



TRANSCRIPT

Integration: health and wellbeing boards

Length: 11:31

Narrator:

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The health and social care act emphasises the need for integration. The core vehicle for delivering this will be health and wellbeing boards. These boards have a statutory duty to identify local health and social care needs, creating a more integrated approach for delivering health and local government services. They bring together commissioners across the NHS, public health and social care, with elected councillors, members of the public and representatives of health watchdogs.

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Could this be a chance to create the holistic system that many argue should have existed from the dawn of the welfare state.

Words on screen

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Integration: health and wellbeing boards

**Professor John Glasby,
Director of the Centre for Health Services Managements, Birmingham
University:**

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Well our welfare state is based on a very 1940's assumption that you can distinguish between people who are sick, who are the responsibility of the health service and people who are somehow merely frail or disabled, who we describe as having social care needs that are the responsibility of local government. People are means tested and paid towards the cost of their care,

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I'm not sure if that distinction ever made sense but it seems increasingly unfit for purpose in the early 21st century given current demography. That's why we are asking health and wellbeing boards to join up services and while we are asking front line teams to integrate care so that they can match the complexity and the joined up nature of people's lives.

Steph Palmerone, Director Strategic Initiatives, Barchester Healthcare:

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I think the biggest challenge will be that they are seen as doing the nice fluffy community based stuff. That is about really good things but doesn't actually change, systematically, the pattern of commissioning and delivery of services in a new way. For them to work the clinical commissioning groups and the local authorities and the elected members need to really recognise that they're the local hub of decision making. That is going to be an interesting process when the NHS commissioning board is still very clearly saying that it will be performance supporting the clinical commissioning groups and that's a tension that can be managed, and it will be managed when the health and wellbeing boards deliver real change.

Richard Humphries, Senior Fellow, The King's Fund:

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These are new creatures, we are just finishing some research based on the experiences of 50 health and wellbeing boards as they are developing and actually I think we would incline more to the glass half full view of health and wellbeing boards. We think they are a very positive opportunity within this rather complicated new architecture that the government is putting in place to really bring people together.

Narrator:

00:02:47

Manchester GP, Robert Varnham, is joint Chair of Integration on the NHS Future Forum, an expert group that advises the government on the modernisation of both the health and social care systems.

Dr. Robert Varnham, Co-chair, Integration NHS Future Forum:

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We've heard a very clear message from people about health and wellbeing boards. That most people in the country actually welcome the opportunity to have a space where commissioners from local authority, from health, can meet together with the population and patients to discuss what's necessary to agree priorities and to join up what are currently some fairly disjointed

services. We've also had consistent concerns that there are potential barriers which will make it difficult to build those relationships of trust, which again will be the currency of helping to design these new systems and commission them.

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Some of the barriers that people have expressed concern about, are that health and wellbeing boards may not have enough time to form relationships before they get on with the business. That there may be political interference or a committee structure, kind of expectation and that people in local authorities say, 'Sometimes we tend to be a bit too committee focused.' And people in the NHS say, 'Sometimes we tend to be a bit too, command and control or micro managed.' And actually, people are giving us a really clear message that there is an appetite to collaborate but that freedom is going to be the means by which we get better, more integrated commissioning.

Narrator:

00:04:19

Shadow health and wellbeing boards are already being developed around the country, one of the challenges is to create a new working structure without compromising existing good practice. Birmingham has already made real progress on integration. Director of Health and Wellbeing and Head of services for carers, Alan Lotinga is anxious to carry on this success.

Alan Lotinga, Director of Health and Wellbeing Birmingham:

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We now have the biggest and most comprehensive pool budget for health and care, I believe throughout Europe, in relation to people with learning disabilities and mental health problems that amounts to over £300 million pounds per annum. It clearly affects a lot of people in Birmingham and there've been quite considerable improvements over the last two years where we had a formal arrangement around those activities, including saving money.

Narrator:

00:05:10

Jon Glasby is Director of the Centre for Health Services Managements of Birmingham University

and has been working with the local authority to determine the shape, style and effectiveness of the shadow board.

**Professor John Glasby,
Director of the Centre for Health Services Managements, Birmingham
University:**

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We are advising the NHS future forum at a national level and we are doing lots work with health and local government around the country. So we are able to facilitate the process but also to provide input and support based around the research that we do, the consultancy that we do and the networks that we have nationally.

Alan Lotinga, Director of Health and Wellbeing Birmingham

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That's why we worked with the university of Birmingham in relation to having workshops with elected members, city councillors, representatives of the leading General Practitioner groups, the third sector and patient and public representatives. And one or two key officers. To actually, what I would describe as road tests, specific scenarios. One scenario might be, 'You are now a health wellbeing board, its 2013, you have £40 million to spend on something called a prevention budget, how would you decide what are your priorities? What evidence would you require to come to those decisions, what would you expect from others, not just in the board but elsewhere? How would you communicate that?'

