Briefing October 2014

A shared agenda

Creating an equal partnership with CCGs in health and wellbeing boards

Health and wellbeing boards have a significant role to play in the development of healthy populations, using local partnership working to facilitate a change in outcomes for local people. CCGs clearly have a pivotal part to play in health and wellbeing boards – they are key to realising more person-centred care, bringing their frontline clinical expertise, their knowledge of local communities, the mandate they have been given from their member practices, and experience in local commissioning.

The importance of genuine partnership and effective joint working with local government cannot be overstated if necessary change to local services is to be achieved. NHS Clinical Commissioners has developed this briefing to support the NHS, local government and wider partners to hear the CCG voice on the development and direction of health and wellbeing boards and their ambitions for future joint working.

NHS Clinical Commissioners
The independent collective voice of clinical commissioning groups

Introduction

NHS Clinical Commissioners (NHSCC) believes health and wellbeing boards (HWBs) have a unique role in joining up health and care commissioning with the wider determinants of health. They have the potential to improve the health outcomes of entire populations.

Our members have told us that, while they feel HWBs are travelling in a positive direction, there is some variation in the nature and balance of the partnerships developing between the NHS and local government that means that the true potential of HWBs is yet to be realised from the perspective of clinical commissioning groups (CCGs). This is for a variety of reasons, which we explore further in this publication.

CCGs clearly have a pivotal role to play in HWBs. They are critical to realising the ambitions for person-centred care and integrated care, bringing their frontline clinical expertise, the mandate they have been given from their member practices, and experience in local commissioning. The importance of genuine partnership and effective joint working with local government cannot be overstated if necessary change to services is to be achieved. Yet after 18 months of operation, local authorities are feeling like the more dominant force on most HWBs, all too often setting the tone, its ways of working and deciding the agenda. CCGs must be supported to be equal partners within HWBs and be seen as a fundamental part of their success in the future. This is about creating a shared agenda for populations.

NHSCC (as the membership body for CCGs) wants to support its membership to articulate a shared CCG voice in relation to the development and direction of HWBs – this briefing aims to support the NHS and local government to understand the nature of CCG involvement in HWBs.

To develop it we have taken existing feedback from our membership and undertaken in-depth interviews with CCG leaders from across the country to describe how they interpret the purpose of HWBs, the CCG's role in them and their ambitions for making them function effectively.

They identified lessons they had learned, challenges they are facing and what must change if HWBs are to fulfil their potential.

HWBs – sharing the agenda

Key messages for the system

- **CCGs believe in the potential of HWBs as bodies that bring together the NHS, local government and all wider stakeholders to commission on a place-based level**. Our members believe HWBs are best placed to devise local solutions to the complex issues their populations face – they must overcome their current challenges and deliver change locally to secure their future.
- **CCGs have a critical role in HWBs, which must not be underestimated**. They bring their clinical expertise and knowledge of communities as GPs, their day-to-day health commissioning expertise, considerable resource, the mandate of their member practices and their statutory responsibilities for commissioning population-level health. They also bring an apolitical counterbalance when HWBs decide local strategies.
- **CCGs must be equal partners in HWB structures and relationships**. While some CCGs have achieved genuine partnerships with local authorities (often through effective personal or historical relationships), others have experienced frustration and tension on HWBs that feel dominated by council processes, local politics, cultures and behaviours – this means some HWBs are unlikely to fulfil their potential as a result.
- **HWBs are not the appropriate bodies to take on the full responsibilities for health and social care commissioning budgets**. HWBs are 'boards' – they need time to build effective relationships. The cultural differences between the NHS and local government will take time to meet in the middle. The political nature of HWB structures mean that they cannot be the bodies to take on the totality of health and social care spend. A partnership with the NHS and local government is critical to ensure local populations are benefiting from pooled expertise that is balanced with an apolitical view on population need.
- **HWBs must be given the space to make local decisions**. Local areas do not need any more national strategies or change imposed from above. They instead need space and flexibility to develop effective local partnerships between its two largest partners – CCGs and local authorities, and collectively demonstrate place-based leadership.
- **The Better Care Fund (BCF) highlights where CCGs have mixed feelings about the extent to which centrally-led integration initiatives can drive change locally**. Policymakers need to be acutely aware that top-down initiatives can be catalysts for change but can also upset delicately balanced local partnerships.
- **There is some appetite to engage local providers and wider commissioners in HWBs**. This requires the buy in of those organisations and also an acknowledgement of their resources. Having all parts of the system mirrored at a local level would develop more rounded joint strategies around the more transformative plans that HWBs may have.

