

Stronger together

How health and wellbeing boards can work effectively with local providers





The National Learning Network for health and wellbeing boards

This paper 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, to share learning and support the establishment of well functioning boards.

All the National Learning Network publications can be found on the Knowledge Hub – an online community and resource, at <https://knowledgehub.local.gov.uk> and on the NHS Confederation website at www.nhsconfed.org/hwb

Contents

Executive summary	2
Introduction	5
Background	6
Benefits of engaging local providers	8
A framework for engagement	14
Summary of recommendations	26
References	27
Acknowledgements	28

Executive summary

Providers have a significant role to play in helping health and wellbeing boards deliver their duties and goals. They can inform and shape Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies and can enable many of the agreed priorities to happen.

However, provider engagement can present challenges for health and wellbeing boards. There are large numbers and diverse types of providers to engage with and, in addition, health and wellbeing boards will want to develop markets for new providers and think about how to deal with potential conflicts of interest. It will not be sufficient for health and wellbeing boards to engage only with major providers, such as acute trusts, because smaller, community-based providers might have developed innovative approaches that are effective at reducing health inequalities and improving outcomes and are of particular relevance to achieving the board's goals.

The NHS Confederation has been working with each of the Health and Wellbeing Board Learning Sets, in collaboration with the Department of Health, Local Government Association and NHS Institute for Innovation and Improvement, to share key areas of learning among all shadow boards. Recent shared learning events and workshops have highlighted how the complex issue of provider involvement with health and wellbeing boards continues to challenge board members.

This report provides insight into how health and wellbeing boards are working and can work effectively with local providers. After examining the benefits of engagement, it sets out a

framework of different ways boards might approach engagement in their localities, highlighting examples of current mechanisms being used, exploring how these have developed and the advantages of working in these ways.

Report findings are based on learning from interviews with health and wellbeing board members and local providers, a session at the NHS Confederation annual conference and exhibition in June 2012, and a Local Government Association Knowledge Hub question and answer session held in July 2012.

Our research shows there is a lot of support for stronger and wider engagement between health and wellbeing boards and local providers as boards move to becoming fully operational in April 2013. The benefits of engaging local providers centre around two key issues:

1. Identifying needs and assets for Joint Strategic Needs Assessments and setting priorities within Joint Health and Wellbeing Strategies will not be successfully achieved without provider engagement

Provider engagement will enable boards to: utilise valuable local knowledge and insights; use existing information better; access more channels for two-way dialogue with patient and service user groups, including the seldom heard; and harness community assets.

2. Delivering health and wellbeing board priority outcomes

Health and wellbeing boards need to understand and be able to influence the delivery as well as commissioning of services to achieve their goals. Provider involvement,

buy-in and commitment are required, especially where boards are faced with the considerable challenge of transforming and reconfiguring current models of health and care delivery.

The distinctive needs and context of different localities means individual boards will need to identify which combination of approaches to provider engagement are relevant and effective for them. Experimentation and ongoing review will be helpful. Nonetheless, our research demonstrates how to address many of the perceived challenges to provider engagement, and aims to assist boards in facilitating close partnership working. We developed the following framework to help boards engage with local providers.

A framework for building health and wellbeing board and provider engagement

The following tenets of the framework are not presented in order of priority. Health and wellbeing boards can choose how to best action different elements of the framework.

- **A strategic, whole system approach** – setting out a clear, strategic vision of how and why providers will be actively engaged in both determining and delivering the board's priorities. This would incorporate an audit of existing provider engagement, reviewing whether this is fit for purpose and then building new engagement where necessary.
- **Clarifying the new commissioning landscape** – and the benefits of the new partnerships to local providers and others.
- **Involving providers in determining engagement approaches** – this collaboration will foster better understanding, stronger cooperation and greater enthusiasm for more productive engagement.
- **Provider-led initiatives** – providers themselves have and can devise effective ways of how they can jointly engage with their health and wellbeing board for mutual benefit.
- **Providers as board members** – this can be applicable where health and wellbeing boards have been established as strategic bodies rather than direct commissioning structures.
- **A new kind of board and provider leadership** is needed for all parties to work above their own organisation's interests for the benefit of the local health and wellbeing system. Different approaches and new skills may be required.
- **Provider representation for groups, not single organisations** – sitting on and engaging with health and wellbeing boards can reduce conflicts of interest, as representation is linked to a group not an individual provider, and be an effective way of feeding in provider knowledge and expertise.
- **Cooperative working with provider forums** – health and wellbeing boards can engage with various provider forums but, to ensure proper engagement, partnership rather than consultation will be required to build collaborative working with providers.
- **Sub-groups of the health and wellbeing board** – these groups, made up of commissioners and providers, can be effective at looking in more detail at a particular theme, care pathway or client group.

- **Informal peer to peer relationships** are important and can be very effective engagement mechanisms outside of formal board meetings.
- **Market facilitation for innovation** – boards will need to consult and engage with providers to stimulate service development and delivery design to better meet the needs of local populations.
- **Partnership links with local Healthwatch** – building links between providers and Healthwatch will help to develop and create mechanisms and opportunities for engaging local communities and ensure their voices are heard on health and wellbeing boards.

Effective engagement of local providers is significant to health and wellbeing boards fulfilling their role and responsibilities. If boards wish to transform, reconfigure and integrate their services to achieve improved health

and wellbeing outcomes, it is essential they engage providers to make this happen.

There are different mechanisms for making local provider engagement effective. Health and wellbeing boards should consider using and experimenting with a range of different approaches given the considerable variety of size and type of local providers. It will be important that no provider feels disadvantaged. Provider involvement in the design and development of engagement mechanisms will lead to stronger and more successful engagement across a board locality.

Continued shared learning among health and wellbeing boards around the different engagement approaches being trialled and implemented locally will assist local areas to find the most appropriate methods to meet their engagement needs.

‘If boards wish to transform, reconfigure and integrate their services to achieve improved health and wellbeing outcomes, it is essential they engage providers to make this happen’

Introduction

Health and wellbeing boards present new opportunities for effective partnership working at the local level, to improve commissioning and achieve better health outcomes. The Health and Social Care Act 2012 (“the Act”) sets out the main duties and functions of health and wellbeing boards. These require boards to have strong engagement across their communities – with the full range of providers of any health and/or wellbeing services, as well as patient and service user groups, community advocates, seldom heard groups and commissioners of other services, including police and crime commissioners. Local authorities and clinical commissioning groups (CCGs) have a shared responsibility to undertake Joint Strategic Needs Assessments (JSNAs) and develop Joint Health and Wellbeing Strategies (JHWSs) through the health and wellbeing board. Together, these will drive local commissioning policies and practice.

