

# Encouraging integrated working to improve services for adults and older people

A practical guide for health and wellbeing boards

November 2012

## Key points

- Individual boards will need to identify their own optimum approach to joint working. Time and experimentation will be necessary.
- Demonstrable sensitivity to local factors in how members interrelate and interoperate will help strengthen commitment to joint working.
- Agreeing a set of principles to underpin joint working will support effective joint commissioning and prevent it being destabilised by distracting factors.
- Changing mindsets, as much as changing ways of working, should be a priority focus for board members.

A key duty on health and wellbeing boards is to promote integration and partnership across local government, public health, the local NHS and the third sector, with the ambition of improving local services and tackling health inequalities. Integrated working involves a cross-cutting, wide-ranging and holistic approach. It is as much about joint working and relationship building as about joint commissioning. It means looking beyond the provision of health and social care services and considering the wider spectrum of issues that impact on people's health, independence and wellbeing outcomes.

A whole systems approach involves board members, partner organisations and local people working together and putting local people's needs and aspirations at the very heart of the system. To achieve this requires changing mindsets as much as changing ways of working.

## At a glance

- **Audience:** This summary guide is aimed at health and wellbeing board (HWB) members and supporting officers.
- **Purpose:** To provide HWBs with some practical approaches to consider and use in promoting closer joint working.
- **Background:** This guide was developed by a HWB learning set, which is part of the National Learning Network (see back cover) and is supported by the Department of Health, the NHS Confederation, the Local Government Association and the NHS Institute for Innovation and Improvement.

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The distinctive needs and context of different localities mean that individual health and wellbeing boards will need to identify their own optimum approaches to joint working. Nonetheless, given the considerable challenges involved and the need for experimentation, there is real value in sharing practical learning from others who have sought to work in new, integrated ways. This practical guide was developed by the health and wellbeing learning set for adults and older people, part of the National Learning Network for health and wellbeing boards.

### Ten questions to stimulate closer joint working among health and wellbeing board members

Positive and dynamic, joined-up, integrated working is not easy. The following questions provide a template not just for discussion among health and wellbeing board members, but to encourage innovative and energetic ways of working together to improve outcomes for the local population. There are no right or wrong answers. The intention is to facilitate members in reaching a common understanding of what they can and want to achieve, and agreement on effective delivery approaches.

1. Do board members share an awareness and acceptance of the benefits of joint and integrated planning, commissioning and delivery?
2. Are board members committed to ensuring that joint commissioning delivers the best outcomes across the system for service users?
3. Is there an agreed understanding of the key strategic health and care issues facing the local community and how these are best addressed, both by individual member organisations and the board as a whole?
4. Are board members prepared to hold themselves to joint account for improving

services to better meet the identified needs of their local community?

5. Do board members recognise and accept the need for transparency in agreeing priorities and demonstrating delivery against outcomes, including an 'open book' approach to budgets and expenditure?
6. Is there sufficient flexibility and capacity to meet needs and improve outcomes within and across system and sector boundaries?
7. Has the board reached agreement on how member roles and responsibilities meet the needs of a whole system culture and approach?
8. Are the performance systems in place to hold the board and its members to account for delivering on their agreed individual and shared responsibilities?
9. What are the common values and principles board members consider necessary to make the boards a success?
10. Has the board identified where other service and provider agencies need to work in partnership to help deliver better system and service user experience and outcomes?

### Key dimensions of a joint working approach

There is no panacea approach to effective whole system working. The practical reality can be very different from the policy rhetoric. Not all approaches are likely to succeed from the outset. Time is needed to embed sustainable, joined-up ways of working. Difficulties will be faced and mistakes made.

Experimentation is to be welcomed. Yet all boards can and should learn from the approaches taken by others. Some of the positive dimensions for a joint working approach, as identified by members of this learning set, are outlined below.

### 1. Building strong working relationships

#### Learning points:

Health and wellbeing boards should not be seen as just another new partnership arrangement with different partners around the table. It might be helpful to build on existing and valued local partnership structures that already exist. Yet if boards are to be an effective new driver of joint working, relationship building will require a fresh mindset and new ways of partnership working.