Key messages for HWBs

- **HWBs need to bridge the cultural chasm between the NHS and local government**. This may necessitate innovative governance arrangements, such as co-chairing and decision-making processes that engage partners more effectively. We recommend HWBs look at the LGA's recent guidance *Making an impact through good governance – a practical guide for health and wellbeing boards* (2014).

- **Explore different structures** – setting up subcommittees and forums can help counterbalance unequal partnerships and involve those such as providers, who may otherwise feel excluded from the HWB.
- **Identify development needs** – some HWBs still have significant development needs and should reflect further on their role and purpose.

Key messages for CCGs

- **CCGs are agents for change at a local level** – while local government may have influence on many determinants of health, CCGs can harness clinical expertise to help transform their population's health and wellbeing – a unique attribute that entitles them to take a lead in setting the agenda locally.
- **CCGs bring significant resources to HWBs** – a mandate from their member practices (their registered lists) and CCG-specific statutory responsibilities – so it is crucial that they engage fully with HWBs in order to exert significant influence over the direction of activity. They must also navigate existing structures, and build relationships with new leaders in the council post election.
- **CCGs may find they are more committed to transforming services than their council partners, who may fear the political consequences of change**. They must carefully negotiate buy in from all stakeholders to their plans and provide assurances for some of the unintended consequences of decisions for partners.

Context – going back to the purpose of HWBs

HWBs were established as strategic boards to develop a shared understanding of local need, develop joint local priorities and encourage commissioners to work in a more 'joined-up' manner. HWBs attracted more support than any other aspect of the Health and Social Care Act. Since April 2013, each of the 152 upper-tier and unitary local authorities in England hosts a HWB to act as a forum for local commissioners across the NHS, social care, public health and other services.

HWBs are intended to give local authorities some influence over NHS commissioning, while enabling NHS commissioners to have some influence over public health and social care. They are designed to jointly assess their local population's health needs, leading the joint strategic needs assessment and producing a joint health and wellbeing strategy that sets local priorities for joint action. They must ensure that local commissioning plans are coherent and coordinated. HWBs have a crucial role in promoting joint commissioning and integrated health, public health and social care services.

Membership must include at least one councillor, the directors of adult social services, children's services and public health, as well as representatives of each CCG, the NHS England area team and local Healthwatch. HWBs are free to invite others and decide how to involve local providers. They have a statutory duty to involve users and the public. The inclusion of councillors and patient representatives is intended to strengthen the democratic legitimacy of commissioning decisions, while providing opportunities for challenge and discussion that involves local people.

How CCGs view the purpose of HWBs

Establishing a common purpose

The legislation setting up HWBs was intended to allow councils and CCGs freedom in deciding their design and operation according to local circumstances. As a result, HWBs are at markedly different stages of development. Those facing the future with most confidence have reflected carefully on their role and purpose before tailoring their work appropriately.

"We've spent a lot of time talking about what we're trying to do," says Dr Tim Moorhead, chair of NHS Sheffield CCG and co-chair of the city's HWB. Given the size and complexity of the local health economy, the HWB concentrates on high-level strategy and "getting best value out of health and social care budgets".

"We decided it's not a performance management committee, monitoring what providers are doing. It's about the broader picture, ensuring strategies align among commissioners – the CCG and local authority but also NHS England. Then it's about making sure providers understand that and are responding through contracts. We're trying to find the wicked problems that can't be sorted by commissioners or providers on their own but require another perspective. We're trying to avoid duplicating work that commissioners and providers should be doing on their own."

Dr Moorhead adds: "It took a long time to recognise that's what we're for. Finding out the problems and making an effective intervention are difficult. A lot of it is about having the right people in the room, but it's also about what we think their function is."