This report provides insight into how health and wellbeing boards are working and can work effectively with local providers. After examining

the benefits of engagement, it sets out a framework of different ways boards might approach engagement in their localities, highlighting examples of current mechanisms being used, exploring how these have developed and the advantages of working in these ways.

Report findings are based on learning from:

- twenty-two in-depth interviews with health and wellbeing board members and local providers undertaken by the NHS Confederation between October and December 2012
- a session at the NHS Confederation annual conference and exhibition in June 2012 which explored different ways and approaches that health and wellbeing boards can use to engage providers
- a Local Government Association Knowledge Hub question and answer session, held in July 2012, that focused on how health and wellbeing boards will engage and work with providers to improve health outcomes.

‘Health and wellbeing boards present new opportunities for effective partnership working at the local level, to improve commissioning and achieve better health outcomes’

Background

Local provider input into JSNAs and JHWSs

Local providers have a significant role to play in making JSNAs and JHWSs effective and successful. In developing JSNAs, each board should give attention to the needs of the whole local community, including wider social and economic factors that impact on health and wellbeing, groups experiencing health inequalities and what health and social care information the local community needs. They ought also to consider what local communities can offer in resource terms to meet these needs. As a result, JSNAs should engender a shared understanding across all local partners of what local communities' needs and assets are and where key inequalities lie.

JHWSs are strategies to meet the needs identified in JSNAs. They should not seek to cover everything, but prioritise areas where health and wellbeing board members can take collective action and make the biggest impact. NHS Commissioning Board, CCG and local authority commissioning plans must take both JSNAs and JHWSs into account. JHWSs should also be used to influence other local services that impact on health and wellbeing outcomes, such as community safety, leisure and housing.

Integration and local provider involvement

Health and wellbeing boards are tasked with encouraging integrated working and partnership arrangements for health and social care services, such as integrated provision, pooled

budgets and joint commissioning. A partnership approach will also be needed to tackle the broader determinants of health and wellbeing that impact on population health outcomes.¹ In order to operate as a key driver for integration, boards will need to work in different and innovative ways with local partners, within a complex new organisational architecture. There is some evidence that working with commissioners alone is unlikely to result in the successful delivery of quality, integrated care, and that the innovations necessary can develop faster and more effectively when integrated care partnerships also involve providers.^{2,3}

Local providers as board members

The prescribed core statutory membership of the board is:

- at least one elected representative
- a representative from each local CCG whose area falls within or coincides with the local authority area
- the local authority directors of adult social services, children's services and public health
- a representative from the local Healthwatch.

The CCG and local authority representatives have provider as well as commissioning roles. Both roles are considered essential to successful delivery of the board's key functions and responsibilities. The local authority can appoint additional non-statutory board members, as appropriate, who would support the work of the board, including other local service providers. These might be from the public, independent and/or voluntary sector.

Who are local providers?

The Health and Social Care Act 2012 defines local providers as any persons within the area of a health and wellbeing board who arrange for any:

- health services provided as part of the health service in England
- social care services provided in pursuance of the social services functions of local authorities
- health-related services that may have an effect on the health of individuals.⁴

Local providers encompass the public, independent, voluntary and community sectors. They include a wide range of different type and size of provider, for example:

- providers of adults' and/or children's services
- providers of physical and/or mental health services
- primary and/or secondary care providers
- housing, police, fire service, criminal justice, education, transport, environment, regeneration, as well as health and/or care providers
- large acute trusts covering several board localities, independent providers running acute trusts and/or children's services, social care providers, social enterprises, micro-enterprises.

Risks and challenges

Determining appropriate mechanisms for engagement is a complex and sensitive task given the range of often interrelated risks and challenges, such as:

- the sheer number and diversity of providers, particularly in bigger authorities
- the potential to disadvantage and therefore lose valuable input from smaller providers with less capacity to engage
- engagement with major providers alone, such as large acute trusts, will make it difficult to get ideas for community-based preventative approaches
- the power and influence of bigger providers, who can operate across the geographical boundaries of several boards
- whether to have local providers additional to statutory members sitting on the board and, if so, which providers and how will this impact on functioning and governance
- the competitive relationship between many providers
- commissioning to improve outcomes is likely to result in a need for reconfiguration and closure of some well-established local provider organisations
- existing providers may not be the best source of new and innovative approaches needed to achieve particular outcomes
- how to develop the market to include new providers such as social enterprises and user-led organisations
- how providers will operate in relationship with local Healthwatch.

Benefits of engaging local providers

Our research shows broad agreement among board members and local providers about the benefits that should result from health and wellbeing boards actively engaging with providers (see Figure 1). Most interviewees are keen to encourage both stronger and wider engagement as boards move to becoming fully operational in April 2013. The consensus view is that the needs and priorities of health and wellbeing boards, as set out in JSNAs and JHWSs

– whether concerned with transforming service provision, integrating care or tackling health inequalities – cannot be successfully achieved by core members of the board acting without close provider engagement. Interviewees are generally positive about the way forward, believing it possible as well as necessary to overcome the risks and challenges involved, so as to ensure health and wellbeing boards fulfil their potential.

Figure 1. How provider engagement can benefit the work of health and wellbeing boards

1. Setting strategic priorities (see page 9)

Identifying shared priorities

Utilising local knowledge and insights

Accessing the views of patients and service users

Harnessing community assets

2. Delivering the priority outcomes (see page 10)

Achieving buy-in and commitment to change

Making integration happen

Sharing and targeting resources

Speeding up the process

Advocating for change

New and innovative service delivery

Reviewing the delivery of JHWSs

1. Setting strategic priorities

Identifying shared priorities

The core functions of health and wellbeing boards are to undertake JSNAs and, based on them, identify a set of key strategic priorities to be included in JHWSs. Together, JSNAs and JHWSs should inform commissioning plans, which will determine how provider services are commissioned, decommissioned or reconfigured. Providers have an important role to play in the process of determining which priorities to be included in JHWSs and how best these can be translated into practice. To ensure priorities are achievable as well as relevant, consideration needs to be given to what gaps exist in provision, the possibilities for new partnership working and ways of working, opportunities for joining up existing services, and obstacles to new provider entrants – all issues on which local providers can offer essential input.

