**READING BOROUGH COUNCIL**

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

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| **TO:** | **HEALTH AND WELLBEING BOARD** | | |
| **DATE:** | **22 JANUARY 2016** | **AGENDA ITEM:** | **18** |
| **TITLE:** | **REVIEW OF THE READING AND WEST OF BERKSHIRE HEALTH AND WELLBEING BOARD** | | |
| **LEAD COUNCILLOR:** | **COUNCILLOR EDEN** | **PORTFOLIO:** | **ADULT SOCIAL CARE** |
| **SERVICE:** | **ADULT SOCIAL CARE** | **WARDS:** | **ALL** |
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## 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This paper takes stock of the current governance arrangements and suggests issues for consideration by the Health and Wellbeing Board.

## 2. RECOMMENDED ACTION

2.1 That HWB establish a small task and finish group to review then consider the key measures to be prioritised for monitoring achievement of strategic outcomes.

2.2 That HWB establish a small task and finish group to review the relationships between key bodies involved in Health and Wellbeing, and propose protocols for reporting and sharing information.

2.3 That HWB consider establishing a sub group to continue development of the Board once feedback from the LGA Peer Review has been delivered

## 3. POLICY CONTEXT

3.1 The Health and Wellbeing Board is a sub-committee of Reading Borough Council, but its terms of reference describe ambitions to oversee the efficient and effective commissioning and delivery of integrated Health and Social care.

3.2 The Board includes voting members, non-voting members whose inclusion is defined in regulation relating to the establishment of the Board, and a number of key observers, whose participation is deemed to be critically important such as major Health provider organisations and representatives of the Voluntary sector. These are set out in Appendix A.

3.3 The Board negotiates a careful position in relation to decision making. Constitutional authority to make decisions relating to the commissioning of health services sit with the CCGs, and decisions relating to the remit of the Local Authority will be made by the Council, both directly and via its key Committees (Policy, Adult/Childrens and Education Services Committee (ACE- which is established to make policy and strategic direction decisions, and deliver a scrutiny function). The decisions made directly by the HWB relate to arrangements for the delivery of services within the 'Better Care Fund', and agreeing the Health and Wellbeing Strategy but there is a growing reliance throughout the UK on the HWB function of influencing statutory organisations and promoting integration.

3.4 There is therefore an opportunity to review, and potentially to establish ways of improving joint working between key stakeholder organisations to break down silo working within the respective constraints of budget management and good use of resources and statutory accountabilities. This review may also be able to identify different ways of commissioning together that would deliver simpler and better connected pathways for achieving outcomes for our patients/customers. This could be managed by a sub group of the Board to include development issues arising from the LGA Peer Review.

3.5 As the strategic owner of the Health and Wellbeing Strategy, the board has governance of the monitoring of achievement of strategic outcomes. The line between monitoring of key performance indicators and outputs, and the monitoring of achievement of strategic outcomes is a rich source of debate, and this paper seeks to be a catalyst to reviewing the current positions.

3.6 Appendix A illustrates the current alignment of bodies overseeing health and wellbeing. The 'wiring diagram' describes relationships between groups in terms of authority and decision making, periodic information sharing, and joint membership (suggesting potential for alignment).

## 4. CURRENT POSITION

4.1 The draft JSNA for 2016-2019 has been taken to a wide range of groups in an initial consultation stage, and the proposed JSNA will be received by the HWB at its March 2016 meeting. The metadata has been carefully developed to align across other Berkshire LA and key partners, and the conclusions for the JSNA will underpin the new edition of the HW Strategy.

4.2 The HWB Strategy is also to be received by HWB at its March meeting, and if agreed as an appropriate draft for consultation will be taken to a wide range of commissioner, provider and VCS organisations and Patient and Service User/Carer representative bodies.

## 5. THE PROPOSAL

5.1 The Health and Wellbeing Strategy's vision for a healthy Reading is underpinned by 4 key goals:

- Goal One: Promote and protect the health of all communities particularly those disadvantaged: communicable diseases, immunisations and screening, BME groups
- Goal Two: Increase the focus on early years and the whole family to help reduce health inequalities: maternity, family support, emotional heath, domestic violence
- Goal Three: Reduce the impact of long term conditions with approaches focused on specific groups: self-care, carers, learning disability
- Goal Four: Promote health-enabling behaviours and lifestyle tailored to the differing needs of communities: tobacco, drugs and alcohol, obesity

Associated with each goal is a set of objectives (sub-goals) which are shorter-term measurable steps that will move us towards achieving the longer-term goals and a supporting action plan. These were reported to the Board in September 2015 as actions completed or underway.

5.2 The Board may wish to establish a task and finish group, to complete the work on recommending the protocol to guide which outcome measures and performance indicators will enable the Board to best monitor its strategic aims, and which measures and concerns are more appropriately directed to Healthwatch or to Health scrutiny (delivered via Adult, Childrens, Education Committee). A suggestion to start the task group work is attached at appendix B.