Meeting the potential

HWBs can take a uniquely overarching view of their population's needs, says Dr Graham Jackson, clinical chair of NHS Aylesbury Vale CCG, although it took time for the HWB of which he is vice-chair to understand its role and focus on essentials. "It was taking on huge swathes of ideas but had no idea why it was looking at certain things. It had no structure to what was on the agenda and was overseeing a lot of stuff it didn't need to."

Now it has created a planning group that filters input, so only key issues reach the HWB (see case study on page 4). Recently the HWB considered a strategy for physical activity for children under five, and was able to bring perspectives

Case study: Buckinghamshire HWB

When Buckinghamshire HWB became overwhelmed by documents and an agenda without a structure, its vice-chair Dr Graham Jackson proposed it create a planning group to ensure it focused solely on relevant business. The group accepts submissions only from the healthy communities partnership board, children and young people board and Health Leaders Bucks, which comprises the chief executives of the acute, ambulance and mental health trusts, as well as senior commissioners and the public health director. “It gives us very good sight of activity and strategy without all of those who contribute to it sitting on the HWB with us,” says Dr Jackson.

from health, education and social care. “There was no other forum able to do that until the HWB existed. It can share plans from commissioners and providers as a community, so we’re all going in the right direction. These are now sitting in the right place with the right people.”

Dr Jackson is ambitious for what HWBs can achieve. He argues they should focus less on joint commissioning. “It’s been around a long time and pre-dates HWBs. What we need is progress on joint de-commissioning. When we talk about moving activity out of hospitals, how do we collectively decide to do that? The HWB has true oversight of population need, so it is key. We’re in a very influential position for de-commissioning.”

Enabling place-based leadership

CCGs have strong ambitions to be local system leaders and support localism to flourish. In order to realise the ambitions of the Health and Social Care Act, they need to see HWBs as the strategic drivers for commissioning policy between health and social care collectively – CCGs and local authorities must enable whole-system solutions and take place-based leadership on complex local issues they cannot solve alone.

Once a HWB progresses from being a group of individuals representing a wide range of organisations to speaking with a unified voice, it provides a mandate for collective action to bring about change, says Mark Gamsu, a lay member of NHS Sheffield CCG who has also worked with HWBs in Leeds and Wakefield. To get to that point they must enable and promote an “honest dialogue about shared concerns”, and motivate commissioners to procure services in new ways. Mr Gamsu says: “It’s about creating a culture of honesty. I think HWBs are on the way.”

“We’re trying to find the wicked problems that can’t be sorted by commissioners or providers on their own but require another perspective”

With localism likely to influence public policymaking for some time to come, it is vital that places are able to articulate their population’s needs in all their complexity and diversity through their joint strategic needs assessments (JSNAs) and respective commissioning plans. Place-based leadership is a responsibility that could fall naturally to HWBs united in a shared commitment to improving their population’s health, says Mr Gamsu.

Once HWBs start to make a difference to the outcomes of local populations, they pave the way for more devolved arrangements in the future – HWBs as effective partnerships have the potential to follow the experience of city regions and take much more control of health and social care budgets.

HWBs could “change the way we see health and illness in this country”, according to Dr Colin Philip, chair of NHS Kernow CCG. “HWBs have enormous potential, but they have to deliver. Then people will take notice of them.”

The critical role of CCGs on HWBs

In order to fully enable the potential of HWBs, the system must understand how important a role CCGs play on HWBs. “The CCG is a critical partner on the HWB, vital to ensuring the integration of health and social care,” says Dr Mary Backhouse, chief clinical officer of NHS North Somerset CCG.

“We bring a practical, day-to-day health commissioning perspective,” says Dr Amanda Doyle, chief clinical officer of NHS Blackpool CCG and co-chair of NHSCC, while the presence of GPs on the HWB harnesses unique frontline clinical experience. “GPs have considerable knowledge of the communities they serve and the breadth of that knowledge from their membership”.

“If it wasn’t for the CCG there wouldn’t be a HWB, we must be one and the same,” says Dr Ian Orpen, clinical chair of NHS Bath and North East Somerset CCG. “The HWB is underpinned by the council’s strategy but the CCG is an essential part of its core.”

