

## READING BOROUGH COUNCIL

### REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

<b>TO:</b>	HEALTH AND WELL BEING BOARD		
<b>DATE:</b>	9 OCTOBER 2015	<b>AGENDA ITEM:</b>	13
<b>TITLE:</b>	REVIEW OF THE READING AND WEST OF BERKSHIRE HEALTH AND WELLBEING BOARDS		
<b>LEAD COUNCILLOR:</b>	COUNCILLOR EDEN	<b>PORTFOLIO:</b>	ADULT SOCIAL CARE
<b>SERVICE:</b>	ADULT CARE	<b>WARDS:</b>	ALL
<b>LEAD OFFICER:</b>	WENDY FABBRO	<b>TEL:</b>	0118 937 2072
<b>JOB TITLE:</b>	DIRECTOR OF ADULT SOCIAL CARE AND HEALTH SERVICES	<b>E-MAIL:</b>	WENDY.FABBRO@READING.GOV.UK

#### 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 Health and wellbeing boards are statutory bodies introduced in England under the Health and Social Care Act 2012. According to the Act, each upper-tier local authority in England is required to form a Health and Wellbeing Board as a committee of that authority. The aim of the Health and Wellbeing Boards is to improve integration between practitioners in local health care, Social Care, Public Health and related public services so that patients and other service-users experience more "joined up" care, particularly in transitions between health care and Social Care. The boards are also responsible for leading locally on reducing health inequalities.
- 1.2 Health and Wellbeing Boards have no statutory obligation to become directly involved in the commissioning process, but they do have powers to influence commissioning decisions made by CCGs. However, CCGs and local authorities may delegate commissioning powers to Health and Wellbeing Boards so that they can lead on joint commissioning, JSNAs and joint health and wellbeing strategies produced by the boards, are key tools that CCGs use in deciding what public health services need to be purchased. In this sense the boards have a role in shaping the local public health landscape, and helping CCGs to commission services in an effective and targeted manner.
- 1.3 Reading's Health and Wellbeing Board (HWB) has now been operating in its formally constituted role for more than 18 months; and this report proposes that it is timely to review the effectiveness and efficiency of the Board in terms of delivering the aims and objectives of the Health and Wellbeing strategy (key strategic aims and goals attached as Appendix 1); and to support the development of HWB leadership.

- 1.4 In West of Berkshire there are 3 HWBs in Reading, Wokingham and West Berkshire, all tasked with promoting the alignment and integration of health and care services in the sub region. This report proposes that the review is collaboratively undertaken with our partner HWBs, in order to identify any potential opportunities for future synergies or integrated working.

The report further proposes that the methodology for the review should be the LGA Peer Challenge, which is described in paragraph 3 below.

## 2. RECOMMENDED ACTION

- 2.1 That the Health and Wellbeing Board approves the proposal for review of its effectiveness and efficiency, and appoints the LGA to conduct an 'on site' visit in early-mid March 2016.
- 2.2 That the Health and Wellbeing Board appoints a task and finish group to oversee the specific focus for the Peer Challenge questions and their programme of interviews and focus groups.

## 3. POLICY CONTEXT

- 3.1 A Peer Challenge is a voluntary and flexible process commissioned by a council or a partnership to aid their improvement and learning. It involves a team of between four to six peers from local government and Health (can involve others e.g. the voluntary sector) who spend time on-site in an area to reflect back and challenge in order to help it to reflect on and improve the way it works and makes an impact. The process involves engaging a wide range of people working in the area in both statutory and partnership roles and the findings are delivered immediately.
- 3.2 Peers are working as 'critical friends', not professional consultants or experts. Peer challenge is not inspection. The process is based on a view that organisations learn better from peers and are open to challenge. Likewise it believes that peers, in their professional capacity, challenge robustly and effectively - while the process is voluntary it is not a 'soft option'.
- 3.3 The health and wellbeing peer challenges focus on the health and wellbeing board and partners who form the local health and wellbeing system recognising that 2015/16 brings a window of opportunity to put Health and Wellbeing Boards in the driving seat of local system leadership; able to take on a place-based approach to commissioning Adult Social Care and health, and address the wider determinants of health. The peer challenges are focused on enabling the leadership of HWBs to move into this space effectively. In this context the peer challenge focuses on the following elements:
- ensuring clarity of purpose of the board
  - building a model of shared leadership within the board
  - working with partners to develop the systems leadership role
  - ensuring delivery and impact
  - integration and system redesign

The peer challenge is fully subsidised by the Department of Health.

The peer challenge focuses on a set of headline questions and more detailed prompts, from which to frame the preliminary review of materials, the interviews, and the workshops that make up a peer challenge. They are discussed and tailored in the context of each council and HWB:

1. To what extent is the purpose and role of the health and wellbeing board (HWB) established?
2. How strong is work with key partners to develop system leadership?
3. To what extent is the HWB ensuring the delivery of the health and wellbeing strategy?
4. To what extent is there a clear approach to engagement and communication?
5. To what extent is the HWB enabling closer integration and the change to a cohesive and effective health system?

#### **4. CONTRIBUTION TO STRATEGIC AIMS**

4.1 The purpose of this section is to ensure that proposals contained in reports are in line with the overall direction of the Council by meeting at least one of the Corporate Plan priorities:

1. Safeguarding and protecting those that are most vulnerable;
2. Providing the best start in life through education, early help and healthy living;
3. Providing homes for those in most need;
4. Keeping the town clean, safe, green and active;
5. Providing infrastructure to support the economy; and
6. Remaining financially sustainable to deliver these service priorities.

#### **5. COMMUNITY ENGAGEMENT AND INFORMATION**

5.1 Section 138 of the Local Government and Public Involvement in Health Act 2007 places a duty on local authorities to involve local representatives when carrying out "any of its functions" by providing information, consulting or "involving in another way".