

Report of the national summit for health and wellbeing boards

“ Shared leadership to improve health and wellbeing
– turning ambition into reality ”

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The National Learning Network for health and wellbeing boards is a programme funded by the Department of Health and supported by the Local Government Association, the NHS Confederation and the NHS Institute for Innovation and Improvement.

The Kings Fund also supported this event by facilitating sessions and running a delegate survey, the results of which are shared in this pack.

This slide pack reports on the fourth event of the National Learning Network for health and wellbeing boards under the heading *Shared leadership to improve health and wellbeing – turning ambition into reality.*

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This pack aims to give an over-view of the themes under discussion amongst health and wellbeing board members as they shared their plans and hopes for the future and outlined areas in which they are looking for further support and partnership.

This slide pack is for delegates to share learning across their areas. It includes details of survey results collected during the event, links to resources launched at the event, feedback and quotes from speakers and participants and tweets to the hashtag *#hwblearn*.

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What delegates wanted out of the day

In advance delegates told us they wanted to reflect upon and share learning with others across the country on the following:

- How to improve integration
- Making health and wellbeing boards efficient
- Building better communication and partnerships between members of the boards and with others externally
- Engaging and listening to the public and communities through and with Healthwatch and voluntary organisations
- Making difficult decisions
- How boards are being set up differently in different areas
- Tackling wider determinants of health and to improve outcomes
- Achieving shared leadership and ownership
- Ensuring equality and diversity is incorporated

The event was tailored to cover the above.

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The event aimed to help participants:

1. Understand and model the shared leadership that is key to successful health and wellbeing boards
2. Acknowledge the importance of their individual contribution as a leader
3. Take something back from the event to action locally
4. Identify and test actions which will deliver improved outcomes for their community
5. Make new connections
6. Increase knowledge in the three key areas:
 - achieving service integration
 - improving health outcomes
 - reducing health inequalities

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Who was there?

- More than 270 delegates from health and wellbeing boards and key leaders from across the country attended.
- A relatively even number of delegates hailed from local government and the NHS, with a fair few from the voluntary sector as well.

The event plenary sessions were chaired by Nigel Edwards, Senior Fellow, Leadership Development and Health Policy and John Wilderspin, National Director for Health and Wellbeing Board Implementation opened and closed it.

A full list of speakers can be found in [Annex 1](#).

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National Learning Network for health and wellbeing board products launched

1. *Operating principles for Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies*: Enabling joint decision-making for improved health and wellbeing
2. *Encouraging integrated working for adults and older people*: a practical guide for health and wellbeing boards
3. *Poster: Health and wellbeing boards*: developing a local outcomes framework for adults and older people
4. *Health and wellbeing boards and criminal justice agencies*: building effective engagement
5. *Patient and public engagement*: a practical guide for health and wellbeing boards
6. *Improving population health*: action learning for health and wellbeing boards
7. *Support and resources for health and wellbeing boards*
8. *Compendium list of publications*

To access these publications see:

<http://www.nhsconfed.org/Publications/Pages/resources-health-wellbeing-boards.aspx>

and

<https://knowledgehub.local.gov.uk/>

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Survey Results

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Throughout the day we used interactive voting to elicit the views of delegates about how their Boards were getting on during their shadow year.

