

Making it better together

A call to action on the future of health
and wellbeing boards



Foreword

The health of its citizens must be one of the major concerns of any government. That is why our two organisations, the Local Government Association (LGA) and NHS Clinical Commissioners (NHSCC), have worked together with our members to present, at the start of the new Government's term of office, a call to action and a set of proposals for strengthening the impact of health and wellbeing boards across the country.

We believe that health and wellbeing boards provide a genuine opportunity to develop a place-based, preventative approach to commissioning health and care services, improving health and tackling health inequalities and the wider determinants of health.

We know that new models of health and care are desperately needed and we believe that health and wellbeing boards have an important contribution to make. They have already begun to develop their role as local system leaders, but with the right commitment and support they can go much further. They can provide the foundations on which wider devolution of health and care and responsiveness to local needs can be built.

This document is therefore addressed to boards themselves and to local commissioners, setting out ways in which they might work better with each other and with their communities to improve the health of their residents. It is also addressed to the new Government, with a set of proposals designed to show how boards can be better supported to use their powers.

We do not believe that major legislative change is either desirable or necessary, but we do believe that certain national barriers to the integration of health and care can be removed and that a better balance is required between national accountability and local flexibility.

It is only right, as we are asking both health and wellbeing boards and Government to step up to the challenge, that the organisations we represent should also be prepared to take action. For that reason, the LGA and NHSCC are making a joint commitment to work together to support the accelerated development of health and wellbeing boards towards effective system leadership.

Our members have told us that health and wellbeing boards are ambitious to develop their role. We are delighted to hear this – we believe that our common objective should be no less than a radical transformation in the health of our communities.

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Executive summary

Introduction

This publication is a challenge and a call to action to local commissioners, Government and national bodies to support health and wellbeing boards in bringing about a radical transformation in the health of our communities. It has been prepared by the Local Government Association (LGA) and NHS Clinical Commissioners (NHSCC) working jointly in consultation with members of health and wellbeing boards (HWBs) across the country.

We believe HWBs can make an important and unique contribution to improving our population's health and wellbeing. There is growing evidence that they have begun to make a difference to health and care outcomes by:

- joining up strategic commissioning of health and care
- taking a preventative, place-based approach
- bringing together all the key local players and public services.

In a very tough financial climate, health and wellbeing boards can play a vital role in developing new models of health improvement. Their effective system leadership can also provide the basis on which wider devolution of health and care can be built.

HWBs are ambitious to lead place-based commissioning of health and care. They face both local and national challenges, but we believe they can deliver much more for the populations they serve.

Our proposals for action by boards themselves and by Government, and our commitment to support draw on two national consultative workshops and a summit meeting with HWB chairs, clinical commissioning group (CCG) representatives and other key stakeholders, a review of the LGA's health and wellbeing improvement programme and discussions with NHS Clinical Commissioners Board and the LGA's Community Wellbeing Board.

How HWBs can make a difference

For the benefit of residents, it is imperative that senior leaders come together to take a place-based, preventative approach to health improvement and tackling health inequalities. Significant legislative change is highly undesirable and unnecessary at this time. Instead, boards need to be bold, use their existing powers and innovate for health improvement.

Local areas may need to move at the pace and ambition that suits their local context, but we strongly urge them to set high standards for a system-wide approach. Their approach should address unique local conditions and should also employ inclusive, person-centred approaches which draw on local knowledge and skills. Crucially, they should also embody elements of the devolution agenda with a commitment to subsidiarity – the principle that decisions should be taken at the most local appropriate level.

HWBs should embody the principles of prevention, personalisation, choice and integrated services to inform commissioning of health and care. A really effective HWB could be instrumental in bringing about:

- more integrated, holistic services and care pathways so that people feel their health and care needs and the services they receive are planned and considered as a whole
- greater engagement with local communities so that commissioning reflects their needs and services suit the way they live their lives
- joined-up, cross-cutting approaches to local priority issues so that all agencies work together towards mutually agreed outcomes
- a greater balance between immediate priorities and action to prevent ill health and to address the wider determinants of health
- maximal financial flexibility, seeing budgets as the 'public pound' rather than as belonging to one institution or sector, with resources allocated to meet the combined health and care needs of residents
- meaningful and ongoing engagement with health and care providers to ensure that the local service configuration is fit for purpose
- a coordinated, system-wide approach to addressing health and social care workforce challenges.

What a good HWB looks like

Among the essential characteristics of effective place-based boards are:

Shared leadership

- an equal partnership of local commissioners with mutual recognition of the skills that each partner brings to the table
- a willingness to move away from institutional cultures and ways of doing business towards a common understanding of what matters
- bringing together a wide range of local and national agencies to make a demonstrable impact on outcomes

- designing and delivering services that take account of the wider determinants of health
- recognition of the crucial role of providers in identifying solutions to local health challenges.

