

Report of the workshop on health and wellbeing boards working across boundaries

25th February 2014

Supported by



Department
of Health



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 with other HWBs. It explored how some HWBs are working in partnership with neighbouring boards on issues that jointly affect their local communities, and the potential benefits of a shared approach.

Supported by



Department
of Health



This slide pack is to share 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 health and wellbeing board members on the benefits and challenges of boards working together across boundaries.

This pack also includes details of 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

Supported by



Department
of Health



Executive summary

The key findings from discussions with HWB members about enabling and encouraging cross-HWB working:

1. **Adding value locally** – where HWBs are working jointly there is usually a strong local reason to do so, linked to planning and the delivery of local priority issues
2. Working together can be done in many different ways – different approaches and mechanisms; different boards, at different times, not always the whole board, and work outside the board
3. **Small steps can lead to bigger joint actions** – beginning small, on a project basis, can be an effective way to facilitate joint working
4. **Focus on delivering shared priorities and outcomes** – a good starting point, sets a clear vision and pragmatic focus
5. **Approaches to making governance work** – needs attention, can support and underpin brave decision-making and new ways of working

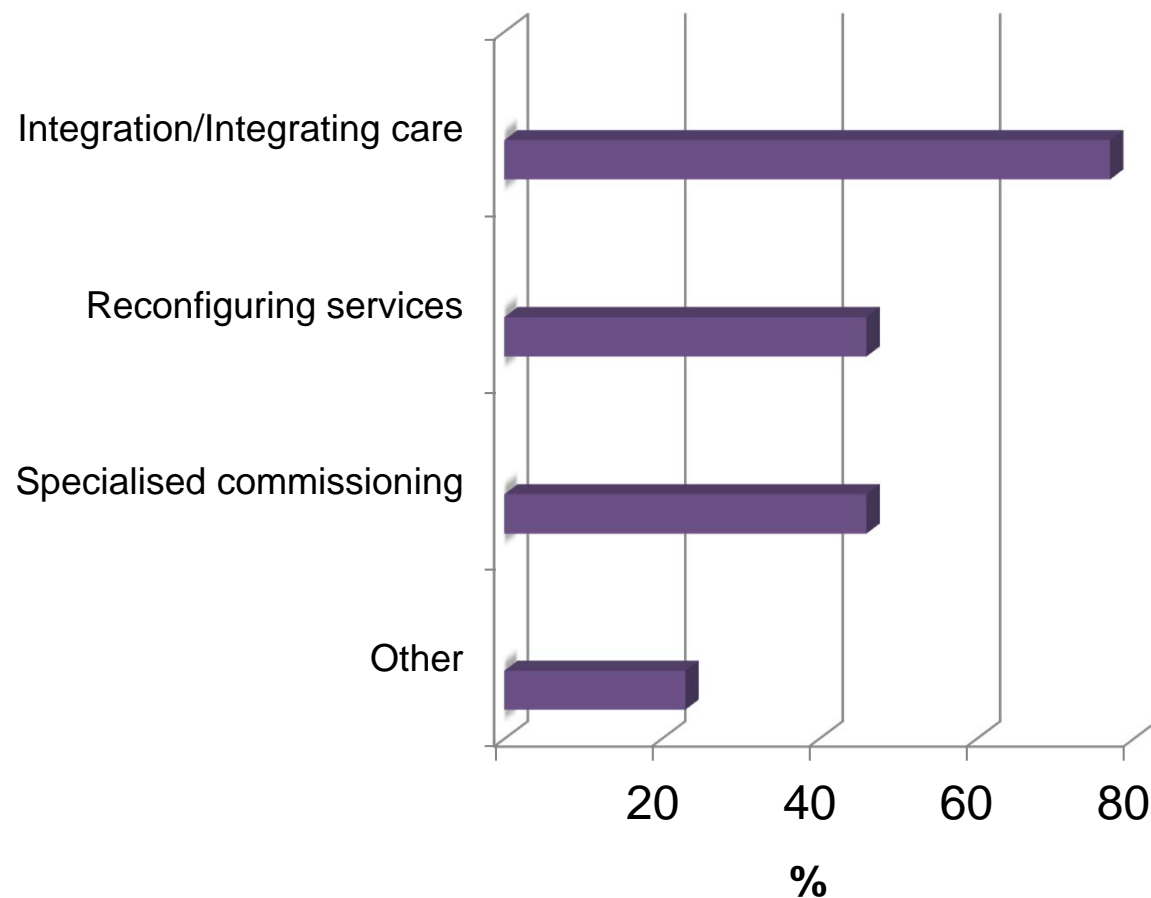
Supported by



Department
of Health



Reasons for HWBs working with each other



Commentary: Integration/Integrating care was the main anticipated reason why HWBs would work with other HWBs, mentioned by 77% of delegates surveyed at the start of the workshop.

