#healthyplym

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HEALTH AND WELLBEING BOARD – SUPPLEMENT PACK

Thursday 12 March 2026
10.00 am
Warspite Room, Council House

Members:
Councillor Aspinall, Chair
Councillor Lugger, Vice Chair
Councillors Laing and P.Nicholson.

Statutory Co-opted Members: Director of Children's Services, Director of Public Health, Strategic Director for Adults, Health and Communities, NHS Devon ICB, and Healthwatch.

Coopted Members: Livewell SW, University Hospitals Plymouth NHS Trust, University of Plymouth and the Voluntary and Community Sector

Please find enclosed additional information relating to item 6: Conditions of Success

Tracey Lee
Chief Executive

Health and Wellbeing Board

6. Conditions of Success Report: (Pages 1 - 20)

BCF Support Programme 2025-26
Neighbourhood Health Planning

Conditions of Success Report
Plymouth

March 2026

HEALTH
INTEGRATION
PARTNERS

Introduction

The 10 Year Health Plan for England was published in July 2025 (10 Year Health Plan for England: fit for the future - GOV.UK) setting out the government's plans to build a health service which is fit for the future focussed around three shifts:

- Hospital to community
- Analogue to digital
- Sickness to prevention

It is anticipated that Health and Wellbeing Boards (HWBs) will need to play a key role supporting the delivery of the NHS neighbourhood health model (final version of the guidance yet to be published).

It is anticipated that the Health and Wellbeing Board will play a strategic system wide leadership role in the establishment of a NHS Neighbourhood Health Plans, which will be embedded within the Joint Local Health and Wellbeing Strategy and support the delivery of an ambitious transformative work programme.

Plymouth Health and Wellbeing Board has participated in the Local Government Association (LGA) support offer to develop systems in line with the anticipated Neighbourhood Health model and programme. This work has ensured Plymouth partners are positioned in a good space to respond rapidly to the guidance once published.

Plymouth's Strategic Direction

- Health and Wellbeing Strategy
- Plymouth Report (JSNA)
- 2026/27 HWB Priorities

On review of the above documents, Plymouth demonstrates a clear focus on:

1. **Prevention:** Shifting focus from treatment to preventing illness and long-term conditions.
2. **Health Inequalities:** Targeting support to deprived communities and vulnerable groups.
3. **Community-Based Care:** Developing neighbourhood health models and integrated services.
4. **Lifestyle and Behaviour Change:** That address risk factors including: smoking; poor diet; obesity; inactivity; and alcohol misuse.
5. **Ageing Population:** Prepare for increasing demand from older residents.

Our Approach

The Board has received bespoke one to one support from Health Integration Partners via a Core Group which has met throughout February and March. This group coordinated the following activity:

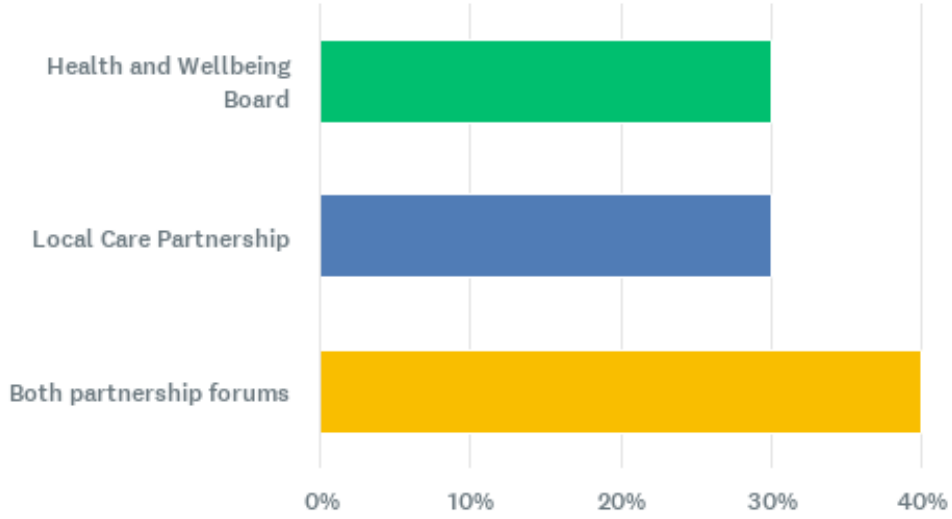
- Distributing a Conditions of Success (CoS) survey with members of the Local Care Partnership (LCP) and Health and Wellbeing Board.
- Attended national webinars to understand best practice and reflect on implications locally.
- Co-ordinated a series of deep dive one to one interviews with Board members
- Ran an online briefing session for Health and Wellbeing Board and LCP Members.