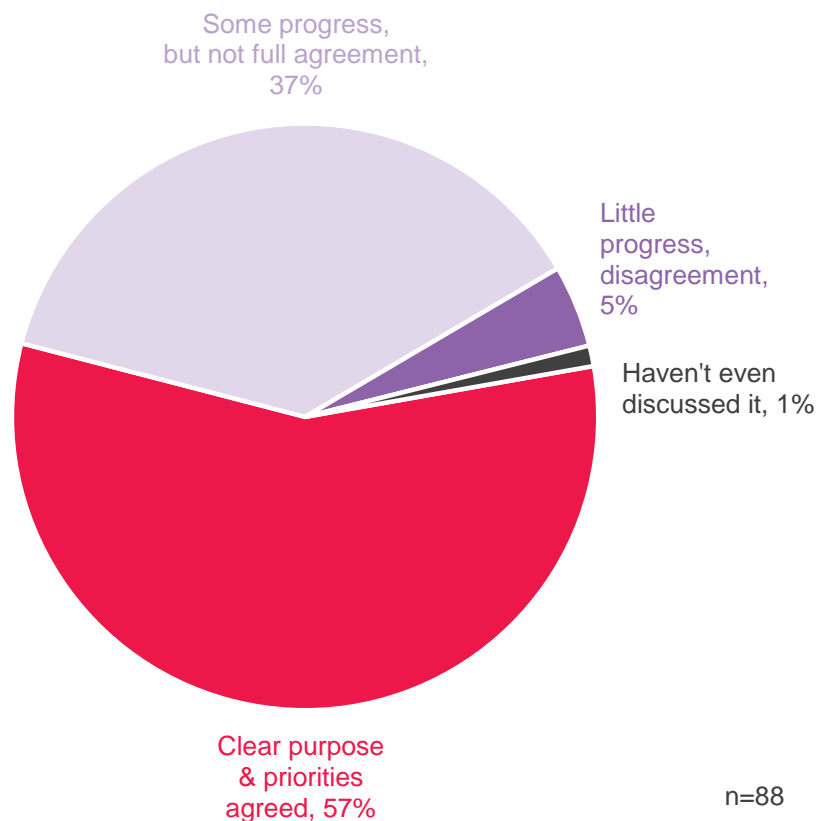
With less than 6 months to go before they are due to go 'live' on 1st April, the questions were aimed at 'taking the temperature' of progress and preparations – so care should be taken in not reading too much into these responses.

Nevertheless the responses are very similar to more formal surveys, for example by the King's Fund and New Local Government Network.

These slides show the responses to each question, with a brief commentary. Boards could use this to reflect on where they are now, and where they want to be by 1st April 2013.

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1. Is your Board clear about its purpose & has it agreed its initial priorities?

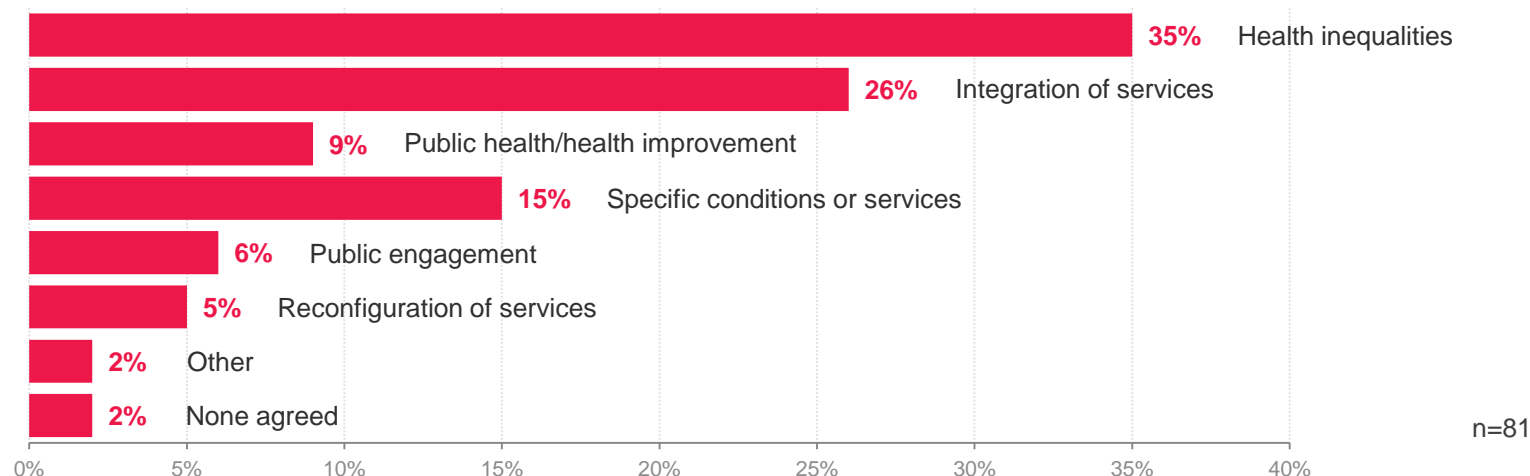


Commentary:

With five months to go before the Boards 'go live', over half of Boards say they have a clear purpose and have agreed some initial priorities, and most of the rest say they are making progress.