Good relations can only be fostered in the right environment. Members should consider how to create an environment where they feel sufficiently confident and at ease to engage in frank and constructive dialogue; being familiar and secure enough with one another not only to reach agreement but to openly disagree. Operating in public provides added pressures. A smaller board is likely to be more conducive to the development of a close, positive working environment.

It takes time to build an understanding of each other. Such time will be well invested. Better knowledge of other members provides a more constructive platform

for joint thinking and working. Opportunities should be provided for conversations that build understanding of each other's responsibilities, agendas, concerns, pressures, language, culture and ways of working. Some boards have successfully used external facilitators and organisations such as the Local Government Association and local universities to support relationship building. Nonetheless, it is a long-term process, requiring on-going commitment.

Even small issues have the potential to upset the equilibrium amongst members and impact negatively on relationships. Early discussion on how to plan for and handle areas of tension will help members better manage emergent issues without threatening the quality of relationships.

Recognising opportunities where members can help and support each other can strengthen collaborative relations. For example, clinicians may value learning more about the political aspects of membership, and local authority members may welcome knowing more about how to work with hospital consultants.

#### Practical example 1: Organisational development of the shadow health and wellbeing board in Leeds

Following the first meeting of the shadow health and wellbeing board in Leeds, members were given the opportunity to take part in a confidential interview to articulate their aspirations for how the board might work in future. A key theme that emerged was how the board should develop and work together, in particular understanding the board's values; each other's language, work and culture; and the range of potential tensions and disagreements, and how these might be resolved.

In response, the board commissioned the Centre for Innovation in Health Management, University of Leeds, to design an organisational development programme that would ensure members share a common purpose, have a mutual understanding of the identity of the board and how it will discharge its duties, lead collaboratively in setting the strategic direction, and create the conditions to foster implementation. Workshops on whole system transformation are a core part of the agreed programme, with focus on utilising the potential of the local community, the power of networks and innovation.

### 2. Longer-term thinking and planning

#### Learning points:

Expectations will need to be managed. Board members and stakeholders should not expect too much too quickly. It will take time for boards to deliver a sustainable model of joined-up working within complex local environments.

Changing behaviour in relation to service planning, commissioning and delivery, from a characteristically single condition and process orientated approach to one successfully integrated around local people's needs, is unlikely to be achieved in the short term. Neither is it possible to pursue an optimum strategy. There is no substantive evidence to date that supports

any specific integration model. Members need to be prepared to experiment and innovate to discover what does and does not work locally.

Boards will benefit from adopting an organic, iterative approach that allows a system of integrated working to develop in parallel with the evidence base; early evaluation findings being used as learning to make changes and improvements, not as a measure of overall effectiveness.

### 3. Encouraging commitment to integrated working and care

#### Learning points:

Joint working cannot be done in a way that ignores

#### Practical example 2: Shared learning between health and wellbeing board members in Manchester

In Manchester, conversations based on shared learning between shadow health and wellbeing board members outside board meetings are helping to build trust and understanding. On a one-to-one basis, clinical commissioning group leads have been discussing with local government chief officers how they can work together more smartly by helping and supporting each other. The talks have encompassed what to do when they disagree or 'fall out', what adjustments of position are required to keep a stable partnership, and what language can encourage or discourage more openness and transparency, for example: "*I know we don't agree but let's look at all the options together and our common purpose; what must you have, what can you give up in going towards that?*". The discussions have also incorporated informal coaching, with GPs learning more about the right language and approach to build support from politicians, and local authority leads gaining insights into effective ways to engage with the acute sector.

#### Practical example 3: Developing a shared long-term vision in Surrey

In Surrey, the shadow year for the health and wellbeing board has been seen as an opportunity for experimentation. Over 60 stakeholders from across local government and the NHS, including the private and voluntary sectors and acute health providers, were brought together during 2011 in three workshops to develop a shared vision for the new board. A clear consensus to emerge from the workshops was that, to significantly improve outcomes, the board should promote and oversee transformational change in which services are commissioned and how this is done, rather than simply tinkering with or repackaging existing arrangements. Recognising the challenges involved, the board is not planning for success in the short term. Instead, members are embracing the opportunity to trial different approaches and ideas in the commissioning and delivery of services, working in new and alternative ways with partner organisations.

local dynamics and culture. Examples of previous integration initiatives highlight a significant divide between theoretical policy ambitions and what can practically be delivered given the local context. Demonstrable sensitivity to local factors, including the local political environment, in how members interrelate and interoperate with each other will increase the likelihood of active engagement and commitment.