This report is a synthesis of our engagement, survey feedback, and learnings from other systems to support Plymouth HWB in readiness for Neighbourhood Health Planning.

Who participated in the system

- Plymouth City Council
- Health and Wellbeing Board Chair/ Members
- NHS Devon Integrated Care Board
- University Hospitals Plymouth
- Improving Lives Plymouth
- GP Collaborative Board
- Healthwatch Plymouth
- Plymouth Octopus (POP)
- Western Collaborative Board

Who responded to the CoS survey



The Role of the Health and Wellbeing Board

In the context of the 10-Year Health Plan, Health and Wellbeing Boards will be expected to:

- **Lead** the development and sign-off of neighbourhood health strategies and delivery frameworks.
- **Align** system plans and prevent fragmentation.
- **Convene** and coordinate cross-sector collaboration.
- **Strengthen** governance and accountability.
- **Expand** inclusivity and representation.
- **Drive** integration and collective ownership.

Their role is not simply advisory, but foundational - acting as the democratic, system-wide steward of neighbourhood health improvement.

The Implication on System-wide Leadership

Health and Wellbeing Boards (HWBs)

- **Lead the process**: Own the development and sign-off of strategic and operational plans.
- **Encourage inclusiveness** and reiterate current guidance on HWB membership, in preparation for any legislative changes for mandatory expansion from 2026/27.
- **Drive integration**: Convene partners, resolve governance gaps, and ensure accountability.

Senior Officers (ICB Execs, LA Directors, System Leaders)

- **Operationalise plans:** Lead development of draft operational plans and integrated care models.
- **Align budgets and workforce:** Ensure Reformed Better Care Fund integration and joint workforce planning.
- **Embed data and digital:** Drive interoperability and shared intelligence for planning and delivery.

Elected Members (Council Members)

- **Champion neighbourhood health:** Understand the vision and advocate for alignment with local priorities.
- **Scrutinise delivery:** Use Health Overview & Scrutiny Committees effectively.
- **Enable resource pooling:** Support Section 75 agreements and Reformed Better Care Fund compliance.

Leadership Behaviours Required

- **Collaborative mindset:** Break down silos between NHS, local government, and VCSE.
- **Proactive engagement:** Involve communities early and continuously.
- **Accountability culture:** Hold partners to shared outcomes and timelines.
- **Joint vision and ownership:** Create and sustain a shared purpose across all partners to drive neighbourhood health plans.

Conditions of Success (CoS) – Framing and Intent

Health & Wellbeing Boards (HWBs) play a critical role in improving population health and reducing inequalities. Their impact, however, depends less on formal structures or statutory duties, and more on how system leaders work together in practice.

Across many places, we see the same challenges recurring:

- Boards with strong strategies but limited traction
- Leadership energy pulled into short-term operational pressures
- Unclear ownership between HWBs, place partnership boards and delivery forums
- Avoidance of difficult conversations in favour of consensus or reassurance

A Conditions of Success toolkit has been developed to help HWBs and their partners look honestly at how leadership is functioning, and to support practical development that leads to better outcomes for communities.

What this tool is (and is not)

This tool is:

- A development and learning resource for HWBs
- A way of creating a shared language about system leadership
- A set of practical tools to support reflection, challenge and action

It is not:

- A performance management or inspection framework
- A compliance checklist
- A judgement on individual organisations or leaders

The value of the tool lies in the quality of the conversations it enables, not in scoring or comparison.

