

LONDON HEALTH AND WELLBEING BOARDS CONFERENCE

12 March 2015:

Progress and potential – a summary of the conference proceedings

Introduction

Organised by London Councils, with assistance from the King's Fund, and funded through the London Health and Wellbeing System Improvement Programme¹, this conference brought together over 80 leaders from across the NHS and local government. They were drawn mostly from local authorities, with some attendees from NHS bodies and third sector organisations.

The purpose of the event was to:

1. launch the publication of '[Conquering the Twin Peaks](#)' – an assessment of the progress and prospects of London's Health and Wellbeing boards commissioned from Shared Intelligence by London Councils;
2. allow boards to take stock of their current position and consider the next steps in their development in the context of the local and national picture; and
3. enable board members to share with each other, through breakout sessions, knowledge and expertise on key areas of board functioning and ways of working.

This paper summarises the key messages and learning from the day. It should be read in conjunction with the slide pack of presentations.

A storify of tweets from the day can be found [here](#)

The National Context

Jon Rouse, Director General, Social Care, Local Government and Care Partnerships at the Department of Health opened the conference with an upbeat vision of the role and purpose of boards. He pointed out there was a strong consensus across the policy and political spectrum about the value of boards. That they were rooted in local democracy was an important strength – but expectations of boards were high, they were being "tested with fire". The "ask" of boards was growing – to offer effective system leadership, to agree local health and wellbeing strategies, to sign-off Better Care Fund plans, become involved in NHS Five Year Forward View new care delivery models and to oversee the transition of some child health services to local government.

Jon threw down some key challenges for boards as they move into the next stage of their development:

- how well can you translate well-meaning strategic intentions into real changes to services on the ground?

¹ The London Health and Wellbeing System Improvement Programme is funded by the Department of Health via the Local Government Association. The London steering group for the programme is convened by London Councils and comprises representatives from London ADASS, ALDCS, London ADPH, NHS England, London CCGs and Healthwatch.

- how you develop the influence and authority of your Board to make change happen?
- getting to grips with system design issues across the whole spectrum of NHS and local authority services and developing the system leadership role; and
- overseeing a shift towards commissioning for outcomes.

He concluded with a reminder that boards have a licence to experiment and do things differently, with the NHS England Five Year Forward View offering a framework of options for innovation in care delivery. Leadership from boards was vital.

These themes were picked up by a panel of senior representatives comprising:

- Sir Steve Bullock, Mayor London Borough of Lewisham and Chair, Lewisham Health and Wellbeing Board;
- Anne Rainsberry, London Regional Director, NHS England;
- Peter Kohn, London Office of Clinical Commissioning Groups;
- Martin Smith, Chief Executive Health Lead for London local government and Chief Executive, London Borough of Ealing;
- Terry Bamford, Chair, Healthwatch, Bexley; and
- Yvonne Doyle, London Regional Director, Public Health England.

How are London Boards doing?

Phil Swann presented the findings of in-depth research into London Health and Wellbeing Boards carried out by Shared Intelligence. The headline findings were:

- ✓ HWBs are on a journey, making progress, but not yet fulfilling their full potential;
- ✓ There are examples of boards adding real value on specific issues, but not yet providing genuine system leadership;
- ✓ the key challenge is to address the twin peaks of the wider determinants of health *and* play a systems leadership role;
- ✓ the role of the chair and the relationship between the council and CCG are particularly important;
- ✓ It is essential to set a small number of priorities and stick with them despite national and local pressure to address other issues; and
- ✓ Expectations are still high and majority of factors which effect board effectiveness can be determined locally.

He concluded:

“The NHS Five Year View presents a major opportunity for boroughs and their partners to play the lead role in transforming the health and care system. This will require collaborative local leadership of the highest quality. HWBs provide a vehicle for exercising that leadership, but they are not doing so yet”.

Developing Boards – breakout sessions

Participants were invited to attend one of four facilitated sessions addressing a particular development area for boards, each drawing on the experience of at least one board in London:

- a. *Beyond the Board: approaches that boards can take in working with neighbouring boards on issues that cover a wider geographical area:*
Facilitator: Dave Buck d.buck@kingsfund.org.uk

This summarised priorities adopted by London boards (drawn from the LGA website) and with input and examples from Brent and Islington. Key points were:

- There is a commitment to work with neighbouring boards but made harder by complex systems, different priorities and population needs across London;
 - Difference between GP registrations and local authority populations also an obstacle;
 - Mapping of all of the different, interacting systems across London would be helpful - and of 'who is doing what' in terms of existing groups and fora;
 - Uncertainty as to whether there is a mechanism to bring boards together (other than through events like this?)
 - Central London Forward was cited as an example of local authorities working together successfully; and
 - Islington had made progress in joint working with GPs and public health by focusing on GP surgeries and children's services (and the role of the Family Nurse Practitioner in particular).
- b. *Stakeholder engagement: how effective boards are not just about meetings but developing relationships with a wide range of stakeholders including people with health and care needs, the wider, community organisations and providers:*
Facilitator: Helen Gilbert h.gilbert@kingsfund.org.uk

