Southend's Joint Health and Wellbeing Strategy is built around nine main ambitions and three broad impact goals. In terms of its ambitions, the strategy focuses on ensuring a positive start in life for children, promoting healthy lifestyles and improving mental wellbeing. Other ambitions include making the population safer, enabling people to live independently and to be active and healthy as they age. The strategy also sets out ambitions to protect population health, to tackle health and wellbeing issues associated with housing and to maximise opportunities to tackle health and care inequality. The strategy also contains three broad impact goals, namely to increase physical activity in order to support the prevention of ill health, to increase aspiration and opportunity to help to address inequality, and to increase personal responsibility and participation, to support sustainability in view of ongoing system pressures.

## Key achievements of the Southen-on-Sea HWB

The HWB commissioned a mental health needs assessment, and used this to provide focus on specific issues around mental health.

One output from the HWB's focus on mental health has been the introduction of arrangements to ensure that patients presenting to A&E with mental health difficulties are treated in a dedicated unit.

Securing £40 million of Big Lottery Funding over ten years to improve outcomes for early years through their *A Better Start* programme. The Pre-school Learning Alliance, a delivery partner, now has a place on the HWB and updates on the programme are a standing agenda item.

Southend's status as a National Health and Social Care Integrated Care Pioneer: the HWB has used pioneer funding in a number of innovative ways, including to help strengthen relationships and develop an understanding among new and existing members of the organisations on the HWB and their challenges.

The HWB sponsored activity to become the first site in the UK to have the ability to link and share data between health and social care for the purposes of risk stratification and commissioning.

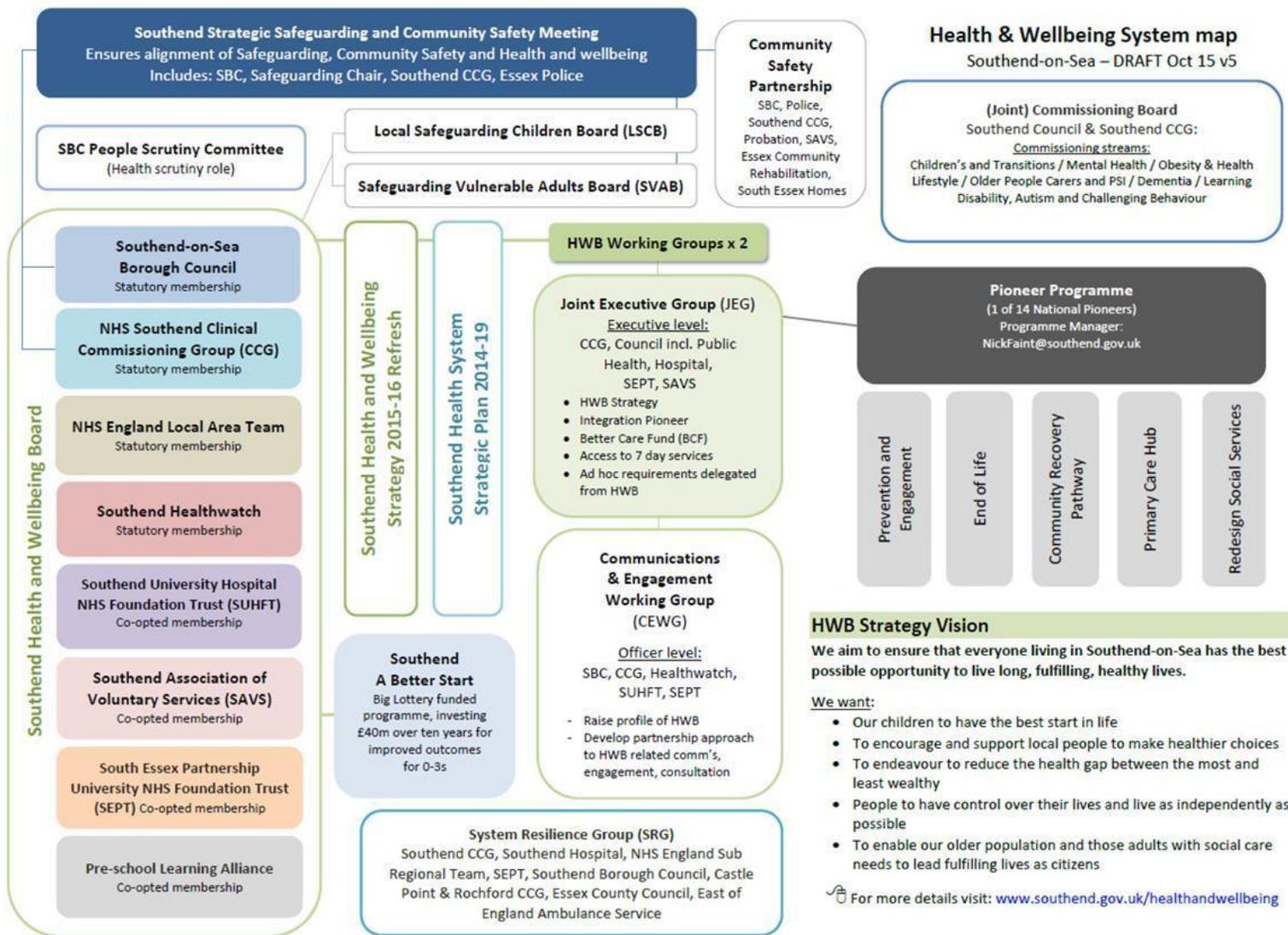


Diagram 2: Southend on Sea's Health and Wellbeing system. Source: Southend-on-Sea Borough Council

### *Collaborative plumbing*

The Southend-on-Sea HWB has culture of collaboration that has built on a history of partnership working. The council is a unitary authority and serves a relatively small area, with a coterminous CCG.

