

Report of the workshop on facilitating shared ownership on health and wellbeing boards

11th February 2014

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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 focused on HWBs working effectively for all members. It explored how to facilitate a feeling of shared ownership amongst the HWB members for a joint vision for improving health and wellbeing of local populations.

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This slide pack shares learning on the development of HWBs around the country and the key themes from the event. The themes describe the findings from the discussions and views amongst HWB members on how to enable HWB members to feel joint ownership and responsibility for the HWB's vision and priorities, and ensure the HWB works well for its members and partners.

The pack also includes details of who attended the event, survey results collected during the event, links to resources, feedback and quotes from speakers and participants and tweets to the hashtag **#hwblearn**.

Presentations from the workshop can be found at:

http://www.nhsconfed.org/Events/Previous_events/Pages/HCWBeventFacilitatingsharedownership.aspx

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Executive summary

The key findings from discussions with HWB members about engendering shared ownership of priorities by all partners are as follows:

- 1. Sharing one vision of the future** – results in stronger shared leadership and HWB members feeling responsible to deliver the vision on behalf of their organisation and local area.
- 2. It's all about relationships** – where relationships are strong HWB members are honest about their views, make and jointly own difficult decisions and are more willing to have shared leadership across the system.
- 3. Developing governance arrangements that work locally** – will support HWB members to jointly make tough decisions
- 4. Engaging providers is essential** – in order to make the big cross-system changes required
- 5. Facilitating shared ownership with the public is the next step** – to really improve health and wellbeing outcomes

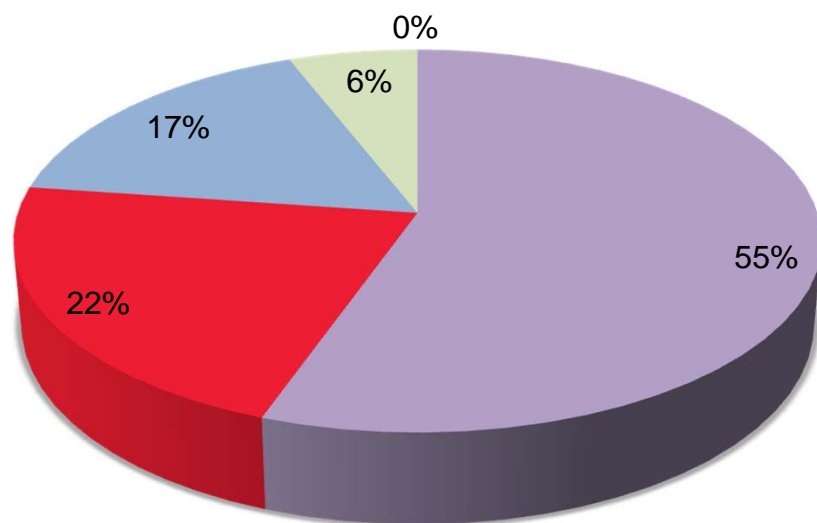
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Are health and wellbeing boards felt to be working well for all partners?



- Agree
- Disagree
- Neither agree nor disagree
- Strongly agree
- Strongly disagree

Commentary: The majority of delegates, 64%, considered their HWB to be working well for all partners round the table. However, 10 months after HWBs taking up their full responsibilities, a significant proportion (39%) are unsure or disagree that this is the case for their HWB.

(Delegates were asked how far they agreed with the statement, 'My Health and Wellbeing Board works well for all partners round the table'.)

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What's happening now?

Phil Swan, Shared Intelligence, gave an overview of the state of HWBs:

- At different stages of development and have set themselves up to work differently. Some HWBs operate similarly to previous Local Strategic Partnership boards of local authorities and some are far more informal
- HWBs making good use of evidence, but could use it more to drive change
- Complex partnership landscape makes it challenging to ensure those that are not on the board feel fully engaged with the business of the board
- HWBs recognise they need to change gear and make changes to avoid becoming a side show
- Although HWBs need a clear, shared and focused purpose that all partners understand and own, not all are clear about this currently
- HWBs need to prioritise more tightly in order to ensure they have an impact locally. 5-7 priorities should be the limit

