October 2013

CHANGE GEAR!

Learning from the pilot health and wellbeing peer challenges

SHARED INTELLIGENCE

1 Introduction and executive summary

1.1 Shared Intelligence (Si) was commissioned by the Local Government Association (LGA) to carry out a rapid review of the pilot health and wellbeing peer challenge programme. The primary purpose of the review is to provide the association and its partners with some insight into how health and wellbeing boards are developing and the learning themes that have emerged from the peer challenges. We were also asked to evaluate the immediate impact of the pilot peer challenges.

1.2 This report sets out our findings. It includes:

- A short summary of our brief and the peer challenge process (section 2);
- An explanation of our methodology (section 2);
- Our findings (section 3);
- Our final reflections and key issues for health and wellbeing boards, the LGA and other partners (section 4).

1.3 In summary, our key finding is that, on the basis of the four pilot peer challenges, health and wellbeing boards have made a solid and enthusiastic start, but are at a key stage in their development. The peer challenge reports use different analogies – "pick up the pace", "change gear", "become a driver of change" – but the overall message is a consistent one: health and wellbeing boards need to focus more, drive delivery more effectively and address a series of challenging issues in relation to the future of health and social care and the integration of the two.

1.4 On the transfer of responsibility for public health to local government, the findings of the peer challenges suggest that overall the process has gone well, but that continued attention must be given to exploiting the potential benefits for the council as a whole. And while it is still early days in relation to Healthwatch, the prospects for building effective relations look good.

1.5 We have also concluded that, in order to help boards to become drivers of change, the focus of health and wellbeing peer challenges must shift from the transition to transformation and that all boards must be encouraged to create spaces for reflection, constructive challenge and development.

2 The brief, the peer challenge programme and our methodology

2.1 The health and wellbeing peer challenges form one element of the Health and Wellbeing System Improvement Support Programme which was convened by the LGA and grant funded by the Department of Health. The other elements include localised support, a Healthwatch implementation team, an on-line data resource, learning and sharing opportunities and a self-assessment tool.

2.2 The peer challenges are designed to support councils in implementing their new health statutory responsibilities by way of a systematic challenge through sector peers in order to improve local practice. The pilot peer challenges focussed on three elements in particular:

- The establishment of effective health and wellbeing boards;
- The operation of the public health function;
- The establishment of a local Healthwatch.

2.3 The framework for the challenges took the form of four headline questions:

- How well are the health challenges understood and how are they reflected in the joint health and wellbeing strategy and in commissioning?
- How strong are governance, leadership, partnerships, voices and relationships?
- How well are mandated and discretionary public health functions delivered?
- How well are the strengths of the director of public health and the team being used.

2.4 The four pilot peer challenges that we reviewed took place between May and September 2013 in East Riding, West Sussex, Sefton and Bristol.

2.5 The brief for this review said that the focus of research should be to "identify the learning themes," which it defined as being "the areas that health and wellbeing boards need to work on and improve and the areas/issues that they find challenging." The brief adds that these findings, plus the identification of the areas that the peer challenges found were going well should be used to provide "an analysis of how health and wellbeing boards are operating in their first year." Finally it said that the "immediate impact" of the peer challenges should be explored. The brief was explicit that this is not an evaluation of the peer challenge methodology.

2.6 In order to inform our findings we have:

- Carried out a detailed analysis of the core documentation in relation to each peer challenge, namely the feedback presentation, the final report and feedback survey forms of the peer challenge team and the chief executive who commissioned the review;

- Interviewed key stakeholders from the three of the places to validate and develop our findings;
- Interviewed the two peer challenge managers who were responsible for the four pilot challenges.

2.7 This report also reflects the feedback on our draft findings which were presented to a stakeholder sharing learning event on 1 October 2013.

3 Our findings

3.1 Our core finding is that, on the basis of the four pilot peer challenges, health and wellbeing boards have made a solid and enthusiastic start, but are at a key stage in their development. The peer challenge reports use different analogies – "pick up the pace", "change gear", "become a driver of change" – but the overall message is a consistent one: health and wellbeing boards need to focus more, drive delivery more effectively and address a series of challenging issues in relation to the future of health and social care and the integration of the two.