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2. Which of the following is highest priority for your Board?

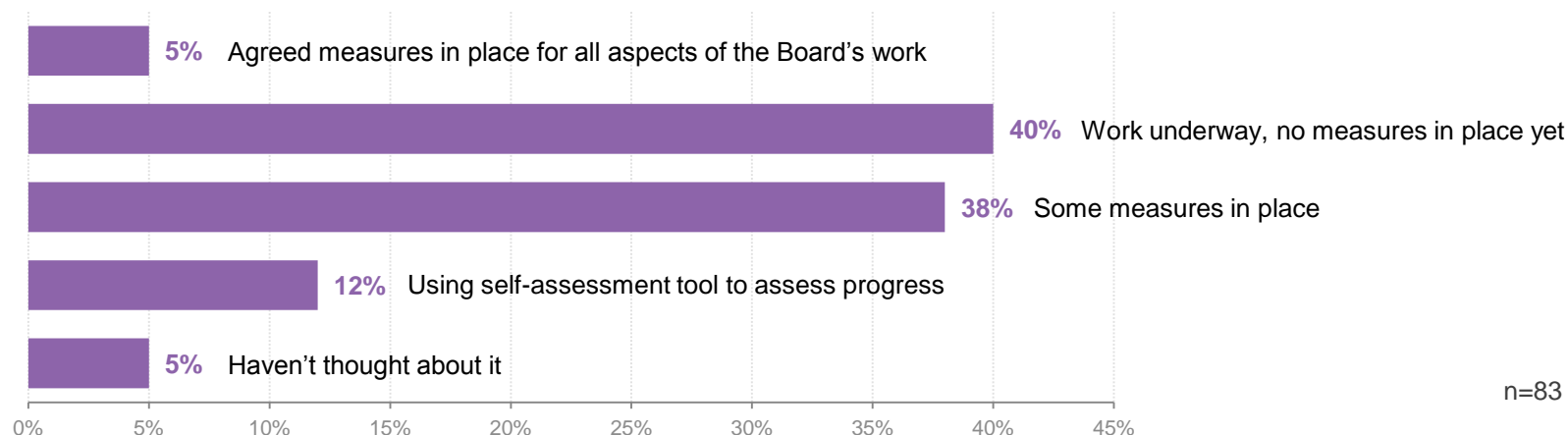


Commentary:

Delegates were given a list of possible priorities and asked to select one priority which their Board considered the highest. So these results should be treated with caution – in reality most Boards will be pursuing several of these priorities. But a clear majority have adopted population level priorities (health inequalities, public health and health improvement) and this reflects the seriousness with which local authority led Boards are taking their new public health responsibilities.

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3. How are you measuring your success?



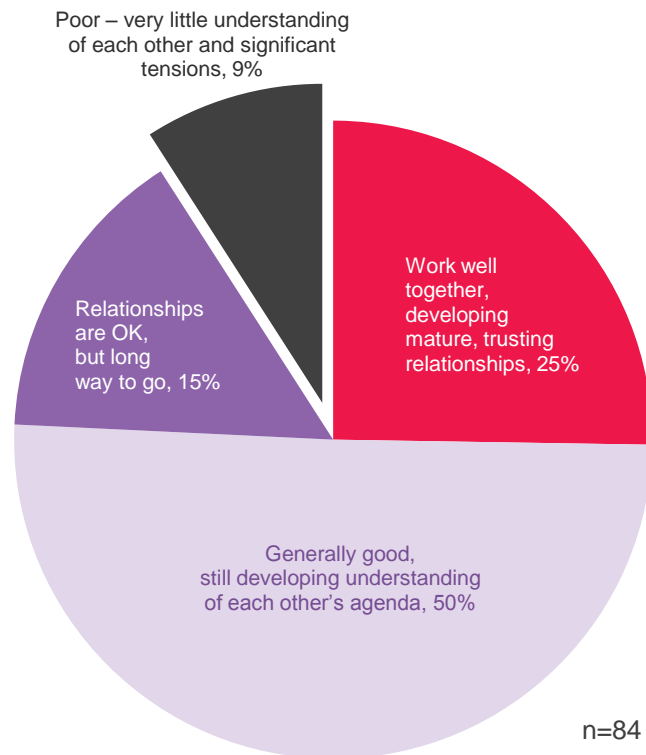
Commentary:

For most Boards, this is work in progress. It is encouraging that just over half had some measures of success in place and work was underway in the remainder. Only 5% had not begun to develop measures.

'Success' could be defined in terms of achievements against agreed priorities or objectives. Or it could be seen more broadly as being about the effectiveness of the Board – here some were using self-assessment tools such as the LGA-led *'development tool for health and wellbeing boards'* http://www.local.gov.uk/web/guest/health/-/journal_content/56/10171/3638628

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4. How would you describe the relationships between the CCG(s) and local authority on your Board?



Commentary:

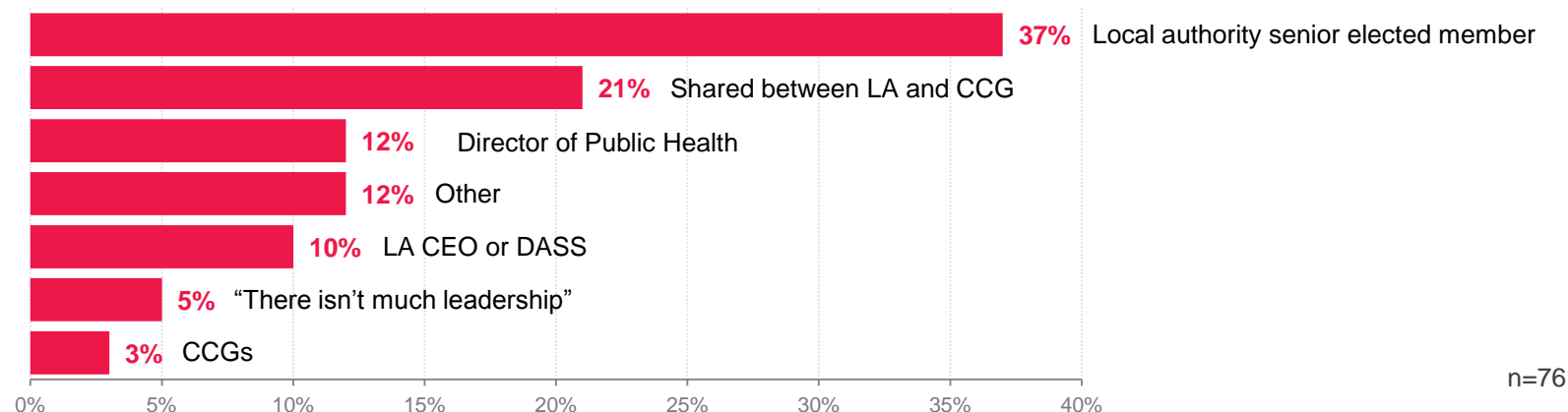
A good relationship between the local authority and its CCG partners is vital to the success of the Boards.

Given that CCGs are relatively new, it is encouraging that the responses to this question were generally so positive – a quarter of Boards have made rapid progress in developing mature, trusting relationships and a half describe the relationship as generally good.

But a significant number with relationships that are better than “OK” or “poor” have much more to do.

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5. Where is the leadership coming from on your Board?



