

Health and wellbeing boards

engaging effectively
with providers



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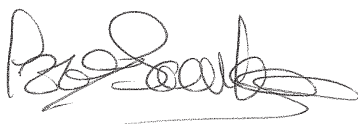
Foreword

Health and wellbeing boards (HWBs) have an important role to play in bringing together all the partners in the local health and care economy to focus on strategic priorities to improve health outcomes. NHS providers have a wealth of experience and expertise to offer in reshaping care. If HWBs wish to transform, reconfigure and integrate their local health and social care services to improve local population health and wellbeing, the evidence to date clearly shows that meaningful engagement with providers is essential.

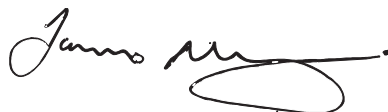
This briefing, co-produced by the Local Government Association (LGA), NHS Providers and Monitor, highlights some of the methods that HWBs are using to systematically and effectively engage with NHS providers and the wider provider community, and also presents some key learning from areas where engagement and genuine partnership working is leading to improved health outcomes in local areas.

It is promising to see from this snapshot of case studies how many local organisations are committed to working towards genuine whole-system leadership to ambitiously redesign health and care services around the people that use them.

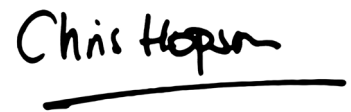
The examples that we present in this briefing are not an exhaustive list of good practice around the country, and there are many areas where partnerships are becoming stronger and more productive using a range of mechanisms. However we hope that these examples will encourage your reflection on how your HWB and local provider conversations can best facilitate a common understanding and purpose towards place-based solutions to local health and care challenges and enable an ambitious vision for person-centred services.



Cllr Izzi Seccombe
Chair of the Community
Wellbeing Board, LGA



Jim Mackey
Chief Executive
NHS Improvement



Chris Hopson
Chief Executive
NHS Providers

Background

This briefing has been jointly produced by the Local Government Association (LGA), NHS Providers and Monitor to provide case studies that offer a snapshot of how HWBs are using different mechanisms to engage with local providers to develop system-wide approaches, join up the strategic commissioning of health and care, take a holistic place-based approach to prevention, and develop a shared local vision for local health and care services expressed through their Joint Health and Wellbeing Strategies (JWHS).

HWBs' relationship with the full range of providers of community, primary, secondary, acute and non-acute health and care is critical to developing sustainable whole-system approaches. In this briefing, we have focussed deliberately on the relationships between HWBs and NHS providers (NHS foundation trusts and NHS trusts) which is timely given the need for engagement around NHS sustainability and transformation plans. However we are conscious that HWBs will need to ensure they have the means and mechanisms to engage with a wider range of health and care providers across the public, voluntary and independent sectors. HWBs need to have meaningful and ongoing engagement with health and care providers to ensure that the local service configuration is fit for purpose¹. Equally, providers also have a responsibility to proactively engage with HWBs to align their service plans with the priorities in the JWHS and in local commissioning plans.

The approaches taken by HWBs to engage with providers vary across the country. Some HWBs include providers as board members, whilst others have opted to maintain a commissioner/provider separation and engage with providers through sub-groups or as part of specific programmes delivering change. A key characteristic of

an effective HWB² is its use of systematic engagement with the full range of providers in its local area, using appropriate channels and mechanisms to ensure providers have genuine input and influence.

The individual needs and context of local areas means that one model of engagement will not be appropriate for all boards to pursue, and indeed boards will likely need to use a range of engagement mechanisms locally. Stronger Together³, a previous publication from joint national partners including the Department of Health, LGA and the NHS Confederation, described a range of mechanisms that HWBs could employ. Some of these mechanisms can be seen in the case studies in this briefing, notably:

- a strategic whole system approach
- providers as board members
- cooperative working with provider forums
- sub-groups of the HWB
- partnership links using the networks of local Healthwatch.

