The future of system leadership

25th February 2014
As pressures on local health and care systems increase, Health and Wellbeing Boards (HWBs) have the opportunity to make a big difference to the way services are delivered and outcomes are achieved.

In response to feedback from HWBs, the **NHS Confederation**, **NHS England**, **the Local Government Association** and **the Department of Health** worked with **NHS Clinical Commissioners** and **North West Employers** to deliver this workshop.

The event looked at the opportunities and challenges facing HWBs and their members in their role as local system leaders.
This slide pack highlights the themes and key findings from the discussions amongst health and wellbeing board members about the following:

- What enables HWBs to define a shared ambition and purpose
- What good system leadership looks like and how it is achieved
- Learning about how leaders can develop the qualities and behaviours required to become good system leaders
- How to engage with key partners who are not members of the HWB.

Presentations from the workshop can be found at: [www.nhsconfed.org/Events/Previous_events/Pages/HCWBeventthefutureofsystemleadership.aspx](http://www.nhsconfed.org/Events/Previous_events/Pages/HCWBeventthefutureofsystemleadership.aspx)
Has your HWB explicitly considered what its leadership role is? (n=22)

Commentary: These results suggest that slightly less than half of those HWB partners surveyed thought that their HWB had explicitly considered what its leadership role is, whilst over half of those surveyed said their board had not thought about this. This may reflect the various stages of development of different HWBs. It may also indicate that some boards are not thinking of themselves as system leaders at all, which may be limiting their power to improve health and wellbeing in their communities.
Is your HWB’s role well understood by other partners within the system who do not sit on the board? (n=20)

Commentary: The results show a mixed picture amongst those surveyed. Nearly half (nine) of those surveyed either disagreed or strongly disagreed with the idea that their HWB’s role was well understood by partners not sitting on the board. A quarter neither agreed nor disagreed and just over a quarter agreed their role was well understood by partners. Nobody strongly agreed.

Overall, this suggests that more people surveyed thought that their HWB’s role was not well understood, highlighting the need for some HWBs to articulate their purpose and engage with partners better. Perhaps this should begin with creating a strong and shared understanding amongst HWB members of their role, in order to spread how HWB leaders engage with and articulate the goals and purpose of the HWB with respective stakeholders and partners.
What is the situation now?

- A more dispersed commissioning landscape across health, public health and care services
- A multitude of differing structures, with boards across the country now at different stages of development and maturity
- A mixed picture amongst boards with regards to whether or not they have effective governance arrangements and structures that work for all members
- Whilst many board members have developed good working relationships amongst themselves, some are still struggling to engage non-members, including providers
- Some boards still operating in a very isolated way. Other HWBs are working with each other, particularly those that are nearby
- Unprecedented financial and demographic challenges facing health and social care have heightened the need for HWB members to develop into local system leaders.

Based on overview given by Dr Graham Jackson, clinical leader and Chair of Governing Body, Aylesbury Vale CCG; NHS England Clinical Champion and member of Buckingham HWB and Councillor Linda Thomas, Chair of Bolton HWB, Bolton Council.
What is ‘system leadership’?

• ‘System leadership’ is about local leaders from across the health and care system sharing a cohesive approach to working together to improve the whole local health and care system

• ‘System leaders’ have clear, shared priorities that are grounded in the needs of their communities and not in the interests of individuals or their organisations

• The Health and Social Care Act 2012 established HWBs as the lynchpin of system leadership

• System leadership is vital to delivering integrated care, transforming services to address the financial and demographic challenges facing health and social care, and tackling health inequalities.
Executive summary

The key findings from discussions with HWB members about developing HWBs’ role as system leaders:

1. **HWBs have a crucial role as system leaders** in leading the response to unprecedented financial and demographic challenges

2. **A shared purpose and shared ambitions** need to be defined by all the HWB’s members together, based on a shared understanding of the local population

3. **Create a ‘bottom up’ vision with the public** as an equal partner at the centre of decisions and planning. This requires innovative, creative and collaborative approaches to engagement

4. **Work with partners beyond the HWB**, including local providers, NHS England Area Teams, other local authority sectors/tiers, police, schools, employers etc. to maximise local understanding and impact

5. **Develop effective relationships and build trust** to allow difficult discussions to happen and enable leaders to approach issues from a whole system, rather than individual organisation perspective
The key themes and findings from the group discussions
Defining a shared purpose

In order to develop system leadership, HWBs need to have a shared purpose and shared ambitions. The purpose and ambitions need to be owned by all members of the board around the table and resonate with communities and other key stakeholders. Other important elements of defining a shared purpose are:

**Thinking and behaving differently**

- System leadership requires leaders to move away from thinking from an organisational perspective; instead decisions need to be taken on the basis of pursuing improvements in the health and wellbeing of the local population.