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3.3 The following paragraphs:

- Report in more detail our findings about how health and wellbeing boards are working;
- Set out what we conclude are the current challenges facing health and wellbeing boards;
- Report our findings in relation to the transfer of public health and Healthwatch;
- Explore the short term impact of the peer challenges.

Health and wellbeing boards: the current state of play

3.4 The pilot peer challenges suggest that health and wellbeing boards have made a good start. Councils have grasped their new responsibilities enthusiastically as have the members of the new boards. The quality of the local leadership, and the chairs in particular, has been noted as has the take-up and impact of development programmes and support. This area of work has attracted the attention and time of council leaders, portfolio holders, chief executives and directors. The relationships between board members are reported to be close and collaborative and the active engagement of clinical commissioning groups (CCGs) is seen as a significant achievement. The task now is to convert this enthusiasm and commitment for tangible effect.

3.5 The peer challenge reports have also made the important point that this progress has been made in the context of very high expectations nationally and locally about what health and wellbeing boards can and should deliver.

3.6 The quality of the evidence available to health and wellbeing boards is acknowledged by the peer challenges. Interestingly the quality of the evidence and the way in which it is used is not necessarily related to the size of the public health team or the level of resource available. There is clearly scope for some boards to make better use of the available evidence to identify and drive priorities: there is some evidence of data overload making it

hard for a board to focus. The need for boards to ensure that they are giving due weight to the importance of qualitative evidence, including for example the personal experiences of board members, was also highlighted.

3.7 The boards that were involved in these peer challenges are on different points of a spectrum in terms of the robustness of their prioritisation process. This ranges from the need to move to securing the effective delivery of priorities at the "advanced" end of the spectrum to the need for tighter prioritisation at the other. In some cases the need for better defined outcomes was identified. In all cases the over-riding challenge was to put in place effective mechanisms to secure and drive delivery. One board was explicitly challenged to become a driver of change. Implicitly so were the other three.

3.8 One senior stakeholder was prompted by the peer challenge to think that boards should place themselves on a spectrum ranging from an LSP-type influencing body to a hard-nosed body heavily involved in the commissioning process. He felt his board was currently in the middle – a position he considers to be unsustainable in the medium term. Another person we spoke to referred to their board as being "a strategic influencer, not a commissioner, but with all the commissioners round the table."

3.9 The task of establishing good relationships within the board and between the board and partners seems to be going well. However the peer challenges raised questions about the quality of engagement with key stakeholders who are not represented on the boards, particularly major health care providers. The pilot peer challenges suggest that in two tier areas it is important to engage those district councils which are not directly represented on the board and, in areas with locality and neighbourhood working, attention needs to be given to relationships with those structures.

3.10 The review teams were struck by the complexity of the current partnership landscape in which the boards have to operate. The need to simplify the landscape was highlighted, as was the need to be clear about where decisions are taken. The need for clarity about the role of health overview and scrutiny was also referred to, including the relationship with the board.

3.11 As was noted above, the involvement of CCGs in the boards was seen to be developing well, but one challenge team concluded that the board it worked with would benefit from a better understanding of the constraints within which the CCG operates. And in at least two places reference was made to the need for closer relations between backbench councillors and GPs in order to lay the groundwork for difficult issues the boards will have to address in the next phase of their work. One challenge team also questioned whether all councillors had a good enough understanding of the role of the board.

3.12 In different ways all four reviews highlighted the impact the formal status of the boards as council committees is having on the way they work, and the importance of the relationship with the council's governance arrangements. This includes the formal nature of the discussion that takes place (which is not seen as being amenable to handling the issues that need to be addressed), the dominance of the agendas by items originated by the council and, indeed, the emergence of an agenda-led rather than a priority-led approach.

3.13 The quality of the support available to the board (as a whole and to individual board members) is an issue. Peer challenge teams felt that both policy and business support is required, yet the sense is that more attention is being given to the democratic services type of support (which is important, but not mission critical). Chairs in particular require support to enable their boards to change gear and become drivers of change.

3.14 Although each of the boards is at a different stage of development all four challenge reports refer to the need for the board to increase the pace, change gear, drive change or respond to rising expectations. In doing so the review teams referred not only to the prioritisation and delivery issues referred to earlier, but also to the need to address challenging issues such as the reconfiguration of acute health services and assert an over-sight role in relation to the integration of health and social care. We will explore in a later section the issues that need to be addressed in helping boards to respond to this challenge.