1 www.local.gov.uk/documents/10180/6869714/L15-254+Making+it+better+together+-+A+call+to+action+on+the+future+of+health+and+wellbeing+boards/

2 www.sharedintelligence.net/wp-content/uploads/2015/03/Stick-With-It-review-of-LGA-HWB-Improvement-Programme.pdf

3 www.nhsconfed.org/~media/Confederation/Files/Publications/Documents/Stronger-together.pdf

Challenges

Effective provider engagement with HWBs can present a number of challenges, which will often depend on the complexity of the health and care geography in local areas. Some of the key challenges recognised through our conversations with HWBs and providers are:



Critical success factors

The case studies in this briefing offer a snapshot into how some HWBs and NHS providers are working together constructively to make solid progress towards their key objectives:

Investing time in building relationships:

The most successful engagement is characterised by strong relationships where partners recognise and understand each others' organisational culture, accountabilities, regulatory frameworks and challenges. For some this has meant an extra investment of time meeting outside of the formal engagement mechanisms, taking time to discuss challenging issues, address conflicts and develop roles, relationships and accountabilities but this has helped to achieve a shared understanding of key priorities and agreement on the way forward.

Being flexible: Strong HWB – provider relationships explicitly recognise that the health and care landscape is dynamic and will continue to change as the sector responds to future population needs and the strategic ambitions of the Five Year Forward View. Their mechanisms of engagement evidence flexibility and openness to ensure good strategic partnerships are sustainable as local organisations respond to these changing service demands.

Clarity on the role of stakeholders

and purpose of engagement: The most successful delivery of HWB priorities has been achieved when all partners are clear on what their remit of influence into strategy and ambition is, and what their role is in executing this ambition locally. Taking a specific healthcare priority – such as substance misuse – as an initial point of focus has proved a successful strategy in areas where development in clarity of role and purpose has been needed. This has also helped to ensure that appropriate governance and accountability mechanisms (commissioning and contracting) have been established to ensure the commitment and accountability of partners for their role in delivering on objectives.

Case studies

The following case studies were compiled from short interviews undertaken by the LGA with HWB stakeholders and some of the relevant NHS foundation trusts and trusts in the area who volunteered to share their perspective with NHS Providers. They represent some of the different engagement models being used across different types of authority and commissioning footprint. Whilst providing a good snapshot of how engagement is working, we recognise there will be more examples of HWBs and NHS providers are working effectively in other areas and indeed, may have other models to share.

Acknowledgements

We would like to thank the following local authorities and NHS providers for their contributions to this publication:

5 Boroughs Partnership NHS Foundation Trust
Brighton and Hove City Council
Brighton and Sussex University Hospitals NHS Foundation Trust
Durham County Council
Leeds City Council
Leeds Community Healthcare NHS Trust
Leeds Teaching Hospitals NHS Trust
Lewisham and Greenwich NHS Trust
London Borough of Bexley
North Tees and Hartlepool NHS Foundation Trust
Royal United Bath Hospitals NHS Foundation Trust
Salisbury NHS Foundation Trust
Sussex Community NHS Trust
Sussex Partnership NHS Foundation Trust
Tees, Esk and Wear Valleys NHS Trust
Wigan Council
Wiltshire Council
Wrightington, Wigan and Leigh NHS Foundation Trust

Case study Durham

Overview

The County Durham Partnership is the overarching strategic partnership and is made up of key public, private and voluntary sector organisations, that work together to improve the quality of life for the people within County Durham. The partnership covers five key thematic areas:

- **The County Durham Economic Partnership ‘Altogether Wealthier’** aims to make County Durham a place where people want to live, work, invest and visit whilst enabling our residents and businesses to achieve their potential.
- **The Children and Families Partnership ‘Altogether better for children and young people’** works to ensure effective services are delivered in the most efficient way to improve the lives of children, young people and families in County Durham.
- **The HWB ‘Altogether Healthier’** promotes integrated working between commissioners of health services, public health and social care services, for the purposes of improving the health and wellbeing of the people in the area.
- **The Safe Durham Partnership ‘Altogether Safer’** tackles crime, disorder, substance misuse, anti-social behaviour and other behaviour adversely affecting the environment and seeks to reduce re-offending
- **The Environment Partnership ‘Altogether Greener’** aims to transform and sustain the environment within County Durham, maximising partnership arrangements to support the economy and the wellbeing of local communities.