A strategic approach

- shared ownership of a strategic approach to joined-up commissioning
- focusing on a manageably small number of local priorities that will have maximum impact on health outcomes
- designing services which are population-orientated, co-designed, person-centred, addressing inequality and disadvantage, and based on evidence
- focusing on services which are integrated, accessible, innovative, safe and of high quality
- working at a pace and scale that makes sense locally, for example, building on existing community provision and conforming with local planning priorities for the area.

Engaging with communities

- working with local communities in developing a vision and strategies for service design and redesign
- being jointly accountable to local residents.

Collaborative ways of working

- openness and transparency in the way they operate
- pooling and sharing risks as well as budgets where mutually agreed
- sharing data and intelligence
- having good working relationships with service providers
- making and encouraging the best possible use of new technologies
- sharing information to monitor progress and measure impact.

Stepping up to the challenge – local leaders

Although some HWBs have already made good progress, it is now time for all HWBs to move on from relationship building to making an impact on delivery of services. There are, however, still some cultural and behavioural challenges which must be overcome. Areas for local action include:

- increasing parity, trust and confidence between board members, both at and between formal board meetings, ensuring that HWBs, as far as possible, feel as much a committee of the CCG as of the council and that all board members understand their role
- ensuring a focus on outcomes, developing, monitoring and reporting on progress towards a small set of agreed outcomes that will have the most impact
- establishing an ongoing dialogue with local communities about the most effective way to respond to local health challenges – including maintaining the balance between prevention and acute service provision
- improving local capacity and understanding, working from the same information baseline and drawing on the same intelligence about their local population
- establishing the right footprint for commissioning, joining together with neighbouring HWBs and delegating to district or CCG level as appropriate
- systematic engagement with the full range of health and care providers.

Stepping up to the challenge – LGA and NHSCC

The LGA and NHSCC are committed to support the rapid development of HWBs towards effective system leadership. We support parity between board members while respecting their different areas of expertise.

Our commitment

1. We will work more closely together to develop ways in which we can jointly support boards.
2. We will work with boards to develop new models of system leadership that respect clinical, professional and political authority and expertise.
3. We will support a shift towards a common culture among board members, moving away from entrenched roles and ways of working.
4. We will focus our support on the development of those areas that are most challenged.
5. We will develop tools to enable HWBs to assess their own performance and to benchmark their achievements against those in comparable areas.
6. We will take forward our joint programme of peer reviews with the participation of both CCG and LGA peers.
7. We will give particular support to two-tier local government areas and to areas where multiple CCGs relate to one board.
8. We will assist boards to explore ways in which commissioning can take place across different geographical footprints.
9. We will act as advocates on the national stage in support of HWBs.

Stepping up to the challenge – Government

We are calling on the new Government to remove barriers at a national level to enable HWBs to become effective system leaders. Top-down reorganisation is unnecessary, but minor changes in statutory guidance, regulations and national policy are essential.

We propose

1. A national five-year funding settlement across health and care.
2. Freedom for HWBs to determine local priorities.
3. A review of the tariff system and the development of a new payment system that looks across entire care pathways and incentivises a preventative approach.
4. A review and alignment of financial accountability processes within health and care.
5. A review and reform of the legal framework for information governance and data sharing, with appropriate safeguards for privacy and consent.
6. An integrated, proportionate, place-based commissioning framework which supports local accountability.
7. Integrated, proportionate inspection, regulation, assurance and reporting systems which incentivise collaboration and integration, and align accountability for commissioning across CCGs and councils.
8. A commitment from Government to the principle of subsidiarity in commissioning decisions, accountability, setting priorities and objectives – so that these activities are carried out at the most local appropriate level.
9. A single national outcomes framework for health, public health and social care with a limited number of key national outcomes for the whole system which will enable HWBs to determine their priorities locally.
10. A national strategy for coordinated workforce planning and integrated workforce development across health, public health and social care.

1. Introduction

This publication is a challenge and a call to action to local commissioners, Government and national bodies. Each of these needs to act to support and enable HWBs to lead their local systems, delivering place-based, preventative approaches to improving their residents' health and wellbeing, based on local needs and wishes. A radical transformation in the health of our communities is needed if we are to overcome the financial and demographic challenges we face.

The publication has been prepared by the LGA and NHSCC, working jointly with members of HWBs across the country to develop a sector-led vision and action plan for HWB development. We are steadfast in our support for HWBs as local system leaders, driving improvements in residents' health through place-based approaches. We believe HWBs are well placed to address the need to transform services through strategic planning and commissioning while keeping a strong focus on maximising the prevention of ill health and tackling the wider determinants of health.