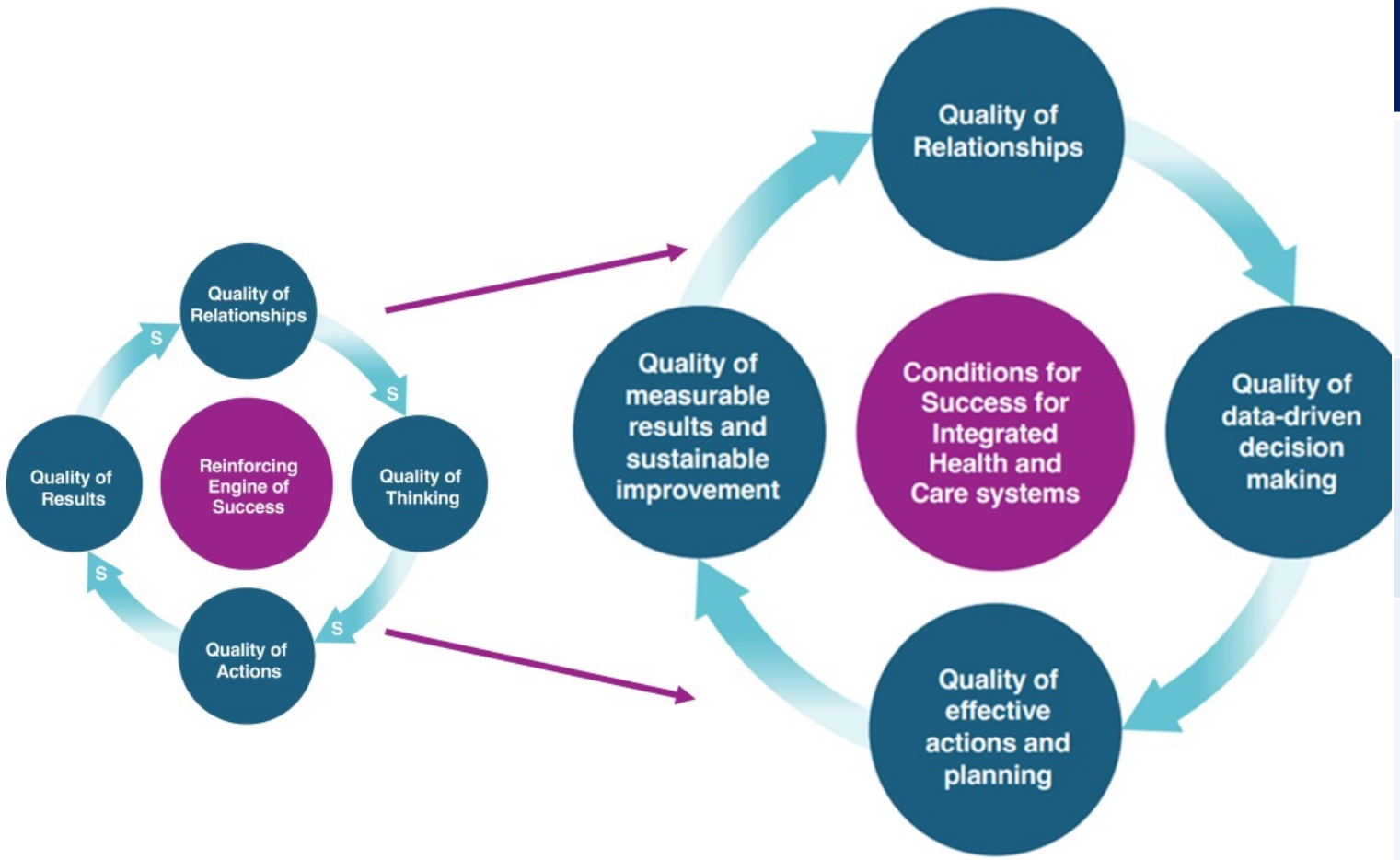
The core premise

Improving health and wellbeing at place level requires three things to be true:

- *The system is set up to succeed* (clear ownership, governance, resources and enablers)
- *Leadership works in the right way under pressure* (system-focused, evidence-informed, willing to challenge and act)
- *This translates into real action and impact* (progress on outcomes, learning and sustained improvement)

This tool is structured around these three key elements (further information can be found within the full toolkit pack).

The Conditions of Success (CoS) Model



"As the quality of relationships amongst people who work together rises (high team spirit, mutual respect and trust), the quality of thinking improves (people consider more facets of an issue and share a greater number of different perspectives), leading to an increase in the quality of actions and results (better planning, greater co-ordination and higher commitment). Achieving high-quality results has a positive effect on the quality of relationships, creating a reinforcing engine of success."

Daniel Kim, co-founder of the MIT Centre for Organisational Learning

What might HWBs and system leaders focus on with imminent publication of detailed guidance of Neighbourhood and BCF Plans?

Quality of Relationships

- Membership of HWB
- Senior joint executive supporting it
- Partnerships with providers, VCSE, citizens
- Mapping neighbourhoods/ place/ ICB footprints
- How/ where difficult conversations take place

Quality of Thinking

- Best opportunities to improve outcomes for local people
- Best opportunities for system to work effectively
- If BCF supports core services, how will change happen?
- Who will write the NbH plan, who will contribute?