What seems clear is that CCGs bring significant resources, so it is vital they are able to exert a similar level of influence over what HWBs do and how they work. “We have the budget and commissioning plans for the health part of the HWB’s

agenda – a big part of what it's about. We're certainly major players," says Dr Howard Stoate, chair of NHS Bexley CCG.

There is also the benefit of having an apolitical body involved in local decision-making. "CCGs can make essential but difficult choices based solely on population need and the right kind of care and support. We need HWBs to be apolitical and CCGs are well placed to make the case for change when change is needed," says Mary Hutton, accountable officer for NHS Gloucestershire CCG.

"We are an integral part of a very integrated HWB, which is key to our driving progress across the health and social care agenda," says Deborah Fielding, chief officer of NHS Wiltshire CCG. "There's not much on the agenda that doesn't involve us directly or indirectly. We're using it to facilitate integration. We absolutely believe that integration and better out-of-hospital care for the whole population is the way to go."

Areas for improvement

Many HWBs are still grappling with their development needs, clarifying their role, vision and values. In addition, several formidable challenges currently stand in the way of HWBs fulfilling their potential and hinder CCGs from making a fully effective contribution to them.

Ensuring equal partnership and bridging cultures

According to some CCG leaders, the HWBs' official status as local authority committees sends out the "wrong message" for partnership working. Retaining HWBs within the structure of local government can compromise their independence and lead to an imbalance of power between the CCG and the council. It should be clear from the outset that "CCGs are equal partners. HWBs are not about oversight of CCG activity," says Dr Steve Kell, chair of NHS Bassetlaw CCG and co-chair of NHSCC.

Most HWB chairs are council members, often council leaders; CCG leaders tend to act as HWB vice-chairs. This can create an imbalance in membership. "HWBs feel dominated by councillors. It's not a balanced discussion," says one CCG chief officer. And some CCG leaders feel their influence on HWBs does not match the expertise they can offer and their resource contribution.

"The HWB can often deal with the local authority's agenda rather than the system's agenda," says a CCG chair. Another notes: "It's slightly patriarchal. We're made to feel we are the new kids on the block. We have to follow different procedures and governance. We're not even allowed any other business unless it's been put through the whole system beforehand."

It is also clear that some aspects of local government culture sometimes jar with the NHS. "On the CCG board we have parity of esteem – all clinicians and executives are treated the same," says one CCG chief officer. "In the council it's the opposite. Officers are servants of the councillors, who make decisions. When you bring these two things together it's tricky."

One CCG chair reports that his HWB restricts voting rights to councillors. It has avoided problems only because no issues have yet been forced to a vote, but this imbalance is reflected elsewhere too. For example, the CCG provided detailed budgets and commissioning plans for the HWB to discuss. "But the council didn't bring its public health or social care expenditure for the same level of challenge. We've said that's not right."

Case study: Kingston HWB

Local GPs and councillors had been dissatisfied with mental health services for some time, and used the HWB to articulate the changes they wanted to see. After consulting users, the HWB drew up a commissioning mandate for mental health services, which declared: "The way we plan and oversee local health and social care services is changing." The HWB went on to confront long-standing difficult issues: for example, it became responsible for jointly commissioning substance abuse services, revising the service specification and awarding the contract to new providers. "The mandate became very powerful," says former NHS Kingston CCG chief officer David Smith (now chief executive of NHS Oxfordshire CCG). Attempts to resist change proved futile in the face of it. "That showed the real power of GPs and councillors signed up to the same agenda."

Working with politicians and the political nature of council structures

Using the HWB as a platform for local politics is another consequence of the unequal partnership, and can hinder change when councillors "play to the gallery". One CCG submitted its five-year strategy to the HWB: "All we were seeking was for council members to note and review it. But the leader and chief executive wanted to note that they didn't support it. They fear losing the local hospital. The irony is they were happy to receive the health and social care strategy, which is all about moving services out of hospital."

One CCG chief officer argues that "very local democracy" makes strategic decision-making harder. "Many of the issues we struggle with daily are down to local town councillors being very vociferous about a particular unit closing without seeing the wider picture." Claims of democratic legitimacy may not always be what they seem. "Some of the people around the table were elected by 17 per cent of their constituents," says a CCG chair. "So much depends on personalities and whether they follow their party line or what's best for local people."