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The key themes and lessons learnt are described in the following slides

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1. Sharing one vision for the future



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The value of one shared vision

- Strengthen shared leadership and the responsibility HWB members feel for delivery. Leaders feel they are jointly working towards something that reflects *their* agenda
- Galvanise HWB members to find solutions to local challenges
- Encourage those not involved to get involved
- Help bridge divide between cultures in the NHS, local government and voluntary sector – extent of differences just becoming apparent
- Unify all members/partners – including those still developing plans e.g. Healthwatch, NHS England specialised commissioning
- Incentivise everyone to focus on ‘big picture’ of improving health and wellbeing outcomes, not organisation-specific targets. This includes enabling staff to focus on the individual’s health and wellbeing.

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Characteristics of a strong shared vision

- Goes beyond a strong JSNA and JHWS; is about what makes sense locally
- Built through discussion and strong relationships
- The language used to articulate the vision and priorities must be understood in the same way by all parties
- Public involvement essential in developing vision – so they understand and support direction of travel
- Regularly referring to the vision will help ensure actions are implemented in line with what was jointly agreed
- ‘This is not about having a written statement, but more about members and partners genuinely sharing and understanding what they are jointly working towards’

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2. It's all about relationships

- Strong relationships between board members and with other partners beyond the board strengthens the ownership that partners feel of the HWB's priorities
- Where relationships are strong HWB members are honest about their views, make and jointly own difficult decisions and are more willing to share leadership across the system
- Trust amongst partners is vital for local areas to make the big changes required to transform whole health and wellbeing economies

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How HWBs have built strong relationships

- Up until now, strong HWBs have been built upon large amounts of goodwill
- Areas have forged new working relationships and maximised benefit from previous connections to make progress, particularly on the Better Care Fund
- Communicating regularly with all members, and taking time to invest in working relationships, ensures HWBs' business is appropriate and effective. Areas that spent time on developing relationships as the boards were forming found that it helped to create a culture of joint working
- A jointly funded officer supporting the work of the HWB is shown to support effective working relationships
- Informal interactions outside board meetings also help move along the business of HWBs



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3. Developing governance arrangements that work locally

- The governance and powers placed upon HWBs by Government were intentionally light touch and flexible, to enable local areas to design and develop the boards according to local circumstances
- Flexible governance arrangements for HWBs have facilitated progress up until now
- Many boards acknowledge the importance of governance procedures, feel they are not yet sufficiently clear locally, and are working hard to try to address governance issues before problems arise

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The Better Care Fund (BCF) has given many HWBs an incentive to test their governance arrangements. Some are needing to review their arrangements in light of decisions they need to make regarding the BCF and wider health and care strategic vision for a population.

The formal decisions of the board need to be connected with formal decisions within CCGs and councils. If local areas choose to put significant amounts of joint funding through the BCF mechanism, the HWB could become accountable for signing off budgets that are larger than the budgets of the member organisations at the table. Boards agree that the rules for the BCF need to be tested and agreed locally before all parties can commit even more significant portions of their budgets.

One area is also looking to develop protocols for the business of the HWB to ensure effective handover of duties when board members change.

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The statutory functions of HWBs

The duties and powers for HWBs laid down in legislation are fairly limited. However, the legislation:

- enables HWBs to agree governance arrangements/ways of working and purpose that go beyond the minimum requirements
- requires HWBs to produce a Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
- places a duty on HWBs to encourage integrated working between health and social care commissioners
- gives HWBs a power to encourage close working between commissioners of health-related services and the board itself, as well as a power to encourage close working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services.

Any other functions may also be delegated by the council under Section 196(2) of the Health and Social Care Act 2012.

For more information on governance of HWBs see:

www.local.gov.uk/publications/-/journal_content/56/10180/3896494/PUBLICATION



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4. Engaging providers is essential

- Working with providers is essential in order to make the big cross-system changes required to improve health and care
- Giving providers the opportunity to jointly shape how best to use an area's finite resource is necessary to ensure plans are translated into reality
- Culture change and thinking is required by both commissioners and providers to help make this happen
- Provider engagement needs to include all the different types of providers such as voluntary sector, community, mental health and acute trusts/organisations
- The BCF is creating an opportunity for HWBs to engage with providers more than they have done so to date
- HWBs can engage providers in a number of different ways
- HWBs continue to work through how best to work with and engage providers

For details on how HWBs are engaging providers see www.nhsconfed.org/Publications/Documents/Stronger-together.pdf

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5. Facilitating shared ownership with the public is the next step

HWBs feel strongly that they need to engage fully with the public to ensure they

- understand the challenges facing their local health and care systems; and
- can help to guide and support decisions to transform services.