Quality of Actions

- Governance to oversee programmes of action and change
- Top level programme management structure and resource
- How can HWB members and senior leaders help to drive changes forward

Quality of Results

- What may be the priority objectives?
- Are they underpinned by benefit realisation?
- Will they help draw the partnership together?
- What metrics, and if they aren't collected then what needs to happen?

CoS Survey Results

Before presenting your results, please find a reminder of the journey below:

1. **12/02/26: A briefing session for HWB/LCP members** was held on 12th February to inform stakeholders of the rationale for the survey.

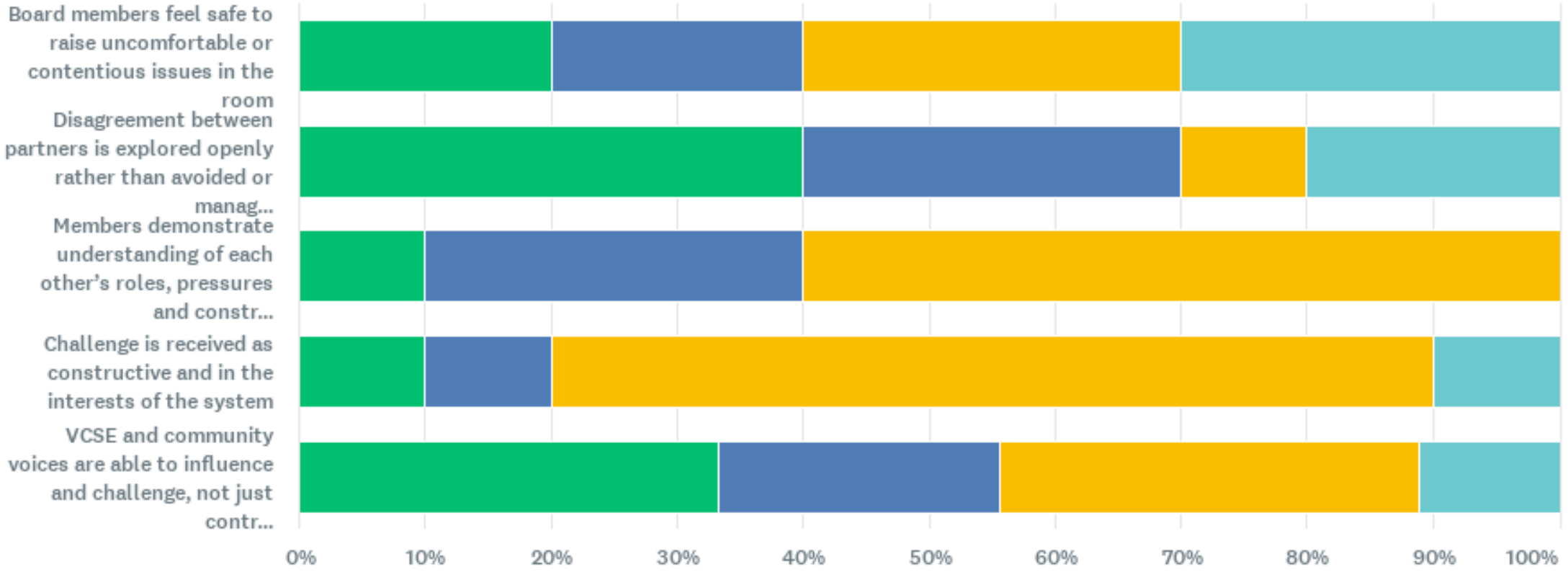
2. **17/02/26: The CoS self-assessment survey** was sent out to HWB/ LCP members with a 2-week window for completion.

3. **1:1 Engagement:** During this time we spoke with 3-5 people nominated by the SROs for this support offer to test thinking and provide further depth on key areas.

4. **12/03/26 HWB Report (today):** Through review of your outcomes and feedback, we have prepared our insights and recommendations, bringing in learnings from systems elsewhere.

Future direction of travel: We will use any feedback from the Board to support you to jointly developing areas of focus for onward delivery.