The HWB established a Joint Executive Group (JEG) as the delivery group of the HWB. This is a group of chief executives and operational leaders of HWB partners, including the CCG, Southend Association of Voluntary Services and two NHS Trusts. This has put the HWB in a strong position to build on existing relationships and drive forward operational outcomes.

A history of collaboration and innovation in Southend contributed to its selection as a National Health and Social Care Integration Pioneer. The HWB was a driver behind becoming a pioneer and has been integral in establishing an integrated commissioning team between Southend CCG and Southend-on-Sea Borough Council. Without the support of HWB partners to achieve pioneer status, effective integration might not have been realised as quickly or effectively in Southend. Pioneer status has brought a renewed focus to the HWB, and the HWB in turn provides strategic direction to the Pioneer programme.

Resources from the Pioneer programme have been used to invest in the HWB. This includes the use of a system enabler, an external facilitator who leads some of the HWB's development sessions and is an expert in the health and care system. The system enabler resource has helped to establish a consistent and effective framework to identify and address a series of strategic "big ticket" priorities throughout the past year. The work with the HWB has been part of a wider system leadership programme which has increasingly connected broader operational partners into the HWB as a central focus for strategic health and care coordination in the town.

As a result of this and other work, Southend's HWB has had several successes. A key requirement to help secure £40 million of Big Lottery funding was that the HWB provide the governance oversight for the *A Better Start* Programme. This programme has made significant steps in Southend, such as supporting the South Essex Partnership Trust to recruit additional capacity within its speech and language therapy team. Without the HWB's unanimous support and governance commitment, the funding bid would not have been successful.

The programme will also fund a Centre for Excellence, Innovation and Best Practice which will bring together practitioners, researchers and parents to lead the improvement and development and new early years services.

### *Clarity of purpose*

A representative from Pre-school Learning Alliance, the organisation helping to deliver the *A Better Start* work, now sits on the HWB, and the programme is a standing item following the formal agenda of every HWB meeting. The HWB is therefore able to provide direction to the programme, ensuring that it aligns with the HWB's strategies.

Evidence of the strength of relationships and the HWB's clarity of purpose can be seen in the commissioning of a standalone mental health needs assessment. Elected members raised some concerns regarding appropriate access for some mental health services in the town. In response to this, the HWB tasked the DPH with delivering a mental health needs assessment. This was presented

to the HWB at an externally facilitated development session, and partners broke into groups to decide on priority areas of focus going forward. This gave the HWB clarity around the issues faced by different partners, as well as the feeling that they were jointly responsible for addressing them.

The HWB in this case provided a space for senior officers and health professionals to have a conversation about the needs for such a service. They discussed it at a pre meeting, and then took it to the public HWB meeting. Having the whole system working together in one place in a collaborative way enabled this to happen. One example of the achievements of the HWB in this area is the installation of a separate room in accident and emergency for patients presenting with mental health issues. The local hospital agreed to appoint a consultant and a clinical psychologist to provide this service, and patients are now able to receive a dual diagnosis when presenting to accident and emergency with mental health issues.

Having voluntarily completed an LGA peer review and a subsequent follow up review, the HWB has responded to various strategic recommendations to strengthen its way of working. This has included establishing a series of “big ticket” key priorities for the Borough which are addressed during regular offline discussion sessions, facilitated by the system enabler. These priorities have supported the wider aims of the HWB strategy and have brought fresh vision and drive to the HWB’s agenda. The less formal discussion times have been key in establishing stronger working relationships.

#### *Churn in the system*

The HWB has experienced some churn in membership, including the chair. The officers supporting the HWB have taken steps to mitigate this, including preparing a comprehensive induction support programme for new members which is facilitated by the system enabler.

To support consistency, the HWB strategic “big ticket” priorities are supported by a clear structure for addressing highlighted needs effectively. This decision making structure is outlined in diagram 3 below.

