

Health and wellbeing boards: progress update

Purpose of report

For discussion.

Summary

This report gives an update of the improvement and support offer to health and wellbeing system leaders and also outlines options for further improvement and policy activity to increase the power and influence of Health and Wellbeing Boards (HWBs).

Recommendations

That the Community Wellbeing Board:

1. Note the update on the health and wellbeing system leadership support offer; and
2. Discuss and agree options for work to increase the power and influence of health and wellbeing boards.

Action

Officers to take forward as directed by members.

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Health and wellbeing boards: progress update

Background

1. At the Community Wellbeing Board meeting on 27 September members requested that officers provide an update of current support and policy activity on health and wellbeing boards (CWB) with a view to agreeing an additional work priority for 2018/19 to increase their power and influence over NHS planning and provision of services.
2. This report is, therefore in two parts: the first part gives an update of the health and wellbeing system leadership support offer, which has support for chairs and vice-chairs of HWBs as a key priority, and what we have learnt so far about what makes an effective HWB. The second part of this report outlines options for an additional CWB work priority on HWBs.

Part 1: The Health and Wellbeing System Leadership support offer

3. Health and Wellbeing Boards are statutory forums 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. Since their creation, the context in which HWBs operate has become more pressured and complex. They have had to deal with a rapidly changing health landscape, changing national priorities for health and wellbeing and an increase in the demand for health, social care and public health services due to demographic and financial pressures.
4. Effective leadership of HWBs is crucial in ensuring that the political, clinical and community leadership of each place owns and supports the implementation of local plans for place-based and person-centred care and support to improve health and wellbeing outcomes and address health inequalities. The LGA provides support to HWB leaders through the political and clinical leadership offer. This is a key component of the Care and Health Improvement Programme, which is funded by Department of health and Social Care and delivered in partnership with NHS Clinical Commissioners. The main focus of support are HWB Chairs and HWB Vice-Chairs, who are often also Chairs or Chief Officers of CCGs. Our support is flexible, has continually adapted and increased its impact over this time.
5. Over the past five years we have supported HWBs in the following ways;
 - 5.1. 150 elected members and 50 GPs have participated in HWB residential Leadership Essentials programme, which also gives them a gateway to access further support;

- 5.2. Annual summit for political and clinical leaders in care and health, in partnership with NHS Clinical Commissioners;
 - 5.3. In March 2018 we delivered our fourth, most positively evaluated and best attended summit;
 - 5.4. Bespoke support to 25 HWBs or health and care systems in 2017/18 and 26 so far in 2018/19;
 - 5.5. Over the past two years delivered 45 facilitated integration leadership workshops, which help health and local government leaders to identify the progress they have made and the challenges they face in moving to a person-centred and place-based system;
 - 5.6. Delivered 15 new system-wide care and health peer challenges in the last two years;
 - 5.7. Delivered over 50 prevention matters training days for members since autumn 2016; and
 - 5.8. Supported regional networks of political and clinical leaders e.g. West Midlands with NHS England region.
6. Recently, the strategic leadership support offer has extended its scope to support HWBs to work more effectively across Sustainability and Transformation Partnership (STP) footprints in order to increase their influence on STPs. We have worked with NHS Confederation, NHS Clinical Commissioners and NHS Providers to develop a wider system leadership support offer to facilitate greater understanding and joint working between leadership of HWBs and STPs and/or Integrated Care Systems (ICSs). We are organising day workshops to explore organisational and cultural differences that can be barriers to closer place-based working. In addition, up to August 2019 we are offering six system-wide care and health peer challenges, Integration Leadership Workshops and bespoke support. More information can be found [here](#).
 7. Looking to the future, we are working to focus our support on the least effective HWBs, working in partnership with the NHS to accelerate improvement of political and clinical leaders. We have also commissioned a set of good practice case studies of areas where health and wellbeing boards are working together across a wider STP or ICS footprint in order to influence planning and prioritisation at strategic level. We will also be drawing out the critical success factors for effective working at strategic level for the benefit of other HWBs.

What have we learnt about effective HWBs?