When HWBs were initially established in shadow form prior to April 2013, County Durham established a whole systems approach to improving local health and care services, on the basis that “achieving outcomes is not the job of one organisation”.

How do providers and the HWB engage?

The Chief Executives of County Durham and Darlington NHS Foundation Trust, Tees, Esk & Wear Valleys (TEWV) NHS Foundation Trusts, North Tees & Hartlepool NHS Foundation Trust and the Director of Corporate Affairs for City Hospitals Sunderland NHS Foundation Trust are all voting board members and were fully engaged from when the board was in shadow form prior to April 2013.

Strong relationships have been forged between all HWB members which is supported through specific development time to discuss the way forward for the HWB.

Conflicts of interest are recognised and noted at the beginning of the board meeting and dealt with accordingly.

The HWB holds a joint annual engagement event known locally as ‘Big Tent’ which involves a wide range of stakeholders including 40-50 voluntary sector providers, members of the public, service users, patients, carers, GP’s as well as professionals from partner agencies. Feedback from the event is fed back to the HWB and used to influence future services through the Joint Health and Wellbeing Strategy as well as other key strategies and plans.

“Right from the very start, when the Durham HWB was being established in shadow form, the local authority involved the main NHS providers that serve the citizens of County Durham. This rightly recognised the very important contribution that providers can make working in partnership with the local authority, NHS commissioners and public representatives on improving the health and wellbeing of the local people. This inclusive way of working has continued and was one of

the reasons why Durham HWB had such a positive outcome to a recent peer review.”

Martin Barkley, Chief Executive, Tee, Esk and Wear Valleys NHS Foundation Trust

Outcomes

- **All partners are confident that they are using one overarching strategy to influence their own organisational goals:**

having key decision makers from the local authority, Clinical Commissioning Groups and NHS Trusts at the HWB means that they can shape the strategic agenda for the whole of County Durham and have the authority and influence to embed these strategic priorities within their individual organisations goals ensuring a whole systems approach. The joint health and wellbeing strategy priorities are visible in all partner plans, and the strategy is clearly owned by all partners.

- **Whole pathways for users of services can be discussed and blockages addressed in the meetings:** honest conversations which cover the whole pathway for people who use services, allow blockages in the system to be addressed.
- **Better Care Fund:** There is a strong history of integrated working and the Better Care Fund is a key foundation for the delivery of integration.
- **There is a very strong partnership ethos across the top of all participating organisations:** having regular development sessions means that there is time and space to have difficult conversations. Well-established partnership relationships allow for constructive challenge when required
- **There is a shared knowledge of key initiatives being carried out by partners:** for example the County Durham and Darlington ‘right first time’ clinical strategy was discussed at the board to make wider partners aware of its impact.

- **The Coordinated Patient Pathway:** The Better Care Fund plan supports seven work programmes to integrate health and social care, including the Intermediate Care+ service which brings together a number of service and initiatives under a single umbrella to prevent unnecessary admission to hospitals or premature admission to care homes, and promotes independence and faster recovery from illness. The HWB is committed to further integration of services in County Durham.

- **Local residents see the board as a true joint partnership:** The Big Tent engagement event is co-owned and hosted by all stakeholders of the board and well attended by the public and supported by a range of additional events to ensure an inclusive approach to engagement. Information gathered jointly from different areas of health and care is particularly helpful for identifying gaps in the joint health and wellbeing strategy and other key strategies and plans.

