

Feedback: Birmingham Health and Wellbeing Board

David Hunter, Professor of Health Policy and Management
Director, Centre for Public Policy and Health

Shelina Visram, Lecturer in public policy and health

Neil Perkins, Postdoctoral research associate

27th September 2016



Centre *for* Public Policy & Health



The
University
Of
Sheffield.

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



Health and Wellbeing Boards: A New Dawn for Partnership Working?

- Established under the Health and Social Care Act 2012 as a committee of the local authority
- Forum in which key leaders from across health and care system can work together
- Particular emphases on integrated services and public engagement
- Great diversity in face of local contexts, cultures, histories of partnerships
- Few powers: statutory duties to develop JSNAs and HWSs
- System leaders or talking shops?

Drivers of and Barriers to Effective HWBs

- Committed leaders – *political and managerial*
- Collaborative plumbing – *legacy of strong partnership working*
- A geography that works – *coterminosity can be an asset or barrier*
- Response to austerity – *driver for collaboration or a retreat to silos*
- Focus on place – *local priorities that drive collaboration*
- Churn in the system – *local government and NHS*
- Mission creep of national expectations – *Better Care Fund; devolution; 5YFV: Vanguard, Sustainability and Transformation Plans*
- Getting the basics right – *to enable effective systems leadership*

Adapted from: Shared Intelligence 2015 and 2016

Evaluation Aim and Objectives

- Describe the varied ways in which HWBs are configured and organised taking into account issues such as leadership, governance, membership, citizen involvement
- Analyse the nature of relationships between HWB members, key stakeholders from the health system
- Identify key political, institutional and organisational facilitators and barriers to effective leadership and action by HWBs for health improvement and tackling inequalities
- Work with stakeholders to identify and disseminate examples of good practice for collective decision-making and integrated service provision to achieve health outcomes

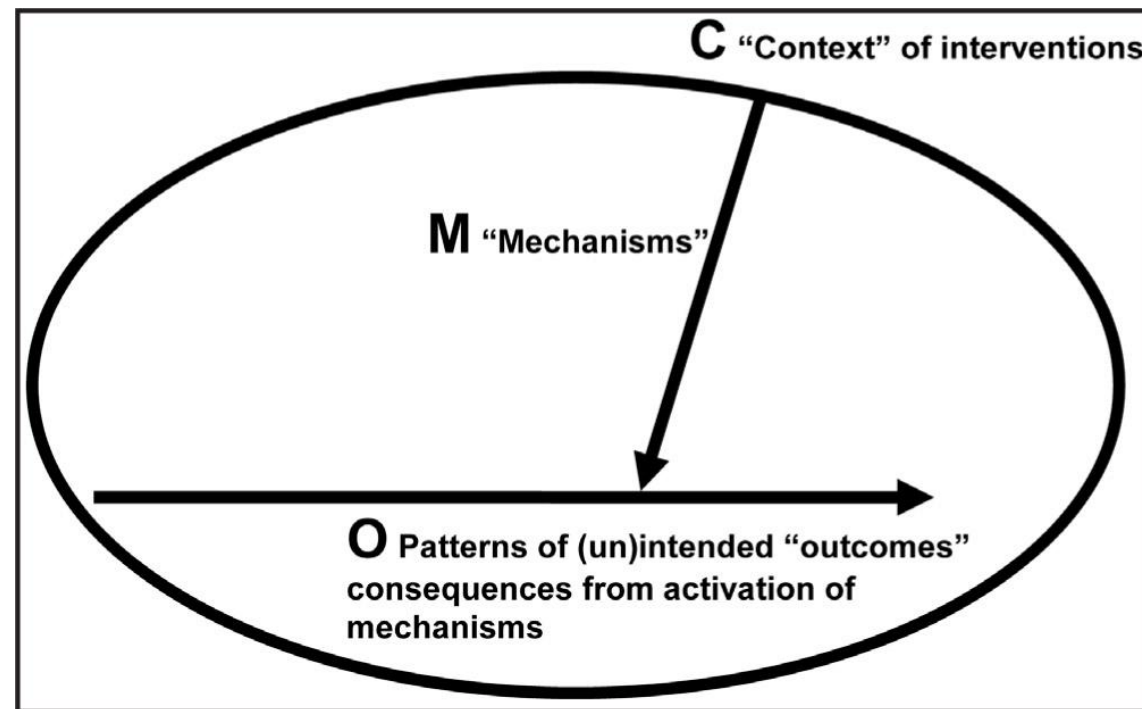
Evaluation Design and Methods

- **Work package 1:** Scoping the evidence base in relation to HWBs and similar partnership working arrangements
 - Literature review and narrative synthesis (report 1 published May 2015)
- **Work package 2:** Mapping the configuration and operation of HWBs across England
 - National survey and elite actor interviews (report 2 published Nov 2015)
- **Work package 3:** Exploring key stakeholder experiences and perspectives of working within or alongside HWBs
 - In-depth case study research within six purposively sampled sites (ongoing)
- **Work package 4:** Disseminating good practice
 - A series of regional and national events (to be delivered in 2016/17)