5.3 Appendix A sets out a summarised diagrammatic representation of the current dynamic relationships of the Board, and the information flows associated with each body. The board may wish to set up a small group to consider if the required information is available to enable the Board to focus on its core purpose.

## 6. CONTRIBUTION TO STRATEGIC AIMS

6.1 The Health and Wellbeing strategy is being refreshed but will be built upon the evidence and intelligence contained in the JSNA.

## 7. COMMUNITY ENGAGEMENT AND INFORMATION

7.1 There is a good opportunity to set the terms of reference for the task and finish group to ensure that stakeholder consultation is robust.

## 8. EQUALITY IMPACT ASSESSMENT

8.1 This report focuses on the business processes that will support delivering improved health and wellbeing equalities.

## 9. LEGAL IMPLICATIONS

9.1 *The terms of reference for the HWB require the board to*

- Set out a strategy to achieve improvement in Health and Wellbeing based on the JSNA agreed by DAS, DCS, and DPH
- To *oversee the delivery of the Better Care Fund Programme of activities and to approve plans to deliver specified aims and targets.*

This paper proposes development to enhance the governance of these functions.

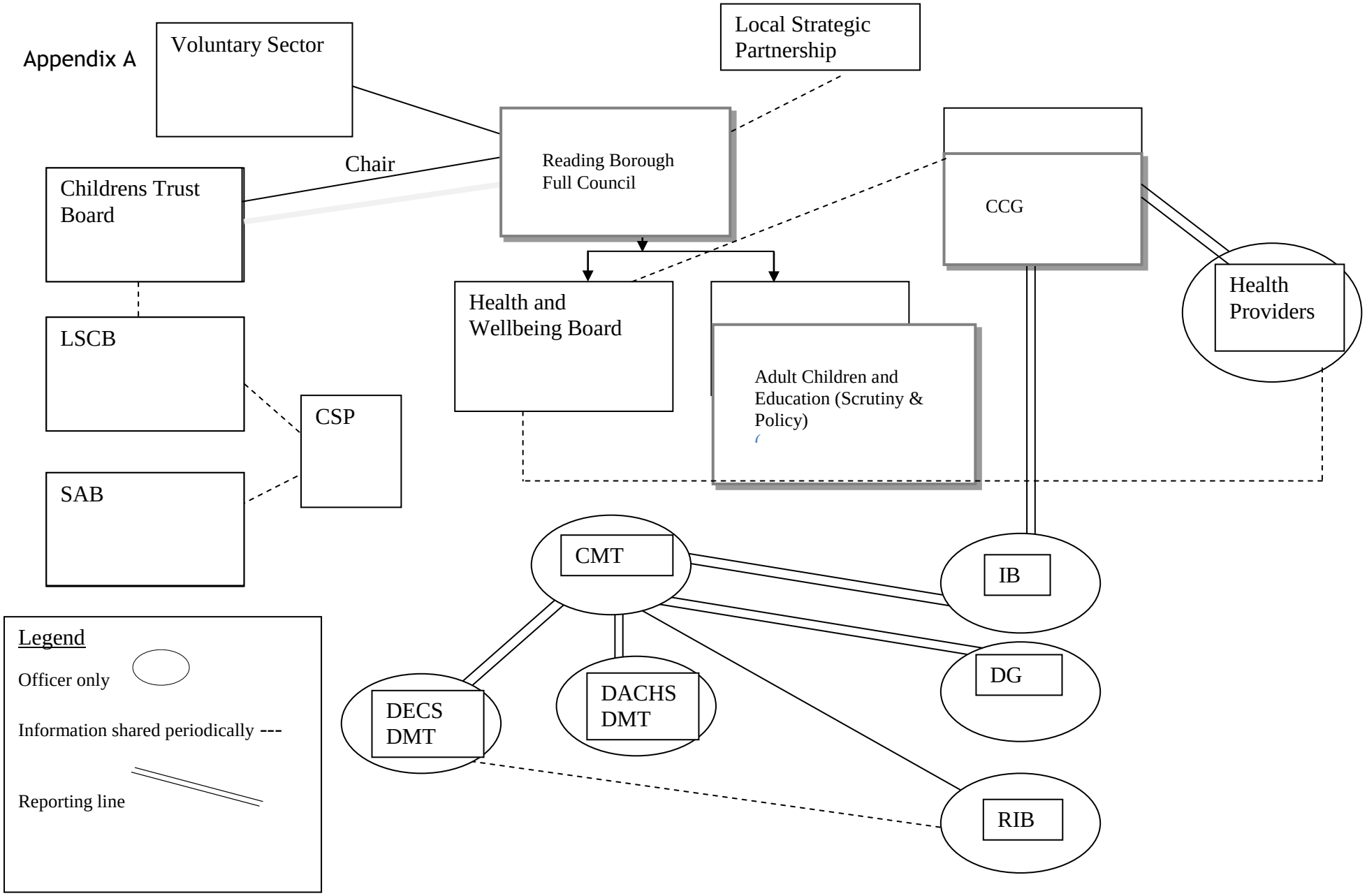
## 10. FINANCIAL IMPLICATIONS

10.1 The funding for delivery of core services is decided by each Commissioning Authority. The funding for the BCF is the subject of a separate report.