The members of each board need to reach a shared understanding of what type of joined-up working is 'optimum' and the approaches being used. There should be clarity about what this means in terms of organisational policies and practices. Otherwise there is the potential for members to support the aims of integrated working and care without fully comprehending and being committed to what they are expected to deliver.

The role of common values in coordinating work and securing collaboration in service delivery also needs consideration. Members should strive to embed these across and within their organisations.

The board will need to make an explicit case for change. A compelling narrative should be communicated about why joint working is necessary and how the changes involved will operate in a whole system way to deliver improved outcomes. Communicating this story can act as a rallying cry to help generate enthusiasm and motivation across and within partner organisations. It can also help encourage engagement and buy-in from the local community.

#### 4. Clarity around roles and responsibilities

##### Learning points:

If boards are to take a strategic integrated system leadership role and/or be active implementers of integration and not simply collaborative discussion forums, roles and responsibilities in terms of making things happen – of individual members as well as the board – need to be clearly defined. Knowing what is

#### Practical example 4: Building commitment to joint working in North Yorkshire

In developing the Joint Health and Wellbeing Strategy (JHWS), North Yorkshire shadow health and wellbeing board has been mindful of experiences from previous local partnerships. Learning showed that whilst strategies can be relatively straight-forward to write, they are much harder to bring to life and deliver. The board recognises the 'how' of developing a strategy through fostering and building sound working relationships as being almost as important as the end product. Therefore, rather than impose priorities or task a few board members to write a plan, the board is using an approach focused on dialogue among members to collectively build a strategy, providing a common set of priorities and ways of working. The approach also recognises that the board is not starting from scratch, but working in an environment where partners already have plans, strategies and objectives which are driving local commissioning priorities and expenditure.

The board acknowledges that there are important emotional and ethical aspects to securing shared commitment. Board members realise that delivering change in priority areas through the JHWS will not happen unless they are individually and collectively passionate about achieving such change and able to convey that passion within their own organisations. The process involved in agreeing a shared vision amongst board members has been crucial to identifying the shared values to drive forward implementation.

required of them, and by when, will help members determine the priority they should give to the board as regards time and resources. In turn, this will ensure the board has the capacity to drive integrated working forward.

### Operating principles to support integrated working

Agreeing a set of principles to underpin joint working amongst board members can encourage integration, and help ensure it is not weakened by distracting factors. Below are some suggestions to consider.

- Members are committed to making the best use of resources to improve health and wellbeing outcomes for the whole population.
- Members will empower patients to have more control over their care packages, strengthen prevention, self-care and wellbeing.
- Members recognise the importance of targeting services; focusing integrated services on those patient groups most likely to derive the most benefit.
- Members accept the need for collective leadership and joint working to deliver solutions appropriate to their own communities.
- Members recognise the value of incentivising integrated care through developing mechanisms that reward organisations and staff to integrate care.
- Members are committed to ensuring openness and transparency, utilising an ‘open book’ approach towards all aspects of integrated care development.

For more information on drivers to help implement these principles, see the forthcoming publication from the RCGP and the NHS Confederation: *Making integrated out of hospital care a reality*.

Members should be held to account for local community outcomes across the whole system, not just within their own organisation.

### 5. Sharing priorities between the board and local organisations

#### Learning points:

A core function of the new boards is to undertake Joint Strategic Needs Assessments (JSNAs) and, based on this, develop Joint Health and Wellbeing Strategies (JHWSs) that act as a framework in which local services are commissioned and delivered. A key aspect of this role will be to identify priority outcomes against which commissioning can be planned.

The joint approach will involve the many different local organisations providing services for adults and older people aligning their priorities with those of the JHWSs. This is more likely to happen where the priorities are:

- included within national and other performance frameworks against which the organisation is formally assessed
- in line with existing organisational operational and strategic priorities
- able to evidence benefit to the organisation and the wider system by helping reduce demand, allowing resources to be redirected to optimal effect
- linked to capacity building or developing specialist expertise and knowledge.