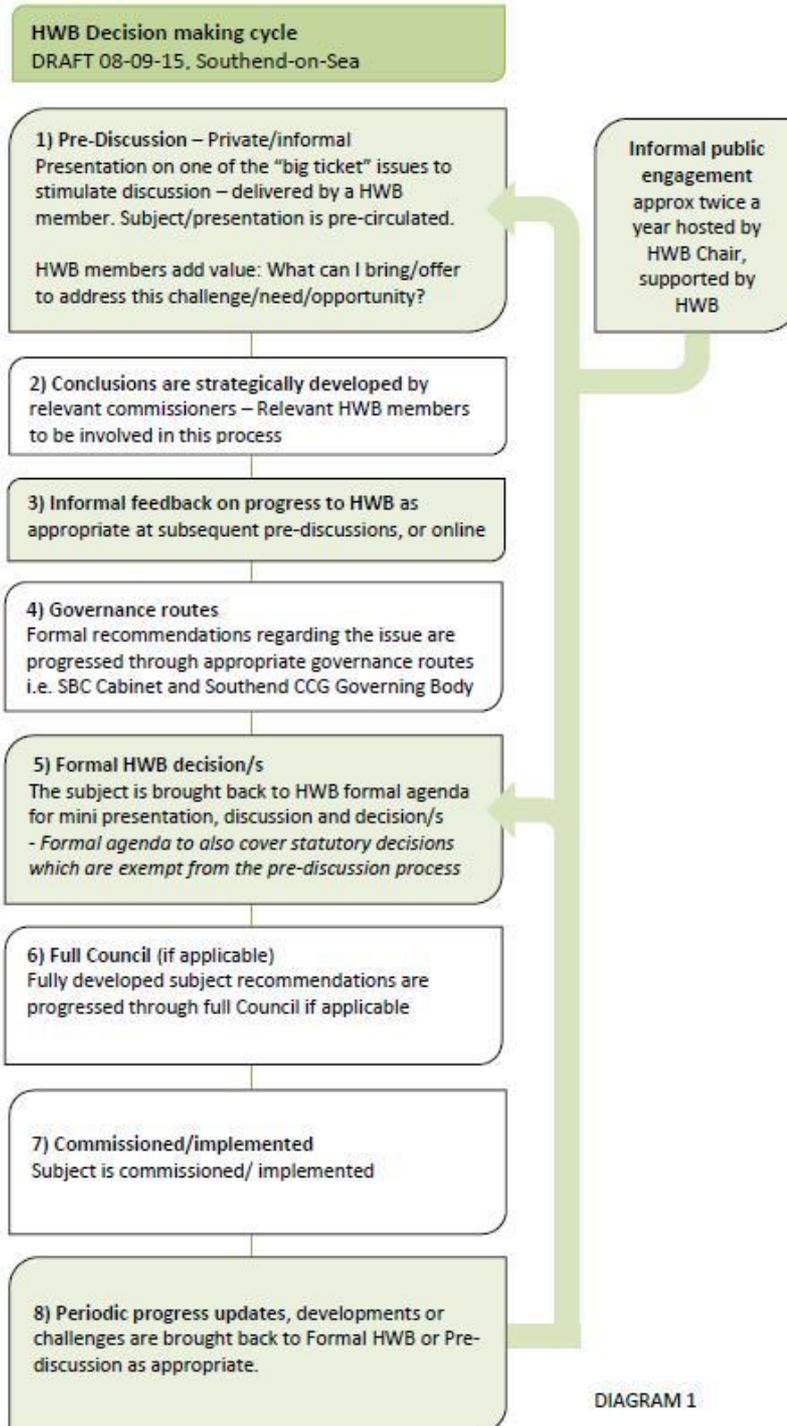


Diagram 3: Southend’s HWB decision making cycle. Source: Southend-on-Sea Borough Council

**For more information about the Southend on Sea HWB, please contact Rob Walters - [RobWalters@southend.gov.uk](mailto:RobWalters@southend.gov.uk).**

# Suffolk

*Clarity of purpose; focus on place; high quality support; getting the basics right*

The HWB has 19 members in total. The HWB is chaired by the cabinet member for health, and the vice chair is the chief officer for the West Suffolk CCG and the Ipswich and East Suffolk CCG. Suffolk has 3 CCGs, two of which are coterminous with the county area. The HWB includes three seats for districts and boroughs, and a seat for the police and crime commissioner and the deputy chief constable of Suffolk Constabulary. Providers are invited to the HWB as non-voting members.

The Suffolk Joint Health and Wellbeing Strategy (refreshed in 2016) focuses on four priority areas: that every child has the best start in life; improving independent life for people with physical and learning disabilities; older people in Suffolk have a good quality of life; and people in Suffolk have the opportunity to improve their mental health and wellbeing. There are four cross cutting themes within the strategy: stronger, resilient communities; embedding prevention; addressing inequalities; and health and care integration.

## Key achievements of the Suffolk HWB

The HWB's collaboration and focus on place is manifested in its annual stakeholder conference. This is an opportunity to showcase work and extend the reach of the HWB to wider partners including the community and voluntary sector. This enabled the establishment of a strategic alliance to carry out place-based work on dementia.

The HWB developed a prevention strategy running to 2021, which sets out priority areas for preventing ill health along with specific targets and timescales for achievement. This gives the HWB focus and reinforces its clarity of purpose.

The HWB oversaw the rollout of the Connect project, which deployed Integrated Neighbourhood Teams to provide integrated, person-centred care to residents.

