



# Northumberland County Council

## HEALTH & WELLBEING BOARD

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### **Evaluating the Leadership Role of Health and Wellbeing Boards as Drivers of Health Improvement and Integrated Care Across England – Summary of Research Report**

Report of: Director of Public Health

Cabinet Member: Councillor Veronica Jones, Adult Wellbeing and Health

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#### **Purpose of report**

This report presents the findings of the research by Durham University on evaluating the leadership role of Health and Wellbeing Boards (HWBs) as drivers of health improvement and integrated care across England; and consider the implications for the Northumberland HWB.

#### **Recommendations**

It is recommended that the Health and Wellbeing Board:

1. Consider the conclusions of the research and provide comment;
2. Agree to what extent the HWB addresses the recommendations for practice (see pages 5/6).

#### **Link to Corporate Plan**

This report links to all the priorities in the Corporate Plan 2018-2021 since health is integral to each component.

#### **Key issues**

The following key issues emerged from the research:

- **System Leadership**. There was evidence of good relationship building from HWBs however the extent to which HWBs were able to enact a system leadership function to mobilise change was stymied by the wider system hierarchies. HWBs were often viewed as a collection of leaders accountable to their own respective organisations. It was also found that NHS priorities came to dominate agendas over a focus on reducing inequalities.

- Joint Health and Wellbeing Strategy (JHWS). It was found that generally, little ownership and accountability for implementing elements of the JHWS strategy were present.
- Memberships and relationships. HWB membership appeared to be inclusive with a high level of representation from key partnership organisations. However there was a clear lack of evidenced outcomes. A key priority for HWBs is to communicate strategic aims to frontline staff in terms of their area of work, why they are important and what goals are to be achieved.
- Enablers. Established networks were sometimes broken up and personnel were relocated or left leading to evidence of some fragmentation. There were also concerns that austerity would put pressure on agencies and resources that would in turn encourage agencies to retreat and adopt an isolated approach.
- Decision-Making. HWBs may struggle to hold partners adequately to account for actions and responsibilities; meeting more frequently through networks may help improve the quality of decision-making.

The evaluation process culminated in some suggested changes that might enhance the effectiveness of HWBs:

- Give HWBs greater role definition
- Ensure board members were accountable for delivery of priorities of the board
- Boards need to have a commissioning function
- Boards need to have more power to fulfil their role

## **Background**

HWBs were implemented during a time of unprecedented financial pressure on Local Authorities and during a time of significant change in the pattern of need that required new ways of thinking and working. The Department of Health Policy Research Programme therefore funded a national evaluation of HWBs led by Durham University.

## **Aims**

The key aim of the research was to describe the varied ways in which HWBs are configured and organised, considering key issues such as leadership, governance, membership and citizen involvement. A secondary aim was to analyse the nature of relationships between HWB members, key stakeholders from health and social care, service providers, HealthWatch and other lay interest groups.

The study also sought to identify key political, institutional and organisational facilitators and barriers to effective leadership and action by HWBs for health improvement and for tackling health inequalities. It also looked to work with stakeholders to identify and disseminate examples of good practice for collective decision-making and integrated service provision to achieve health outcomes.

## **Key Findings**

The main issues were identified and addressed through the use of key questions summarised as follows:

***How are HWBs viewed by key actors, particularly in terms of relationships, leadership, governance and accountability?***

- Progress had been identified across some common themes such as building relationships between HWB members, using development sessions to clarify priorities, developing working groups and using the Better Care Fund (BCF) effectively.
- However it had been found that progress was slower than predicted.
- There was a high level of variation in terms of size, membership, governance arrangements, priorities and workloads.
- Obesity, the ageing population and mental health were priority themes.
- A prominent criticism was that many HWBs were yet to position themselves as the key strategic forum for driving the agenda, instead they were generally not viewed as system leaders, more a collection of leaders accountable to their own organisations.
- It was acknowledged that Health and Wellbeing Boards are currently the only forum that brings the system together.