Condition 1: Quality of relationships



KEY
Rarely true
Sometimes true
Mostly true
Consistently true

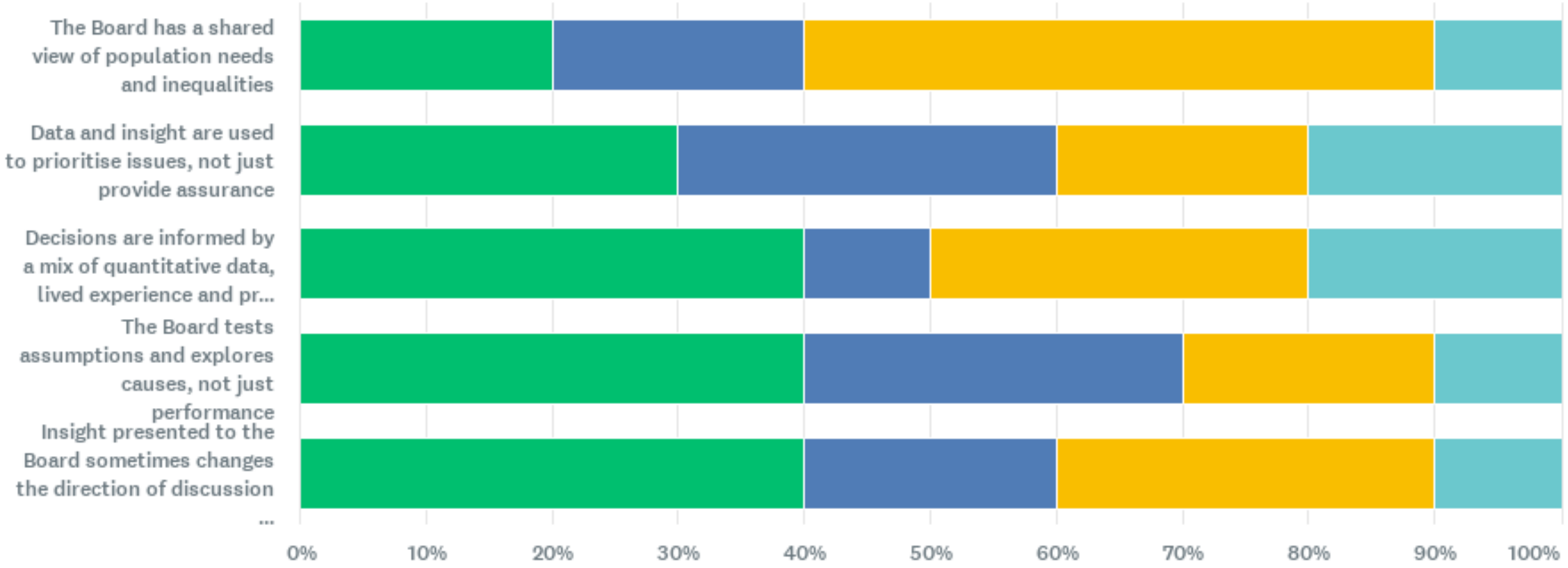
Headline improvement message:
There is goodwill and a strong base of collaboration led by the Chair, but relationships at Board level need to become more inclusive and better connected across primary care, local authority, VCSE and health partners.

Condition 1: Quality of relationships – Key Messages

Plymouth has enough goodwill and partnership intent to build on, but stronger Conditions for Success will depend on broadening representation, improving executive engagement, and creating safer and more equal conditions for challenge across statutory, clinical and community partners.

- A number of respondents described relationships on the HWB as constructive, with challenge often received positively and community voice having some influence. Several also noted a genuine willingness among senior leaders to improve how the Board works.
- At the same time, feedback was much more mixed across the wider system, especially within the Local Care Partnership. Some respondents described challenge as hard to raise, disagreement as avoided, and VCSE or clinical perspectives as insufficiently heard.
- Interview feedback suggests that operational relationships are often stronger than executive-level relationships. Collaboration between local partners can work well in practice, but this is not always matched by consistent senior participation or shared leadership at Board level.
- There was a recurring concern that local authority and HWB voices are not always fully included in key health conversations, and that national policy and neighbourhood planning risk being shaped through an NHS lens rather than a genuinely shared system lens.
- Primary care representation emerged as a major relational gap. Survey respondents and interviews both pointed to a lack of meaningful clinical input, fragmented GP leadership and the absence of a single infrastructure body able to represent primary care coherently.
- VCSE voice is valued, but some respondents felt it still has to fight for space, and that challenge from community organisations is not always well understood or constructively received.
- Feedback also suggest the system would benefit from more deliberate membership design, including the right sectors, the right seniority and more clarity about the contribution expected from members. Housing and general practice were specifically identified as missing or under-represented voices.
- Several contributors suggested that away days, development sessions and facilitated conversations would help build trust, reduce defensiveness and create safer conditions for more candid strategic discussion.