Effective joint working also requires the many different local provider organisations aligning their priorities with those of JHWSs. Health and wellbeing boards have the opportunity to take a leadership role and influence the system to make this happen; where providers feel they have been actively engaged in helping identify the priority outcomes, they are far more likely to sign up in this way.

Utilising local knowledge and insights

Sharing local intelligence will help health and wellbeing boards develop a more comprehensive understanding of local population needs and what solutions might best meet these needs. Collaborative use of local information resources can also help boards learn what has worked and not worked in relation to improving services.

In setting priorities, boards will need to go beyond consideration of just health and care needs and marshal evidence on the wider wellbeing needs of local communities, such as housing, employment, benefits and transport. To do so effectively will require boards to access the information resource of a diverse range of organisations providing health-related services. These will include local providers who hold valuable knowledge about the whole-person wellbeing of their clients – for example, fire, police and probation services and housing organisations. To increase the potential to reduce health inequalities, there is also benefit in engaging local providers, especially from the local community sector, who might have specialist knowledge and experience of working with vulnerable, disengaged and seldom heard communities.

Provider engagement helps health and wellbeing boards use existing information better, enabling increased understanding of linkages between data – for example, how the mental health of local people is impacted by the availability of social networking facilities, sport and leisure opportunities and transport links. Such knowledge can be invaluable in helping complex reconfiguration design.

“You need them in the room to develop strategic direction because often they have an understanding of a lot of the level of detail commissioners may not have.”

Health and wellbeing board member

Accessing the views of patients and service users

Providers offer another channel for public and service user involvement with health and wellbeing boards, supplementary to local Healthwatch. They often have detailed insight into the needs of patients and service users in contact with their organisations, and the frequently multi-faceted nature of these needs. Providers can also bring skills and expertise in community engagement with seldom heard groups in the local population, both current service users and non-service users, enabling access to their views and opinions. Opening up these channels for dialogue can help boards develop better understanding of how health inequalities are experienced and what people suffering health inequalities want and need to make improvements happen.

Harnessing community assets

A range of organisations we spoke to felt it important that health and wellbeing boards shift from thinking just about the deficits and problems experienced by local communities to consider more the richness of resources they have to offer. Providers were thought to have an important role to play in taking a more asset-based approach to the health and wellbeing of communities. Voluntary and community sector providers, in particular, often have considerable experience of utilising the skills and know-how of local people in service design and delivery – viewing them as the source of social solutions rather than just needs. Closer partnership working with these organisations could better enable boards to harness this potential.

2. Delivering the priority outcomes

Achieving buy-in and commitment to change

Many interviewees said that current models of health and care delivery will need to be transformed if health inequalities are to be effectively tackled in their local community. Health and wellbeing boards are seen as having the opportunity to play a significant role in driving such service transformation and reconfiguration, but the enormous challenges involved necessitate all providers being committed and pulling in the same direction.

Provider buy-in to making change happen is considered less feasible if they have not been involved in the process from the outset. Even if certain providers are likely to face substantial reductions or loss of contracted business, it is better to have them involved in frank and open discussion rather than kept at arm's length: participation can provide a stimulus to new thinking and ideas around service delivery; transparency and co-planning can encourage cooperation.

From the perspective of some interviewees, health and wellbeing boards lack the statutory powers to ensure service delivery against JSNAs and JHWSs, but what they do have is significant 'soft power', linked to the moral authority and peer pressure that comes from the board and its partners having together used the local evidence base to agree an inclusive way forward. It is thought that if local providers are not closely associated with this process, they could easily end up doing their own thing without any sense of obligation or responsibility to the system as a whole.

“If you think from our perspective, we’ve got six JHWSs, four of which we have been involved in and have been part of and will have been to our board. And we’ve got two we don’t know anything about. They haven’t engaged us. Which ones are we going to be determined to make work?”

Provider and health and wellbeing boards member

Making integration happen

Most organisations we spoke to believe that to make integration happen, boards need to understand and influence the delivery as well as the commissioning of services. If boards simply focus on a commissioner role, only interfacing with providers on a contractual basis, the opportunity to lead and drive an integrated approach to service delivery across the whole system is likely to be lost. Many interviewees want to move to a more inter-cooperative relationship – that is, providers being more actively involved in design and development, and working more closely with commissioners – to get the outcomes needed for their local populations.

Providers frequently support clients with multiple needs and are used to planning services around the individual rather than thinking in silos. Therefore, they can play an important role in challenging more traditional thinking around service delivery and help break it away from being silo-focused.

Providers may already be involved in delivering services that contribute to the priorities set out in JHWSs, but without constructive engagement this may not be known to commissioners as it is not part of their commissioned services. For example, one health and wellbeing board, having invited the chief executive of the local mental health trust to attend a board meeting focused on mental health issues, learnt of the trust’s work around reducing stigma. This priority-linked work could consequently be supported and the setting up of a duplicate service prevented.

Sharing and targeting resources

Some boards are giving attention to how targeting resources across the whole system can maximise the health and wellbeing of their local community. Aligning resources with local commissioning priorities within an integrated system is likely to require the release of resources from existing provider services to fund new or different services in another part of the system. There are concerns about double running costs as providers continue to fund existing services whilst money is invested in a new, joined-up system. Another worry is the potential for additional costs linked to increased demand for some providers. Key local providers will need to be closely involved in any discussions on how to address these issues. For example, one health and wellbeing board on which providers, including the local acute trust, sit as members has reached agreement on a financial formula which will enable all member organisations to proportionately share any financial gain from the planned system reconfiguration.

Speeding up the process

Timely provider input can speed up the process of change. For example, as a result of inviting appropriate providers to a board meeting to discuss local alcohol-related issues, the providers present were able to immediately agree a series of short-term actions to potentially improve the situation, rather than wait for commissioners to make the necessary strategic changes. Another board, at a single meeting, was able to make a series of decisions about priorities and approaches for supporting local people with dementia, because they had all the key providers as well as commissioners and councillors present.

“We didn’t have to think ‘shall we go off and talk to the mental health trust about their elements of dementia and to the trust about the community.’ We could all have that information as part of the discussion. It made our way of working a lot quicker.”