The implementation of other aspects of the new council role

3.15 The clear conclusion from these four peer reviews is that the transition of public health to local government has been well-managed and is beginning to have an impact. The public health teams have been well received by their new colleagues. Although their positions in the organisational structures differ the directors of public health seem to be in influential positions and they and their senior colleagues are taking advantage of opportunities to play wider leadership roles.

3.16 The peer challenges have also identified that there is more to be done to enable the public health function to exert a wider influence across a council. The clear message of the reviews is that this is unfinished business, and that continued attention needs to be given to the transition process to ensure that it has maximum impact. One challenge team concluded that a continued organisational development approach was required in order to maximise the delivery of health and wellbeing objectives.

3.17 The reviews recognised that it was early days in the operation of Healthwatch but that there was the potential for it to play an important role on the boards. This is also an area for continued attention, and in some cases boards were challenged to ensure that more attention is paid to capturing the user voice. This relates to the earlier important point about the value of qualitative evidence. User stories can be an important source of constructive challenge and become a powerful driver of change.

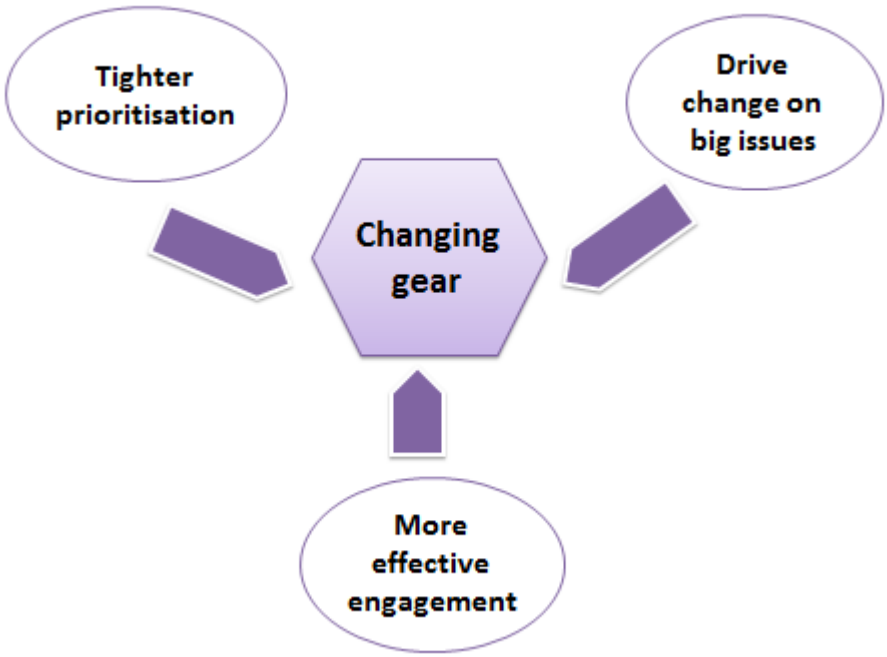
3.18 A final issue picked up in the pilot peer challenges is the scope for more shared functions, both between a council and CCG(s) and between councils. There was also an important and related point about the need for collaboration between health and wellbeing boards to address sub-regional health issues relating to, for example, the catchment areas of major acute trusts.

The development challenge and support needs

3.19 Unless these health and wellbeing boards are significantly different from the others (and we have no evidence to suggest that they are), the clear challenge for them arising from these reviews is to consider whether they too need to increase their pace and do more to meet the very high expecations that the wider health and wellbeing system has of them.