As a local partnership which is greater than the sum of its parts, we believe each HWB can make an important and unique contribution to improving our population's health and wellbeing. Their added value comes from joining up strategic commissioning of health and care, taking a place-based approach and bringing together in a single forum all the key players and public services.

The model of devolved healthcare being developed by the Greater Manchester Combined Authority means that devolution of health resources is firmly on the national agenda.

Other areas with aspirations for health devolution will need to ensure that their HWBs are providing effective system leadership, and creating the foundations on which wider devolution could be built. The role of HWBs in developing Better Care Fund (BCF) plans has demonstrated their leadership role in escalating the scale and pace of integration to achieve better services and better health and to reduce pressure on acute services. In a very tough financial climate for both the NHS and local government, HWBs can play a vital role in developing new models of health improvement, preventing ill health and addressing the wider determinants of health. A strategic approach by boards will balance the immediate requirements to integrate services and commissioning with longer-term ambitions to promote health and wellbeing, in order to improve the general health of the population and reduce the demand on acute services.

This publication sets out the actions we believe are necessary to enable every HWB across the country to fulfil this potential. It draws on a wide range of intelligence from boards and those working with them. This includes two national consultative workshops and a summit meeting in early 2015 with HWB chairs, CCG representatives and other key stakeholders to assess the scale of ambition of local HWBs and their capacity to take on a more ambitious role. It also includes a review commissioned by the LGA from Shared Intelligence of its health and wellbeing improvement programme, which is in its second year. The NHS Clinical Commissioners Board and the LGA Community Wellbeing Board have also discussed and contributed to our analysis and proposals.

Shared ambitions for the future

HWBs have made many strides since their inception in 2012, and we found much ambition among board members for HWBs as the driver and leader of place-based commissioning. What differed among respondents was confidence in their HWB's readiness to take on this role.

Some members have already begun to make use of the significant powers and freedoms HWBs have to make a significant impact for the benefit of their residents, while others were more sceptical about their board's current capacity and have made only tentative steps so far.

In all areas, HWBs have taken a significant system leadership role in developing BCF plans to integrate health and social care services. While local agreement of BCF plans has been a challenge in some areas, there is no doubt that planning for the fund has marked a significant change in how health and care interact in a place, with residents being placed at the heart of the change.

The fact that the nationally set £3.8 billion fund was increased by an additional £1.5 billion from local health and care budgets shows local system leaders, through the HWB, can work together to make a real impact on the health of their local communities.

We also saw clear evidence of how through the joint work of CCGs and local authorities, HWBs are beginning to make a tangible difference to outcomes. We found too that the pace and scale of progress has varied across the country. With their help we have identified a number of challenges that HWBs are facing. Some of these arise from issues of organisational culture and specific local circumstances, while others derive from system-wide challenges and blocks.

These require a national response to facilitate change. Local leaders, the LGA and NHSCC are clear that legislative change is unnecessary to enable HWBs to act as effective leaders of their local system. What is required is a balance between national accountability and local flexibility; the removal of barriers to integration; and increased place-based leadership.

Regardless of national changes, we firmly believe that boards can do much more to achieve their full potential and deliver for the populations they serve. We – the LGA and NHSCC – therefore commit to support boards and government to work together to develop the capacities and capabilities of HWBs to meet the challenges they face in making a real difference to health and wellbeing.

2. How HWBs can make a difference

A place-based approach – our shared vision

The most effective HWBs lead a place-based approach to health and wellbeing, which balances immediate priorities on integration with action on prevention and addressing the wider determinants of health. Only the HWB has oversight of the entire local health and care system and the factors that impact locally on health and health inequalities such as education, housing, employment, transport, planning and the environment. For the benefit of residents, it is imperative that senior leaders come together to develop this oversight: HWBs provide the forum to do so. Significant legislative change is highly undesirable and unnecessary at this time. The opportunity to seize the initiative and to innovate is there if boards are prepared to be bold, use their powers and seize the agenda.

We accept that local areas may wish to move at the pace and ambition that meet their local population's needs and context but we strongly urge them to set high standards to achieve a system-wide approach which uses personalisation, prevention and integration to achieve radical change.

The current statutory framework provides a wide range of possibilities which local areas could choose to progress through as they mature and increase in confidence, capacity and ambition. We also advocate local flexibility, recognising plurality and responding to local geography, such as in areas with two-tier local government or complex multi-CCG arrangements. (For a full description of the legal and policy framework governing HWBs, see appendix.)

Our consultations with HWB members show strong support for truly place-based, person-centred, preventative approaches as the only way to address complex issues, where many interacting causes require a number of agencies to make a co-ordinated response.