Health and wellbeing board member

Advocating for change

Health and wellbeing boards have an important role in advocating for change – for example, communicating to the public the benefits of shifting resources from the acute sector to the community sector, and of service reconfiguration and service closure. The scale of the challenge involved in changing the public mind-set around how services can best be configured to deliver the health and wellbeing needs they want, is also recognised.

To help foster buy-in for change among local communities, provider support, through demonstrating shared commitment and explicitly making the case for change, will be very beneficial. Provider involvement in advocating change can also act as a rallying cry to build interest and motivation across a wider range of non-engaged providers. It is a way of promoting to all providers across the locality how seriously they should take the board’s health and wellbeing priorities.

“The chief executive from one of the acute trusts has been on one of the roadshows presenting with colleagues from the commissioning side. It’s been very good for members of the public to see that the people they relate to, the providers in particular, are on board with the priorities.”

Health and wellbeing board member

New and innovative service delivery

New provider entrants and existing provider reform can help increase the pace of change and the adoption of innovations in care that are required to meet the needs and priorities identified in JSNAs and JHWSs. Our interviewees considered this particularly important for service areas where there appears no clear solution or where the challenge is so great that it is not possible to simply keep doing the same thing – for example, domiciliary care, supporting people with dementia and gang violence. It will require boards to engage beyond

existing providers and adopt ways of partnership working that facilitate new providers to enter the market and existing providers to try new approaches. Innovation in service delivery, they argue, is not going to come about through board members talking about commissioning, but from people who deliver health and wellbeing services being encouraged to adapt and experiment, working in tandem with local service users.

Reviewing the delivery of JHWSs

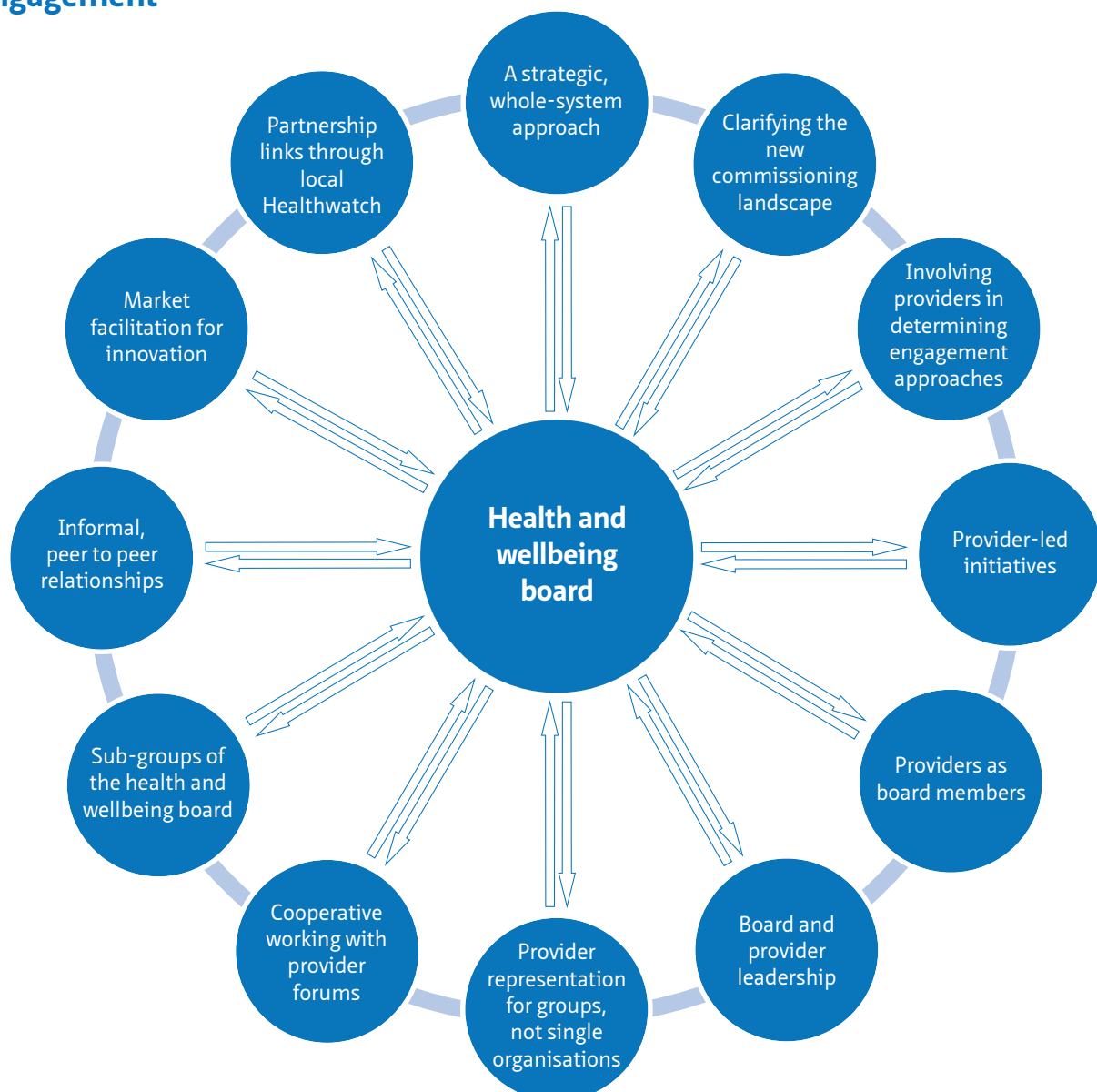
Providers have an important role to play in measuring the effectiveness of JSNAs and JHWSs. They should provide evidence of what has been done in terms of delivering the needs and priorities, progress made in achieving outcomes, where obstacles and difficulties exist, and what needs to be done to make success achieved. This is valuable learning and intelligence to feed into the review and evaluation of JSNAs and JHWSs.

A framework for engagement

This section sets out a framework of the different ways that health and wellbeing boards might approach engaging local providers (see Figure 2). The framework is rooted in the views and experiences of statutory board members and local providers. It is designed to provide a sense of direction and to stimulate thinking rather than be prescriptive. There is no best

practice yet. The distinctive needs and context of different localities means individual boards will need to identify their own relevant and effective combination of approaches. Experimentation and ongoing review is likely to be helpful. Some organisations we spoke to already report reconsidering or making changes to early mechanisms used to engage providers.