### High quality support

An important feature of the arrangements in Suffolk is the programme office. This sits in between the HWB and other sub groups, feeding into both. It is made up of officers who support the members of the HWB and includes the DPH. The programme office supports the HWB and ensures that the outcomes from the Joint Health and Wellbeing Strategy<sup>12</sup> are delivered across the health and care system. The programme office has an overview of the whole system, so can prevent duplication and identify and facilitate connections between different work streams and groups.

The HWB benefits from strong officer support. In addition to having a dedicated HWB partnerships officer, the HWB has support from democratic services and public health. The officers supporting the HWB ensure that it runs efficiently, and play a role in agenda setting and forward planning. Officers also play a role in building relationships with HWB members, helping to strengthen collaboration.

<sup>12</sup> <http://www.healthysuffolk.org.uk/assets/Health-and-Wellbeing-Board-Papers/JHWS-refresh-2016-2019.pdf>

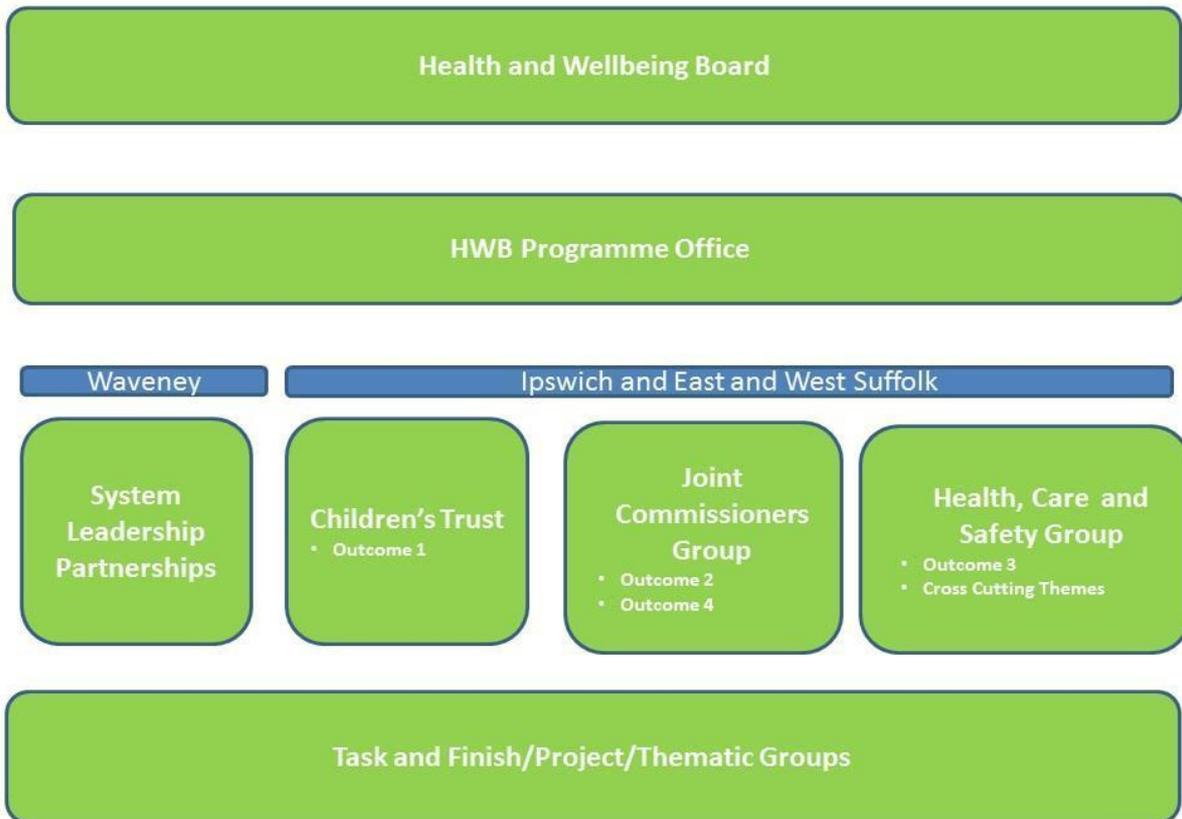


Diagram 4: The governance arrangements of Suffolk's HWB. Source: Suffolk County Council

### Focus on place

With Suffolk's complex geography, it can be difficult to maintain a focus on place. However, having an inclusive HWB that includes a representative of the districts and boroughs, CCGs and providers ensures the HWB is focused on local solutions.

The HWB's focus on place can also be seen in its priorities, one of which is to develop stronger and more resilient communities. Tied into this is work around Dementia Friendly Communities, overseen and signed off by the HWB, which involved agreeing to become a Strategic Alliance, providing leadership and fostering cross-organisational working among partners and organisations in all parts of the system. This has resulted in targeted work in three communities to provide training and run bespoke sessions for those with dementia, their families and carers.

### Clarity of purpose

The Joint Health and Wellbeing Strategy is important in helping the HWB to maintain clarity about its purpose. One of the cross cutting themes from the strategy is prevention, which led the HWB to develop a Prevention Strategy<sup>13</sup>. The Prevention Strategy sets out priorities for areas of action and specific targets and timescales for delivering them. A stakeholder group including the NHS, adult social care, public health, districts and boroughs reflected on the findings of the DPH's annual report and agreed priorities for the strategy. These were then further developed during a consultation

<sup>13</sup> <http://www.healthysuffolk.org.uk/assets/Useful-Documents/Prevention-Strategy.pdf>

period involving partners across health and care, the voluntary and community sectors and the public. The HWB then further discussed and refined the strategy in a workshop before signing it off.