Key lessons for other HWBs/providers

- Create space to have open and difficult conversations.
- Recognise conflicts of interest and manage them accordingly, rather than avoid them.
- Investing in relationships creates a strong partnership ethos across the leadership of local organisations, meaning that business can be done more easily.
- Go out into the community to engage and consult, this will fill gaps that may have not been discussed at the HWB.

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Case study

London Borough of Bexley

Overview

Bexley HWB has strategic oversight of developing the vision for health and wellbeing in Bexley. The Bexley Health and Wellbeing Executive group operates as a delivery body to ensure that the ambition and direction of the board is delivered on the ground.

Bexley HWB membership does not include providers and membership is reviewed annually. The Bexley Health and Wellbeing Executive Group reports into the HWB and brings together those who design, commission and provide services across the NHS, public health, social care and children's services and representatives from the voluntary sector. The Group looks at all health and care needs together, and plans with a view to ensuring an integrated approach and seamless health and well-being services for the residents of Bexley.

There has been lots of change in the structure of the local health and care economy, meaning that it can sometimes be challenging to envisage where stakeholders can engage most effectively, the group provides a platform for partners to discuss key issues relating to their respective organisations and consider the impact on the wider health and well-being economy in Bexley.

How do NHS providers and the HWB engage?

Dartford and Gravesham NHS Trust, Lewisham and Greenwich NHS Trust, and Kings College Hospital NHS Foundation Trust are all represented on the Bexley Health and Wellbeing Executive Group. Through this group they engage across sectors to oversee the development, production and delivery of the Joint Strategic Needs Assessment, the Health and Wellbeing Strategy, Pharmaceutical Needs Assessment and associated action plans.

They also advise the HWB on the opportunities to redesign services, monitor the delivery of commissioning plans, monitor

the design and delivery of services at Queen Mary's Hospital and other health and wellbeing hubs in the Borough.

This structure allows providers, as well as wider stakeholders from the health and care system, to:

- Recommend items for HWB meetings and manage the associated work programme.
- Develop proposals to respond to new and emerging central Government policy and highlight implications to the HWB.
- Assist in the development of local policies, strategies and plans.
- Make recommendations to the HWB on the delivery and promotion of joint commissioning.
- Maintain an overview of the delivery of public health and the interdependencies across partnerships.

Identify risks for the Bexley HWB in relation to new approaches, system pressures and new ways of working.

Maintain an overview of partnership groups, their work and the impact on strategies, delivery plans and the local health economy: Children and Young Peoples Partnership | Local Safeguarding Children's Board | Public Health Delivery Group | Adult Safeguarding Board | Learning Disability Sub Group | Carers Sub Group | Mental Health and Carers Sub Group.

In addition to engaging with providers through the executive group, the HWB dedicates two meetings per year to exploring themes, such as winter resilience. As part of these themed discussions NHS trusts and local NHS providers are invited to the HWB to engage with the strategic challenge of tackling these issues locally.

Outcomes

- Following the joint HWB meeting with providers, their input has been put into the planning and strategy for the coming year.
- The executive group includes officers running the Urgent Care Centre to feed in service level insights into planning and delivery.

Key lessons for other HWBs/providers

- The group feels that stakeholders engaging at executive level presents them with an environment where they can fully contribute and make changes.
- Maintain flexibility.
- The opportunity for challenges to be discussed across partnerships at executive level means that they can be managed without having to go to the HWB.
- The executive group allows difficult conversations around service change to happen before the public board meetings. Having partners all 'on the same page' at the executive group means the board can concentrate on a joint strategic public facing body for changes in the system.