Figure 2. A framework for health and wellbeing board-local provider engagement



A strategic, whole-system approach

Each health and wellbeing board should set out a clear strategic vision of how and why local providers will be actively engaged in both determining and delivering the board's priorities. This would incorporate an audit of existing provider engagement, reviewing whether this is fit for purpose and then building new engagement where necessary.

For most of our interviewees, the central issue is not whether providers beyond the statutory members should be offered seats on their health and wellbeing board. What matters is constructive and effective engagement. The general consensus is that form should follow function. The key is to find the right engagement mechanisms to best deliver a board's agreed role, whether those mechanisms include providers sitting on the board or not. It would be impossible, even in the smallest local authorities, for all providers to be represented on the board without making it unwieldy and pushing it towards being a forum for discussion rather than actively working to deliver improved health outcomes. Neither are health and wellbeing boards viewed as the only place for effective engagement. Nonetheless, health and wellbeing boards will need to overcome some strong provider concerns that engagement outside the board means secondary, indirect and haphazard involvement rather than frontline partnership.

"Having a seat on the board as a provider is not a big deal for me. My experience so far as a chief executive is that we're more involved in the one we don't have a seat on."

Provider and health and wellbeing board member

Interlinking provider engagement into a whole-system approach to improving health and wellbeing in a locality requires mature and sophisticated partnership working. Boards will have to find ways of working with the whole system, not just those parts immediately open to engagement. Just because lots of providers might be knocking at the door asking for a seat on the board does not necessarily mean all relevant providers currently want or feel a need to be engaged. Neither should engagement mechanisms significantly advantage larger providers over smaller providers with fewer resources for engagement.

"I don't think the health and wellbeing board can sit there and just expect everybody to engage. They have to find a way of working with the whole system, not just the parts of the system that are receptive to them."

Provider

Clarifying the new commissioning landscape

There is confusion among some local providers as to the new commissioning responsibilities in their local area and the role of the health and wellbeing board. They want to know who is commissioning what, given the changing architecture around health, care and wellbeing. Therefore, there is value in boards communicating clearly to all local providers the new commissioning functions across the reformed health and care system; in particular of CCGs, local authorities and the NHS Commissioning Board. Web-based information

may be useful for some providers, but for others, including many voluntary and community providers, alternative communication channels enabling question and answer type sessions may be required. This will enable providers across a locality

to better understand the opportunities and benefits of effective partnership working between themselves and the health and wellbeing board, to improve commissioning and work towards achieving better local health outcomes.

Case study: Involving providers in designing engagement in Sheffield

Whilst there are no local providers on Sheffield's health and wellbeing board, other than statutory members, the board is committed to pursuing alternative engagement options. It recognises the benefits of involving providers to support policy development and effective commissioning if JHWS priorities are to be successfully delivered.

In autumn 2012 the board undertook to find out from providers themselves what successful engagement would look like. An online survey was sent out to as wide a range of providers as possible, across all health and wellbeing sectors. In total, 134 providers completed the survey. A series of focus groups was then conducted with over 30 providers to share the survey findings and discuss ways that providers could meaningfully and creatively be involved in the work of the board. Individual, face-to-face discussions were also held with leaders of the largest providers in the city.

Key findings on how providers want to engage were:

- a collaborative relationship, based on two-way communication and being 'worked with, not done to', allows early impact on any decision-making
- there is no one mechanism – providers are different and will find different approaches helpful and possible

- planned engagement allowing providers to track what is happening and gear involvement to the right time
- the opportunity to feed-in service users' voices to the design of services
- build networks
- utilise new engagement opportunities since they have struggled to influence in the past
- themed, face-to-face events, for example relating to specific JHWS outcomes, or to areas of Sheffield; particularly events that cross public, private and third sectors
- use of e-bulletins with updates of the board's work, initiatives, events, meetings, training opportunities, and channels for providers to advertise their work
- development of an online directory of providers and the services they offer.

The board will use these findings as the basis for agreeing and developing its engagement process. It is already implementing some suggestions and will be trialling others in early 2013. Also, an early action has been to communicate the board's function and relationship to contract decision-making, since the research process highlighted lack of clarity among providers about the role of the board.

For more information, contact Louisa Willoughby, Commissioning Officer, Louisa.Willoughby@sheffield.gov.uk

Involving providers in determining engagement approaches

Given the complex challenges associated with partnership working between health and wellbeing boards and local providers, there are benefits in encouraging providers themselves to become involved in designing preferred engagement approaches. Collaboration should help foster better understanding, stronger cooperation and greater enthusiasm, leading in turn to more successful and productive engagement. Different mechanisms used to involve providers in this way include workshops, webinars, online surveys and focus groups.

Provider-led initiatives

Providers themselves may take the initiative in coming forward with suggested engagement approaches, especially if engagement with a local health and wellbeing board is not forthcoming or providers are frustrated with existing mechanisms.

Our research identified several provider-led initiatives that had been successfully taken up by health and wellbeing boards. Mostly these involved groups of local providers, often already members of an existing partnership body, coming together to form a new or

Case study: Provider-led engagement in Wakefield

A provider-led engagement process is being supported and encouraged by Wakefield's health and wellbeing board. Although local providers were involved in developing the JSNA and JHWS, they were keen for more active engagement in planning delivery of the six key priorities. In response, the board set up a major providers forum, with the first meeting being held in September 2012. Both providers and board members were pleased and encouraged by how helpful and informative they found the forum. A key decision made, in response to a provider-based proposal, was that providers would additionally meet twice a year to discuss and develop themed issues to be brought to the board. The board offered officer support to assist with administration and facilitation, but providers took responsibility for structuring the agenda. Three particular issues were to be considered:

- what local providers are already doing that contributes to the board's priorities, with a focus on what they are doing that is not commissioned

- determining future opportunities for providers to feed in intelligence to JSNAs and the strategy refresh process
- identifying opportunities for integration.

To build local provider engagement beyond the major providers, the board has also set up an annual health and wellbeing assembly.

The main advantages of this engagement approach are that it will:

- inform the board of the contribution local providers are currently making to the health and wellbeing of the local population
- enable providers to see how they can contribute to tackling priorities, and identify potential areas and actions for improvement and/or development
- stimulate innovation and integration
- allow providers to develop ideas for co-production models of service delivery.