Place-based approaches have the ability to address unique local conditions drawing on local knowledge and skills. Crucially, they should also embody elements of the devolution agenda with a commitment to subsidiarity – the principle that decisions should be taken at the most local appropriate level.

A place-based approach dovetails with the principles of personalisation, choice and integrated services which have informed commissioning of health and care for some years. HWBs should be fostering and facilitating such an approach to commissioning health and care services and in influencing other services and plans that have a major impact on health and wellbeing. A really effective HWB could be instrumental in ensuring that people feel their health and care needs and the services they receive are planned and considered as a whole.

It could facilitate greater engagement of commissioners with local communities and with health and care providers so that commissioning reflects their needs and services suit the way they live their lives and builds on existing services to ensure that they are fit for the future. Outcomes that boards can influence and facilitate through a place-based approach include:

- fully integrated services delivered by co-located and integrated multi-agency teams
- ensuring a 'health in every policy' approach

in which all local plans and strategies maximise health gain and minimise negative impacts on health

- promoting a preventative approach, which builds on existing community and individual assets to promote health, wellbeing and independence and reduces pressure on acute services
- care pathways integrated vertically or horizontally across health and care for residents with chronic conditions such as diabetes
- a holistic approach to a range of support services for certain groups such as people with physical disabilities and people with learning disabilities
- a smooth transition for service users between one kind of service and another, for example from child and adolescent mental health services to adult mental health services
- working with communities, voluntary sector and local Healthwatch in identifying health and care needs
- strong engagement with local communities in co-designing services
- joined-up, cross-cutting approaches to local priority issues such as alcohol misuse, for example with local police, ambulance, community health, businesses and voluntary sector, so that all agencies work together towards mutually agreed outcomes
- commissioning services at the most appropriate geographic level and over the required geographic footprint
- maximal budgetary flexibility through pooling or joint working, looking to treat pooled budgets as the 'public pound' rather than as belonging to one institution or sector
- budgets designed to meet the combined health and care needs of residents, especially those with complex needs.

Brighton HWB has delegated commissioning powers in addition to statutory functions. The board discharges all of the council's public health, adult social care, health and children and young people functions, including dealing with joint arrangements with the NHS. The board's remit explicitly includes providing collective leadership to a whole range of city-wide collaborative working and whole-system issues – including emergency planning, resilience and preparedness, and urgent care.

Source: LGA, Making an impact through good governance, 2014.

The Police and Crime Commissioner for Wiltshire is a member of the HWB. This has led to direct improvement in custody arrangements for offenders with mental ill health.

The Suffolk HWB brought together a number of key local partners to develop an Alcohol Strategy. Part of the strategy is an innovative partnership with representatives of the drinks industry, off licence retailers, health (CCGs and public health), police and Ipswich Borough Council's licensing department. The partners developed the 'Reducing the Strength' campaign targeting street drinkers. As a result, street drinker numbers reduced from 75 to 14, significant health improvements, reductions in crime, and reductions in A&E attendances are some of the recorded outcomes of the scheme.

What a good HWB looks like

The LGA and NHSCC have already published a number of documents that provide examples of good practice on the key components of an effective HWB.¹ Based on our consultations with HWB members, we have identified the following essential characteristics of effective place-based boards:

Shared leadership

- an equal partnership of local commissioners
- mutual recognition of the clinical, professional and political skills that HWB members bring to the table
- a willingness to move away from institutional cultures and ways of doing business towards a common understanding of what matters
- the bringing together of a wide range of local and national agencies and resources in innovative and imaginative ways with a demonstrable impact on outcomes
- demonstrable shared leadership to design and deliver services for their local population, taking account of the wider determinants of health (for example, by working with housing, planning local economic partnerships, police and crime commissioners)
- an ongoing and constructive relationship with the diversity of health and care providers to shape health and care services to meet the needs of local people
- a system-wide approach to addressing health and social care workforce challenges including shared recruitment and retention strategies and supporting a dialogue between providers and commissioners to develop a sustainable workforce with the right skills, rewards and values.

¹ See for example, NHSCC (2014), A Shared Agenda creating an equal partnership with CCGs in health and wellbeing boards: <http://www.nhsc.org/policy-briefing/shared-agenda-creating-equal-partnership-ccgs-health-wellbeing-boards/> and LGA (2014), Making an impact through good governance: A practical guide for health and wellbeing boards: http://www.local.gov.uk/health-and-wellbeing-boards/-/journal_content/56/10180/6656438/PUBLICATION

Public engagement underpins Calderdale's HWB's Local Vision programme, which includes a focus on increasing girls' participation in sport. Working with school pupils, parents, governors and schools, alongside public health and other partners, staff have trained a group of schoolgirls in research methods to use in interviews and focus groups within their own schools and youth groups. This ground-up approach seeks to build a social movement, creating strong engagement and broad ownership within the community, which can therefore act as a basis for real change.