Condition 2: Quality of data-driven decision making



KEY
Rarely true
Sometimes true
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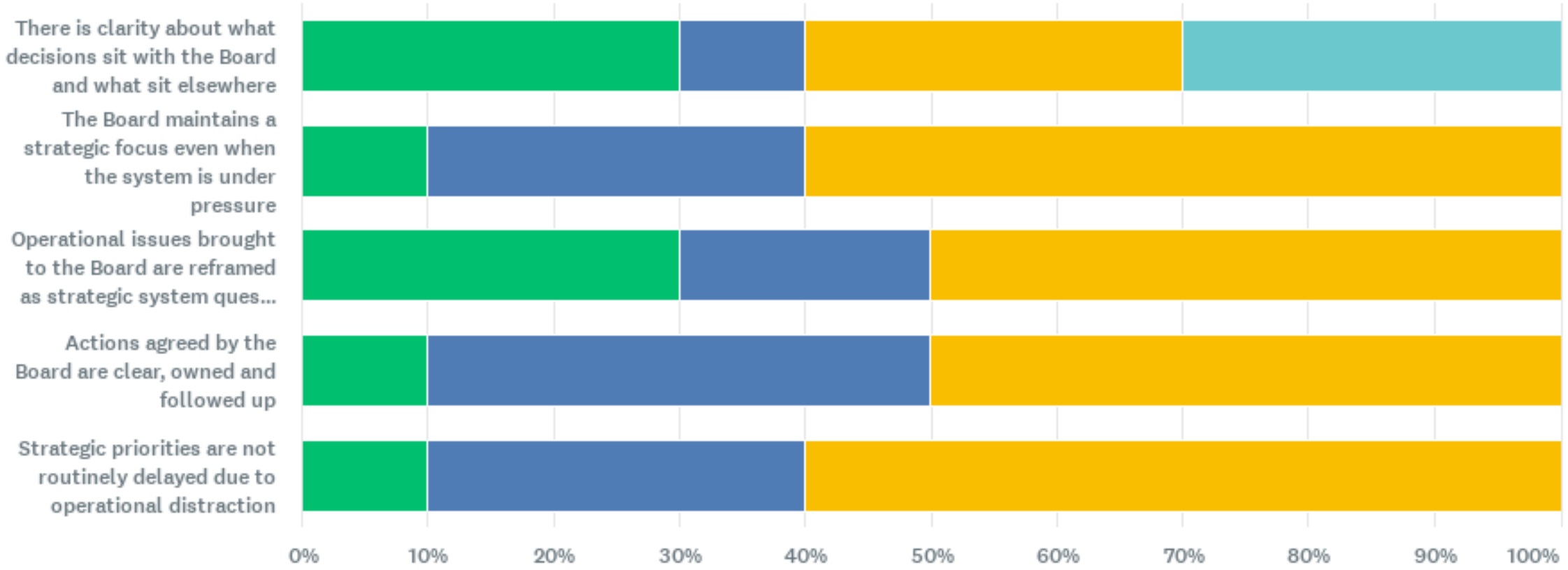
Headline improvement message:
The system has pockets of strong analytical thinking, but data is not yet consistently joined up, trusted or used in a way that drives shared priorities and informed system decisions.

Condition 2: Quality of data-driven decision making

Plymouth does not simply need more data; it needs better shared interpretation, stronger synthesis across organisational boundaries, and fuller use of lived experience and clinical insight so that data supports agreed priorities and real decisions rather than passive reporting.

- Survey responses gave a mixed picture. Some HWB respondents felt data and insight are used well, while others, particularly from the LCP and primary care, felt the system lacks a coherent dataset, does not consistently use evidence to prioritise, and is not sufficiently informed by lived experience or frontline knowledge.
- Several respondents pointed to the absence of a shared strategy, a single version of the truth and clear priorities, making it difficult for data to do its job. Without agreement on direction, information can become fragmented or used to support pre-existing agendas rather than shared decision-making.
- There were repeated calls for:
    - more joined-up insights rather than siloed data
    - stronger use of lived experience and bottom-up intelligence
    - clearer priorities to focus discussion
    - reports with measurable outcomes that can actually be monitored.
- There is an appetite to use data more strategically, including examples such as outpatient demand, follow-up patterns and local inequalities, but this requires better synthesis and more deliberate sharing with Board members to shape agendas and decisions.
- VCSE partners use qualitative inquiry, peer research and AI-supported theming of lived experience to surface barriers and inform change, suggesting there is a richer evidence base available than is currently being fully used in governance spaces.
- A number of respondents stressed that the right voices are often not in the room when evidence is discussed, particularly primary care, people with direct experience, and those closest to delivery. This weakens the system's ability to interpret data intelligently and translate it into action.