For more information, contact Dr Andrew Furber, executive director of public health, afurber@wakefield.gov.uk

reconstituted forum better structured to engage with the board. For example, in one board locality, third sector providers have set up a group with the remit of exploring more joined-up ways in which providers can deliver services to meet the new commissioning priorities, and have initiated a meeting with local commissioners to present and discuss ideas.

Providers as board members

The primary role and purpose of a health and wellbeing board should be the main determinant of whether or not a board decides to invite providers, over and above the statutory membership, to sit on the board. Our research found most boards choosing to include additional local providers as members view their key function as setting out a strategic framework for local commissioning. Boards who see their role as being to include more direct overseeing and integration of commissioning tend to have no additional local provider members.

The issue of how to mitigate the risk or perceived risk of conflict of interest will need attention. Health and wellbeing boards could take a similar approach to CCGs by addressing potential conflicts of interest between commissioning and provider roles through governance arrangements that emphasise the importance of operating transparently, and employing specific measures to guard against conflicts of interest that potentially might or do arise. This should be fairly straightforward where the role of the board has a strategic focus, if a clear distinction is drawn between its strategic role and any operational commissioning. There should not be conflicts of interest at the strategic priority setting level; these are only likely to emerge when

commissioning activities or actual contracting takes place. Whilst the main board operates as a strategic vehicle, any commissioning work can take place outside of the formal board meetings, possibly at sub-board level.

A widely accepted approach is for the board chair to clarify the purpose and content of any discussion at the outset. If at any point the discussion strays into an area of possible conflict of interest, there is the straightforward option of asking any concerned party to leave the board room.

In many ways, a more challenging issue for those boards deciding to include local providers as members is which local providers? Membership needs to be limited to a size that enables the board to function effectively. Therefore, some discrimination may be needed. One approach is to select on the basis of how significant the provider role is likely to be in delivering the key functions of the board. Use of provider representatives may also be considered. Nonetheless, however the board chooses to select local providers as members, it is important the criteria are open and transparent to all.

“It’s about what the purpose of the health and wellbeing board is, because a board working at the strategic level should never get itself into a situation of talking about who wants a contract to be awarded to whom, or what a service specification should look like. It’s a high-level meeting about strategic direction.”

Health and wellbeing board member

Case study: Tackling health inequalities with provider board members in Coventry

In addition to its statutory members, Coventry's shadow health and wellbeing board began by inviting representatives from West Midlands Fire Service, Voluntary Action Coventry, Coventry Partnership, NHS Coventry, University Hospital Coventry and Warwickshire, Arden Cluster NHS Coventry and NHS Warwickshire, University of Warwick, West Midlands Ambulance Service, Coventry University, and Coventry and Warwickshire Partnership Trust. They were offered a board seat on the basis that they would contribute leadership to delivering the board's main remit of addressing the serious health inequalities that blight the city. This distinct strategic role and direction for the board sets clear criteria for any decision-making. Perceived or actual conflicts of interest have not arisen and are not anticipated to do so.

As a result of providers and commissioners sharing local knowledge and expertise, the board has already successfully overcome some barriers to improving health inequities. For example, several schemes tackling child health inequalities, planned to be commissioned from local children's centres, were potentially constrained by live births data being unavailable. Over many years, for a variety of reasons, the information was not forthcoming from local NHS trusts. Discussion among board members has resulted in a breakthrough on this long-standing issue. Rather than having to give agreement for information to be released about a birth, in future a system of negative affirmation will operate for parents.

For more information, contact Councillor Jim O'Boyle, HWB chair, cabinet member for children and young people,
jim.o'boyle@coventry.gov.uk

Board and provider leadership

Leadership is integral to achieving effective partnership working between the health and wellbeing board and provider organisations. Each individual board member, headed by the chair, will be responsible for ensuring the style, culture and behaviour of the board best supports delivery of the board's function and strategy. This will require working above the organisational and political level and more for the benefit of the whole local health and wellbeing system – operating across people, organisations and partnerships. Provider leadership too will require similar qualities and mindsets.

It is not an easy challenge. Asked what is needed to make this happen, our interviewees emphasise it requires a different approach and new set of skills: the ability to rise above the minutiae of organisational politics and agendas; nullify special interests; take a broader and longer-term view of shaping the whole system; valuing outcomes not metrics and volumes; the maturity and confidence to work through differences without getting stressed and upset; recognise and challenge what might obstruct strategic delivery to meet the needs of the local population; and listen and learn from others' perspectives and constraints. Strong control and direction from board chairs will be necessary to ensure members maintain such

behaviour. Peer pressure and review could also be used to hold members to account for their approach and ways of working.

“People understand this isn’t about silos, this isn’t about protecting your own patch, this is a whole community focus – the one interest is the patient, our constituents, the communities we all serve.”

Health and wellbeing board member

The nature of partnership working between the board and providers will help set a standard and precedent for wider partnership working across the local health and wellbeing economy. It should also influence how members’ own organisations internally relate to and work alongside each other. Therefore, getting the leadership right will have positive repercussions across the whole system.

“We’ve risen above politics. More like non-executives on a board. We’re behaving very maturely and responsibly and very seriously in a non-politicised way. We have a keen interest in the health and wellbeing of the population. It’s the passion and commitment and it’s the objective thinking.”

Health and wellbeing board member

Provider representation for groups, not single organisations

Some boards have chosen to include representatives of different provider forums as board members. For example, a private sector representative from the local chamber of commerce and a voluntary sector representative from the local council of voluntary services, together sit on one health and wellbeing board. Some of these representatives are providers in their own right whilst others are not. The benefits of their involvement operate in two ways. Firstly, they can feed in provider knowledge and expertise to ensure better informed board decision-making. Secondly, they can channel information on priorities for local health and wellbeing and the commissioning context in which providers should be focusing their work, out to the provider bodies. There is also a low risk of conflicting interests since representation is linked to a group not an individual provider.

This approach can be a particularly effective way to help link engagement through a board with the often large number of local voluntary and community organisations. JSNAs and JHWSs will be more vibrant and relevant as a consequence of input from across these sectors. In turn, there will be a stronger sense of ownership among the local community, better understanding of how their services can contribute to identified priorities, and greater willingness to support delivery. We found that many board members were unaware of the range of services provided by their local third sector organisations. This is one way to increase knowledge of different,

currently uncommissioned provider services, and how they might potentially contribute to delivery of a board's priorities.