A strategic approach

- shared ownership of a strategic approach to joined-up commissioning, – assessing need, agreeing priorities, managing demand, stimulating and managing provider markets, procuring services, and reviewing them to ensure they are contributing to improved health outcomes
- able to focus on a manageably small number of local priorities that will have maximum impact on health outcomes, including public health measures and preventative approaches
- shared approach to identifying and addressing workforce development needs, supporting practitioners, professionals and the wider workforce including patients, service users, carers and the voluntary sector
- designing services which are population-orientated, co-designed, person-centred, addressing inequality and disadvantage, and based on evidence
- focusing on services which are integrated, accessible, innovative, safe and of high quality, increasingly improving health and wellbeing over time
- working at a pace and scale that makes sense locally, for example taking a flexible approach to commissioning footprints – on a larger scale with neighbouring HWBs (for example in working with large providers and specialist services) and on a more local level in devolving down commissioning to districts or CCGs (for example in two-tier areas or areas with multiple CCGs).

Engaging with communities

- working with local communities in developing a vision and strategies for service design and redesign
- being jointly accountable to local residents and reporting progress on local health priorities.

Collaborative ways of working

- openness and transparency in the way they operate, for example, sharing information about budgets
- pooling and sharing risks as well as budgets, as mutually agreed
- sharing data and intelligence to underpin health profiles, needs assessments and strategic commissioning on behalf of the local population
- having good working relationships with service providers across health, social care and public health
- making and encouraging the best possible use of new technologies both in service design and in carrying out their own work
- sharing information to monitor progress and measure impact on improved health outcomes.

3. Stepping up to the challenge – local leaders

Together with HWB members, we have identified a number of challenges to address before boards can make progress towards the strong system leadership for improved outcomes to which they aspire. Boards have invested time and energy and believe that this has been well spent in developing relationships among board members and with other partners, such as the local voluntary sector and providers. Although some HWBs have made good progress, it is now time for all boards to move on from relationship building to making an impact on delivery of services. There are, however, still some cultural and behavioural challenges which stand in the way. But they can and must be overcome – and it is within the power of local partners to do this.

Parity, trust and confidence between board members

There is still a concern that, because boards are committees of councils, non-council board members may not be accorded parity. Many boards, led by their chair, have taken this message on board and have made a conscious effort to develop a relaxed and participatory style and ensure an equal role for CCG members and representatives of local Healthwatch. Formal HWBs need to be demonstrably different from other council forums in their style and inclusiveness to assure CCGs that they are committed to partnership. As far as possible, they should feel as much a committee of the CCG as of the council. Ensuring that all members understand their role and how they can contribute to the work of boards will help increase equal participation.

Board members need to be empowered to take decisions about key local priorities and joint action to address them. There is a real danger that boards' agendas are so overloaded with papers 'for information' about action taken elsewhere that they remain nothing more than ineffective 'talking shops'. There is, of course, nothing wrong with board members having discussions about important local issues impacting on health – indeed this is an important function of the board. But these discussions need to be translated into decisions and actions by HWBs if they are to play a real leadership role.

To be fully effective, moreover, the work of the HWB needs to carry on beyond formal meetings. Indeed, much of the most important work of boards goes on between board meetings. To develop a common vision and objectives and to have an impact on outcomes, boards need to ensure there is trust between members both at the formal level of board meetings and also within the board's sub-structures and the work that happens between meetings. This can be supported through inclusive governance arrangements and sub-structures, for example by:

- having a co-chair from a CCG who has equal opportunities and responsibilities with a council co-chair to lead the board
- an inclusive meeting style which recognises the different forms of expertise that HWB members bring to the table
- CCGs having an equal role in agenda planning, board prioritisation and forward planning

- ensuring that all CCGs and local Healthwatch participate in executive structures and sub-committees
- giving members the opportunity to shadow each other so that they gain a real understanding of each other's work and pressures
- sharing information – for example, although councils are not required by statute to share their budgets with HWBs, some have chosen to do so in a spirit of mutual transparency and to increase boards' understanding of where there are pressures in the system
- understanding the risks in any agreed course of action, particularly those that involve a pooled budget and developing explicit risk-sharing agreements.

During our consultation, a number of members also cited the lack of capacity and capability to deliver shared visions and objectives as a major stumbling block, recognising the need to invest in joint capacity to support the work of their boards. This could include joint working arrangements across common areas of commissioning or to implement shared priorities and plans.

