

Support for political leaders and reaffirming the position of Health and Wellbeing Boards

Purpose of report

For discussion.

Summary

Health and Wellbeing Boards (HWBs) are in their fifth year and the environment they operate in has become more pressured and complex. HWBs are uniquely placed through their statutory basis, democratic accountability, roots into and knowledge of the local community and its needs, ability to link to the wider determinants of health and set a long term vision for the place. The political and clinical leadership offer (through the Care and Health Improvement Programme) has developed throughout this time now with a sharper focus on targeting the less effective HWBs and working in partnership with the NHS to accelerate progress.

Recommendations

The Community Wellbeing Board members are invited to;

1. Note the report; and
2. Agree to champion the political leadership offer.

Actions

Officers continue to support HWBs to re-establish their role; maximising their value as statutory bodies with legal duties, democratic accountability and their unique positioning to bring together the wider determinants of health and to set a long term vision for their local populations.

Political leaders in health, care and wellbeing to be supported to develop their engagement and relationships with the NHS through the new partnership approach.

Officers to bring an update paper to the Community Wellbeing Board in six months.

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Support for political leaders and reaffirming the position of Health and Wellbeing Boards

Background

1. Health and Wellbeing Boards (HWBs) are a statutory forum where political, clinical, professional and community leaders from across the care and health system come together to improve the health and wellbeing of their local population and reduce health inequalities. They have been in place since 2013 and are a single point of continuity in a constantly shifting health and care landscape.
2. The Care and Health Improvement Programme (CHIP) originated in April 2013 following the health reforms to support the establishment of HWBs and the transfer of Public Health to councils. The strategic leadership support offer (delivered in partnership with NHS Clinical Commissioners) to HWBs, HWB Chairs, CCG Vice Chairs is flexible, has continually developed and increased its impact over this time.
3. Through our unique longitudinal study of the development of HWBs, as part of our evaluation of this support programme, we have developed a clear idea of the conditions that make for an effective board to carry out its statutory duties of: producing a Joint Strategic Needs Assessment (JSNA) and a Health and Wellbeing Strategy, tackling health inequalities and promoting integration.

Issues

4. The context HWBs operate in is complex. Our support offer aims to help HWBs navigate the system and assert local political and clinical leadership. There has been so much churn and change in the NHS in the past year with wave after wave of different centrally driven place based initiatives aimed at joining up health and care. As HWB Chairs, lead members and GPs are rooted in the community and the HWB as a committee of the council has democratic accountability, the positioning of the HWB as the “Place Anchor” in a sea of STPs, ACO/S, BCF is vital;
 - 4.1. While the organisations may change the key features of the place do not. The role of the HWB is to have a strong message about what the local vision and priorities are and to have the confidence to argue for what is needed.
5. We have supported HWBs and political and clinical leaders in health, care and wellbeing through CHIP in a number of ways:
 - 5.1. Over four years we have put 120 members and 40 GPs through our highly respected HWB Leadership Essentials programme and given them a gateway to access further support on offer.

- 5.2. Delivered our fourth, most positive, upbeat and best attended Annual Summit for Political and Clinical Leaders in Care and Health, (in partnership with NHS Clinical Commissioners) in March 2018.
- 5.3. Supported 50 individual political leaders and eight GPs in 2017/18.
- 5.4. Tailored support provided to 25 HWBs/systems in 2017/18.
- 5.5. Over the past 18 months delivered 35 Facilitated Integration Tool Workshops.
- 5.6. Delivered nine new System Wide Care and Health Peer Challenges.
- 5.7. Delivered 40 Prevention Matters training days for members since autumn 2016.
- 5.8. Supported regional networks of political and clinical leaders for example West Midlands with NHS England region.
6. Our insights this year from engaging with HWBs across the country are:
 - 6.1. There is increasing collaboration between HWBs and political leaders are working across STP/CA/sub-regional footprints for example Coventry and Warwickshire, Frimley Health and Wellbeing Alliance, West Yorkshire, Derbyshire and Derby City.
 - 6.2. There is a new assertiveness about the value of HWBs with the local accountability they bring, strategic overview rooted in the place and the benefits of clinical leadership, as reflected at the recent HWB Chairs Summit.
 - 6.3. HWBs, in large numbers, are redefining their role and arrangements within the new landscape with renewed clarity.
 - 6.4. HWBs are reconnecting with the wider determinants of health, prevention and the longer term vision for the place, (often as an antidote to the top down NHS initiatives) but also in recognition of the unique position they have in being able to make the links with economy, employment, housing, and growth and wellbeing and the long term sustainability of the system.
 - 6.5. In their system wide reviews, the Care Quality Commission (CQC) have identified HWBs that need to strengthen their leadership and we are still aware of a wide divergence in the effectiveness of HWBs.
 - 6.6. There is an increasing demand for support to build relationships and mutual understanding between the NHS and members ; “The issue at the centre of why progress is not being made in care and health systems is cultural and relationship issues with the NHS and councils” and “lack of understanding within the NHS about LA governance and member-led decision making” (CQC).