Another option being explored is to have an 'open space' on the health and wellbeing board. This can be used to invite different provider representatives on an ad hoc basis. It can facilitate specialist knowledge input on specific issues being discussed at particular board meetings. For example, the chair of the local children's and young people's forum might be invited to take a seat on the board for a meeting that will focus on children's and young people's health inequalities.

"Anything of significance coming up at the board I have tried to bring as fast as possible to the voluntary health and care forum. It's also about making sure the broadest involvement of the voluntary and community sector is encouraged. I'm a channel of communication through to others and encourage involvement in that way."

Health and wellbeing board member

Cooperative working with provider forums

Many local areas have provider forums, usually arranged by different sectors, such as health, social care and children's and adults' services. These can potentially frustrate or amplify the positive impact and effectiveness of the health and wellbeing board in delivering its priorities. One route to facilitate provider engagement is to build on the solid relationships that often already exist at a local level between some board member organisations and these provider bodies. Consideration should be given to which existing forum it is most appropriate to engage with and if some form of reconfiguration is necessary – to ensure open membership and limit any risk of provider favouritism, as well as to maximise the effectiveness of engagement. Strengthening links with such provider forums has advantages not only in terms of improved two-way communication, learning and understanding, but also in making the board more actively outward facing.

Our interviewees were keen to stress that partnership means more than consultation. Where engagement is felt to be working particularly well, it is based on a more cooperative and collaborative approach – there is ongoing dialogue that can better inform the board's work, and help stimulate new service delivery solutions, ideas and partnerships among providers, making a real difference in tackling board priorities.

Case study: Engagement with an existing, reconfigured forum in East Riding

East Riding health and wellbeing board has the statutory minimum number of members and made an early decision to actively engage with providers outside the formal board. A key mechanism being used to do this is the Healthcare and Wellbeing Action Group. This was already in existence as a health and wellbeing sub-group that linked into the local strategic partnership. It has been remodelled as the forum where local providers can now sit around the table with commissioners. The group is responsible for ensuring partners work together to improve health and wellbeing and achieve health inequalities goals for the local population, through supporting delivery of the priority outcomes identified in JHWSs.

As well as formal meetings, working groups dedicated to particular health and wellbeing themes have been set up. In this way, relevant providers can work together to improve service delivery in a focused area. It also helps restrict the number of meetings any one provider need attend. For example, one working group has concentrated on how to deliver improved outcomes for the mental health of young

children. Providers with specialist interest and knowledge were involved from across the locality, including members of the children's trust board, community nursing providers and the NHS mental health trust, alongside commissioners.

Key benefits of this engagement mechanism are:

- it builds on existing respected structures
- it enables provider involvement in planning, design and delivery of JHWSs on behalf of the board
- it provides linkages between the Healthcare and Wellbeing Action Group and local strategic partnership
- it allows avoidance of duplication between group members and group responsibilities
- it maintains a distinct strategic role for the health and wellbeing board.

For more information, contact Councillor Jonathan Owen, HWB chair, deputy leader, councillor.owen@eastriding.gov.uk

Sub-groups of the health and wellbeing board

Sub-group structures separate from the main health and wellbeing board are another useful mechanism for constructive partnership working between commissioners and providers. There is the opportunity for these sub-groups to take a more focused approach to a particular theme, care pathway or client group that is a board priority. Providers of relevance, because they are important to have engaged, are going to be interested, and/or who have the potential

to help shape and change things, can be specifically invited. Smaller, more tightly defined groups of this nature can better explore issues and help design strategic solutions from the perspective of service user needs along their pathways of care. The commissioner-provider relationship is not felt to be compromised because discussion remains strategic and provider participation, whilst issue-focused, is open-ended. Meetings can be more informal and creative, using different style formats: workshops, discussion groups and pathway peer review, for instance.

Case study: Collaborative engagement with voluntary providers in Oldham

Whilst many voluntary providers in the locality of Oldham's health and wellbeing board are keen to work on a more collaborative, co-production basis with commissioners, there are significant obstacles; in particular, potential conflicts of interest linked to procurement. However, two strands of work have helped move the provider-commissioner relationship more in this direction.

Firstly, more than 20 voluntary organisations in Oldham have recently come together as a body, Society Works, to devise a collaborative framework that will encourage and promote the development of multidisciplinary solutions to challenging local commissioning problems. Secondly, a sub-group of Oldham's health and wellbeing board was set up to explore how engagement with the voluntary sector might be facilitated. The representative voluntary

organisation, Voluntary Action, a non-provider, acted as an initial channel of communication to build relationships between the board sub-group and Society Works. Additionally, the open membership for Society Works has helped reduce worries about engagement contaminating procurement.

This led to an initial meeting between the board commissioners and Society Works. It generated a lot of enthusiasm: commissioners raising joint commissioning opportunities linked to the delivery of key priority outcomes, and voluntary organisations seeing the potential for a range of new and multidisciplinary delivery approaches in response.

For more information, contact Adrian Ball, chief officer,
adrian.ball@vaoldham.org.uk

Informal, peer to peer relationships

A lot of important provider engagement work can take place outside formal board meetings. Responses from our interviewees indicate increasing informal, peer-to-peer discussion at leadership level between individual board members and key local providers. More informal meetings are also being held between some commissioning and provider organisations to discuss specific strategic issues, involving chief executives and lead support officers, with clear governance and transparency criteria applied. This is resulting in increased learning and understanding of the assets that the different organisations have to offer in terms of knowledge, evidence, practices and services; and identification of where there are obstacles to and

opportunities for more joint working that can help to deliver the board strategy – opportunities that may well have been 'siloed' before.

"There's a lot more peer to peer involvement. It will lead to more understanding of where the barriers are a lot earlier, where there are problems and where there are gaps. It's picking up on those areas and understanding where things are either falling through the net or could be done differently – such as how do you use local pharmacies to distribute debt advice?"

Health and wellbeing board member

Market facilitation for innovation

Some interviewees argue that the impact of JHWSs will be constrained unless health and wellbeing boards take an active role in helping move, cajole and shape the market in the direction it needs to go to deliver the strategy. There are felt to be legitimate ways that boards can consult and engage with providers to stimulate service development and delivery design to better fit with the priorities of the local population, without compromising the integrity of the commissioning process – in the same way, for instance, that supermarkets work with their suppliers to encourage innovation and product development to meet changing consumer demand, such as in relation to organic farming, whilst maintaining relationships on an entirely commercial basis.