Durham Council has chosen not to hold the majority of seats on the HWB. There are five council seats, four CCG seats and four foundation trust seats as well as the other statutory members. Partners feel equal in their ownership and risks/responsibilities of the board. Despite not having the majority of seats, the council is confident in dispersed leadership.

In Bristol the HWB is co-chaired by the elected mayor and the chair of the Bristol CCG.

Surrey, Staffordshire and Sheffield, among others, have also chosen to have a co-chairing arrangement between the council and the CCG.

Ensuring a focus on outcomes

Board members stress the importance of focusing on a small number of shared local outcomes and not allowing themselves to be distracted from these. Ways in which some HWBs have addressed this issue and ensured they are fit for purpose include:

- developing work programmes based on a small set of agreed outcomes that will have the most impact
- establishing an ongoing dialogue with local communities about the most effective way to respond to local health challenges – including maintaining the balance between prevention and acute service provision
- creating a small executive group or board to ensure a focus on key priorities, recognising that the size and composition of the HWB itself and the frequency of its meetings mean that it cannot cover all issues in detail and may not be sufficient to ensure progress between meetings
- robust and regular monitoring, reporting and self-assessment of progress towards outcomes
- a small number of workstreams to drive shared action on priorities
- aligning programme budgets to identified outcomes
- being disciplined with agendas.

Buckinghamshire HWB has created a planning group that filters input, so that only key issues and relevant business reach the board. Recently the board considered a strategy for physical activity for children under five, and was able to bring together perspectives from health, education and social care which no other forum was able to do until the creation of the HWB.

Source: NHSCC, A Shared Agenda, 2014

Working with the Army and the Department of Defence, Wiltshire HWB has developed robust health and wellbeing plans and access to services for 4,000 military troops being relocated to the county.

After consulting service users, Kingston upon Thames HWB drew up a commissioning mandate for mental health services. The HWB went on to confront long-standing difficult issues: for example, it became responsible for jointly commissioning substance abuse services, revising the service specification and awarding the contract to new providers.

Source: NHSCC, A Shared Agenda, 2014

Suffolk's HWB has been centrally involved in a programme to improve mental health outcomes through early identification and support. Service users are now part of the CCG commissioning team, so that services can be better configured around their needs – a service user will report to the HWB later this year on progress. Community practice nurses now travel with police on patrols, to prevent arrests. There are also better links between local respite and advocacy/support services to pre-empt crises, with people having housing and finance plans already in place when they leave respite care.

- agreeing information-sharing protocols
- agreeing common datasets and parameters for collecting information (for example on patients', service-users' and carers' experience of services)
- agreeing common reporting mechanisms and performance measures.

Wiltshire has established the Wiltshire Intelligence Hub – a 'live' dashboard showing data on key health and wellbeing indicators, which is available on a daily basis or as required.

In Devon and Torbay a multi-agency group has developed a toolkit in consultation with the Local Medical Committee and the Centre of Excellence for Information Sharing. The toolkit includes:

- information sharing strategy
- privacy notice
- privacy impact assessment
- information sharing request form
- template information sharing agreement
- patient information leaflet
- data mapping tool
- guidance documents for staff.

Improving local capacity and understanding

To be really effective, HWB members need to be able to work from the same information baseline and to draw on the same intelligence about their local population, health inequalities, disease prevalence and blockages in the system. Legislative restrictions on sharing information make this difficult. Some HWBs, however, have found local solutions to enable data and intelligence sharing. These include:

- developing a strong joint strategic needs assessment as a flexible, living and frequently updated resource to which all members represented on the HWB contribute

Establishing the right footprint for commissioning

Sometimes a HWB area is not the right size for commissioning. For example, specialised services may be commissioned at a regional or national level. Many large trusts provide services to more than one HWB area in which case it may not be appropriate for commissioning to take place on a single HWB footprint. In the other direction, certain services may be specific to one neighbourhood or population group within an area, in which case commissioning may more appropriately be done at a more local level, eg at district council or CCG or even locality level.

There is nothing to prevent a HWB joining with a neighbouring HWB to carry out joint commissioning and no reason why systematic liaison with a large provider should not involve more than one HWB. Equally, HWBs may wish to delegate some of their work on needs assessment or strategic commissioning to a district council or CCG or to broker a pooled budget for allocation to neighbourhood projects that further their strategic objectives.

The legislation is very permissive and affords enormous flexibility to the way in which HWBs operate. Boards should allow their structures and ways of working to be determined by local circumstances, preferences and the outcomes they have set themselves to achieve. Some possibilities include:

- setting up a liaison committee between neighbouring HWBs
- involving district councils and/or GP practices through sub-structures, workstreams or task and finish groups.

Kent has set up a number of locality-level health and wellbeing boards based on CCGs areas, which report to the main board.

