Seminar D: Leadership across boundaries

Health and Wellbeing Boards

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The White Paper

› signalled huge change
› created the need for creative co-operation
› generated new boundaries and ruptures to existing structures.
Context: Policy perspective
The policy context -

‘the reforms are not all about GPs. One of the most important elements of the reforms is that they are the first significant attempt to co-ordinate all aspects of care – primary, secondary, community and social – into a coherent and seamless whole, through the Health and Wellbeing Board partnerships. If successful, there will be enormous benefits to the most elderly, infirm and vulnerable people in our community, whose care is often currently too fragmented’

letter from 42 GPs to Daily Telegraph, 11 May 2011
HWBs at a glance:

‘The boards will bring together those who buy services across the NHS, public health, social care and children’s services, elected representatives and representatives from HealthWatch to plan the right services for their area. They will look at all health and care needs together, rather than creating artificial divisions between services.’

(Department of Health)

Membership (minimum) –
• LA Director of Adult Social Care
• LA Director of Children’s Services
• Director of Public Health
• Elected member (at least 1)
• Commissioning Consortia
• Health watch

Functions -
▷ Duty to promote integrated working
▷ Joint strategic needs assessment
▷ Joint health and wellbeing strategy

Timescale
• Shadow boards in all 152 councils by April 2012
  • Full boards by April 2013
• Now – 134 early implementers
What are the issues for leadership and management?

- not prescriptive – local discretion
- powers are limited
- size and boundaries
- relationship with consortia & NHS Board
- collaborative role of HWB v. competition
- will HWBs help to integrate care?
- can HWBs offer system leadership?
Context: Leadership perspective

Healthy Lives, Healthy People:

Our strategy for public health in England
Revolution in information & expectation
Leading innovation: Workforce context globally / UK Generational factors

‘The most valuable assets of 20th-century company were its production equipment. The most valuable assets of a 21st century institution, whether business or non-business will be its knowledge workers and their productivity.’

Peter Drucker
So what does the theory tell us?

‘People only accept change when they are faced with necessity, and only recognise necessity when a crisis is upon them.’ — Jean Monnet
Other influential thinkers

› ‘Extraordinarily interdependent world working across boundaries is the defining challenge of our time.’ Peter Senge

› ‘Organisational excellence requires great people and great systems.’ Tom Peters
What’s the story here?
And here?
And here......

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Interactive exercise

› Consider the ambition contained in the HWBs strategy.
› On your table groups discuss the type of leadership qualities that would make these boards succeed.
› Record the leadership qualities needed to meet the challenge.
Functions of Health and Wellbeing Boards:

- What are the potential barriers to HWBs being successful? Record your thinking on each table.
- What support would leaders of HWBs need to be successful?
Some thoughts to take away – individual, team & organisation level

› ‘Those who survive are not the most intelligent nor the strongest but those who adapt to change.’
Charles Darwin

› Adaptability: Challenges us to examine our priorities, loyalties and competencies.
› Demands the establishment of new relationships.
› Develop new ‘norms’ in relation to succeeding in the new environment.
› Build on the past.
› Acknowledge real and perceived losses.
› Co-create innovative practices.
Leadership dimensions in austere times

‑ Leaders’ insights: Ability to change the context and break reinforcing systems.

‑ Building leadership at all levels: Leaders share accountability throughout the organisation, remove organisational barriers, develop leadership across the system- ‘no more heroes’.
Leadership dimensions cont’d

Leaders’ cognitive skills: ability to develop effective strategies, focus on operational delivery, focus on lead indicators.

Leaders' emotional intelligence: create compelling stories, work effectively with teams, focus on the priority work across boundaries. leading through influencing.
Change starts with us and our internal processes and culture

› ‘many employees in decentralised organisations note that it is harder to work with other divisions or departments within their own organisations than it is to work with outside suppliers or customers boundaries.’
Health & Wellbeing Boards part of the solution

› The care we commission/provide to our patient populations is only as good as the care we give to each other within the system/organisation/team.
Leading and the ‘Speed of trust’
References

› Operating Across Boundaries Leading Adaptive Change BY

› The White Paper challenge for GPs: plugging the knowledge and skills gaps
› Vijaya Nath 09 September 2010
  http://www.kingsfund.org.uk/blog/the_white_paper_1.html

› Are health and wellbeing boards part of the solution?
› Richard Humphries 05 May 2011
  http://www.kingsfund.org.uk/blog/health_and_wellbeing.html
Our work:

- Policy analysis and commentary
- HWB Summit 14 July 2011
- OD and facilitation support to local authorities and health partners
- In discussion with local government group
- Case study paper
Thank you

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