In this respect, health and wellbeing boards might consider being more directional and challenging to providers about their involvement. They could perhaps set up working groups outside the main board that focus on a particular priority, and call for contributions from across the spectrum of local providers as to how services might be better designed and delivered to effectively impact on this issue. To help stimulate change and innovation, such engagement might also be structured to focus

only on specific problems or challenges in service delivery. Instead of spending time engaging with providers on trying to better coordinate what is working well, efforts could be concentrated on where things are not working so well, such as areas of overlap, duplication, fragmentation or absence of services.

“You can engage, learn, shape services and innovate in ways that are a lot more imaginative than arm’s length procurement; money will be saved and better outcomes will result.”

Provider and health and wellbeing board member

If boards are to find new solutions that can address long-standing health inequalities and poor health outcomes, they need to be not only engaging with existing providers but also exploring alternative approaches, other styles of provision and what new entrants to the market might bring. One mechanism being used by some boards to facilitate this process is to provide resources to support the engagement of local voluntary and community groups, sometimes excluded from formal commissioning through being unknown or unable to show their service delivery ‘works’.

Case study: Supporting voluntary provider involvement in Cheshire East

Resource support from a sub-group of Cheshire East's health and wellbeing board for a third sector coordinator resulted in two initiatives to facilitate the market involvement of voluntary providers.

Firstly, a new 'community voice' section was created on the board's JSNA website. This describes the service offer and provides a link to the website of each voluntary and community organisation in the locality offering health or wellbeing services. Alongside this information, there is anecdotal evidence of how users and carers experience those services. It is a vital information tool for commissioners. As Louise Daniels explains: "The commissioners all seem to know and accept there is some fantastic work going on, but they don't know exactly where it is or how to access it. They wanted to know what services were being provided, what gaps there were, and what clients were saying was working. It also prevents duplication. For instance, the

neuromuscular centre provides a lot of physio for people who have degenerative conditions. If GPs decide they want to set up some physio support and didn't know about the centre, well it would be just a waste of money."

Secondly, an 'outcomes monitoring tool' was developed that is both feasible for use by any third sector organisation and has validity for commissioners. This will enable providers to more consistently and effectively evaluate the outcomes of their services, the results of which will be usable by commissioners. If an organisation's data fits the tool's methodological criteria, the data will be included on the JSNA website. The approach is currently being trialled among mental health service providers.

For more information, contact Louise Daniels, third sector coordinator,
Louise.Daniels@cvsce.org.uk

Partnership links through local Healthwatch

Several organisations we spoke to mentioned being keen to see structured partnership links develop between providers and local Healthwatch. They feel this could be a positive mechanism to encourage meaningful engagement with the different local communities in contact with local providers, especially those in the third sector. Some scepticism exists, however, as to

whether local Healthwatch will have sufficient objectivity, capacity or willingness to understand and promote the complex range of needs and wants from across all the different local communities. Providers are therefore encouraged to work actively with emerging local Healthwatch to develop creative mechanisms and opportunities for dynamic, ongoing conversations with people across local communities, including the most vulnerable, disengaged and seldom heard groups.

Summary of recommendations

As a result of the findings presented in this report, we recommend the following actions.

- 1 Effective engagement of local providers is significant to health and wellbeing boards fulfilling their role and responsibilities. If boards wish to transform, reconfigure and integrate their services to achieve improved health and wellbeing outcomes, it is essential they engage providers to make this happen.
- 2 There are different mechanisms for making local provider engagement effective. Boards should consider use and experimentation of a range of different approaches given the considerable variety of size and type of local provider. It will be important no provider feels disadvantaged.
- 3 Provider involvement in the design and development of engagement mechanisms will lead to stronger and more successful engagement across a board locality.
- 4 We also recommend continued shared learning among health and wellbeing boards around the different engagement approaches being trialled and implemented locally. This will assist local areas to find the most appropriate methods to meet their needs of engagement.

For more details of our work in this area, please contact kate.ravenscroft@nhsconfed.org

References

- 1 Department of Health (2012) *JSNAs and joint health and wellbeing strategies – draft guidance: proposals for consultation*. www.healthandcare.dh.gov.uk
- 2 Ham C, Imison C, Goodwin N, Dixon A, South P (2011) *Where next for the NHS reforms? The case for integrated care*. The King's Fund. www.kingsfund.org.uk
- 3 Goodwin N, Smith J, Davies A et al. (2012) A report to the Department of Health and the NHS Futures Forum. *Integrated care for patients and populations: improving outcomes by working together*. The Kings Fund/Nuffield Trust. www.kingsfund.org.uk
- 4 Health and Social Care Act 2012. www.legislation.gov.uk
- 5 Humphries R, Galea A, Sonola L, Mundle C. (2012) *Health and Wellbeing Boards. System leaders or talking shops*. The Kings Fund. www.kingsfund.org.uk

Acknowledgements

Francesca Taylor, NHS Confederation, author of this paper.

This paper was developed in partnership with the Department of Health, the Local Government Association and the NHS Institute for Innovation and Improvement.

Stronger together

Health and wellbeing boards present new opportunities for effective partnership working at local level to improve commissioning and achieve better health outcomes. The main duties and functions of health and wellbeing boards require them to have strong engagement across their communities.

This report provides insight into how health and wellbeing boards are working and can work effectively with local providers. After examining the benefits of engagement, it sets out a framework of different ways boards might approach engagement in their localities, highlighting examples of current mechanisms being used, exploring how these have developed and the advantages of working in these ways.

Further copies or alternative formats can be requested from:

Tel 0870 444 5841 Email: publications@nhsconfed.org
or visit www.nhsconfed.org/publications

©The NHS Confederation 2013. You may copy or distribute this work, but you must give the author credit, you may not use it for commercial purposes, and you may not alter, transform or build upon this work.

Registered Charity no: 1090329


Stock code: BOK60062

NHS CONFEDERATION



The NHS Confederation
50 Broadway London SW1H 0DB
Tel 020 7799 6666
Email enquiries@nhsconfed.org
www.nhsconfed.org

Follow the NHS Confederation on Twitter

 [@nhsconfed](https://twitter.com/nhsconfed)