- The way in which ambitions are defined also needs to be thought about differently, so that it is not one person or organisation persuading everybody else of the ambitions that they have defined. Instead, the ambitions should be defined through engagement and conversation amongst everybody on the board together. Doing this will require different behaviours and new ways of working for some HWBs and individual members of boards.

> The local population needs to be at the fore of every HWB member’s thinking.
Defining a shared purpose

Creating a shared understanding of the health and wellbeing needs of the local area

- A shared ambition requires a shared understanding of the health needs of the local population. The basis for this shared understanding should be the Joint Strategic Needs Assessment (JSNA).
- A good JSNA makes all the difference. It provides the shared understanding that holds everybody on the board together and clearly defines what activities the HWB should focus on, which is translated into the Joint Health and Wellbeing Strategy (JHWS).
- To strongly reflect the needs of local communities and define a shared purpose, a good JSNA will have been developed with wide engagement to understand the needs of communities.
- For JSNAs to properly reflect the needs of the population, engagement models need to be altered so that they are friendly, systematic and cover the breadth of the community, including engagement with seldom heard groups.

"The JSNA should be the one version of the truth."
Defining a shared purpose

The JSNA is not the only tool that helps to create shared ambitions, there are other sources of unity. These include:

- **Shared challenges** around the scale of financial challenges and increasing inequalities in the local area

- The **existing principles** of the local authority which are transferable as the shared purpose for all key leaders on the HWB, e.g. Bolton’s three principles of:
  - economic growth
  - narrowing the gap
  - transforming services

- The **existing statutory responsibility** of the HWB to reduce inequalities is a purpose to which all HWBs can agree.
Defining a shared purpose – strengthening the position of HWBs

- There is no ‘one size fits all’ solution or structure for creating a shared purpose for HWBs. However, HWBs that are successfully developing effective system leadership have a shared purpose and vision that looks beyond health and cuts across the boundaries between different sectors.

- For HWBs to add value, it may be helpful for them to clearly articulate a purpose which defines what it is that only they can do as local partners and system leaders.

- **Example**: one HWB has decided that it will only look at issues which no other part of the system is considering, another has made the decision to only deal with ‘big ticket items’ like a review of housing.
Challenges for HWBs

Delegates identified several challenges facing their own HWBs, which were seen as barriers to providing strong system leadership. These are some of the issues they raised:

Clinical Chair not attending HWB meetings.

Meetings are too much like the traditional formal council committee meetings, which do not allow for sufficient informality to build working relationships that engender trust and respect.

The agenda and focus of the HWB meetings don’t feel shared and owned by all key members.
Challenges for HWBs

Some people do not find the meetings useful as they do not see things being progressed or delivered; this undermines the value and purpose of the board.

There is insufficient space on the agenda of some HWBs for robust and challenging debates to happen, meaning that it does not have any added value and cannot lead ambitious change.

Some HWBs are stuck on the question of who holds power and members are speaking on behalf of their organisation, rather than thinking about the whole system and ultimately how to improve the population’s health and wellbeing.
Challenges for HWBs

Some HWBs are not engaging meaningfully with partners who do not sit on the board, including providers.

Engagement with the public is sometimes tokenistic and consultative, rather than allowing them to shape decisions.

Some HWBs which cover places where there are two-tier local authorities are struggling to engage with the smaller district councils, who often have good knowledge of the local population health and wellbeing needs.

Not enough sharing of learning and good practice is going on between HWBs, which may be holding some of them back.

The LGA has created tools to help support HWBs as part of its Health and Wellbeing improvement programme. More information can be found at: www.local.gov.uk/health-and-wellbeing-boards
What does ‘good’ look like?

Can articulate a clear purpose and vision for the board
This should mean that the purpose is shaped and owned by all the HWB partners, coming together around a shared understanding of the needs of the whole population.

A space where difficult discussions and robust debates can happen
It is important that HWBs have the ability to have the challenging discussions and debates that are necessary. In order to achieve this, Rochdale DC has set up a separate Policy Development Unit, which discusses and shapes health policy through informal themed debates. Other boards have regular thematic discussions to focus on shared priorities.