***How successful has reconfiguration of the policy landscape resulting from the Health and Social Care Act 2012 been in shifting power in order to meet policy objectives for health improvement and reduced inequalities?***

- Relationships and trust between members were recognised as being of importance in HWBs in addition to having the most appropriate individuals to represent the key organisations.
- There was a tension between localism and the desire to ensure consistency between Local Authorities.
- Institutional complexity (e.g. demands of NHS and Sustainability and Transformation Plans) tended to lead to the dilution of priorities of HWBs.

***Are HWBs extending democracy?***

- There was acknowledgement that HWBs had not generally extended public and user involvement.
- Healthwatch were generally seen as engaged and contributing to and challenging HWBs, but there were issues about their role in terms of acting as a conduit for public engagement for HWBs.

***What are the barriers and facilitators to enhanced collective decision-making?***

- Concerns were raised that HWBs had no formal executive power.
- Bodies were not viewed as decision-making bodies but rather as bodies to ratify decisions.
- Some HWBs displayed a lack of challenge and accountability, both from and to, partners on the board.

***How are HWBs using joint strategic needs assessments and health and wellbeing strategies to inform local priorities?***

- A lack of strategic join-up was evident in some areas along with a lack of accountability e.g. with the JHWS where there was (at both strategic and operational levels) little ownership of the JWHS, with a lack of accountability for elements of the strategy. The strategies were not regarded as an integral part of the health and social care landscape.

***Are HWBs leading to more integrated service provision between health and social care?***

- Concerns were raised around the dominance of health and social care integration at the expense of a focus on the wider determinants.
- Overall, historic contexts, good relationships and trust were key drivers to work on integration.

***Have any improvements in outcomes or process measures in relation to health and wellbeing been identified by HWBs and if so, what are these?***

- The national survey found respondents identified significant barriers to successfully delivering against policy objectives for HWB. Despite this, respondents were generally positive about the ability of HWBs to deliver against stated policy objectives.

In some areas it was difficult to attribute outcomes to the HWB because of:

- Insufficient accountability and lack of strategic focus;
- Lack of evidence on how outcomes were driven by some HWBs or how they linked to the overall JHWS;
- The extent to which boards were fitting the JHWS to existing programmes and outcomes and then attributed to the HWB despite possibly being achieved anyway.

**Implications for local policy and practice**

The researchers highlighted a number of implications and recommendations for HWBs in general, the most relevant of which have been placed in the Northumberland context where appropriate.

**Policy implications**

- The role and purpose of the Northumberland HWB and those others that fall within the emerging C&NE Integrated Care System (ICS) and more local Integrated Care Partnership (ICP) may require clarification in terms of how they are perceived and situated as a place-based mechanism for the

development of health and wellbeing. The roles of the HWB and the ICS/ICP need to be clearly defined and attention given to how they can best work together to improve the health and wellbeing of local populations (particularly in regard to the focus on the wider determinants of health, prevention and health inequalities) as well as the promotion of integrated services. HWBs need to engage with ICSs and work on a larger geographical footprint; ICSs need HWBs to deliver on local agendas.

- As the only statutory place-based bodies currently in existence, HWBs across C&NE may wish to work together to provide strategic oversight (with the Greater Manchester Health and Social Care Strategic Partnership Board being the basis of such a model); at the Northumberland level, the Board should then ensure policy is implemented and organisations held to account.
- HWBs do not exercise any formal power to compel agencies to work together and be accountable for delivery of JHWS outcomes; HWBs should have executive powers to ensure accountability for their actions and the delivery of outcomes. This might include the plans and priorities produced by ICSs/ICPs having to be formally agreed by HWBs, while ensuring that local policies and priorities align with JHWSs with a clear line of accountability to HWBs in terms of policy implementation.
- Consideration might be given to the formation of sub-groups of HWBs in order to performance manage policy implementation.
- HWBs should undergo formal scrutiny and have a duty placed on them to involve citizens, including holding meetings enabling proper public involvement;