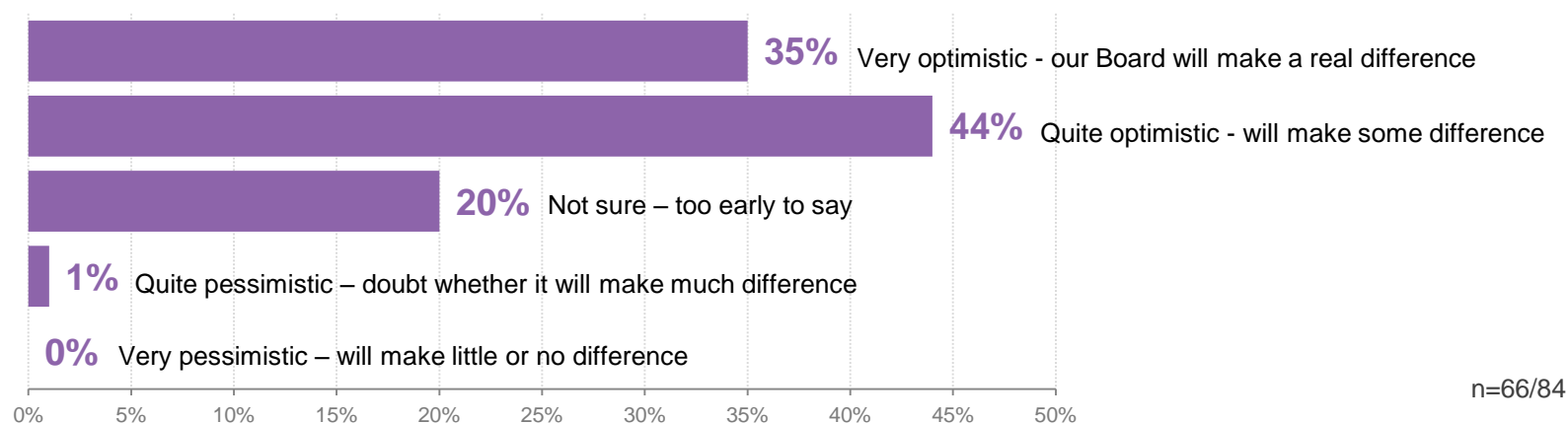
Commentary:

Most saw local authorities as supplying the leadership on their Board – through a senior elected member, Director of Adult Social Services or CEO. This reflects the responsibilities of local authorities in establishing the Boards as a statutory committee.

So it is striking that shared leadership between the local authority and CCG was cited by a fifth of delegates. Similarly Directors of Public Health have a significant leadership profile, consistent with the priority Boards are giving public health (Q2).

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6. How optimistic do you feel about your Board's prospect for success?



Commentary:

Over three quarters of Boards were optimistic about their Board's prospects of success. Considering the many challenges facing the NHS and local authorities, this is remarkably upbeat – and optimism levels rose during the day (we asked the same question at the beginning of the session when only two-thirds were very or quite optimistic).

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The key themes of discussions during plenary and breakout sessions are described in the following slides.

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Joint purpose

Throughout the event there was a sense of joint purpose. Delegates discussed how, on returning to their localities, they can and plan to lead the kind of change they want to see.

Photo: Helen Bevan's, NHS Institute slides



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Moving forward with ambition

The over-arching feedback from the event was that members of health and wellbeing boards are eager to get on with work, and are ambitious about what can be achieved. In particular delegates said they want health and wellbeing boards to be:

1. **Transformational**
2. **Harness community assets**
3. **Accountable**
4. **Make use of other people's great ideas**
5. **Dynamic at creating new partnerships**
6. **A force for integration**

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Theme 1. Transformational

“Health and wellbeing boards can be the engine room of wider system reform”

Mike Farrar, Chief Executive, NHS Confederation

All agreed that health and wellbeing boards should be a catalyst and leader of change. Whilst the focus on ‘process’ (such as board structure) has been important in getting them up and running in their current form, board members want to concentrate now on inspiring others with vision and objectives.

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Theme 1. Transformational (continued)

“

If you do what you've always done
you'll get what you've always got

”

Delegate

As a new entity, and one with such a powerful mandate, delegates thought health and wellbeing boards have an important role in being brave and challenging existing policies and practices where they haven't worked.

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Theme 1. Transformational (continued)

“

We mustn't underestimate the difficult decisions that will need to be made, health and wellbeing boards will need to be brave

”

Caroyln Downs, Chief Executive, Local Government Association

There is no room for complacency, members urged each other to ask themselves what it is that stops them from being world class and then focus on changing those issues. They thought the boards should partner with communities in challenging the status quo.