Case study sites

Site	Region	Type	Political control	Rural	Pop over 300,000	CCGs
1	EM	CC	Labour	Yes	Yes	>1
2	SW	U	Labour	No	No	>1
3	NE	MDC	Labour	No	No	1
4	WM	U	Labour	No	Yes	>1
5	NW	MBC	NOC	No	No	1
6	tbc	tbc	tbc	tbc	tbc	Tbc

Realist evaluation framework



Source: (Ogrinc & Batalden 2009)

Context

- Mixed history of partnership working
- Fragmented care system
- Lack of resources and capacity
- Role of public health in local government
- Electoral cycle can disrupt leadership
- Unknown impact of:
 - Sustainability and Transformation Plans
 - Devolution

Mechanisms

- Strategic focus
- Strategic leadership and executive power
- Governance and decision-making
- Health and Wellbeing Strategy
- Membership
- Public engagement

Outcomes

- Accountability
- Monitoring
- Successes and processes
- *What if there was no HWB?*

Three main ‘dilemmas’

1. Is the HWB a sub-committee of the local authority or are we a genuinely joint Board?
2. Does the HWB want to be an influencing body which seeks to develop system leadership or have greater transactional authority and the ability to sign off actions?
3. Do we want more transparency or do we want to be able to have difficult conversations in a more private setting?

Source: (Griffith & Glasby, 2015)

For Clarification

- The Strategy refresh and the Board?
- The role of the Operational Group in the strategy?
- Getting in on the agenda?
- Monitoring of progress?
- Partners' responsibilities?
- Board membership?
- Public engagement?

Points to Consider

- System/place leadership in the light of STP/CCG mergers
- Monitoring and evaluation
- Public engagement strategy
- Getting the right outcomes
- Board membership

For further information, visit the project website:

<https://www.dur.ac.uk/public.health/projects/current/prphwbs/>

Evaluating the Leadership Role of Health and Wellbeing Boards

About the Research Study

Meet the Research Team

External Advisory Group

Research Outputs / Presentations

Evaluating the leadership role of health and wellbeing boards as drivers of health improvement and integrated care across England.

(PI: David Hunter with Shelina Visram as a co-investigator; other co-investigators are Rachael Finn, Sheffield University, Jennifer Gosling, LSHTM, Lee Adams and Amanda Forrest, independent consultants)

Since April 2013, each local authority in England is required to have a Health and Wellbeing Board (HWPB). These Boards bring together partners from the council and NHS, along with public representation, in an effort to ensure that local health needs drive local decision-making. There is considerable optimism about the potential for HWPBs to deliver effective partnership working in order to improve health and offer better integration of health and social care. However, little evidence exists to show that similar partnerships have been effective and there is concern that power will not be redistributed in the new system, meaning that the views of local people may not be heard.

Our aim is to evaluate how well HWPBs in England function, and whether this helps HWPBs achieve their objectives to extend democracy, support shared decision-making and promote integrated service provision to improve health and wellbeing, reduce inequalities, and achieve better quality care. The study will run from 1 January 2015 to 31 December 2016.

We will explore factors that help or hinder HWPBs in fulfilling their role, and work with policy and practice partners to share examples of good practice. Field work will include a national survey of HWPBs, and in-depth case studies in six selected local authorities. We will also explore opportunities and challenges for good practice. *Fieldwork partners*

Related Links

Commissioning Public Health Services Project 2015
Centre for Public Policy and Health (CPPH)

Sign Up

Subscribe and you can receive regular updates about CPPH projects and events straight into your inbox.

[Sign Up](#)



@CPPHdurham
CPPHdurham

Apply by 26 July to access earlybird discount for our Health in All Policies Summer School
<https://t.co/Ljq1sLhpOU>
<https://t.co/ajX7hzt5FT>
Tweeted 2 weeks ago

Still time to apply for our Health



Centre for Public Policy & Health



The University of Sheffield.

LONDON SCHOOL of HYGIENE & TROPICAL MEDICINE





Centre *for* Public Policy & Health



The
University
Of
Sheffield.

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE

