

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	Health & Wellbeing Board		
DATE:	15 th July 2016	AGENDA ITEM:	5
TITLE:	OUTCOMES AND RESPONSE TO LGA PEER REVIEW OF THE READING AND WEST OF BERKSHIRE HEALTH AND WELLBEING BOARDS		
LEAD COUNCILLOR:	COUNCILLOR HOSKIN /EDEN	PORTFOLIO:	HEALTH /ADULT SOCIAL CARE
SERVICE:	Wellbeing	WARDS:	ALL
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 In October 2015 Reading's Health and Wellbeing Board approved a review of the Board's effectiveness and efficiency by LGA Peer Challenge. This was undertaken collaboratively with Wokingham and West Berkshire Health and Wellbeing Boards, in order to identify any potential opportunities for future synergies or integrated working. All HWB'S are tasked with promoting the alignment and integration of health and care services in the sub region.
- 1.2 The LGA conducted 'on-site' visits from 1st - 4th March 2016. The feedback letter provides a summary of the peer team's findings specific to Reading and includes the collective feedback given to all 3 areas. In presenting this feedback, the peer challenge team acted as fellow local government and health officers and members, not professional consultants or inspectors. The review letter was circulated to Board Members for comments.
- 1.3 The report outlines the headline messages, key findings and recommendations contained in the review letter and a proposed draft framework to address the recommendations. The full review letter received from the LGA is attached at Appendix one and the draft framework in response to the recommendations is attached at Appendix two.
- 1.4 An update report on the Health and Wellbeing Strategy refresh is also being considered at today's meeting. The refreshed Health and Wellbeing Strategy will represent - in part - the Board's response to the recommendations of a health and wellbeing peer review carried out in March 2016, and will offer an outcome focused framework to drive the future agenda of the Health and Wellbeing Board.

2. RECOMMENDED ACTION

- 2.1 That the board note the observations and findings from the LGA Peer Challenge.
- 2.2 That the board endorse the recommendations of the LGA Peer Challenge. Listed in para 4.13.
- 2.3 A suggested framework, included at appendix two, in response to the review recommendations is agreed.
- 2.4 That a board member stocktaking event takes place and task and finish groups established to address the recommendations outlined in appendix two.

3. POLICY CONTEXT

- 3.1 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 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.
- 3.2 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.

4. THE PROPOSAL

Scope and Focus of the LGA Peer Challenge

- 4.1 Peer challenge has been developed collaboratively for health and wellbeing. HWBs commission the challenge to focus on local system challenges and priorities within the overall framework.
- 4.2 The health and wellbeing peer challenges focused on the health and wellbeing board and the 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.

Comments received

- 4.3 The comments received relate to health inequalities and the inclusion of recommendations about engaging members of the public in the HWB strategy and ensuring the programmes of work in the strategy have good and robust engagement with the public and this means more communications with the public about its work. These have been included in the final letter.

Key Findings

- 4.4 The peer challenge focuses on a set of headline questions. A summary of the key observations and findings from the review are grouped under the headline questions and included in paragraphs 4.6 - 4.13. The more detailed review letter is included at appendix one. Areas referred to in the headline messages of the letter are shown in bold.

- 4.5 **1. To what extent is the purpose and role of the health and wellbeing board (HWB) established?**

- The board has carried out its formal duties and produced a JSNA, Health and Wellbeing Strategy and Better Care Fund Plan. Significant work is currently underway to revise the JSNA.
- The Better Care Fund Plan has been overseen by the HWB. The Plan for Reading is ambitious and it will be a hard stretch to implement it.
- Other areas of activity have not been performance managed in this depth, and this imbalance has been reflected in board agendas in relation to the more limited attention given by the board to other priorities.
- **The HWB does not feel to a number of its members like a properly-balanced partnership board**
- **The position of the HWB in the local system is unclear. It is currently not shaping and driving the improvement of the local health and wellbeing system.**
- **The appointment of a Vice Chair from a partner agency other than the Council might assist in emphasising that the HWB is a partnership body.**
- **The Health and Wellbeing Strategy (HWS) is not an integral part of the Council`s Plan, nor is it reflected in the priorities of partner organisations (even though it is referenced in many of them). The agenda of the board does not reflect the content of the HWS.**
- **The above observations mean Reading`s HWB is not really well-established in its role as the leader of the local health and wellbeing**

system. It is acting rather more as a “clearing house” for information, and a body that endorses work initiated and carried out elsewhere.

4.6 2. How strong is work with key partners to develop system leadership?