HWBs appear particularly prone to the influence of forceful local personalities used to wielding political power in their communities. This can curtail HWBs' effectiveness. A council leader in the role of HWB chair punctuated meetings with disparaging remarks about NHS inefficiency. Another had such a negative opinion of partnership and joint commissioning that progress was stifled until they stepped down.

The manner in which HWB meetings are conducted can prove inimical to engaging GPs. "They're coming into a new world. Some have sat on boards but not with politicians, and certainly not with politicians meeting in public. It's hard for them to be seen as partners with councillors rather than contributors to the discussion," says a CCG chief officer. It's also important that CCG leaders remember to engage with council structures as they change through elections, building and rebuilding relationships with new leaders.

Bridging different governance structures and political cultures with the NHS will take time in HWBs – some practical solutions for arranging governance structures are highlighted in the LGA's *Making an impact through good governance – a practical guide for health and wellbeing boards.*

Making multi-agency working work

CCG leaders say successful multi-agency working calls for mutual trust, respect and effective communication. It demands a shared vision, direction and understanding of problems, as well as a commitment to acting jointly and a sense of interdependency. It is difficult to foster these qualities in unequal partnerships.

One solution might be to introduce co-chairing arrangements on HWBs and equal numbers of members from the council cabinet and CCG governing body, ensuring a 50/50 split if issues come to a vote. Sheffield HWB has adopted this model. Dr Tim Moorhead would like to see the approach "adopted virtually everywhere". He says: "It's not tokenistic – it's really helpful. If relations at a personal level are not great at least you can fall back on your terms of reference."

In addition, or as an alternative, HWBs can develop subcommittees or forums whose membership may counterbalance the main board's influence. Often these are run by council and CCG officers, helping to build trust between them. "Our strategic commissioning group manages a lot of the work of the HWB," says one CCG leader. "It brings all the various officers together."

Working with wider stakeholders

The inclusion of local providers, Healthwatch and public health in HWB structures seems to vary from area to area but clearly there is an appetite to ensure that HWBs bring the system together at a local level. Bringing these stakeholders to the table is essential, especially when HWBs try to agree and implement redesign or reconfiguration programmes.

HWB sub-groups may offer some short-term solution here. Sitting outside the high-pressure public arena, they can sift issues for the HWB and influence its agenda. They are also able to involve those who may be otherwise excluded from the HWB structure to participate meaningfully.

They may be especially useful for involving providers, whose inclusion on HWBs may raise conflicts of interest during commissioning discussions but whose exclusion sits oddly with the HWB's remit to take a "whole-system" view. "We have groups under our HWB doing good thinking about how to integrate services and share information," says Jonathan Bates, chief operating officer of Sutton CCG. "That's a real strength and brings real benefit."

Handling the Better Care Fund – lessons

Operating the BCF from 2015 will test how well CCGs and local authorities can cooperate and share resources. As a centrally devised programme it has highlighted some of the challenges and opportunities for joint working.

Some CCGs have found preparing for the fund helpful. "It's catalysed everything," says Dr Graham Jackson. David Smith says Kingston used it "as a lever to drive change, enabling us to explain what our plan was for the whole system. We felt it was about something much bigger than money."

But for others it has proved a hindrance to local working. Jonathan Bates says: "The BCF is not the totality of what we want to achieve through integration, and there is a risk it is seen as this." Dr Howard Stoate agrees: "It's realigning existing funds. We were already doing that. We're not going to do things very differently from what we were doing anyway."

Case study: Bath and North East Somerset HWB

Meetings of Bath and North East Somerset HWB are cast live on the council's "democratic services" webpage to enhance transparency and accountability. Typically "a couple of hundred" people watch, according to HWB vice-chair Dr Ian Orpen. They include providers, who are not represented on the HWB. The public may submit questions via Twitter, to which the HWB responds at the end of the meeting. A timeline displays the agenda on screen when the webcast is viewed live; this is replaced by index points in the archived version. Presentations, speaker profiles and additional resources such as committee papers are also available.