Health and care integration is also a cross cutting theme within the strategy. Clarity on the HWB's purpose and the resultant focus on the Joint Health and Wellbeing Strategy, including on the integration of health and social care, led to the rollout of the Connect project<sup>14</sup>. This is a project to deliver integrated, person-centred care in two areas of Suffolk, and has resulted, for example, in fewer people in Sudbury and surrounding areas are being admitted to hospital from care homes.

A number of the partners that sit on the HWB are involved with delivery of the of the Connect project. The HWB is therefore an important influencer in helping to shape and deliver the project. For example, partners from the voluntary sector and districts and boroughs are important in the design and delivery of the community resilience elements of the project, while CCG and senior council officers play a role in the commissioning of the integrated adult social care and community health teams.

### *Getting the basics right*

There are basic factors in place that help make the HWB effective. The HWB previously met for six 3.5-hour sessions per year, but this was changed to a formal meeting followed by a partnership meeting, where HWB members are able to talk in a less formal setting in more detail about specific issues. This followed an end of year reporting exercise, where staff from the programme office surveyed HWB members on a one-to-one basis. HWB members reflected on the findings at a development session, and decided to take this approach, in addition to holding four other development sessions throughout the year.

This gives the HWB time out to look in detail at specific topics in alignment with the Joint Health and Wellbeing Strategy throughout the year. HWB members are therefore able to achieve to a shared understanding about specific issues, as well as what roles individual organisations can play in addressing these.

***For more information about the Suffolk HWB, please contact Sara Blake  
– [sara.blake@suffolk.gov.uk](mailto:sara.blake@suffolk.gov.uk).***

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<sup>14</sup> <http://www.connectsuffolk.co.uk/>

# Warwickshire

*Focus on place; clarity of purpose; collaborative plumbing; churn in the system*

Warwickshire's HWB serves a population of around 550,000 residents. Warwickshire's health and wellbeing system is closely linked to neighbouring Coventry and comprises five districts & borough councils, NHS England, three CCGs, four provider trusts, Healthwatch and Warwickshire Police.

Warwickshire's Joint Health and Wellbeing Strategy sets out three priorities for the HWB, with areas of focus for each and ambitions for outcomes for the HWB to have achieved after five years.

Priorities include securing independence for all, community resilience and integration and working together.

## Key achievements of the Warwickshire HWB

In addition to the Joint Health and Wellbeing Strategy, The Warwickshire HWB has jointly developed and agreed the Coventry & Warwickshire Alliance Concordat with the Coventry HWB. This sets out the HWBs' vision and principles and how they will work with each other to deliver a health and care system with residents at the centre. This has been a supporting feature of the development of the emerging STP for Coventry & Warwickshire.

The HWB is aspirational and members are passionate about succeeding as a whole system. The HWB is committed to developing its system leadership capacity and is undertaking a programme of development for the HWB with support from the Kings Fund.

Over the past 12 months, there have been workshops to increase the visibility of the JSNA and focus on how it can inform and support the work of the HWB. Making information available on both a thematic and geographical basis has been important for stakeholders, including CCGs, in setting their priorities.

The JSNA has further informed CCG commissioning intentions through the JSNA Annual statement<sup>15</sup> and bespoke JSNA profiles which are currently being produced for CCGs.

### Focus on place

Members of the Warwickshire HWB understand the value of a strong JSNA and Joint Health and Wellbeing Strategy in maintaining a HWB's focus on the place it serves.

Warwickshire's JSNA is presented as an online interactive tool, where health need can be accessed on a locality-by-locality basis. The HWB strategy has been an important tool for stakeholders including CCGs in setting their priorities. The JSNA has been used by the three CCGs to set their priorities and has fed in to operational plans, embedding a focus on place in their work.

The HWB held workshops to develop its JSNA<sup>16</sup>. HWB members were keen that the JSNA sets out very clearly what the key issues are, in a way that is accessible and up to date. As such, the HWB's

<sup>15</sup> [http://hwb.warwickshire.gov.uk/reviews\\_annual\\_updates/jsna-annual-statement-201516-using-intelligence-wisely/](http://hwb.warwickshire.gov.uk/reviews_annual_updates/jsna-annual-statement-201516-using-intelligence-wisely/)

<sup>16</sup> <http://hwb.warwickshire.gov.uk/jsna-needs-assessments/>

approach has been to develop a Locality Information System, an interactive web-page with information on key issues facing local areas<sup>17</sup>. These are thematic, covering areas such as dementia, disability and lifestyle factors affecting health. Presenting the JSNA in this way gives the HWB a focus on place, setting out clearly and accurately what the key issues are in a locality.

The JSNA and Joint Health and Wellbeing Strategy are 'living documents', and are regularly refreshed and reviewed by partners.