Durham engages with local areas through 14 action area partnerships. Local decision making, some funding and accountability is shared and fed back up through the board.

Working with providers

HWBs vary in their working relationships with providers. Some boards have offered places to providers on the board itself, while others prefer to maintain a provider/commissioner separation. Whatever their solution, HWBs need to find ways to engage with the diversity of health and care providers, and not just with acute trusts. A key characteristic of effective boards is the use of systematic engagement with the full range of providers of community, primary, secondary, acute and non-acute health and care, to enable an exchange of information and views to plan commissioning which will have the most impact on health outcomes.

Equally, providers also need to engage proactively with HWBs to ensure that their service plans are aligned to the priorities in the joint health and wellbeing strategy and in commissioning plans.

Bath and North East Somerset has a strategic advisory group which sits alongside the board. The group includes representatives from the main health and social care providers in the area and is chaired by the HWB chair. It gives providers the opportunity to influence decision-making, with issues covered including the Better Care Fund and how to tackle loneliness and isolation.

Source: LGA, Making an impact through good governance, 2014.

Wakefield's HWB includes the chief executives of Mid-Yorkshire Hospitals NHS Trust and South West Yorkshire Partnership NHW Foundation Trust (community, mental health and learning disability services) among its members.

Brighton and Hove Council has worked to engage providers in the work of the HWB and contribute to the health and wellbeing system. They do not have a seat on the HWB but they attend as and when appropriate. This also reflects the wishes of their large acute trust, which takes patients from at least three other HWB areas. They also have other ways of engaging providers, including bi-monthly chief executives meetings which bring together chief executives of providers, voluntary and community sector, the CCG, Healthwatch and the council to share concerns and issues. For example, the chief executives meetings have facilitated joint work to support recruitment and retention across the health and care sector and collectively how to ensure affordable housing for key staff.

Measuring progress towards outcomes

Boards need to know that they are doing the best they can to achieve shared outcomes. They need to demonstrate that they are adding value. This means benchmarking themselves against other comparable boards and systematically assessing their own performance to keep on track and to take action if they are not making progress.

Durham HWB has developed a sophisticated outcomes monitoring tool using health and wellbeing indicators. As a result of this work, it can demonstrate a reduction in teenage pregnancies and young people classified as NEET.

4. Stepping up to the challenge – LGA and NHSCC

The LGA and NHSCC are committed to support the rapid development of HWBs across the country towards the effective system leadership and innovation that some have already shown. We recognise the importance of maintaining parity, as well as the appearance of parity, between board members while respecting their different areas of expertise and the development of a common culture among board members.

Our commitment

1. We will work more closely together to develop ways in which we can jointly support boards.
2. We will work with boards to develop new models of system leadership that respect clinical, professional and political authority and expertise.
3. We will support a shift towards a common culture among board members, moving away from entrenched roles and ways of working.
4. We will focus our support on the development of those areas that are most challenged.
5. We will develop tools to enable HWBs to assess their own performance and to benchmark their achievements against those in comparable areas.
6. We will take forward our joint programme of peer reviews with the participation of both CCG and LGA peers.
7. We will give particular support to two-tier local government areas and to areas where multiple CCGs relate to one board.
8. We will assist boards to explore ways in which commissioning can take place across different geographical footprints.
9. We will act as advocates on the national stage in support of HWBs.

5. Stepping up to the challenge – Government

Some HWBs have been able to find solutions to local challenges, as the examples above show. There are some barriers, however, that can only be addressed at national level. We are calling on the new Government to remove these barriers to enable HWBs to become effective system leaders, adding value to the health and care system. There is no need for top-down reorganisation but minor changes in statutory guidance and regulations, and changes in national policy are essential.

Finances and budgeting

Aligned finances and budget timetables between the NHS and local government and longer-term funding settlements would enable long-term joint planning and an integrated approach.

A better balance between national and local priorities would enable HWBs to allocate resources focused on key local priorities. Financial incentives could also be used to encourage a focus on early intervention and prevention, on planning and commissioning across whole care pathways and on payment systems which reward outcomes rather than activity.

We propose

1. A national five-year funding settlement across health and care.
2. Freedom for HWBs to determine local priorities.
3. A review of the tariff system and the development of a new payment system that looks across entire care pathways and incentivises a preventative approach.
4. A review and alignment of financial accountability processes within health and care.

Information governance

A streamlined and simplified legal framework would enable the freer flow of information across health and care services while still addressing privacy concerns. This would also address some of the issues arising from lack of coordination between agencies identified in recent cases of abuse.

We propose

5. A review and reform of the legal framework for information governance and data sharing with appropriate safeguards for privacy and consent.