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Case study Wiltshire

“Having providers on the board has given partners a better understanding of the whole system, and the crucial role of providers in delivering change”

**Baroness Scott of Bybrook OBE,
Chair of Wiltshire Health and Wellbeing
Board and Leader of Wiltshire Council**

Overview

Key NHS providers have been represented on Wiltshire's HWB since it began. These include Great Western Hospitals NHS Foundation Trust (GWH), Salisbury NHS Foundation Trust (SFT), Royal United Hospital, part of Royal United Hospitals Bath NHS Foundation Trust (RUH), Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), South West Ambulance Service NHS Foundation Trust (SWAST) and the Wessex Local Medical Committee. The main sites of RUH and GWH are outside of the Wiltshire boundaries (in Bath and Swindon respectively) but have significant patient flows from Wiltshire, so were considered as key strategic partners for integrating and improving services. The acute trusts are non-voting members of the HWB.

Feeding into the HWB, Wiltshire has a Joint Commissioning Board (JCB), comprising mainly officers from the council and CCG, which oversees the delivery of the Better Care Plan and wider integration ambitions for the area. This sits alongside similar arrangements on health and social care for children via the Children's Trust.

How do NHS providers and the HWB engage?

As HWB members, providers are involved as key partners to develop and deliver the health and wellbeing ambitions for Wiltshire. Further engagement takes place through 18 area board meetings (out in local areas with the Council and NHS engaging collectively with other public service partners). In this context, the public are able to discuss strategic

plans as well as use a community area Joint Strategic Assessment to develop a local area action plan, which the area board is invited to help deliver and support (including through grants). Using area boards has the added advantage of our residents having a clearer understanding of how we work together and how the joined-up system works for them; it enables them to understand the system and challenge it if necessary.

Providers do not have a seat on the Joint Commissioning Board, as this is a commissioning body, however council and CCG directors (including the integration director) have bilateral meetings with providers around specific challenges as they arise.

Outcomes

- The HWB has ambitions for the reconfiguration of services, involvement on the board means providers are able to align their plans with the planning and objectives of the HWB.
- Having providers on the board means that the board can get an immediate sense of what is working on the ground and what needs adapting to succeed.
- Good provider engagement meant that Wiltshire's BCP was a front-runner and providers were engaged in the whole process meaning there were no surprises to them in the plans and they could get on with rolling out initiatives; again providing feedback to the board on what is working and what needs adapting.

Key lessons for other HWBs/providers

- In order for working relationships to be mature, other HWB members have to appreciate the governance, accountability and regulatory framework in which providers operate.
- If the relationships are not there – get them there: members of the board meet regularly on an informal basis and development sessions outside of board meetings have been held to discuss challenging issues, address conflicts and develop roles, relationships and accountabilities.

- If operating as a council committee doesn't engage key stakeholders – then do something different: in Wiltshire the board meetings are run in an inclusive manner with members of the public able to ask questions and all stakeholders able to have genuine input.
- When engaging with the public the HWB needs to be seen as a combined organisation of health, care and providers – that's why NHS and council engage together at area board meetings out in the community.

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Case study

Wigan

Overview

The HWB in Wigan has developed as a genuine partnership between council and CCG (involving for example joint rotating chair between Executive Member for Health and Wellbeing and the Chair of the CCG), and local NHS providers have been board members since its inception. NHS providers also have representation on key sub-structures that feed into the board and design and deliver local ambitions.

How do Providers and the HWB engage?

Wrightington, Wigan and Leigh NHS Foundation Trust, 5 Boroughs Partnership NHS Foundation Trust, Bridgewater Community Healthcare NHS Foundation Trust are 'Associate' board members. However in practice there is little governance difference between them and voting members.

These providers also hold a seat on the Wigan Leaders Group (a senior officers group which feeds into and exercises the powers of the HWB) and the monthly Tactical Programme Board (which delivers specific programmes and projects to the strategy and ambition of the Wigan Leaders Group and HWB).