## 11. BACKGROUND PAPERS

11.1 None

Appendix A


Voluntary Sector
Local Strategic Partnership
Chair
Childrens Trust Board
Reading Borough Full Council
CCG
Health Providers
LSCB
Health and Wellbeing Board
Adult Children and Education (Scrutiny & Policy)
CSP
SAB
CMT
IB
DG
DECS DMT
DACHS DMT
RIB
Legend
Officer only
Information shared periodically ---
Reporting line

Appendix b

Performance indicators for consideration

(PH team delivering)

| Source document | Topic | Measure (eg- to be prioritised by task and finish group) |
|---|---|---|
| JSNA | Avoidable death rates | Mortality rate from causes considered preventable |
| | Prevalence of obesity<br>Prevalence of diabetes | Excess weight in 4-5 and 10-11 year olds - 4-5 year olds<br>Excess weight in 4-5 and 10-11 year olds - 10-11 year olds<br>Excess Weight in Adults<br>Recorded diabetes |
| | Rate of Substance misuse | Under 75 mortality rate from liver disease (Persons)<br>Successful completion of drug treatment - opiate users<br>Successful completion of drug treatment - non-opiate users.<br>People entering prison with substance dependence issues who are previously not known to community treatment<br>Admission episodes for alcohol-related conditions – narrow definition (Persons) |
| | Life expectancy | Life Expectancy at birth (Male)<br>Life Expectancy at birth (Female) |
| | Activity to support carers | Social Isolation: % of adult social care users who have as much social contact as they would like.<br>Social Isolation: % of adult carers who have as much social contact as they would like. |
| | | |
| Strategy | Prevalence of long term conditions, and co morbidities | Estimated diagnosis rate for people with dementia<br>Recorded diabetes |
| | Rate of use of leisure services and participation in active lifestyles | Utilisation of outdoor space for exercise/health reasons (For use of leisure services - Grant Thornton.<br>Percentage of physically active and inactive adults – active adults<br>Percentage of physically active and inactive adults – inactive adults |

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| | Wellbeing issues included in all policy decisions | As a suggestion: all papers submitted to CMT, H&WB and policy require the author to describe the impact of proposals on wellbeing. |
| | Ensuring effective use of local resources | |
| | Community engagement and use of community social capital | Social Isolation: % of adult social care users who have as much social contact as they would like.<br>Social Isolation: % of adult carers who have as much social contact as they would like<br>Older people's perception of community safety - safe in local area during the day<br>Older people's perception of community safety - safe in local area after dark<br>Older people's perception of community safety - safe in own home at night |
| Public Health Outcome Framework | Wider determinants of health-<br>Housing in Decent Homes standard<br>Homelessness<br>Educational attainment and NEET<br>Planning and Licensing using wellbeing advice<br>Environment- pollution levels | 25% of Homes should meet Decent Homes standards. Focus on category 1 safety measures<br>Homelessness - Statutory homelessness - homelessness acceptances<br>Statutory homelessness - households in temporary accommodation<br>Educational attainment and NEET - 16-18 year olds not in education employment or training<br>Environment- pollution levels - Fraction of mortality attributable to particulate air pollution |
| | Domestic violence | Domestic Abuse |
| Health protection | Immunisation rates | Population vaccination coverage - Hepatitis B (1 year old)<br>Population vaccination coverage - Hepatitis B (2 years old)<br>Population vaccination coverage - Dtap / IPV / Hib (1 year old)<br>Population vaccination coverage - Dtap / IPV / Hib (2 years old)<br>Population vaccination coverage – MenC<br>Population vaccination coverage – PCV<br>Population vaccination coverage - Hib / MenC booster (2 years old<br>Population vaccination coverage - Hib / Men C booster (5 years old<br>Population vaccination coverage - PCV booster<br>Population vaccination coverage - MMR for one dose (2 years old)<br>Population vaccination coverage - MMR for one dose (5 years old)<br>Population vaccination coverage - MMR for two doses (5 years old)<br>Population vaccination coverage – HPV |

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| | | Population vaccination coverage – PPV<br>Population vaccination coverage - Flu (aged 65+)<br>Population vaccination coverage - Flu (at risk individuals) |
| | Sexual health reported issues and activity | Chlamydia detection rate (15-24 year olds)<br>HIV late diagnosis<br>Teenage conception rates |
| | **Lead role in developing Support to women and prevention of FGM** | Breastfeeding - Breastfeeding initiation<br>Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth |
| | Rate of take up of Breastfeeding advice and support | |
| | Reduction of smoking levels | Smoking status at time of delivery<br>Smoking Prevalence |