Accountability across the system

Aligned accountability frameworks based on an inclusive concept of place would enable local authorities and CCGs to develop commissioning, provision and outcomes as a cohesive whole. It is important to maintain a balance between the need for national reporting to ensure consistent standards, for example in relation to the BCF and safeguarding issues, on the one hand, and leaving boards with the capacity to make a strategic impact locally on the other. Proportionate assurance systems based on exception reporting of pressures and concerns would free time and capacity for boards and their staff.

We propose

6. An integrated, proportionate place-based commissioning framework which supports local accountability.
7. Integrated, proportionate inspection, regulation, assurance and reporting systems which incentivise collaboration and integration and align accountability for commissioning across CCGs and councils.

A focus on joint outcomes

A single national outcomes framework across NHS, care and public health would support the development of common objectives and a system-wide approach to self-assessment. In addition, an emphasis on locally determined targets would bolster local leadership and action on key local priorities.

We propose

8. A commitment from Government to the principle of subsidiarity in commissioning decisions, accountability, setting priorities and objectives so that these activities are carried out at the most local appropriate level.
9. A single national outcomes framework for health, public health and social care with a limited number of key national outcomes for the whole system which will enable HWBs to determine their priorities locally.

A joined-up and cohesive workforce

An integrated health and care workforce, which is recruited and trained as a piece across the system, would encourage stronger alignment of professional cultures. It would better address recruitment challenges and support the development of a genuinely cohesive workforce with mutual understanding and a shared culture and values across the sectors.

We propose

10. A national strategy for coordinated workforce planning and integrated workforce development across health, public health and social care.

6. Conclusion

We know that a concerted effort is required across the whole country to tackle the causes of ill health, persisting health inequalities and current pressures on the health and care system.

With the full support of local commissioners, national organisations and Government, health and wellbeing boards can be a strong force for health improvement among their local populations.

The social and economic profile of our country is changing rapidly. A sure-footed approach is needed that not only reacts to change, but takes the lead in anticipating it to meet the demographic health challenge.

The proposals and commitments we have outlined above should give HWBs a solid foundation for taking forward this vital role.

Appendix

The Legal Framework for HWBs

Health and wellbeing boards were introduced as statutory committees of all upper-tier and unitary local authorities under the Health and Social Care Act 2012. HWBs are intended to:

- improve the health and wellbeing of the people in their area
- reduce health inequalities
- promote the integration of services.

The 2012 Act prescribes a core statutory membership of:

- at least one elected representative, nominated by either the leader of the council, the mayor, or in some cases by the local authority
- a representative from each CCG whose area falls within or coincides with, the local authority area
- the local authority directors of adult social services, children's services and public health
- a representative from the local Healthwatch organisation
- a representative of NHS England to assist in the preparation of joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies (JHWS) and to consider NHS England's own commissioning functions.

Two or more CCGs may be represented by the same person on the HWB. Boards can add members beyond that set out in the legislation. This can include representatives from other groups or stakeholders who can bring in particular skills or have key statutory responsibilities which can support the work of boards.

HWBs have a statutory duty to oversee the production of JSNA and JHWS setting out joint priorities for local commissioning. Local authority, CCG and NHS England commissioning should be aligned with these documents. CCGs are required to include relevant HWBs in the preparation of their commissioning plans and HWBs' opinion must be published within the final commissioning plan.

HWBs also have a duty to promote integrated working between the NHS and the local authority. They are empowered to encourage bodies involved in the wider determinants of health, such as housing, to work closely with commissioners of health and care services as well as with the HWB itself. As part of this role, HWBs have been given responsibility for overseeing their area's planning for the Better Care Fund, set up by the previous government to increase the scale and pace of integrated working within localities and, in particular, to reduce hospital admissions and length of stays in hospital.

Local authorities can delegate some of their functions and the associated funding to their HWB. CCGs can contribute to pooled budgets through transferring funding to local authorities through Section 256 of the NHS Act 2006 and local authorities and CCGs can operate pooled budgets through Section 75 of the NHS Act 2006.

In addition to the specific statutory powers accorded to HWBs, local authorities also have a power of wellbeing under the Local Government Act 2000, enabling them to do anything they consider likely to promote or improve the economic, social or environmental wellbeing of an area. More recently, councils have been given a General Power of Competence under the Localism Act 2011. This gives councils the power to extend their services and support beyond the arena traditionally seen as the responsibility of authorities like them.

CCGs also have the flexibility within their legislative framework to decide how far to carry out their commissioning and other functions themselves, in groups or jointly with local authorities. They have specific duties to act with a view to continuous improvements in services and to integration, to have regard to the need to reduce health inequalities and to promote innovation in the provision of health services.



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