### *Clarity of purpose*

An LGA peer review conducted in 2015 provided the opportunity for the HWB to reflect on its role and purpose. Following the peer review, the HWB also took the opportunity to review and refresh its governance. Out of this came the decision that the membership of the HWB should be predominantly made up of elected members and non-executive chairs of the partner organisations, including the main local providers and the police and crime commissioner. As such, the democratic accountability of the HWB is maximised and ensures a balance between decision making and stakeholder engagement. The HWB is chaired by the Leader of the county council and the deputy chair is rotated between the CCG leads, ensuring that it is a collaborative forum.

In support of the HWB is an executive team to include the chief executives of the organisations represented on the HWB. The executive team supports the translation of strategy into delivery. The HWB and executive meet on alternate months with each informing the other.

In addition to the formal meetings the HWB has developed a programme of workshops and summits to support their system leadership role. In April an integration summit was held which led to the development of the Coventry and Warwickshire Alliance Concordat<sup>18</sup>, that sets out how organisations involved with the two HWBs will interact with one another to deliver better health and care services for residents. The Concordat will be useful as a standing document providing the HWB with a reference point when reviewing the behaviours and commitment needed to sustain true system change.

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<sup>17</sup> <http://hwb.warwickshire.gov.uk/category/local-information-system/>

<sup>18</sup> <http://modern.gov.coventry.gov.uk/documents/s29787/Coventry%20and%20Warwickshire%20Health%20and%20Wellbeing%20Alliance%20Concordat%20-%20Appendix.pdf>



Diagram 5: The governance arrangements of Warwickshire's HWB. Source: Warwickshire County Council

### **Collaborative plumbing**

In addition to the concordat, the HWB has also established Memorandum of Understandings (MoUs) with the Warwickshire health, adults social care and children's Overview and Scrutiny Committees, and local Healthwatch. These help identify the best forum for consideration of topics and issues. The Warwickshire HWB has also developed an Information Sharing Strategy<sup>19</sup>, setting out an approach to information sharing between HWBs and across organisations, which will improve patients' experience of care.

### **Churn in the system**

The HWB has seen some churn in membership. In order to mitigate the impact of this, officers have prepared an induction pack for incoming members. The pack contains the key documents such as the JSNA and the Joint Health and Wellbeing Strategy, but also relevant area profiles, and the concordat. A focus on fostering strong and relationships across the system mitigates the impact of changes in membership and allows the HWB to increasingly address difficult issues.

**For more information about the Warwickshire HWB, please contact Gereint Stoneman - [gereintstoneman@warwickshire.gov.uk](mailto:gereintstoneman@warwickshire.gov.uk).**

<sup>19</sup> <https://apps.warwickshire.gov.uk/api/documents/WCCC-1073-657>

# Wigan

## *Getting the basics right; collaborative plumbing; focus on place*

Wigan's HWB has 15 voting members. The HWB is chaired on a rotational basis by the portfolio holder for adult and health and the clinical chair of the coterminous CCG. Several portfolio holders attend HWB meetings, along with the council's chief executive and six CCG representatives. The HWB has representation from the police, providers and GPs, as well as the chief executive of local Healthwatch.

The Wigan Joint Health and Wellbeing Strategy is currently in the process of being refreshed. Its 2013-16 strategy<sup>20</sup> focused on three key priorities: transforming population health and addressing wider determinants of dependency and inequality; transforming health and social care systems; and protecting population health and safeguarding the vulnerable.

### Key achievements of the Wigan HWB

The HWB signed off and oversaw the development of a Locality Plan, which sets out the financial challenges facing partners in health and local government, and how HWB partners will address these challenges. This includes plans for the development of an integrated care organisation and is the Wigan contribution to the Greater Manchester STP.

HWB partners signed up an asset-based approach to health and care, which resulted in the implementation of integrated neighbourhood teams which deliver care plans based around individuals and strengthened joint commissioning arrangements.

The HWB is working with GPs on a new model of primary care that is based around GP clusters, allowing for place-based budgeting and for health and care to be tailored to local need.

## *Getting the basics right*

The chairing of Wigan's HWB is done on a rotational basis by the portfolio holder for adult social care and the chair of the CCG. Each individual has the responsibility of chairing the HWB for one year. This helps to demonstrate that the HWB is an equal partnership and is commissioner-led. Members are senior and are the key budget-holders within their organisations, meaning decisions and actions can be agreed efficiently. There is a good balance in HWB membership between CCG and council representatives, which demonstrates joint-ownership and a culture of collaboration.

Directly beneath the HWB is the Wigan Leaders' group, made up of senior officers from HWB partner organisations including chief executives and finance directors. Whereas the HWB, led by elected individuals, deals with strategy, the Wigan Leaders' group is responsible for work streams.

<sup>20</sup> <https://www.wigan.gov.uk/Docs/PDF/Council/Strategies-Plans-and-Policies/Joint-health-and-wellbeing-strategy.pdf>

Beneath this is the Tactical Programme Board. This is made up of assistant director-level officers, who are concerned with the operationalisation of strategy. This allows the HWB to maintain a strategic overview of the system.