3.20 On the basis of our review of the four pilot peer challenge reports there are at least three areas in which boards need to change gear:

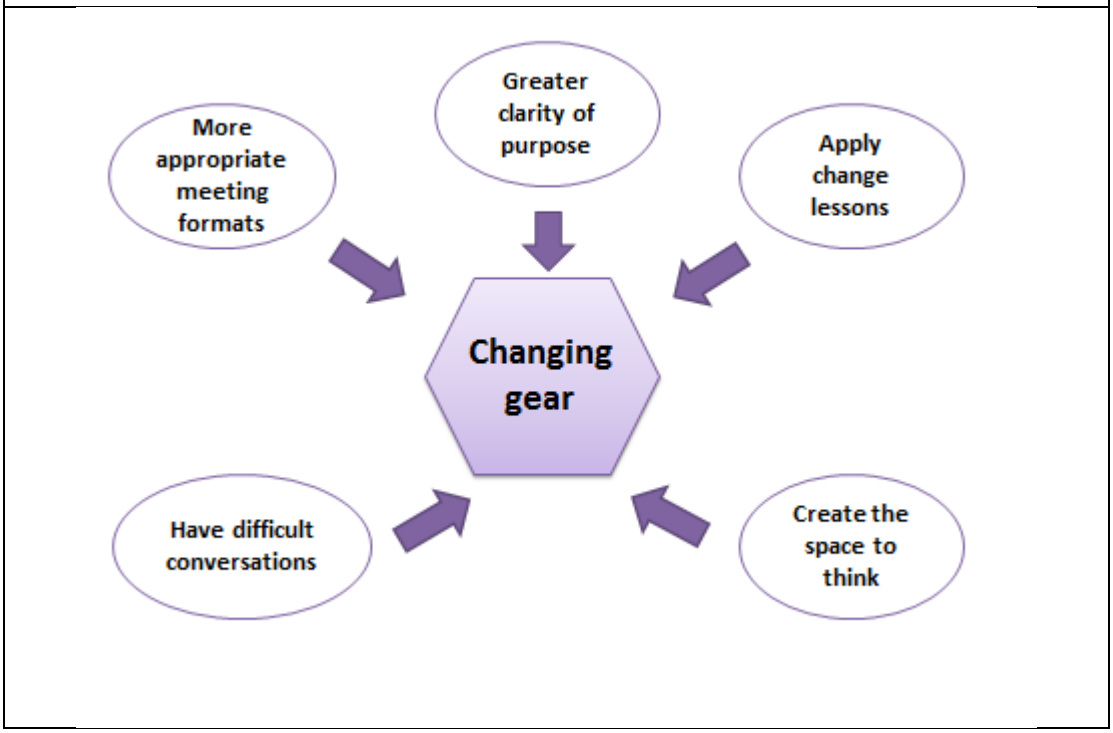
Changing Gear: The Challenge



- Their ability to prioritise and the precision with which they do so. Boards need to be sure that they are focussing on a small number of key issues, that they avoid over-load and focus on outcomes.
- The need for the boards to become drivers of change and secure the effective delivery of those priorities. There is an imperative for boards to get to grips with health and social care integration and the reconfiguation of health services. Whether or not the board's plans are fully integrated with the council's medium term financial plan and the CCG's equivalent is a possible litmust test.
- The need to engage more effectively with key stakeholders, particularly those which are not directly represented on the board. Communication with these bodies should be given attention.

3.21 A review of the areas for consideration raised in the peer challenges suggests a number of areas for development which boards may wish to consider. They are discussed in the following paragraphs

Changing Gear: The Drivers



The capacity to have difficult conversations

3.22 Prioritisation can be a difficult process with perceived "winners" and "losers". Health and social care integration and the reconfiguration of health care will inevitably raise difficult and challenging issues. If boards are to tackle these issues effectively they will have to develop the capacity to have difficult conversations. That will take them beyond the good and collaborative relations that have now been put in place. They will also need to be comfortable with constructive challenge and the type of feedback and evidence that will be generated if they become more open to the voice of users, patients and the community.

Enduring committees

3.23 As was noted earlier, the peer challenges have concluded that the formally constituted meetings of the boards as council committees is not conducive to the type of conversation that is required. It is important that boards meet in different settings, formal and informal, to create the space for these difficult conversations. Linked to this is the importance of boards ensuring that they have high quality agenda and meeting management to ensure that the content of the discussion and decision-making is driven by the board's priorities and change programme, rather than an agenda-filling mentality.