- The board has some evident strengths
 - It meets regularly and is well attended.
 - Board members have been working together for some time, many informal relationships are good and people seem to enjoy working together - up to a point!
 - The board has learned from its experience of the development of the previous strategy, when some partners felt they had been given little chance to influence it.
 - A good level of engagement with partners and key stakeholders is now being planned in the development of the new HWS.
- CCG and council relationships had improved and were working hard to make things better
- One outstanding issue seemed to be having a particularly unsettling effect - continuing healthcare payments.
- Relationship building requires time and the willingness to work together. In Reading, there isn't much time allowed for partners to work together informally so they can develop an appreciation of key issues before they are put into the formal arena of the HWB.
- Good committee services support to the HWB, there seems to be a gap in terms of support for business planning and board development.
- Not clear how the HWB is connected to providers as key stakeholders in the area. As the NHS Sustainability and Transformation Plan initiative is likely to have important consequences for the closer integration of health and community services providers with commissioners, the board might want to reflect on provider engagement, especially in relation to the Royal Berkshire, given its central role in the local health system.

4.7 3. To what extent is the Health and Wellbeing Board ensuring the delivery of the health and wellbeing strategy?

- The team noted a lot of good things happening in Reading. For example Living Well, Right for You, Beat the Street, HIV volunteers, and successful `flu and breastfeeding campaigns. South Reading CCG has met its dementia diagnosis target. The board is making good use of the Local Strategic Partnership to deliver work on FGM, and breaking down barriers related to information sharing. The Public Health Team is delivering well on its business plan, much of which reflects the HWS, and the Integration Board has a key role in driving improvement.
- The BCF has given attention to upstream prevention and the strengthening of community assets. The neighbourhood teams have a key role in building and mobilising community initiatives, with paid staff and volunteers. **Initiatives with BAME communities are well-developed.** The HWB has requested quarterly performance reports on BCF progress, and this has been seen as a positive development which has encouraged the timely delivery of key outputs.
- Similarly, when extra resource went into CAMHS, the HWB requested more detailed information about progress.
- However, there are some issues for the board to consider:

- Firstly, it does not have a performance review programme for the delivery of the HWS and it has received relatively little attention at the HWB.
- It is not clear which other people and groups have defined responsibilities for the delivery of parts of the HWS, nor how they report their progress to the HWB.
- As the HWS is being refreshed, it might be helpful for the board to consider designing a coherent performance management system, with an integrated dashboard of key indicators.
- Peer Challenge Team has not seen much evidence for a co-ordinated approach to building on community assets. Given the strength in the voluntary, community and faith sectors, and the local business world, the HWB may be missing useful opportunities.

4.8 4. To what extent is there a clear approach to engagement and communication?

- Strengths in relation to communications and engagement.
 - There is time at HWB meetings for public questions, in line with the Council's policy
 - There is a dedicated resource now being provided for public health and social care communications, and this should make a difference. There are good examples of engagement with diverse communities
- However, the HWB does not engage with stakeholders and the public as a collective group. There is not yet a cohesive approach to communication and engagement led by the board and running across the health and wellbeing system.
 - The refresh of the HWS gives the board (as the body charged with leading the local improvement of health and wellbeing) an opportunity to engage with stakeholders, and become more visible and accessible to the public.
 - The board might want to use this opportunity to create a communications and engagement strategy closely related to the revised HWS.

4.9 5. To what extent is the Health and Wellbeing Board enabling closer integration and the change to a cohesive and effective health system?

- The HWB has endorsed the BCF programme, and is monitoring progress on integration. However, the board has not been driving this work, and needs to form a unified view of what integration should look like in Reading. The detailed work is being done by council and CCG staff, and considerable progress has been made on BCF objectives, but the board has not yet provided an agreed framework for local integration.
- The Integration Board provides quarterly performance reports but isn't a formally-designated sub-group of the HWB. This raises the question as to whether the HWB is leading the local integration agenda. If not, is there a risk that board members will become detached from the integration work?

4.10 Working together across Berkshire West

The three local authorities involved in this peer challenge asked for the team to look at the arrangements across Berkshire West and advise them on options for

improvement. The peer review team has endorsed the view that a good start has been made by the Berkshire West 10 Group, that more could and should be done to develop this dimension of the work, and that it needs to be linked more directly to the governance of the HWBs.

4.11 6. Are there any opportunities for the three boards to work together and if so do they meet clearly identified needs and can they be shown to be beneficial to local residents in all three area?