### 6. Collaborative, cross-organisational leadership

#### Learning points:

Committed and skilled leaders are needed to drive joined-up working if it is to move from being a concept that is talked about to embedded, mainstream practice. Since all health and wellbeing board members do not necessarily have managerial control or accountability,

### Identifying appropriate levels of commissioning integration

The duties of health and well being boards include consideration of how joint funding arrangements could better meet local community needs as recognised in the Joint Strategic Needs Assessments (JSNAs), and to provide commissioners with advice and support to encourage use of pooled budgets.

Boards should identify where **joint commissioning** is necessary to secure agreed local community outcomes linked to health and wellbeing priorities. Joint commissioning is where organisations reach agreement to undertake commissioning work together, combining their resources formally or informally for a particular service (for example, falls prevention) or pathway (for example, long-term conditions).

Where joint commissioning is not required, other levels of collaboration may be appropriate. Boards can adopt an integrated commissioning process where organisations together consider the strategic approaches to the respective commissioning requirements, being open and transparent about all their commissioning activity. This may result in joint commissioning arrangements being agreed for some areas of their work.

At a more basic level, members might agree an integrated commissioning approach where the board is used simply as an information forum for sharing important commissioning decisions.

making the changes involved will also require strong and influential leadership.

Whole system leadership across organisational boundaries is a particularly big challenge. Instead of leading an individual hierarchy-driven organisation where leadership automatically comes with authority, cross-organisational leadership involves 'soft power' based on influence, persuasion, negotiation and coercion. These aspects of leadership require a different approach and new set of skills. Leaders will particularly benefit from skills associated with emotional and interpersonal intelligence – being more astute and sophisticated in recognising what others want and need, knowing who is bringing what to the table, responding to interests in the room, helping and motivating others, and managing confrontation constructively.

Leaders will set the style, culture and behaviour for the way boards operate. Therefore, they will have an important role in generating the confidence to experiment and innovate that is necessary if boards are to make significant progress. They should also encourage learning and improvement through trial and

error rather than just accepting traditional practice.

Useful resources and training opportunities are available from the NHS Leadership Academy ([www.leadershipacademy.nhs.uk](http://www.leadershipacademy.nhs.uk)), the Local Government Association ([www.local.gov.uk/health-and-wellbeing-board-leadership-offer](http://www.local.gov.uk/health-and-wellbeing-board-leadership-offer)) and the King's Fund ([www.kingsfund.org/leadershipreview](http://www.kingsfund.org/leadershipreview))

### 7. Addressing cultural change

#### Learning points:

To operate as a unified system, working to an agreed set of priorities, boards will need to overcome different cultures and ways of working both within and between member organisations.

The current financial climate provides a strong, shared incentive to work in an integrated way to save on costs and resources whilst delivering better outcomes. Yet competition rather than collaboration is often the default position of people and organisations when feeling under threat. Significant cultural change is likely to be required if members are to prioritise working for the benefit of the whole system and wider local community, as opposed to their own

### Practical example 5: Linking up data across organisations in Bedfordshire

In Central Bedfordshire, the shadow health and wellbeing board is keen to use existing data from partner organisations to help in the development of delivery plans and improve outcomes against the agreed priorities for adults and older people: prevention and early intervention; improved outcomes for frail older people; improved mental health and wellbeing; safeguarding and patient safety; and promoting independence and choice.

An early meeting of the board identified that valuable information relating to patient experience was not being shared directly between the local involvement network (LINK) and providers and commissioners of services. Since the data is in narrative format, rather than based on hard facts, it was assumed to be of limited interest to other organisations. Recognising that patient narratives are important intelligence, the board requested the LINK to share the data.

organisation and community; focusing on the best way to achieve the outcomes needed rather than protecting existing services.

To help drive improved outcomes, members should be encouraged to challenge the 'givens' in service practice against the possibilities opened up by change. A whole system of custom, behaviour and interest may have built up around certain traditional practices, restraining the quality of service delivery or compounding inequalities.