Clarity of purpose

3.24 Another theme to emerge from the pilot peer challenges is that, in order to be able to "change gear", a board must be clear about its purpose and confident that its membership, the roles each member plays and its sub-structures are fit for that purpose. This is a good example of the type of conversation that cannot take place in a formal committee setting, but requires the type of informal discussion referred to above. One person talked about the maturity of a board including its ability to both provide formal accountability and manage a series of network relationships. For example it should not be assumed that the fact that providers are not represented on a board means that means that its commissioning decisions take place without provider input.

Transferrable skills

3.25 Many councils, including those which had the benefit of the pilot peer challenges, have extensive experience of managing substantive organisational change and service re-design. A number of the pilot peer challenge reports recommended that health and wellbeing boards, and the people who support them, should apply this wider learning to the challenge of driving change in health and social care and health and wellbeing. One challenge team went on to suggest that the use of action plans to deliver the health and wellbeing strategy could support the wider change process and drive cultural change. Finally it is importatnt to recognise that as the work of the board evolves, the skills required by its members will also change.

Space to think

3.26 A common theme in the conclusions of the pilot challenges about what boards need to do in order to drive change is to create space to think. Interestingly, one of the benefits that places point to in having had a pilot peer challenge is that the process did give them the space to think with the benefit of external challenge. Given the limited resources available to deliver peer challenges, an issue for all boards to consider is how they can create this space to think and stimulate constructive challenge as part of their work and meeting programme.

Impact of the peer challenges

3.27 Our discussions with key stakeholders and our review of the findings of the pilot peer challenges sugges that they did get the heart of the issues that the four boards are exploring and the challenges they are facing in doing so. There is already evidence from the places in which the first four pilot peer challenges were carried out that action is being taken to address the findings. All four places report that the process provided a good basis for further improvement.

3.28 The people we spoke to talked about the peer challenge process having had a galvanising effect, accelerating developments that were already underway and providing welcome added momentum. They also referred to the importance of the process in raising the profile of health and wellbeing and securing wider and deeper councillor engagement.

3.29 One council has expressed concern about the narrow focus of the peer challenge remit. And the discussion at the learning event would suggest that there is a need for the focus to shift from the effectiveness of the transition to the challenge of transformation. Interestingly however, all four challenges adopted a wider perspective and challenged the boards they worked with to do the same. Perhaps this is another example of the gear-changing moment that the reviews all point to.

3.30 Our discussions have also raised the whole question of the sustainability of the current peer challenge model, given the level of resources required to provide the peer teams, in the area concerned and to manage the programme. This question is also linked to the effectineness of processes to spread the learning from the peer challenges more widely, beyond the individual places that are involved.

4 Key findings

4.1 On the basis of our review of the pilot peer challenges we have identified a series of questions which we recommend that health and wellbeing boards should ask themselves at this key stage in their development. They are:

- Have you reviewed the fundamental purpose of your board and are its membership, sub-structures and ways of working fit for that purpose?
- Is the board playing a leadership and oversight role in relation to the big issues, notably health and social care integration and the reconfiguration of health care services?
- Do you need to improve engagement with key stakeholder who are not directly represented on the board, including: major providers, district councils and locality/neighbourhood structures?
- Is there a need to streamline the partnership structures in your area?
- Are you considering what action may be appropriate at a sub-regional level?
- Are you using the evidence available to you in the most effective way to set priorities, drive change and monitor progress?
- Are you giving due weight to qualitative evidence such as the personal stories of board members and the user, patient, carer and community voice?
- Do all councillors and GPs in your area have a shared understanding of the communities they serve and their roles in meeting local needs?
- Do you have a good understanding of the constraints and opportunities facing the major organisations in the health and social care system?
- Is the board in control of its agenda and work programme?
- Does the board have appropriate business and policy support?
- Do you have an appropriate mix of formal and informal meetings?
- Do you have the opportunity to think and reflect as a board and to explore questions such of those set out above?
- Are you applying lessons from other major change processes in your area?

4.2 We believe that ways in which the LGA and the wider Health and Wellbeing System Improvement Programme could best support boards at this point in time is by:

- Encouraging boards to explore the questions set out above and to create opportunities to reflect;
- Encouraging the adoption of self-assessement and producing tools that can support/enable board reflection and development;
- Addressing the sustainability question referred to in paragraph 3.30 and continuing to disseminate wider learning from the health and well being peer challenges;

- Considering what support board members, particularly chairs will require as the focus shifts from transition to transformation.