In relation to the recent resubmission of plans, Mary Hutton says: "It has been a huge deflection of scarce management resource. We'd already written our plans and had our BCF set up with wide cross-community membership to deliver change. We were then asked to resubmit our plans using different sets of data."

Similarly Dr John Matthews, clinical chair of NHS North Tyneside CCG, says: "It's been difficult to engage the providers. The timescale hasn't helped. It hasn't let us build relationships and do engagement work." Dr Colin Philip warns that although the concept is right and has helped in Cornwall, "the practical difficulty of persuading others they're going to get a bit less is not a message they yet understand".

Policymakers need to be acutely aware that top-down initiatives can often prove irrelevant or onerous and at worst upset delicately balanced frontline relationships. As one CCG leader says: "Let's just make it work locally. There may be places where things are very difficult and intervention from above is required, but it should be on an asked-for basis."

Extending pooled budgets

The logic of joint commissioning and integrating services may point to ever greater scope for CCGs and local authorities to pool their resources. Some policymakers argue that CCGs should pool their total budget with local authorities' health and social care expenditure, and that HWBs should take responsibility for spending the money.

In the context of flatline NHS funding and cuts to council budgets, CCGs find this an alarming prospect. Dr Steve Kell uses the example of public health spend to show how local authorities have diverted health budgets to fund other activity. "Lots of local authorities are tendering for services previously in the NHS, particularly around public health. This is destabilising services that were historically part of the NHS, and it is vital that CCGs are involved in assessing the impact of any service changes. It highlights the potential problems we would face if NHS budgets were forced to pool with council budgets." The accountability of public health and its own expertise in the new system is of considerable concern to CCGs who are keen to ensure the influence of the NHS is not lost.

HWBs also need to be considered in the context of coterminosity, where one board covers a number of CCGs. Some CCG leaders fear that the local nature of health commissioning decisions may be lost if budgets were centrally pooled on a HWB footprint.

Dr Helen Miller, clinical chair of NHS Gloucestershire CCG, says: "HWBs were not established as commissioning organisations, and the issues around governance and which organisation holds the financial risk would need to be worked through if any further transfer of budget was proposed".

As the motivation behind the health reforms was to distance the NHS from political interference, it would be ironic if it were to intensify at local level.

HWB governance arrangements would have to change were they to become accountable for such substantial sums of public money. "If you do that you have to give the HWB some teeth. What level of power should they have?" asks David Smith. "We'd get change in the system, but the danger is the NHS would fall over."

Evolution rather than revolution may be the answer – let local commissioners decide how far and how fast to move, according to what best meets their population's needs.

NHSCC viewpoint: A shared agenda for health and wellbeing boards

To fulfil their potential, HWBs must become more evenly balanced partnerships between the NHS and local government. Exploring mechanisms for achieving this must become a priority. In their current form they are not in a position to directly commission services at a local level. At the same time, it is important that HWBs retain local flexibility and freedom to decide what is best for their populations and how to attain it. They have no appetite for more centralised direction, but national bodies do have a role to play: for example, national bodies with local teams could engage with HWBs far more effectively than has been done so far.

NHSCC welcomes the opportunity to shape national thinking on the best ways to enable HWB partnerships to work more consistently and effectively with minimal local disruption.

Overall, HWBs need time and space to develop effective relationships, not least with providers and wider stakeholders. They occupy a commanding strategic position to drive integration of services and the development of out-of-hospital care if the right conditions exist for them to flourish. But first, they need to assert themselves as an authoritative, independent space for place-based leadership.

Share your views with us

As a member-driven organisation, we are keen to hear the views of members and stakeholders on the issues raised in this briefing. Please contact Julie Das-Thompson, head of policy and delivery at NHSCC at **office@nhscc.org**

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NHS Clinical Commissioners is the only independent membership organisation exclusively of clinical commissioning groups.

Our job is to help CCGs get the best healthcare and health outcomes for their communities and patients. We're giving them a strong influencing voice from the front line to the wider NHS, national bodies, Government, Parliament and the media. We're building new networks where they can share experience and expertise; and providing information, support, tools and resources to help CCGs do their job better.

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