Shared ownership has been a key factor in securing and achieving meaningful engagement with all parts of the system. Formal memoranda of understanding between the HWB and other boards have been a critical step to achieving this. A range of boards report to the HWB, including SHAPE (sport, health, and physical education) and the Wigan Resilience board. These are often chaired by or include members of the HWB, helping it stay connected and enabling it to influence other parts of the system. This also minimises the risk of duplication.

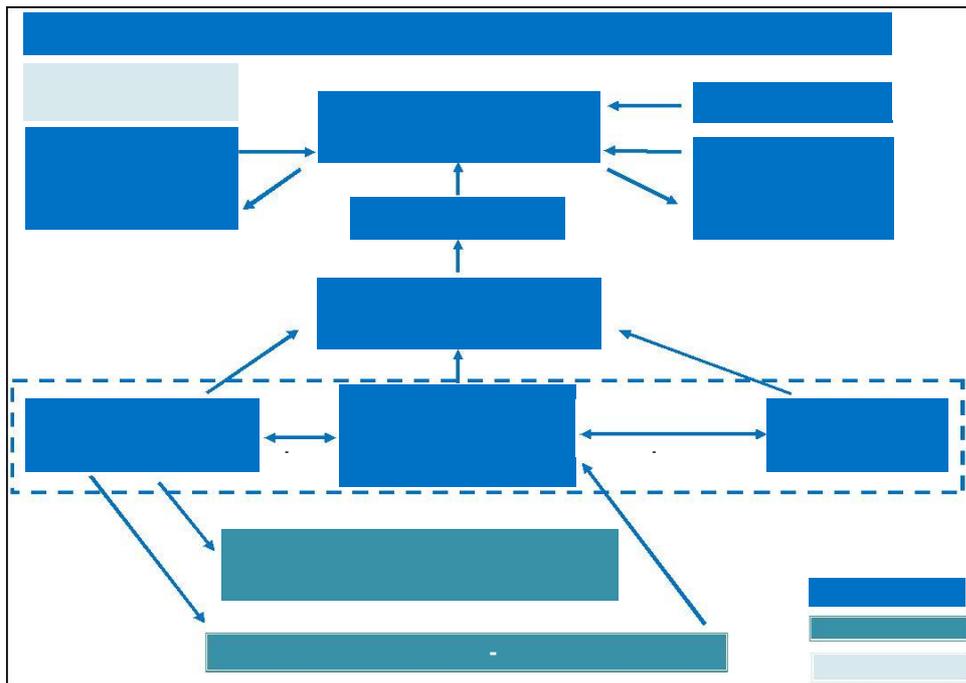


Diagram 6: The governance arrangements of Wigan's Health and Care partnerships including the HWB, Wigan Leaders Group and Tactical Programme Board. *Source: Wigan Council*

### **Collaborative plumbing**

Collaborative plumbing is an important driver of the HWB's effectiveness. In the early days it was necessary to put this collaborative plumbing in place and work on the relationships between the council and CCG. The chair of the HWB assumed responsibility for this as he has a background in health and was acquainted with many of the key individuals.

Collaboration has helped the HWB to achieve a number of things, including a locality plan which is signed up to by all members. This sets out the financial challenges facing the borough and how the HWB and partners will address them, and is the Wigan contribution to the Greater Manchester STP.

Collaboration has enabled the HWB to reach agreement on other key strategic frameworks including a primary care strategy, adult social care reform, children's services reform, and an integrated care strategy. The HWB has also provided the space for the development of a shared Wigan perspective on the implementation of important Greater Manchester-wide strategic implementation plans. This

includes Healthier Together, the proposed clinically-led reconfiguration of some hospital services in the borough.

### *Focus on place*

The HWB, through its endorsement of the Locality Plan, has provided strong leadership on developing and sustaining an asset based approach to individuals' and communities' health and wellbeing. This has, for example secured widespread understanding that having conversations with residents that support them to be well, independent and connected to their communities is the cornerstone of new models of integrated care.

Through the locality plan, the HWB and partners are developing an integrated care organisation, focusing on prevention and early intervention. Under the emerging new approach, service provision is clustered around GP clusters and populations of approximately 50,000. This allows for place-based budgeting and for the needs of local populations to be addressed.

***For more information about the Wigan HWB, please contact Will Blandamer – [will.blandamer@wigan.gov.uk](mailto:will.blandamer@wigan.gov.uk).***

# Wiltshire

*Focus on place; collaborative plumbing; committed leaders; clarity of purpose; getting the basics right*

Wiltshire's HWB is made up of a core of 11 voting members and a number of non-voting members. The HWB is chaired by the leader of the council and the vice chair is the chair of the Wiltshire CCG. The three locality areas of the CCG are also represented by voting members on the HWB, along with the cabinet members for adult social care, health and children's services and the police and crime commissioner. Non-voting members include representatives from provider hospitals, ambulance service trusts, Avon and Wiltshire mental health partnership and a representative of the local medical committee.