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Theme 1. Transformational (continued)

See

www.nhsconfed.org/Publications/Pages/Iresources-health-wellbeing-boards.aspx

And

<https://knowledgehub.local.gov.uk/>

For resources to support this change and Ciaran Devan's, Chief Executive, Macmillan Cancer Support paper on leadership in a matrix:
www.nhsconfed.org/Publications/leadership/Pages/Leadership-in-a-matrix.aspx

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Theme 1. Transformational (continued)

The importance of a compelling narrative came out strongly. Helen Bevan, NHS Institute shared her reflections on this highlighting that the evidence on leading large scale change tells us that we have to do the following:

1. Frame the issues in ways that engage and mobilise a large number of different stakeholders
2. Manage and maintain energy for change over the long haul (connecting with emotions through values)
3. Move people towards a shared purpose: “a new future that is better and fundamentally different from the status quo”

Values ➡ **Emotions** ➡ **Action**

Supported by

Theme 1. Transformational (continued)

“

It's dealing with the little things that make a big difference in people's lives. We have a community library service, this is the sort of service that is a vital lifeline for isolated people in our community to improve their wellbeing.

We should be driven by the values that brought us here today not the interests of the organisations that we work for. Health and wellbeing boards could be the place where we remember anything is possible, where we feel part of something bigger and where we see the purpose in what we do.”

”

*Cllr Jonathan McShane, Cabinet Member for Health, Social Care & Culture,
Hackney*

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Theme 2. Harness community assets

“ A health and wellbeing board does not start up in a vacuum ”
Delegate

All agreed to build on what is already there

They found it important for the local debate to shift away from consideration of the deficits and problems in a community to how to utilise the richness of resources in the local community.

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Theme 2. Harness community assets

(continued)

Co-production and the views of local people to understand what good looks like was considered an essential component of success. Many thought health and wellbeing boards should be willing to give away some degree of power and control to achieve commonly agreed outcomes, including control over spending – how can that be more effectively aligned with the wishes of communities.

Healthwatch is well placed to act as a critical friend.

“Engagement will be critical to ensure you bring people with you through difficult decisions”

Anna Bradley, Chair, Healthwatch England

Supported by

Theme 2. Harness community assets

(continued)

Engaging those who are less visible particularly children and young people

Health and wellbeing boards should aim to engage beyond those within the community well known for getting involved, or with a high capacity to engage.

There is a responsibility on the boards to bring in the voices of the disengaged and disempowered. This may require imagination and new ways of working.

Children and young people are a rarely used asset, boards need to make every effort to really engage with them rather than relying on proxies.

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Theme 2. Harness community assets

(continued)

Using negativity and language around prohibition can be off putting to children and young people, whereas a focus on wellbeing and resilience may have greater impact.

There are a number of fantastic initiatives such as youth parliaments or youth takeover days which draw in the voices of children and young people however they don't address the most excluded.

User led peer support has been successful in a number of areas in catching those normally disengaged, as had partnership with other services such as drugs workers and probation workers.

Health and wellbeing board resources on working with children and young people and patient and public health engagement: www.nhsconfed.org/Publications/Pages/lresources-health-wellbeing-boards.aspx and <https://knowledgehub.local.gov.uk/>

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Theme 3. Accountability

Key points focused on:

- **High trust** – boards will need work openly and generously with partners old and new, co-opting the expertise and contacts of others.
- **High transparency** - boards need to provide evidence for courses of action, measure impact and demonstrate efficacy of strategies.

“

Local HWBs should command respect through knowing what's going on and evidence

”

Anna Bradley, Chair, Healthwatch England

- **Holding others to account** – boards need to be comfortable asking difficult questions, challenging priorities and asking for evidence from others. They can use inequality information already held to shine a light on issues.

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Theme 3. Accountability (continued)

“

We must be less tolerant of variations
in health outcomes

Duncan Selbie, Chief Executive, Public Health England

”

For products on board governance and self assessment
see: www.nhsconfed.org/Publications/Pages/lresources-health-wellbeing-boards.aspx
and
<https://knowledgehub.local.gov.uk/>

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Theme 4. Make use of other people's great ideas

Delegates recognised:

- The value of curiosity
- The value of different knowledge and experience across communities and areas
- They need to be strategic and not to reinvent the wheel.