Supported by



Department of Health



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

%

Supported by



Department
of Health



1. Adding value locally

- Where HWBs are working across boundaries, there is usually a strong local reason to do so
- HWBs working with other HWBs is directly linked to planning and the delivery of local priority health and wellbeing issues

Delegates identified many different reasons why HWBs might want to work together to add value:

Meeting the needs of specific groups of people

- collaborative working between providers and commissioners to lead and drive an integrated approach to service delivery for a particular need or population group across a wider area e.g. ending gang and youth violence, childhood obesity
- to address the needs of small populations spread across two or more local areas e.g. some BME groups

Supported by



Department
of Health



Adding value locally

- where there are benefits of scale in working collaboratively with other HWBs to meet very specialised needs identified in JSNAs or PNAs
- response to how people access a service e.g. joint sexual health commissioning in London to meet needs of service users who live/work in different places

Addressing public health and wellbeing issues

- to address shared public health priorities such as fuel poverty, houses with multiple occupancy, misuse of alcohol and tobacco
- tackling broader wellbeing issues e.g. rural transport, isolation
- political leadership for public health e.g. work led by Greater Manchester HWB on minimum alcohol pricing

Supported by



Department
of Health



Adding value locally

Tackling service sustainability issues

- providing a forum for all relevant parties to agree a solution, where there is provider failure affecting populations covered by different HWBs
- planning the configuration of services that span a number of HWBs e.g. specialised services, urgent and emergency care; this needs NHS England to be fully engaged in HWBs

In recognition of shared agendas

- working to deliver shared agendas e.g. London 'growth' boroughs shared agenda to tackle high deprivation through boosting employment, free school meals, improved private sector housing

Supported by



Department
of Health



Adding value locally

Improving the impact and effectiveness of the HWBs' work

- co-ordinated sharing and learning of new health and care delivery methods
- more effective use of resources to meet needs identified in JSNAs
- sharing data analysis and evidence on specific issues e.g. domestic violence and abuse
- cross-working with academic health science networks and clinical senates
- more powerful voice with central government, NHS England e.g. on economic regeneration, primary care and specialised services planning...
- ...and regionally e.g. use of Local Enterprise Partnerships funds on health and wellbeing

Supported by



Department
of Health



2. HWBs working with other HWBs can be done in many different ways

- There are different approaches and mechanisms that can make joint working happen
 - not always appropriate to replicate
 - relevance and value of any approach dependent on local situation: politics, geography, partnership history, socio-economic picture, local configuration
 - need to match to particular local issue/s and population needs
- May involve different boards, at different times, not necessarily the whole board, and work outside the board
- Ongoing engagement or short-term, time-limited work



There are a lot of opportunities, but probably not one configuration.

Delegate



Supported by



Department
of Health



HWBs working with other HWBs can be done in many different ways

Examples

- **Joint DPH:** Bournemouth and Poole HWB and Dorset HWB have a DPH who sits on both boards. They have joint development sessions (not joint meetings) and share delivery of a joint programme, Better Together, designed to integrate health and social care across the health economy. Will also share a joint plan for supporting the needs of children with disabilities
- **Tackling shared challenges:** Greater Manchester HWB provides local leadership on GM-wide priorities impacting on the health and wellbeing of the GM population. It includes LA, CCG, NHSE, PHE reps as well as members from each of 10 local HWBs. It works closely with and advises the local HWBs, but recognises their 'subsidiarity'. The local HWBs have not merged and have their own programmes. Neither do the local HWBs report to the GM HWB

Supported by



Department
of Health



HWBs working with other HWBs can be done in many different ways

Examples

- **Cross-member working:** Individual board members, from local Healthwatch, work together across HWB boundaries in South-West London on some patient and public engagement activities
- **Shared project teams:** Kent HWB and Medway HWB share a single drug and alcohol team, although they did not achieve agreement on reconfiguration around mental health



It shows the relative maturity of HWBs. There are some where there's a lot of joint working, and others where they are not talking to each other at all.

Delegate



Supported by



Department
of Health



HWBs working with other HWBs can be done in many different ways

- Other approaches being considered include:
 - undertaking a needs assessment jointly for a specific population group or need e.g. leading local response on Winterbourne View, children's mental health
 - designing care pathways covering combined board areas to best meet the needs of a small population sub-set
 - pooling resources to configure and invest in specialised services
 - joint task and finish groups convened informally to consider actions to deliver on shared priority issues – e.g. fuel poverty, youth employment, food poverty, assisted housing, care home capacity for older people – which could feedback to the main boards and inform strategic decision making

“ No HWB has a wall around it.
Delegate ”

Supported by



Department
of Health

Local
Government
Association

NHS
England

NHS CONFEDERATION



3. Small steps can lead to bigger joint actions

- Beginning small, on a project basis, seen as an effective way to facilitate joint working in local areas where there are more difficult challenges:
 - HWBs still establishing their own identity and relationships
 - discomfort about sharing thinking and practice due to cultural/political differences
 - previous lack of success
 - differences between urban and rural settings
- Can help bring to the fore, to then address, any inherent tensions in working together, iron-out misunderstanding and build mutual trust

Supported by



Department
of Health



Small steps can lead to bigger joint actions

- If small cooperative projects work effectively e.g. on autism, domestic violence, affordable warmth, HWBs can then build on shared learning and relationships to foster larger-scale joint working



If you could get London into the habit of cooperation in one area like alcohol, you might get cooperation in other areas.