The Wiltshire Joint Health and Wellbeing Strategy consists of two main aims. In addition, three cross cutting themes run through all of the HWB's work: reducing inequalities; involvement and engagement; and safeguarding and quality care. The two main aims of the strategy are healthy lives and empowered lives. Healthy lives includes supporting communities, families and individuals to take responsibility for their own health and wellbeing through health promotion, protection and preventive activities. Empowered lives includes the increased personalisation of care delivered in the most appropriate setting.

## Key achievements of the Wiltshire HWB

Delayed transfers of care due to social care falling to zero in some weeks and down across Wiltshire, thanks to the joint and cooperative work of the HWB. The HWB worked closely with acute providers to deliver this

More people are dying in their setting of choice. This involved producing an End of Life Care JSA and reviewing the End of Life Care Strategy with local hospices at the HWB so that more people can die at home. The Urgent Care at Home Service was extended to enable this. Other outcomes are set out in the HWB's annual report<sup>21</sup>.

### *Focus on place*

The HWB is collaborative and inclusiveness of membership allows it to take a broad whole-systems perspective and to focus on local issues. For instance, the HWB has, with the Children's Trust, overseen the recommissioning of children's services in the county. Previously children's community services were disparate, with 16 services overseen by three commissioning organisations and five separate providers. Wiltshire has now brought these into a single provider organisation. The HWB is clear that its purpose is to provide strategic direction, and a single voice for the system. Inclusiveness of membership and clarity of purpose means that the system can work together efficiently in developing and implementing plans.

Wiltshire has developed community-focused Community Area Joint Strategic Assessments (JSAs)<sup>22</sup>. These are available online and hone in on a specific locality, setting out the key issues, challenges

<sup>21</sup> <http://www.wiltshire.gov.uk/adult-care-joint-health-and-wellbeing-strategy>

<sup>22</sup> <http://www.wiltshirejsa.org.uk/>

and progress in the areas. The JSNA is split down in terms of the various local communities to paint a better picture of the scale of population health challenges. This allows local areas to undertake action planning events, agreeing local priorities based on evidence with the actions supported by public services and backed by community area board grants. Multidisciplinary teams are also being developed, clustered around GP surgeries in each town.

### *Collaborative plumbing*

Relationships between HWB members are important in Wiltshire. The strength of members' relationships means that they can have honest conversations and challenge each other in public where necessary. Informal contact between HWB members is important in developing and maintaining these relationships, so the chair spends time with the chairs of other organisations frequently outside of meetings on a one-to-one basis. This allows HWB members to understand each other's business, including what challenges and opportunities they face within the local health and care system.

The size of the HWB and the strength of relationships allow its strategies to be embedded right across the public services landscape. The Joint Health and Wellbeing Strategy has led to a clear pipeline for the development of more specific strategies such as joint strategies for carers, mental health, learning disabilities, dementia, autism, obesity and children's health.

There are also a number of joint council-CCG posts in Wiltshire. For instance, the director of the better care fund post is jointly funded by both organisations. This is delivering real results, such as successfully reducing avoidable admissions and length of stay in hospital through providers working together more closely. The position of associate director for children's commissioning, performance and school effectiveness is also a joint post, which has been instrumental in the development of a transformation plan and additional investment for child and adolescent mental health services.

Recommissioning of adult community health and care has taken place and this is now led by a consortium of the three provider hospitals. The presence of these providers on the HWB will continue to help ensure the system speaks with one voice and that the wider reconfiguration of intermediate care is coherent.

### *Committed leaders*

Leadership is important to the effectiveness of the HWB, and the chair is committed and inclusive. Joint agenda-setting sessions are held between the HWB chair and the CCG chair along with the officers supporting the HWB. Other HWB members are given the opportunity to put forward suggestions for agenda items at the next meeting. All submissions are agreed and have to be approved by the chair and CCG lead, so the agenda is jointly owned.

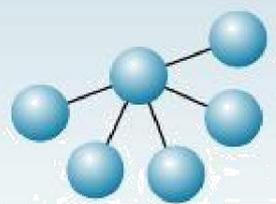
### *Clarity of purpose*

HWB members are clear on the HWB's purpose, and other organisations' strategies and policies align to the HWB because of this. A shared understanding of the HWB's purpose mean that partners are clear on the HWB's strategy and objectives, linked to clear and impactful deliverables. An example of the impact of this is that more people are dying in their setting of choice. This involved producing an End of Life Care JSA and reviewing the End of Life Care Strategy with local hospices at the HWB so that more people can die at home. The Council and CCG worked together so that the Urgent Care at Home Service was extended to enable this.

### *Getting the basics right*

The HWB takes a joint approach in a number of ways. Before each meeting, HWB members hold a one-hour session looking at a specific topic in detail such as end of life care, dementia, or children's mental health. These sessions are about understanding the challenges faced by member organisations in a specific context. The HWB also has joint branding with any strategies reflecting this. Meetings have been held outside council offices – at acute trusts or mental health providers - to showcase a particular piece of work. This sends a message to HWB members and the wider community that it is jointly owned and focused on the whole system.

***For more information about the Wiltshire HWB, please contact David Bowater – [david.bowater@wiltshire.gov.uk](mailto:david.bowater@wiltshire.gov.uk).***



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