## 8. Constructive data sharing

### Learning points:

Health and wellbeing boards will need to consider how they share data and information. Some member

organisations are likely to use different, incompatible information systems and may also be bound by different guidance or take different approaches to sharing information. Nonetheless, finding ways to share this intelligence will help the board develop a more comprehensive understanding of both local population needs and what solutions might best meet these needs. Collaborative use of local information resources can also help members learn from others what has worked and not worked in relation to improving services.

### Practical example 6: Cross-organisational collaboration

A shadow health and wellbeing board identified that benefits accruing from an integrated 'warm homes, healthy people' project had not been shared across the whole system. The project targeting older people who were vulnerable to the cold involved collaborative work across the NHS, district, city and county councils, GP surgeries and the voluntary sector. It contributed to a levelling-off in the number of hospital emergency admissions during the winter of 2011–12, although other factors, particularly the relatively mild winter, are likely to have had an impact.

Whilst there was an underspend for the project as a whole, one member organisation experienced overspend as a result of receiving more referrals than other organisations. The board has commissioned a project evaluation that will include identification of the reasons why this particular organisation has been disproportionately affected. Board members have been reminded by the chairman that: "Funding should follow the need and not individual organisations".



Health and wellbeing boards have an opportunity to use existing data better by making local people the focus for analysis, not systems and processes. There is particular value in building an understanding of the linkages between data that have an impact on local people's health and wellbeing; for example, how the mental health of older people is impacted by the extent to which they are valued by their local community and the quality of their social networks.

Providers of services could have specialist knowledge of essential value to members in developing JSNAs and JHWSs; for example, the voluntary and third sectors.

### 9. Sharing and targeting resources

#### Learning points:

Whilst the harsh financial climate can be a key driver of integrated working, individual organisations are unlikely to share resources across the whole system if doing so does not save the organisation money. There is a need to believe that all member organisations will benefit and no one will be impacted disproportionately. Boards should consider how targeting resources across the whole system to maximise the independence and wellbeing of their local community will help all organisations better manage demand for services.

Aligning resources with local commissioning priorities within a reformed, joined-up system may require releasing resources from existing services to fund new or different services in another part of the system. There is the concern of double running costs as organisations continue to fund existing services whilst money is invested in a new, joined-up system. Another risk is the potential for budgets to rise due to increases in demand, for example as a result of using risk stratification. Members will need to discuss how to address these issues and consider innovative solutions to prevent additional costs linked to increased demand.

An understanding of each other's financial policies and procedures will help members identify cost issues early enough to be able to take appropriate preventative action and to better manage unforeseen financial pressures when they do arise.

Boards should consider new forms of governance where there is good reason to believe they will help secure more effective use of resources to deliver better outcomes. Accountability for transfer of financial resources across the whole system is likely to be a particular concern. There may be value in considering more formalised mechanisms of accountability to help build trust and confidence amongst members that resource shift will happen when necessary.

### 10. Measuring and using evidence of success

#### Learning points:

It will be important for boards to understand and be able to respond to the impacts of their joined-up work. Boards should establish a process and methodology for evaluating whether and how outcomes have changed as a result of what they are doing. There also needs to be agreement on the success criteria against which evaluation findings should be measured.

To convince members of the value and effectiveness of joined-up working across the whole system, hard evidence will be needed. Such measurements take time. Earlier evidence of success is likely to be required to help build confidence and momentum towards integration amongst members. It will be useful to collect qualitative case stories from local people and staff on how new integrated interventions have been experienced so that members can hear about any benefits and issues first hand, and make comparisons over time. There is a forum for sharing these experiences on the LGA's Knowledge Hub for health and wellbeing boards:

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

### Practical example 7: Engaging voluntary organisations in Kent

In Kent, the shadow health and wellbeing board is already engaging successfully with voluntary organisations to help identify and deliver more integrated solutions, for example in delivering better joined-up, end-of-life care services. Nonetheless, the board recognises that some local voluntary organisations feel blocked from playing a full role in supporting efforts to improve health outcomes, either through lack of access to investment to develop services, inflexible commissioning processes or unsuitable procurement policies. Therefore, efforts are being made to enable engagement with more local voluntary organisations, for example through reforms to the commissioning and procurement framework, and encouraging take-up of loans from the Kent Big Society Fund for new and existing social enterprises.

