

# London HWB Conference 2015: *Conquering the Twin Peaks*

12 March 2015

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# Welcome and introductions

## Sir Steve Bullock

Mayor of the London Borough of Lewisham  
and Chair of Lewisham Health and Wellbeing Board

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# National policy context and future direction of travel

**Jon Rouse**

Director General, Social Care and  
Partnerships, Department of Health

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Learning from the London experience:  
launch of London Councils' Health and  
Wellbeing Board research findings

**Phil Swann**  
Director, Shared Intelligence

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Reflections on research findings: the  
journey of health and wellbeing boards  
to date and future opportunities:  
Panel discussion

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# Conquering the Twin Peaks

## London's Health and Wellbeing Boards

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# The headlines

- HWBs are on a journey, making progress, but not yet fulfilling full potential;
- There are examples of boards adding real value on specific issues, but not yet providing genuine system leadership;
- The key challenge is to address the twin peaks of the wider determinants of health *and* play a systems leadership role;
- The role of the chair and the relationship between the council and CCG are particularly important;
- It is essential to set a small number of priorities and stick with them despite national and local pressure to address other issues;
- Expectations are still high and majority of factors which effect board effectiveness can be determined locally.

## In 2014 London's HWBs

- Range in size from 9 to 27;
- Are generally chaired by the council leader (33%) or portfolio holder (40%)
- Often have a CCG representative as vice chair (13 boards);
- Have between 2 and 16 priorities;
- Often have executive groups (14) and meet in both formal and informal settings (57%)



# The HWB journey

An effective HWB would:

- Create the conditions in which there is genuine collaboration between key players in the health and wellbeing system;
- Ensure the existence of effective systems leadership;
- Ensure effective engagement with the public and other key stakeholders.

As a result of which there would be:

- Focussed, prioritised action which impacts on the wider determinants of health;
- A shared vision for the future of health and care which has traction with key organisations;
- A work programme to monitor and deliver this.

# The HWB members' perspectives

- Chairs are most likely to speak positively and be enthusiastic about HWBs taking on more powers;
- Council officers are enthusiastic about HWBs' potential, but pragmatic about by-passing boards if necessary;
- CCG representatives are most likely to be frustrated by boards' mode of working and "mission creep";
- Healthwatch members see HWBs as important but are frustrated by set-piece nature of meetings;
- Health providers want to see systems leadership role discharged.

# A chair's vision

“In 12 months’ time I want my board to have a strong sense of shared leadership. It shouldn’t be obvious which organisation each member is from. The board should be the place where we collectively hold each other to account in a mature way.....I want the board’s agenda to be focussed on the big strategic issues with a shared understanding of what we are trying to achieve.”

# Navigating the journey

The issues which require attention if boards are to fulfil their potential are:

- How boards operate, how they organise themselves;
- How boards set their priorities and their strategic approach;
- The context in which a board operates;
- Relationship with other structures;
- Engagement
- How boards approach the twin peaks.

# How boards operate

- Striking a balance between status as a council committee and role as a partnership body;
- Avoiding long agendas with many items to note;
- Avoiding reverting to scrutiny-type role;
- Creating a space for informal, honest conversations;
- The role of the chair in setting the tone for meetings and determining how the board operates

# Setting the direction I

There are choices to be made locally about the most important determinants of a board's effectiveness:

- The balance of attention between the wider determinants and the future of health and care;
- How tightly to prioritise and how rigorously to stick with those priorities;
- The settings in which boards meet, including the balance between formal and informal;

# Setting the direction II

- The length of board agendas and the balance between items for debate, decision and to note;
- What sub-groups and associated groups are needed and how they relate to the main board;
- The support available to the board, particularly the chair and vice chair;
- How inclusive the board is and how it engages with key stakeholders;
- How precise the board's strategy is and whether it is designed to have traction with key partners.

# Conclusion

The NHS Five Year View presents a major opportunity for boroughs and their partners to play the lead role in transforming the health and care system. This will require collaborative local leadership of the highest quality. HWBs provide a vehicle for exercising that leadership, but they are not doing so yet.

# What does this mean for today?

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# Closing plenary session

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