Discussions are linked to actions
This means that key partners should be able to see what actions and tasks have been clearly agreed and there are checks to ensure and discuss progress and delivery.
What does ‘good’ look like?

**Good working relationships**

Relationships are essential.

“...the strongest HWBs are the ones where they are comfortable to sit together, spend lots of time together, bringing together their messages.”

Partners from different organisations also find it helpful to talk to each other for support. A good board will make the time to build and develop supportive relationships amongst its members.
What does ‘good’ look like?

Bottom-up

A good HWB will engage and consult widely with partners:

– In a two-tier local authority this means engaging with the health and wellbeing related structures of the smaller district councils
– The police, fire service, schools and colleges
– The public.

A really good HWB will engage with the public from the very beginning, so that local people have an opportunity to actually shape its vision and strategy, rather than just being consulted on something shaped by the board.
What does ‘good’ look like?

**Defined process**

The process by which decisions are made and agendas are set should be really well defined so that everyone round the table understands the mechanisms they have at their disposal and so that the board operates in a way that harnesses joint ownership of them.

**A strong chair**

A good HWB will have a chair who sets a positive culture on the board, encourages challenging discussions and ensures that no one dominates the meetings. One way of strengthening the shared ownership of priorities and the agenda of the HWB is to have shared chair-ship across leaders from local authorities and CCGs.
What does ‘good’ look like?

A strong, open relationship with local providers

An effective HWB is able to take difficult decisions about the shape of local services. In order to do this effectively, it is important that HWBs build strong relationships with local providers and build the vision for health and care services locally, in an open and transparent way.

Can push back on centrally imposed agendas

An area that delegates identified as something to improve was the ability of HWBs to influence central policy makers and government, so that they could push back on centrally imposed agendas which were not beneficial or practicable locally. They saw good engagement as being the key to this, so that they could demonstrate that they were speaking on behalf of the local population and with a shared voice as local system leaders.
What does good look like – The Better Care Fund (BCF)

"The BCF planning process is the acid test of the HWB system leadership role."

Delegates felt strongly that the BCF presented a significant opportunity to test the HWB’s ability to demonstrate system leadership, because it requires that councils and local NHS organisations jointly agree, plan and deliver integrated services around the needs of local communities.

In particular, whether councils and NHS organisations agree to pool more funds than the minimum prescribed by BCF guidance, if it is in the interests of local people, was seen as a good proxy measure of the levels of trust between health and social care leaders.

For many HWBs, the BCF has been the impetus for having some difficult but necessary conversations about the way services are delivered and the role of local system leaders in driving this.
Engaging partners and the public

“The future of system leadership

We need to democratise health and wellbeing.

HWB member

- The public should be at the centre of decision making, rather than just being consulted on the options. In order to achieve this, HWBs need to involve, engage and consult with the public in new innovative and creative ways

Example: The Plymouth Plan Sofa is literally a sofa which is moved around the city for local people to come and sit on. They are then encouraged to discuss local health and wellbeing issues face-to-face with several of the city’s HWB members. This was used to directly inform the Plymouth plan for health and wellbeing, alongside a survey.

- HWB partners need to view the public as an equal partner, working with them to shape the plans from the very beginning. This will ensure that plans for services are more person-centred rather than based on buildings and organisations.

- However, it was felt that currently much public engagement is too tokenistic. We should not expect the public to turn up at draughty town halls, but rather we need to connect with them in more meaningful ways, such as through the voluntary sector who already have strong relationships with local people.
Engaging partners and the public

- **Councils have a lot of experience in engaging with the public, from which health could also learn.**

  Delegates highlighted that, for some HWBs, there was still a question about whether individual HWB partners should engage separately with the public or as part of a joint engagement strategy, where it makes sense to do so. For example, engaging with the public around key local priorities, where a shared approach will help to reassure the public and show strong alignment across NHS and local councils will allow HWBs to champion a joint approach.

- **Healthwatch, who have a statutory place on HWBs, were seen as important for representing the views of the local population.**

  However, the role of Healthwatch, both in terms of being a shared leader within the HWB and how it holds the HWB to account, needs to be better understood and made stronger locally. HWBs need to find ways of helping this to happen and some further development work may be required.
Engaging partners and the public

• **Employers**
  It was noted by delegates that HWBs didn’t currently have any engagement with big local employers and some suggested that this would be beneficial.