7. Working with the Principal Advisers and their regional teams, the Care and Health Improvement Advisers and through our own interventions, we continue to build a picture of HWBs across the country, both in terms of good practice to share and to identify those HWBs not yet operating at an optimum level. There are often complex factors as to why a HWB is not reaching its full potential, it can often be part of a larger corporate issue and we continue to liaise regularly with the Principal Advisers to ensure we deploy our resource at the most appropriate time and through the most appropriate channel to have an impact.
8. In response to several demands from councils, Public Health England, public health teams, CCGs and other parts of the NHS we have combined all of our bespoke support on working with politicians and local government into a packaged coherent offer that we will roll out.
9. Our new support partnership with NHS Providers, NHS Confederation and NHS Clinical Commissioners, as the representative member bodies of NHS organisations, is a major success for sector led improvement and the LGA's peer led approach. We have a joint support programme, funded by NHS England and supported by NHS Improvement, which takes our tried and tested tools into the NHS. We are offering six System Wide Care and Health Peer Challenges to STP/ICS (or any other place based partnership that comes forward), facilitated integration workshops (FIT) and bespoke support. Within this offer, we are also working with NHS Confederation to establish their new regional networks around any existing member networks or make an offer to do joint networking for members and NHS leaders for example South East. This approach will make an impact on the key barrier identified around NHS/council relationships and understanding.
10. We have established the key characteristics of what makes an effective HWB from our cumulative knowledge, have checklists of what needs to be in place, have experience of what interventions work at a strategic and political leadership level and have excellent cohorts of member peers and associates, from both local government and NHS, to deliver the support. We have enough tools in our armoury, it is now about how we most effectively deploy them in partnership and firmly linked into the LGA.
11. We welcome further engagement with CWB members in the support offer as champions, sharing intelligence and contributing to its development.

Implications for Wales

12. There are different legislative arrangements for Wales. However we did work in 2017 with the Welsh LGA and delivered a Facilitated Integration Tool workshop in Wales, as the key partnership attributes used in the FIT are transferable to other settings.

Financial Implications

13. Sector led improvement support for HWBs and political leaders is funded by the Department of Health and Social Care through CHIP. We have also secured a small amount of funding from NHS England for collaboration around STPs and other placed based units utilising our existing offer.

Next steps

14. Our focus therefore this year is to:
 - 14.1. Prioritise more robust targeting of HWBs that need to maximise their effectiveness using all our connections to gain an invitation to support.
 - 14.2. Set an expectation that all HWB Chairs attend a Leadership Essentials session.
 - 14.3. Gain traction within the NHS, through our partnership, to make faster progress on mutual understanding, relationships and to progress collaborative working and integration.
 - 14.4. Support HWBs to re-establish their role; maximising their value as statutory bodies with legal duties, democratic accountability and their unique positioning to bring together the wider determinants of health and make an impact on prevention and the long term health outcomes for their populations.
 - 14.5. Support all political and clinical leaders in the care, health and wellbeing landscape whether HWB Chair, lead in a combined authority or STP lead, at individual, system and regional level.
15. Ensure Community Wellbeing Board members are kept fully informed of the leadership offer and welcome their further engagement in the programme.