Condition 3: Quality of effective action and planning



KEY
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Sometimes true
Mostly true
Consistently true

Headline improvement message:
The biggest improvement need is to clarify roles, authority and system design so that the HWB can move from discussion and sign-off into more purposeful, coordinated action (coordinated with the LCP).

Condition 3: Quality of effective action and planning

Plymouth's action challenge is less about willingness and more about clarity, structure and alignment. The next step is to define how the HWB, LCP, ICB, primary care and neighbourhood arrangements fit together so that decisions, delivery and accountability sit in the right places.

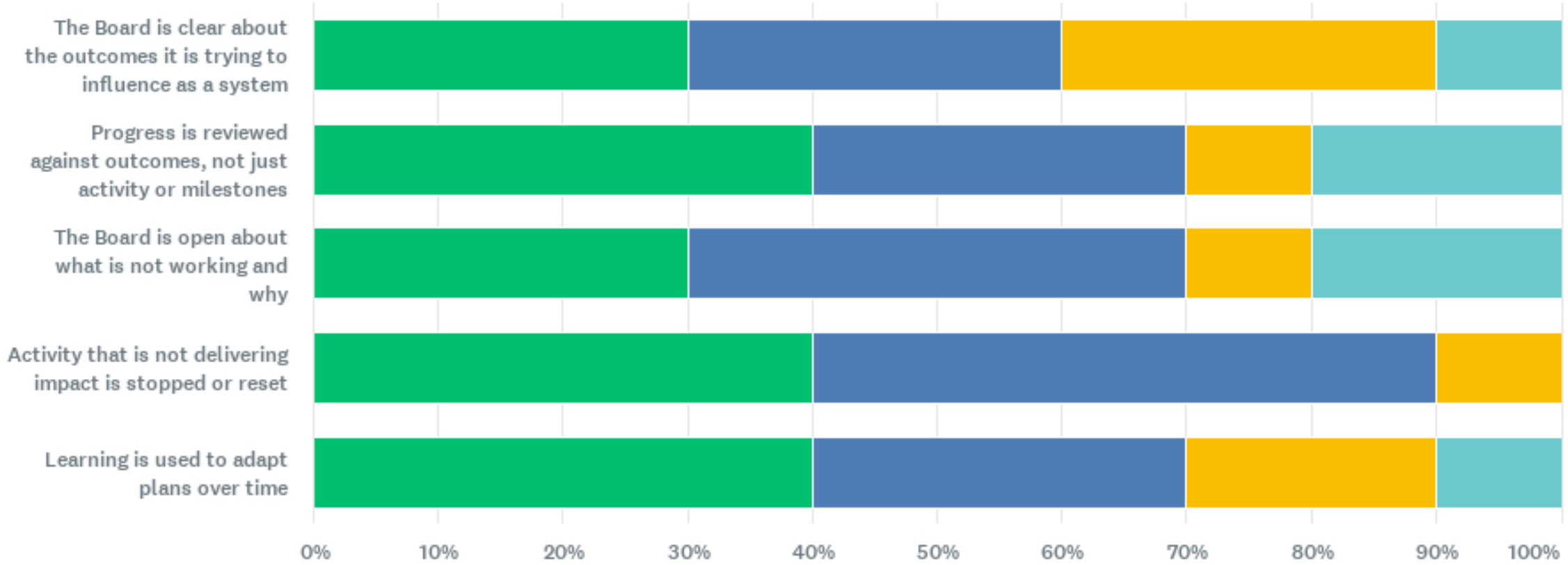
- One of the strongest recurring themes was confusion about the relationship between the HWB and the Local Care Partnership, with many respondents saying the two forums share membership but are only weakly connected in practice.
- Plymouth's HWB is statutory, while the Local Care Partnership is seen as the formal delivery engine, with an executive and delivery group beneath it. That creates important governance nuance, but the respective roles and connections are not yet sufficiently visible or understood.
- There is a broad desire for the HWB to shift from being a sign-off forum to a leadership body that helps plan, develop and oversee a new way of multi-agency working around neighbourhood health and wellbeing.
- Responses suggest that actions are not always clearly generated from meetings, and some members feel neither forum is consistently a place where decisions are truly made. Others described strategy as too high-level, too removed from operational reality and not well connected to what is already happening on the ground.
- There is no unified primary care infrastructure, GP voice is fragmented, and PCN boundaries do not align neatly with neighbourhoods. Respondents described resolving this as close to non-negotiable for future neighbourhood planning.
- Respondents also suggested the need for a system organogram or governance map, showing key bodies, accountabilities, information flows and the different possible definitions of neighbourhood.
- VCSE perspectives emphasised the value of test-and-learn pilots, co-design and bottom-up innovation, arguing that system action will be more effective if it is iterative and grounded in real practice rather than over-reliant on top-down strategy.

