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New Health and Wellbeing Boards must focus on outcomes not structural changes

Posted on Tuesday 13th March 2012

New Health and Wellbeing Boards proposed as a key part of the Coalition's reform package for the NHS must focus on patient outcomes rather than developing unnecessary processes and structures according to a new policy paper from the University of Birmingham's leading health research unit the Health Services Management Centre.

In a paper entitled 'We have to stop meeting like this', the authors argue that previous attempts to create partnership structures have tended to focus too much on issues of process and structure. If the new Boards are to avoid this trap they need to understand three key issues:

- The importance of values and culture
- The limits of relying on large-scale structural changes
- The need to focus on outcomes for patients

Health and Wellbeing Boards are key parts of the Coalition's reform package for the NHS, with a crucial role in as a focal point for the overall health and social care system. They will be a key place for local leaders to make decisions about health and well-being in the local area, and will will include democratically elected representatives, patients, and local commissioners from health and social care to strengthen the democratic legitimacy of commissioning decisions.

Professor Jon Glasby, lead author of the paper, explains: "*The government's health reform package has placed great emphasis on the importance of integrated care and on the role of Health and Well-being Boards in helping to join-up services.*

This is not new. The desire for greater integration has been a key policy priority for successive governments. The fact that it remains a priority shows the difficulty of making this a reality.

The challenge for Health and Well-being Boards will be to demonstrate that they offer something different from previous bodies. Their focus needs to be on delivery for patients not on more structural reforms that take time to show any effect.

The lesson from previous experience is that constant reform of structures in not the way to improve services."

All too often, the NHS in particular has looked to large-scale structural change as a means of trying to improve services – when the evidence suggests that this can often reduce morale and productivity, stall positive service development and make things worse rather than better in the short term. Instead, Health and Well-being Boards will need to be clear about what they are trying to achieve for local people and will need to pay attention to the different value bases and cultures in health and social care.

Professor Glasby adds: "*Boards need to look beyond partnership working as a goal in itself and instead look at what they actually want to achieve for local people. They need to ask will the partnership arrangements that they adopt achieve improvements in services.*

This is even more important given that changes in structures can often result in temporary reductions in staff morale as well as taking significant amount of management time."

A copy of the paper can be found at: **http://www.birmingham.ac.uk/schools/social-policy/departments/health-services-management-centre/index.aspx (http://www.birmingham.ac.uk/schools/social-policy/departments/health-services-management-centre/index.aspx)**

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NOTES TO EDITORS

The Health Services Management Centre

The University of Birmingham's Health Services Management Centre, based in the **School of Social Policy (http://www.birmingham.ac.uk/schools/social-policy/index.aspx)**, is one of the leading centres specialising in policy, development, education and research in health and social care services in the UK. HSMC's prime purpose is to strengthen the management and leadership of these services and to promote improved health and well-being.

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