People from the three local authorities, their CCGs and other partners all said that it was important to work together on the wider footprint to tackle issues that could best be handled on that scale. Whilst there was certainly no appetite for the merger of the three HWBs across Berkshire West, the requirement for closer integration in the BCF, the development of Sustainable Transformation Plans (STPs) and the common agreement that there is a case for the three local authority areas to work more closely together on key themes, in order to maintain good governance, hold the system to account and drive change for the people in Berkshire West.

It was felt by the peer team that there were important differences in understanding about some key issues such as the meaning of integration, the depth of the shared work to be undertaken and the scope for local variety within shared programmes. More attention needs to be given to scoping and defining joint work programmes in future, and having in place a formal process of commitment. Operational delivery plans need to be tested for their congruence with strategies and assured for their feasibility before being approved by HWBs.

An example of good practice was cited for long-standing joint working arrangements in public health across Berkshire. Individual public health teams take on lead roles for the whole patch for specific themes. It would be helpful for these arrangements to be notified to the HWBs if this has not already happened. This is a source of strength for all three areas, which is probably almost invisible to the boards.

4.12 7 & 8. Are there opportunities for the three boards to work together to further develop their individual leadership roles for the integration of health and social care? Is there an opportunity for the three boards to frame and energise the integration agenda across the whole of Berkshire West?

The Integration Board and the Delivery Board have the potential to frame the agenda for cross-authority working on integration in the West of Berkshire. Participants spoke well of the Berkshire West 10 Group and was reported as tackling important issues. There was concern about governance and political accountability, especially the lack of a formal connection with the three HWBs, and through them with the councils.

There is a long list of practical issues for which a shared approach to problem-solving might be of value. However, in many cases the local arrangements currently in place might limit the options available.

The peer challenge team thought that the three HWBs might also need to be prepared to meet together (and with their CCGs) from time to time, for joint briefings and development sessions on the key emerging issues.

There is a similar point about the development of local leadership through sharing and learning with neighbouring HWBs. It is certainly possible that subject briefings

and development sessions could be done jointly, despite local differences in need, strategic approach and politics. There are a number of shared themes where there could be advantages in cost and convenience in running local workshops for board members from all three HWBs. Given the confusion that can often be found between the role of HWBs and Overview and Scrutiny, it might also be useful to hold a session on this particular theme. Other themes might include common mental health issues, loneliness, physical activity and health, and spatial planning - these illustrations are all of relevance for HWBs and local health improvement.

Finally, the 3 HWBs and their partners will need to consider whether the current joint delivery arrangements have sufficient capacity and are sufficiently robust to deliver these kinds of programmes across the West of Berkshire at appropriate pace and depth.

Next Steps

4.13 The key recommendations, below, from the review have been included in the proposed framework which is attached at appendix 2

- Develop the style of Reading's Health and Wellbeing Board and the way it operates:
 - Look at best practice and what works elsewhere
 - Alternate Venues: meet elsewhere from time to time
- Set aside time to develop the HWB as a team.
- Have some wide ranging debates about your vision and the emerging context for HWBs.
- Plan the board agendas around your strategic vision, health and wellbeing strategy and statutory priorities.
- Make time to develop the prevention theme and include child health and wellbeing.
- Define what is meant by "prevention" and "integration".
- Review and develop the partnership structure under the HWB in line with the new strategy and objectives of the board.
- Consider a vice chairing arrangement with CCG.
- Review policy and management support for the HWB.

It is proposed to hold a board member stocktaking event and establish task and finish groups to address the recommendations.

4.14 The peer challenge includes the option of follow-up support. This can involve all or part of the team engaging in an activity such as:

- Holding an action planning workshop with the HWB.
- Organising a workshop on a specific theme or area, involving experts or other peers as appropriate.
- Arranging a follow-up visit at a later time to look at progress.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 Participation in the Peer Review supports the Corporate Plan priorities:

- Providing the best start in life through education, early help and healthy living; and
- Keeping the town clean, safe, green and active.

6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 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".

7. EQUALITY IMPACT ASSESSMENT

- 7.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—
- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 7.2 An Equality Impact Assessment (EIA) is not relevant to this report.

8. LEGAL IMPLICATIONS

- 8.1 None

9. FINANCIAL IMPLICATIONS

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

10. BACKGROUND PAPERS

- 10.1 Review of the Reading and West of Berkshire Health & Wellbeing boards, report to Health & Wellbeing board, 9th October 2015.
- 10.2 Care and Health Improvement Programme (CHIP) Health and Wellbeing Peer Challenge: methodology and guidance, LGA, July 2015.
- 10.3 Health & Well Being Peer Challenge Letter, LGA