• **Schools and colleges**
  It was also suggested that in order to feed in the needs of children and young people it may be sensible for the HWB to engage and link up to schools, colleges and universities in the area.
Involving partners and creating a ‘bottom-up’ vision for health and wellbeing

Blackpool HWB is a really inspiring example of a board which has found ways to unite its members around a shared vision. This vision recognises that to make a real difference they will need to look beyond health. The board has also got the right people round the table to have the necessary difficult discussions, and found an innovative way of feeding in the views of the public through its Fairness Commission.
Involving partners and creating a ‘bottom up’ vision for health and wellbeing

Good practice example: Blackpool Health and Wellbeing Board

- Blackpool faced significant health and wellbeing challenges, many resulting from the decline in tourism. This included particular issues around multiple occupancy housing. Blackpool HWB is built around a single vision: ‘Together, we will make Blackpool a place where all people can live together.’

- The board concluded that if it was going to improve health and wellbeing in Blackpool, it would need to look wider than health, at issues like housing, and work with partners from not just local authorities, but also other public services and the voluntary and community sectors.

- Membership of the board includes the police, which has had real practical benefits in joining up health with policing, particularly around local people with mental health issues. This has resulted in police and mental health nurses going out together in the community.

- Board membership also includes both sides of the political spectrum.

- The board meets monthly and has thematic debates. It is ‘action orientated’, with a chair who holds partners to account.

- There are some differences between the expectations of councillors regarding what could be done, and those of council officers; this was described as the ‘biggest challenge’ for the board.
In Blackpool a Fairness Commission has been set up in order to ensure the HWB was reflecting the needs of local people and to bring it closer to the community.

Involving partners and creating a ‘bottom-up’ vision for health and wellbeing
Involving partners and creating a ‘bottom-up’ vision for health and wellbeing

Good practice example: Blackpool Fairness Commission

The Fairness Commission is made up of the voluntary sector, community groups, faith groups and council representatives.

It links up with the voluntary movement to look at issues like poverty and social isolation, which need to be addressed. It has an overall mission of tackling inequalities, similar to the HWB.

It has a small amount of money, but purposefully restricted the amount of resources that it has, so that it didn’t become a body which people sent bids to.

- Engages directly with people in the local community through events like afternoon tea, aiming to listen to the views of the residents and organisations on what is fair and unfair
- Looks at evidence on the main things which are unequal
- Agrees recommendations/actions for those participating in the Commission to take back to their organisations.

The Fairness Commission is seen to be complementing the HWB. It draws a wider membership than the HWB by including voices from the community and sectors other than the public sector, making the panel a medium for a more representative community voice to feed into the HWB.
Engaging with partners

- **Police, fire and other local services**
  The police and fire service, as well as some other public services, have an important impact and influence on the wellbeing of a local community. In some places they have a place on the HWB, which ensures their engagement in shaping the plans and strategy of the board.

- **NHS England Area Teams**
  NHS England has a significant role in commissioning, particularly as it commissions primary care and specialised services. It is therefore important that Area Teams (ATs), as the local representation of NHS England, are involved in developing the HWB strategy for the configuration of health and care services. However, delegates highlighted that some ATs seemed not to regularly engage in HWB processes and meetings, which may suggest that there was a need for ATs to be given development support on how and why they should become more involved in work of the HWB and become an effective partner as a local commissioner.
Engaging with partners

- **Other sections of the council**

  It was felt by many that unitary councils were far more connected with HWBs than two-tiered local authorities. This suggests that some HWBs are struggling to engage with and make use of the knowledge of the smaller district councils, who often have their own health and wellbeing structures.

  The Kent model is one way of overcoming this; it has one overall HWB and then sub-areas to ensure that all districts are engaged. It was suggested that it may be helpful for some CCGs to have district representatives.
Developing qualities and behaviours

HWBs need to develop the qualities and behaviours which will create the right environment for ‘system leadership’ to flourish.

- The individual qualities and behaviours required of members from different organisations will vary, for example Healthwatch members will have a different role from a CCG member. Some boards are drawing up a behaviours document, which sets out what is expected from different members.

- To ensure that HWB members are behaving appropriately, HWBs will need to agree together a set of ground rules which say what is acceptable and what is not.

- The qualities and behaviours of HWBs should be based on shared values, which are agreed by all the members of each board together, rather than using a generic set of values. Agreeing shared values should be a priority.
How can HWBs achieve excellence?