### Practice implications

- HWBs should have a clear vision of the role, purpose and mechanisms for the delivery of outcomes with an emphasis on system leadership through the coming together of partners to determine the role and direction of the HWB and perhaps an annual evaluation and regular monitoring by HWBs to evaluate progress.
- Ownership and accountability are key ingredients for a successful HWB. Too often partners were seen as having their own (sometimes conflicting) priorities and were not being held account for JHWS priorities. Workshops, development sessions and more informal events (which were seen as valuable and productive) may go some way towards improving relationships and collaborative working.
- The role of sub-groups and 'task and finish' groups merits exploration, particularly in terms of ensuring that policy agendas are moving forward given the general infrequency of HWB meetings and as a way of measuring progress and holding partners to account; such groups should involve all appropriate stakeholders, from the frontline to executive officer level, so that accountability is delivered across the system thereby engendering system ownership. It is only through working from the bottom-up and across partner organisations in a clear strategic framework that there exists an opportunity to overcome silo working whereby agencies remain too focused on their own particular priorities to the exclusion of everything else.

- Robust monitoring and evaluation is needed by HWBs to ensure targets and priorities are met.
- There is an argument for HWBs to identify a few key themes from their JHWSs and do them well, since many strategies risk trying to be all-encompassing and therefore of failing.
- Ensuring that the talents and attributes of all partners are utilised requires some investment; this would include the VCF sector and providers with a view to harnessing their knowledge and expertise as appropriate.
- Identifying ways for HWBs to engage with, or even lead, the ICS/ICP process is a matter in need of urgent attention if boards are to have a future; making HWBs the accountable body for population health would go some way towards this.
- Regarding the issue of integration, a lack of trust and development of relationships can preclude any discussion of meaningful pooled provision with CCGs; HWBs need to have the strength of governance arrangements to undertake meaningful health and social care integration. Only then are pooled budgets – the real test for integration – likely to become possible.
- HWBs lack effective public engagement; they need to focus on how to engage with the public and, more importantly, why. Such engagement cannot be tokenistic but should be centred on a pressing local health priority.

## **Conclusions**

The research concludes that HWBs are valued and remain the only place where the system can come together with high level partner participation and democratic accountability. However, they lack the power to hold partners and organisations to account and other ‘place-based’ mechanisms such as ICSs/ICPs occupy a larger footprint, have more traction and will/have had more investment, potentially eclipsing HWBs. The report view is that there are two scenarios for HWBs:

- They are revisited and reconstituted to assume responsibility as the accountable organisation for the delivery of place-based population health in an area; or
- They become ‘talking shops’ as ICSs/ICPs effectively take over their role and function.

The Northumberland HWB is well placed to become the former because of the existing relationship with the local System Transformation Board.

## **Implications**

<b>Policy</b>	There are no direct implications for policy
<b>Finance and value for money</b>	There are no direct financial implications
<b>Legal</b>	The HWB is a statutory body with some key responsibilities including the development of a Joint Strategic Needs Assessment, JHWS ut there are no direct legal implications

	from this report
<b>Procurement</b>	N/A
<b>Human Resources</b>	N/A
<b>Property</b>	N/A
<b>Equalities</b> (Impact Assessment Attached) Yes √ No √ N/A √	An effective Health and Wellbeing board should improve health equity and reduce inequalities. There is no requirement to undertaken an impact assessment on the basis of this report
<b>Risk Assessment</b>	Not undertaken.
<b>Crime &amp; Disorder</b>	No direct implications
<b>Customer Consideration</b>	Council customers should benefit from policies and procedures which routinely consider health, from an effective Health and Wellbeing Board.
<b>Carbon Reduction</b>	N/A
<b>Wards</b>	All wards will potentially benefit from a more effective Health and Wellbeing Board if recommendations from the report are implemented.

### **Background Papers**

National Institute for Health Research (2018). 'Evaluating the leadership role of health and wellbeing boards as drivers of health improvement and integrated care across England. *Durham University*. Durham UK. Available from: <https://research.ncl.ac.uk/media/sites/researchwebsites/davidhunter/Evaluating%20HWBs%20FINAL%20REPORT%20-%20April%202018%20Final.pdf>

### **Report sign off**

***Authors must ensure that officers and members have agreed the content of the report:***

	Initials
Finance Officer	N/A
Monitoring Officer/Legal	N/A
Human Resources	N/A
Procurement	N/A
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