This session drew on the experience of Lambeth where the Board, through Healthwatch, have used a co-production approach with residents and service users, developed a charter of engagement using different models of involvement. Key points from this discussion were:

- levels of engagement across boards are variable, it is difficult and sometimes the public do not wish to engage – boards need to be proactive;
 - engagement should be integral to how the board works, not a separate activity that happens afterwards; it requires planning, commitment and investment;
 - public and patient awareness of the existence, purpose and priorities of boards is often limited – boards should consider how they articulate their role and priorities in a way that makes sense to people;
 - the key role of the board is as a gateway for influence, making sure that its partners round the table are engaging with people and holding each other to account for this;
- c. *Purpose and vision: strategies that boards can use to develop a clear, distinctive sense of purpose that describes how they will add value and make a difference:*
Facilitator: Beccy Baird b.baird@kingsfund.org.uk

This session learnt from Havering's approach to developing and refreshing their JSNA. This meant a strong initial focus on integration as a must-do rather than prevention or public health priorities. The refreshed version acknowledges

priorities other than adult social care. A particular challenge was the sheer number of potential priorities under each major heading.

Key points from this discussion:

- The importance of clear language and shared definitions, for example, what is meant by integration
 - Realistic expectations – boards will not resolve 40 years of history in 40 minutes!
 - Outcomes for people are what matter – integration is not an end in itself
 - Key role of the board is to take responsibility for sifting priorities and establishing a strategic direction based on an agreed vision
 - The JSNA process can be used to hold the board together in delivering on priorities and holding each other account
 - Gatekeeping of business and planning of agenda is important so the Board can stay focused on its strategic role and priorities
 - The need for clarity about the board as a collective entity versus the role of Board members in representing their own organisation
- d. *Strengthening local relationships: how CCGs and local authorities can work together to get the best outcomes for local people and how these relationships could change and develop in future:*
Facilitator: Richard Humphries r.humphries@kingsfund.org.uk

This session heard from Sutton where despite financial pressures on the Council, local elections, and proposed changes to local hospital services, relationships between the CCG and Council have been maintained and developed.

Key points from this discussion were:

- Similarities between the role of the GP and elected member – their focus on the individual elector/patient - can help build a shared understanding of local community needs;
- Investing time in developing relationships outside of formal board meetings is crucial;
- Discussions 'offline' can be important as formal meetings;
- Seeking to understand different cultures, ways of working and pressures of partners on the Board;
- The model of local authority chair and CCG vice-chair seems to work well;
- A good test of a mature board is how well they manage disagreement; and
- Recognise the different roles within the council of representing community opinion, the scrutiny function and the strategic role of the board.

Next steps

Richard Humphries summarised. Despite uncertainties facing many bodies in the public sector, HWBs look to have an assured future with widespread support across the political spectrum, policy thinking favouring a greater role for boards in the future. This was reflected strongly in contributions from Jon Rouse and the panel. But these high expectations pose huge challenges for each Board in a tough fiscal climate and mounting pressures on health and local government services and budgets.

This will be tough but there are many positives – evidence from the research by Shared Intelligence for London Councils and other surveys shows a strong commitment to make the boards work. There are many positive example, some of which were shared at the event. Boards in London have the advantage of a body like London Councils to facilitate shared learning.

Each board will need to reflect on where it has reached on its own developmental journey and what priorities should guide its future work and development. But some overarching development themes from the event that all boards could consider:

- effective boards are founded on a strong relationship between the CCG and the local authority, yet nearly 80% of attendees at this conference were from local government. How can CCGs become better engaged in future work?
- given the complexities of the different health economies in London, there will be an increasing need for Boards to work with their neighbours on defined issues or challenges that are bigger than their own geographical footprint. Cross-Board working and how this could be achieved warrants further attention.
- The general election manifestos of most political parties (published since the event) confirm the likelihood that, post-election, boards will have a bigger role. All boards will need to step up the pace of their development so they are ready for the new challenges that lie ahead. Securing the confidence of their local NHS partners will be a key part of that challenge.
- The importance of every board having a clear, shared vision of what it wants to achieve and where it is going is emerging from evidence, experience and research as a principal success factor. This is encapsulated in the following statement from a Board chair in the 'Conquering the Twin Peaks' report:

"In 12 months' time I want my board to have a strong sense of shared leadership. It shouldn't be obvious which organisation each member is from. The board should be the place where we collectively hold each other to account in a mature way....I want the board's agenda to be focused on the big strategic issues with a shared understanding of what we are trying to achieve."

Richard Humphries
Facilitator

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