Condition 3: Quality of effective action and planning, contd.

Plymouth's action challenge is less about willingness and more about clarity, structure and alignment. The next step is to define how the HWB, LCP, ICB, primary care and neighbourhood arrangements fit together so that decisions, delivery and accountability sit in the right places.

- Several respondents and interviewees called for:
  - a reset of relationships and governance
  - co-designed strategy rather than strategy produced without significant clinical input
  - clearer decision-making roles
  - more frequent meetings or different formats to support active leadership
  - facilitated sessions bringing all partners together around next steps

Condition 4: Quality of measurable results and sustainable improvement



KEY
Rarely true
Sometimes true
Mostly true
Consistently true

Headline improvement message:
The system needs a clearer line of sight from strategy to measurable outcomes, with more realistic priorities, stronger accountability and greater confidence that Board activity is changing what happens on the ground.

Condition 4: Quality of measurable results and sustainable improvement

Plymouth needs to move from broad aspiration to a smaller number of shared, measurable priorities with visible ownership and feedback loops, so that progress can be tracked and partners can see how Board leadership translates into real improvement.

- Survey responses again showed divergence. Some HWB members felt the Board is increasingly focused on outcomes and has started to shift direction through development sessions. Others, especially from the LCP and primary care, were much less confident and felt the system remains too process-heavy, too high-level and too disconnected from tangible results.
- Several respondents argued that current strategies are too broad or unrealistic, and that goals need breaking into smaller, more practical aims, possibly focusing on a few priorities each year rather than trying to hold an overly expansive long-term agenda.
- There were calls for:
    - clear plans with better outcome reporting
    - more critical challenge of existing schemes and resource use
    - more discussion of what is not working
    - a stronger test-and-learn approach.
- There are ambitions for the Board to influence real outcomes such as children's oral health, cardiovascular disease, integrated neighbourhood teams and the wider determinants of health. However, that requires clearer oversight, stronger accountability and sustainable structures around membership and governance.
- VCSE feedback highlighted that measurable change often comes from small-scale pilots, peer research, co-production and iterative system learning, but that current governance arrangements are too passive to consistently recognise, scale or scrutinise that kind of improvement.
- A number of contributors also noted the destabilising effect of wider system change, including NHS reorganisation, uncertainty around leadership and changing national structures. This makes sustainability harder and increases the importance of having clear local arrangements that can hold direction through change.

Headline Messages for Plymouth

There is real willingness to improve, and contributors described this as a moment for reset, co-design and clearer shared purpose.

1. **Governance clarity is the central issue.** The relationship between the HWB, Local Care Partnership, ICB and neighbourhood arrangements needs to be clearer.

2. There is a strong desire to move from **sign-off and discussion to leadership, action and oversight**, championed by the Chair. The system currently remains structured for passive receipt rather than active leadership.

3. **Importance of the HWB** - Relationships are stronger operationally and strategically, irregular attendance and suboptimal substitutes reflect perceived importance and effectiveness of the board.

4. **Primary care representation is a major structural weakness,** made worse by fragmented infrastructure and misaligned neighbourhood boundaries. This will have a direct impact on tangible neighbourhood delivery.

5. The system wants to address **wider determinants of health**, with a more Marmot-style approach, but this requires the right membership and a broader strategic lens. **VCSE and lived experience are valuable but underused strategic assets.**

6. Strategy currently feels **too high-level and too far from delivery** for some partners, creating weak ownership and limited traction.

7. **Mutual accountability** between parts of the system remains an opportunity to further strengthen and collectively improve outcomes for the population of Plymouth.

Reflections for Board Members

1. Does this reflect your understanding of the Board? Do these themes accurately represent the situation? What, if anything, is missing?

2. Of the top 8 headline messages for Plymouth in terms of your ways of working - **what would be your top priority areas of change be?**

3. What are the actions the system/ Board could take to address these priority areas?

For further information/queries, please contact:

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