“ Let's see who does it better and get alongside them ”
Delegate

“ It's not about a local government way of doing things or an NHS way of doing things, but about taking the best of both and delivering the best outcomes for local people. ”
John Wilderspin, National Director Health and Wellbeing Board Implementation

Case studies showcasing gains made in population health outcomes can be found here:
www.nhsconfed.org/Publications/Pages/lresources-health-wellbeing-boards.aspx and
<https://knowledgehub.local.gov.uk/>

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Theme 5. Dynamic at creating new partnerships

All agreed:

- The core board should remain small and nimble, but its structures need to penetrate into the community
- Voluntary and community organisations often have a good connection with seldom heard groups, and although many health and wellbeing boards are engaging well with this sector some are not. The boards will need to include these groups in the planning stages, particularly regarding on integration of services – integration must go further than the public sector.
- The mode in which health and wellbeing boards operate should liberate all players to take part. The appreciative inquiry method of working was seen as a positive way for health and wellbeing boards to work as it neutralises power issues e.g. Some players bring knowledge, others power.

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Theme 6. A force for integration

“Integration, you know it when you see it”

Nigel Edwards, Senior Fellow, The Kings Fund

- Moving beyond some discussion on the definition of integration, the participants seemed interested in integration as the ability of health and wellbeing boards to draw strategies and organisations together to a common goal – to create the impetus and energy for action, even when the boards did not directly take the action.

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Theme 6. A force for integration (continued)

- Health and wellbeing boards are in a position to look across the whole community and system - people don't live in a bubble, but have a number of issues. Multi-disciplinary and person-centered approaches are essential.

Resources on integration see
www.nhsconfed.org/Publications/Pages/lresources-health-wellbeing-boards.aspx
and <https://knowledgehub.local.gov.uk/>

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Theme 6. A force for integration (continued)

“ Boards will change the balance between national and local systems, reintegrating spend locally ”

Mike Farrar, Chief Executive, NHS Confederation

- Whole system thinking across the locality, the boards can try to remove barriers between policy and commissioning and reducing fragmentation.

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In conclusion: It's time to take action

At the event there was a palpable impatience to get down to work. To shift from an internal focus outwards towards the community and partners.

“ To build commitment: tell a story, make it personal,
be authentic, create a sense of
“us” and build a call for urgent action ”

Helen Bevan, Chief of Service Transformation, NHS Institute

As John Wilderspin, National Director Health and Wellbeing Board Implementation is moving from his post he gave some final remarks:

“ I am sorry to be leaving you at this exciting time but I'm confident there is enough momentum, and enthusiasm, for this to become a real movement. I look forward with interest to seeing how boards develop in my part of the country and across the rest of the country. ”

John Wilderspin, National Director Health and Wellbeing Board Implementation

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Annex 1: Speakers

John Wilderspin, National Director Health and Wellbeing Board Implementation

Richard Humphries, Senior Fellow, The Kings Fund

Nigel Edwards, Senior Fellow, The Kings Fund

Ciarán Devane, Chief Executive, Macmillan Cancer Support

Duncan Selbie, Chief Executive Designate, Public Health England

Mike Farrar, Chief Executive, NHS Confederation

Professor Steve Field, Chair, NHS Future Forum

Ivan Ellul, Director of Partnerships, NHS Commissioning Board

Cllr David Rogers, Chair, Community Wellbeing Board, LGA

Helen Bevan, Chief of Service Transformation, NHS Institute for Innovation and Improvement

Lorraine Denoris, Programme Director, Healthwatch Implementation

Jane Povey, Clinical Engagement Director, Commissioning Development, DH

Louise Edwards, Programme Manager, CCG Development, DH

Carolyn Downs, Chief Executive, LGA

Anna Bradley, Chair, Healthwatch England

Cllr Jonathan McShane, Cabinet Member for Health, Social Care & Culture, Hackney

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