Delegate



Supported by



Department
of Health



4. Focus on delivering shared priorities and outcomes

- Agreement on shared priorities and outcomes thought a good starting point for working across boundaries:
 - sets a clear vision
 - a pragmatic focus that could/should override political, cultural, relationship difficulties
 - JSNAs and JHWSs provide the basis for identifying common priorities and outcomes
 - provides more clarity on how to align and target constrained resources

Supported by



Department
of Health



Focus on delivering shared priorities and outcomes

- Can share and use evidence-based practice to deliver the outcomes; although standardised form of delivery not necessary
- Priorities co-produced with service users and carers promotes more community energy and enthusiasm that can be harnessed to drive up the incidence of healthy behaviours across wider areas e.g. keeping people in sport after they stop playing through running voluntary sports clubs (East London)

Supported by



Department
of Health



Focus on delivering shared priorities and outcomes

- Some local providers are likely to be interested in working across HWBs' geographical boundaries to improve health and wellbeing outcomes linked to their own strategic objectives. They might take the initiative in leading joint working on behalf of HWBs e.g. Northumberland, Tyne and Wear NHS Foundation Trust, with a seat on five local HWBs, are leading local NHS reconfiguration efforts



It's not clear who is in charge of the strategic direction on issues that cross boundaries; this requires a joint conversation which HWBs can and should lead.

Delegate



Supported by



Department
of Health



5. Approaches to making governance work

- Governance for joint working needs attention
 - can support and underpin brave decision-making and new ways of working
- Yet governance arrangements for individual HWBs often still need clarification
 - feeling that not yet been fully tested
- Multi-HWB collaboration likely to make governance more complex given larger number of people and organisations involved

Supported by



Department
of Health



Approaches to making governance work

- In setting up joint governance arrangements several issues to consider:
 - conflicts of interest: should be none in relation to strategic planning and development, more likely to emerge if any commissioning activities or contracting happens; but this can take place outside formal board meetings

A widely used approach is for chairs to clarify purpose and content of board discussion – if this strays into areas of possible conflict of interest, the concerned personnel can leave the board meeting

 - scrutiny committee governance thought to provide some useful lessons

Supported by



Department
of Health



Approaches to making governance work

- formalised accountability mechanisms for effective resource use can be put in place through linking joint commissioning plans to an overarching Section 75 agreement
- certain areas of joint working will need greater resource input which might make Section 75 agreements insufficient

Example of joint governance arrangements: a Protocol was drawn up for working between the GM HWB and local HWBs, designed to encourage dialogue between local and GM HWBs, and provide direction for support officers. Some soft marketing undertaken before agreed. Local chairs are encouraged to consider collaborative opportunities and refer them to the GM HWB. All local HWBs have their own governance arrangements.

Supported by



Department
of Health



Top tips from delegates to support HWBs working across boundaries

- Focus on improving health outcomes for the local population should always trump politics
- Relationship building is essential to develop better trust; seeing and talking are probably indispensable
- Helps to have service users and carers involved when difficult conversations are needed between board members
- Positive local media coverage and lack of party politics can help HWBs take more risks
- More about understanding and delivering what really matters to local people in terms of improved health and wellbeing, than what happens just locally
- A 'can do' attitude can help get things done irrespective of the type of configuration

Supported by



Department
of Health



The way ahead

- HWBs working with other HWBs is challenging
- Boards are still an early stage in their development
- Therefore, it will be important and valuable for HWBs to share learning from the different approaches being taken to working across boundaries
- And to share any learning on early attempts at multi-HWB collaboration

Presentations from the workshop, showing different collaborative approaches can be found at:

www.nhsconfed.org/Events/events-archive/Pages/workingacrossboundaries.aspx

Supported by



Department
of Health



Annex 1: Who was there?

- Twenty-four delegates attended: from local government, clinical commissioning groups, local Healthwatch, NHS foundation trusts, and representatives from national bodies.

Co-chairs

- The event was jointly chaired by Cllr Jonathon McShane, chair of Hackney HWB; Dr Johnny Marshall, director of policy at NHS Confederation; and Dr Graham Jackson, clinical leader and chair of Aylesbury Vale CCG

Supported by



Department
of Health



Annex 2: Speakers

Cllr Keith Cunliffe, Cabinet member for Health and Adult Services, Wigan council, member of the Greater Manchester HWB

Cllr Clive Furness, chair, Newham HWB

Caroline Wild, head of partnerships, Northumberland, Tyne and Wear NHS Foundation Trust

Nicola Rosenberg, policy manager, NHS Confederation (on behalf of Jane Portman, Executive Director Adults & Children, Deputy Chief Executive, Bournemouth Council)

Supported by



Department
of Health