8. In addition to providing support to HWBs, from 2013 to 2017 the LGA commissioned annual evaluations of the effectiveness of HWB and the LGA support offer. The evaluation reports are available [here](#). The evaluations have enabled the LGA to develop a clear view of the key components of effective HWBs. The most recent evaluation report, 'The power of place' identified the five factors which our research suggests have a significant influence on the effectiveness or not of a HWB in the current context. They are;
 - 8.1. A focus on place, as the most effective HWBs act as “anchors of place”;
 - 8.2. Committed leadership, exerting influence across the council, place and health and care system;
 - 8.3. Collaborative plumbing, to underpin the leadership of place and influence the STP;
 - 8.4. A geography that works, or the capacity to make the geography work; and
 - 8.5. An effective DPH who can support placed-based leadership.
9. This insight has informed Part 2 of this report on the proposals for additional policy activity and improvement support to increase the influence of HWBs on the NHS, in particular on STPs and ICS.

Part 2: Improving the effectiveness of HWBs

Background

10. A long-standing concern of the LGA and many councils is that HWBs 'lack teeth' in relation to influencing the priorities local NHS organisations and systems, which may lead them to be overlooked and by-passed by NHS leaders. Over the past few years, this has led some local government stakeholders to call for additional statutory powers for health and wellbeing boards in relation to signing off local health plans. In July 2018, the LGA published the findings of a survey of the views of council leaders and portfolio holders on a range of issues, including the role of HWBs, STPs and ICSs in relation to the development of integration policy. A full research report is available [here](#). Over 50 per cent of all upper tier councils provided a response so this gives us a useful insight into their views on the future of HWBs. Their responses are summarised below;
 - 10.1. more than three quarters (77 per cent) tended to agree or strongly agreed that STP, ICS and BCF policy and programmes should be aligned and all HWBs required to develop their own integrated arrangements;

- 10.2. three quarters (76 per cent) tended to agree or strongly agreed that HWBs should be given a statutory role in developing or approving STP plans;
 - 10.3. two thirds (66 per cent) tended to agree or strongly agreed that STPs should be abolished and HWBs put in a leadership role;
 - 10.4. seven out of 10 (72 per cent) tended to disagree or strongly disagreed that BCF should be abolished and STPs put in a leadership role; and
 - 10.5. over half (52 per cent) tended to disagree or strongly disagree that STPs should be put on a statutory footing.
11. These responses give a helpful steer in identifying what LGA activity councils would support in relation to increasing the effectiveness and influence of HWBs. We have considered these in developing the proposals for additional improvement and policy activity to support, as requested by the Community Wellbeing Board at its meeting on 27 September. The proposals set out below take account of the insights we have gained from the LGA evaluation reports, the responses from the LGA survey questions on the future of integration, and advice and experience from LGA officers leading the Health and Wellbeing Systems Improvement work.

Options for improvement and policy activity to improve effectiveness of HWBs

12. The Community Wellbeing Board and the majority of respondents to the LGA survey support HWBs having additional statutory powers in developing or approving STP and ICS plans. While this might have the benefit of ensuring that HWBs are involved in STPs plans there are a number of other factors that need to be considered. Additional legal powers for HWBs would require primary or secondary legislation and it is unlikely that there will be any time in this parliament to introduce new legislation. The LGA could be in a position of spending considerable time and resources on pursuing a policy aim which has little chance of being successful. There is also a risk that if HWBs were given additional statutory duties to oversee or approve STPs and ICS commissioning plans, this may lead to a narrowing of focus of the HWB on NHS plans and away from the longer-term HWB priorities on addressing the wider determinants or adopting a 'health in all policies approach'.
13. For these reasons, we propose an alternative range of improvement and policy activity to increase the influence of HWBs on STP and ICS plan. They are;
- 13.1. campaign to include in the NHS Mandate the requirement that STPs and ICSs must engage HWBs in the development of plans;
 - 13.2. commission case studies to identify how HWBs can work effectively together to increase their influence across STP and ICS footprints; and

- 13.3. use the key learning points from the case study work to inform and develop the health and wellbeing systems improvement offer.

Implications for Wales

14. Health is a devolved issue so this report does not apply to Wales.

Financial Implications

15. Any additional programmes of work will need to be delivered within existing resource allocation.

Next steps

16. The Community Wellbeing Board is requested to agree the proposals for additional work outlined in paragraphs 13.1 to 13.3 above.