We have tried to show that the Health and Wellbeing Board is on the side of residents. One example of demonstrating this was working with GPs to change their phone numbers from 0844 numbers to free numbers. This has had a big impact and people can see the small but impactful changes the HWB can have. However, the real test will be whether we have collective big impact on future actions.

Will Tuckley, Chief Executive, London Borough of Bexley



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- Public debate and discussion needs to look at community focused, innovative and responsive models of care that meet people's changing needs, rather than individual buildings or hospitals.
- Local leaders need to bring the public along with thinking about having one joined-up health and care system that is funded through one budget.



Big honest conversations with the public are needed. The public can't just say, for example, don't take this hospital off me – if they want one thing or service to stay but they need say what other services they are willing to live without.

Delegate



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- HWB partners need to consider the public as an equal partner, working with them from a 'blank sheet of paper' rather than consulting on a previously drafted plan. Using the joint development of plans as the starting point will help to start the journey of devising new forms of care together.
- Ensuring the public are fully engaged and committed to helping make change happen will mitigate risks at the implementation stage.
- The public need to feel confident the right people are leading the changes. To help make this happen, HWBs need to demonstrate shared leadership and engage the right people within the system.
- HWBs can maximise existing engagement mechanisms and work with voluntary organisations to reach all communities.
- Managing and redressing public expectations is something HWBs need to think through.

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What does shared leadership look like?

HWB members told us that shared leadership looks like:

- All HWB members give others the same message. They are articulating the same challenges and priorities in the same way inside and outside board meetings.
- HWB members have strong working relationships and are open and honest with each other about the challenges.
- There is constructive and open challenge between board members.



In Leeds, HWB members and partners are including the executive summary of the city's shared vision in their plans to ensure join up across organisations.



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What does shared leadership look like?

- HWB members have a shared commitment to problem solving and challenging issues are dealt with quickly and effectively.
- Governance arrangements facilitate decision-making across organisations.
- Providers are fully engaged and satisfied with this engagement, whether or not they sit on the board.
- The public are supportive of the changes HWBs propose and deliver.



We will have achieved shared leadership when something goes wrong and we are able to put it right, particularly when discussions involve financial issues.

Cllr Roger Gough, Chair Kent Health and Wellbeing Board



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Top tips: making shared ownership and leadership happen

- Holding meetings out of council offices and in different venues
- Ensuring agenda setting and meeting contents are meaningful for all
- Focusing on only the things HWB members can do together, and where the board can add value
- Jointly employing an officer to support the work of the board
- Creating space inside and outside meetings for thinking about and developing innovative solutions to challenging issues

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Annex 1: Who was there?

- 30 delegates attended: 13 from local government, eight from clinical commissioning groups and nine representatives from national bodies.

Co-chairs

- The event was co-chaired by Dr Graham Jackson, clinical leader and chair of Aylesbury Vale CCG; NHS England Clinical Champion, Will Tuckley, chief executive, London Borough of Bexley – both members of their Health and Wellbeing Boards

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Annex 2: Chairs and speakers

Chairs

- Dr Graham Jackson, Clinical Leader and Chair of Governing Body Aylesbury Vale CCG
- Will Tuckley, Chief Executive, London Borough of Bexley
- Cllr Roger Gough, Chair Kent Health and Wellbeing Board

Speakers

- Phil Swann, Shared Intelligence
- Tim Furness, director of partnership and planning, NHS Sheffield CCG
- Robert Kenyon, chief officer, Health Partnership, Leeds Council
- Cllr Roger Gough, chair, Kent Health and Wellbeing Board;
- Dr Darren Cocker, clinical chair, NHS South Kent Coast CCG

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