**Professor John Glasby,
Director of the Centre for Health Services Managements, Birmingham
University:**

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We encouraged people to ask how relationships had worked in the past and about the, kind of, structures they had. Then to think about how fit for purpose those were in the current and the future policy context and to think about the kind of health and wellbeing board they would want to have and design with those kind of aspirations in mind. Rather than starting necessarily with the governance and the process and the structure and thinking about membership and constitutions.

Narrator:

00:06:53 Board membership must include members of the public like Enid Sayad who has spent much of her life caring for her mother.

Enid Sayad:

00:07:00 So I was a carer from the age of nine, for somebody who had schizophrenia, so I spent my whole life caring for somebody. People just want services, they don't want health boards and well beings and clusters, they just want to know their GP's there when they need them. You know, and they can have support, the same with social care.

Narrator:

00:07:18 South and Central Birmingham is represented on the shadow board by Doctor Andrew Coward. The new structure challenges GP's like him to engage with the wider community as never before.

Dr. Andrew Coward:

00:07:26 Working with the health and wellbeing board has opened my mind, for the first time in my involvement in management we really are trying to work out how we can take this very seriously. So we don't just indulge in tokenism with regard to our patients or population, that we really engage and see ways forward. There are some very, very difficult decisions to make, if we make them in isolation it's going to be a disaster, we need to make them alongside our population.

Richard Humphries, Senior Fellow, The King's Fund:

00:07:55 One of the great challenges facing the NHS and the care system is that we want people to take more care of themselves, we want them to think about their diet and their exercise and their smoking and how much they drink. So actually engaging with the public and not just having a meeting is really, really important. So health and wellbeing boards really need to think quite imaginatively about how they do that.

Narrator:

00:08:20 Birmingham shadow board has taken this to heart and is already proposing initiatives on local issues.

Enid Sayad:

00:08:26 We've got a lot of obesity in Birmingham and when we've got a lot of obesity that can lead to more health problems like people having strokes, heart attacks and also taking resources, filling up hospital beds.

Dr. Andrew Coward:

00:08:40 23.1per cent of year six Birmingham children are clinically obese. Now there is no way that the health service can tackle that on its own, it needs to work alongside the local authority.

Enid Sayad:

00:08:52 So what we are going to do in Birmingham, we're having a health, weight loss challenge and they want Birmingham to lose the equivalent to two to three double decker buses of weight.

Dr Andrew Coward:

00:09:03 Clearly we will need to work very closely with the local authority, it will have a lot to say about how schools function and how the health service functions so you see that synergy that's needed. Now what I hope is that we can create that in the health and wellbeing board, create more of a pride in Birmingham and create commissioning intentions that we can put into our commissioning plans.

**Professor John Glasby,
Director of the Centre for Health Services Managements, Birmingham
University:**

00:09:26 Well the benefit of a local system is it allows you to do things differently in order to meet the very different needs of local people. So the way you would organise services in the middle of Birmingham is very different to how you would do it in Basingstoke or in Berkshire. What we try and achieve, I think, is equality of outcomes, rather

than necessarily quality of inputs. In the past we've tried to treat everyone the same in public services and of course if everyone starts off unequal and you treat everyone the same, the best all you can do is perpetuate the inequality.

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In an ideal world we would be able to design differently at local levels to try and get the same outcomes for everybody but recognising that you'd need to do that very, very differently in different localities.

Narrator:

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Around the country the final shape and effectiveness of the health and wellbeing boards won't be entirely clear until their formal introduction in 2013; the more immediate challenge is maintaining good services in a harsh economy.

Alan Lotinga, Director of Health and Wellbeing Birmingham

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There is a huge risk, more than ever in these current times of negative things happening through unintended consequences of decisions being taken by one agency, say, in the NHS, or across local government and not thinking through the consequences of those decisions.

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For example, cutting this budget or disinvesting here or changing, fundamentally, this service provision. I would suggest that the health and wellbeing board, initially shadow board, is the one organisation and group of influential people that can really help minimise those, the risk of unintended consequences happening across a system.

**Professor John Glasby,
Director of the Centre for Health Services Managements, Birmingham
University:**

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The risk in the current policy context is that joint working becomes even harder than it was before as budgets get tight and the structures change but for exactly the same reason, joint working is even more important now than it ever was. And if ever there was a time for frontline professions and practitioners to stand up and to be counted, to make relationships work at a local level, to see the

world in broader ways, and to develop new ways of working alongside other agencies and other professionals, that time's now.

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