### 11. Engaging with stakeholders to identify innovative, integrated solutions

#### Learning points:

If boards are to deliver on tackling the broader determinants of health and wellbeing, they should be engaging with a whole range of local organisations beyond the statutory board membership required. Whilst a smaller sized board is preferable to ensure productivity and efficiency, appropriate mechanisms should be put in place, other than people sitting together around a table, to allow wider partnership building to flourish.

Boards themselves need broad representation. Service managers alone will not be able to deliver integrated solutions to achieve better local outcomes. Providers as well as service users and clinicians are more likely

to identify and drive forward innovative approaches to integration. Some boards are concerned that there will be a conflict of interest if providers sit on the board and would prefer engagement outside of formal board meetings. Other boards are considering governance arrangements that provide measures to protect against conflicts of interest that could enable provider representation. Whatever the chosen form of engagement, it is important that a 'them and us' approach is avoided.

Traditionally, the range of providers available to some local groups with care and support needs has been too narrow, for example to people with dementia or learning disabilities. Special efforts may be needed to incentivise more quality providers to enter the market.

### Further resources

1. The King's Fund resources on making integrated care a reality:  
[www.kingsfund.org.uk/current\\_projects/integrated\\_care/index.html](http://www.kingsfund.org.uk/current_projects/integrated_care/index.html)
2. Nuffield Trust resources on integrated care:  
[www.nuffieldtrust.org.uk/our-work/integrated-care](http://www.nuffieldtrust.org.uk/our-work/integrated-care)
3. *NHS atlas of variation in healthcare 2011* and themed atlases focusing on specific health conditions:  
[www.rightcare.nhs.uk/index.php/nhs-atlas/](http://www.rightcare.nhs.uk/index.php/nhs-atlas/)
4. A toolkit to support integrated service delivery and commissioning:  
[www.dhcarenetworks.org.uk/\\_library/Resources/ICN/ICN\\_advice/Part\\_2\\_Toolkit\\_FP3.pdf](http://www.dhcarenetworks.org.uk/_library/Resources/ICN/ICN_advice/Part_2_Toolkit_FP3.pdf)
5. SCIE resources on health and social care integration:  
[www.scie.org.uk/topic/keyissues/integration/healthservices](http://www.scie.org.uk/topic/keyissues/integration/healthservices)
6. Local Government Association (July 2012), *A new development tool for health and wellbeing boards*:  
[www.local.gov.uk/web/guest/health/-/journal\\_content/56/10171/3638628/ARTICLE-TEMPLATE](http://www.local.gov.uk/web/guest/health/-/journal_content/56/10171/3638628/ARTICLE-TEMPLATE)
7. NHS Confederation (2010), *Where next for health and social care integration?*  
[www.nhsconfed.org/publications](http://www.nhsconfed.org/publications)
8. NHS Confederation, forthcoming paper on integrating out-of-hospital care.

This document was developed as part of the National Learning Network for health and wellbeing boards, a programme funded by the Department of Health and supported by the NHS Confederation, the Local Government Association and the NHS Institute for Innovation and Improvement. Each health and wellbeing board learning set focused on a theme that early implementers have said is of most interest and importance.

It aims to provide health and wellbeing board members with an accessible and helpful resource and does not necessarily showcase best practice but represents key learning on the issues. For further information or to comment, please email [hwb@nhsconfed.org](mailto:hwb@nhsconfed.org)

The health and wellbeing board learning set for improving adult and older people's services through more effective joint working that developed this publication included:

- Liz Bruce, Manchester City Council (set lead)
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- Seamus Breen, North Yorkshire County Council
- Sarah Collis, Self Help Nottingham
- Dr Peter Elton, NHS Bury
- Cllr Michael Gosling, Surrey County Council
- Cllr Carole Hegley, Central Bedfordshire Council
- Dr Chris Kenny, Nottinghamshire County and Bassetlaw PCTs
- Liz Lawn, Northwest Surrey CCG
- Dr Stephen Munday, Solihull PCT
- Cllr Tony Orgee, Cambridgeshire County Council
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- David Smith, The Brafferton Group

### Further information

Email: [hwb@nhsconfed.org](mailto:hwb@nhsconfed.org)  
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