The HWB maintains oversight of the work delivered by these functions, amongst others (such as the Joint Commissioning Group, which providers do not sit on)

Outcomes

- Key metrics on population health are moving in the right direction.
- Providers are engaged at strategic leadership and operational levels so there is genuine 'golden thread' which links partners' strategies and delivery.
- Strong partnerships have enabled successful work around integrated neighbourhood teams (led by Bridgewater Community Healthcare FT, but involving system leadership across all sectors) which won a HSJ award quoting "Hats off to a whole system change driving whole

person care". This work has seen a 43 per cent drop in A&E visits and a fall of 48 per cent in emergency admissions.

Key lessons for other HWBs/providers

- Understand that the future viability, financially and clinically, of the local health and care system is determined by the quality of local partnerships. All organisations have a responsibility to work together to ensure this.
- The only way to tackle the current pressures faced by councils, CCGs and NHS organisations is to have a system-wide perspective on the transformational work required for demand reduction.
- Get a common position by creating opportunities away from public meetings with the board for system leaders to work through challenging issues together.

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Case study

Leeds

Overview

The HWB in Leeds considers it important that it takes a whole population, wider determinants view of health and wellbeing at a strategic leadership level. The city faces some significant health and financial challenges over the coming years. For the board to lead, both commissioners and providers need to be involved as system leaders. Strong local relationships have paved the way for coherent partnership working and the city is confident that it is moving towards one view of local population needs and one pot of set resources. It is felt that this is the best way to work as one organisation for Leeds to make the best use of the 'Leeds pound'.

How do NHS providers and the HWB engage?

The three NHS Providers in Leeds (Leeds Community Healthcare NHS Trust, Leeds Teaching Hospitals NHS Trust and Leeds and York Partnership NHS Foundation Trust) have been HWB members since October 2014, following an internal reflection with board members around the role and structure of the HWB. There is also a voluntary sector representative on the HWB who provides a connection to providers from the large and diverse voluntary sector in the city.

This is supported by a new executive group which supports the strategic implementation of the vision set out in the Health and Wellbeing Strategy. This is newly established, and it is hoped that this group can take leadership on aspects of delivery for change in the health system whilst the Board continues overall leadership for health and wellbeing outcomes in the city. Having providers on both groups gives perspectives and continuity which are integral to finding solutions to the city's challenges.

Leeds has a well-established and diverse voluntary sector infrastructure. Voluntary Sector Leeds offers a network of Voluntary Sector organisations across the city and a

strategic voice on behalf of the sector, which enables connections and contribution to the work of the HWB.

Healthwatch Leeds is also very engaged with the voluntary sector infrastructure and will regularly hold workshops to discuss the health and wellbeing strategy and bring the sector's reflections back to the board to influence ongoing work.

Outcomes

- There is genuine joint ownership of the vision in the health and wellbeing strategy - the five year and two year CCG plans use the JHWS priorities as their foundation for their work with providers.
- A current mapping exercise is being used by planning leads across the city to map all the key issues and events on their horizon in the next two years and compare and contrast this with the five outcomes of the JHWS.
- There is good indication that having providers on the HWB has promoted more cohesion and stronger relationships across the health system in the city. This has supported commitments from all organisations that the city will plan its work to make the best use of the city's collective resource. NHS organisations and the council have also established three 'superordinate tests' to guide strategic decision making across the city.

Key lessons for other HWBs/providers

- Having providers on the HWB as members seemed like a big deal initially, but 12 months on it seems normal and expected to have their contribution.
- You can't just keep saying yes to more and more people coming onto the board otherwise it becomes too big but it feels right to have the three trusts represented and the balance seems right. This is perhaps unique to Leeds, where the geographical boundaries of organisations are quite well-suited to a manageable number of organisations.
- Strategic engagement with providers

has been fluid and had to adapt as the HWB has had to adapt into its role, so it is important to engage when the board is ready and in the right place to be clear on what it is engaging for.

- It's much easier to add people to a board than remove them – whatever the decision you make be prepared to stick to it .
- Really important functions of HWBs are leadership and relationship building. They are not well placed to micromanage detailed work across the system, so it is worth the Board investing time on relationship building and public leadership.

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