Faced with particularly challenging circumstances like huge health disparities (life expectancy was seven years lower in some parts of the city), a complex provider landscape and huge funding cuts, Liverpool realised the need to look beyond the NHS to change this and the need for system leadership from the HWB. Katherine Sheerin, Chief Officer, NHS Liverpool CCG and Samih Kalakeche, Director of Adult Services & Health, Liverpool City Council, highlighted the key factors for achieving excellence on their HWB:

- **Clear shared strategy and direction**
- Council and CCG worked together to write a combined strategy as part of the Mayor’s Health Commission. This was used to form the JSNA and the JHWS, which was also written together
- The HWB is united around its purpose, based on the need to stop the amount spent on acute care from growing through spending CCG money to tackle the social determinants of health and wellbeing, such as housing and employment
How can HWBs achieve excellence?

- Clear decision making and governance
- The HWB is seen as a ‘commissioning engine’, which means it actively shapes the services that are commissioned. It actively consults with its own group of service users, and directly with the public, to shape decisions
- Appropriate membership
- Fully engaged leadership
- Liverpool’s Mayor is the chair of the HWB
- Effective relationships at all levels
What really makes a difference?
Lessons from the system

Deborah McKenzie, Organisational Development Director, PHE, worked with leaders from local authorities and NHS trusts to look at the conditions needed for system-wide leadership to flourish on HWBs.

- **Shared purpose matters** – e.g. improving children’s outcomes
- **Relationships matters** – allows difficult discussions to happen and builds trust
- **Trust matters** – without trust, partners will continue to approach things from an organisational perspective.
What really makes a difference? Lessons from the system

The following traits really make a difference:
• Values driven, aligned around a shared ambition
• Drive to deliver better outcomes.

System leaders’ relentless drive to achieve for community, is characterised by the following:
• Humility and a passion to learn
• Courage to experiment
• Seeking diverse perspectives
• Suspend certainty and embrace uncertainty.
Measuring achievement

Measuring the level of achievement of a HWB will involve looking at a few key indicators. These could include:

- **A total place approach**, where all the resources in the local area including the CCG, primary care resources commissioned through NHS England, local authorities and the resources of the voluntary and community sector are bought to the HWB table, to be utilised in the interests of the local population.

- **Decisions are made on community needs, rather than on service dimensions**, with leaders who are organisationally neutral.

- **The public are at the centre of decision making**, not just consulted.

- **Ability and courage to take radical steps to transform health and care services** to be able to invest more in primary and community services and on prevention.

- **A total place approach**, where all the resources in the local area including the CCG, primary care resources commissioned through NHS England, local authorities and the resources of the voluntary and community sector are bought to the HWB table, to be utilised in the interests of the local population.
Top tips for HWBs

• The purpose and ambitions of the HWB should be defined by all the board members collectively, based on a shared understanding of the health and wellbeing needs of the local population.
• HWBs should create the space to have challenging discussions about difficult issues; these discussions should be clearly linked to actions, which are followed up on.
• Effective HWBs will engage widely with partners who do not sit on the HWB, this should include providers, smaller district councils, police, fire brigade, schools and employers.
• HWBs need to view the public as an equal, working with them to shape plans from the beginning. They should think creatively about ways to tap into local voices, rather than expecting the public to come to them.
• The qualities and behaviours expected of HWB members should be agreed by all the members collectively, based on a set of shared values.
• The three key factors in enabling system leadership to flourish are: shared purpose, relationships and trust.
• HWBs will be able to measure the level of their achievement through the amount of resources from across the local area that different local leaders are willing to put on the health and wellbeing table. Ultimately, their success will be shown by their ability to transform care for the local population, by working with all the resources available in the community.
Annex 1: Chairs and speakers

- A total of 36 delegates attended the event in Manchester. They were drawn from local government, clinical commissioning groups, local Healthwatch and representatives from national bodies, which included NHS England and Public Health England.

Co-chairs
- Dr Graham Jackson, GP Principal and Clinical Chair Aylesbury Vale CCG and Councillor Linda Thomas, Chair of Bolton Health and Wellbeing Board, Bolton Council, co-chaired the event.
Annex 2: Speakers

- Samih Kalakeche, Director of adult services & health, Liverpool City Council
- Ms Katherine Sheerin, Chief Officer, NHS Liverpool CCG
- Deborah McKenzie, Organisational Development Director, Public Health England
- Dr Arif Rajpura, Director of Public Health Blackpool, Blackpool Council
- Liz McQue, Chief Executive, North West Employers