



Cllr Graeme Hoskin, Lead Councillor for Health and Chair of the HWB
 Ian Wardle, Managing Director
 Reading Borough Council
 Civic Offices
 Bridge Street
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March 2016

Dear Graeme and Ian,

Health and Wellbeing Peer Challenge 1st – 4th March 2016

On behalf of the peer team, I would like to thank you for the courtesy and support we received during the recent Health and Wellbeing Peer Challenge, as part of the LGA's Health and Wellbeing System Improvement Programme. The Peer challenge covered Reading individually, and in the context of the health and wellbeing system across Berkshire West.

The LGA programme is based on the principles of sector led improvement that:

- Councils are responsible for their own performance and improvement and for leading the delivery of improved outcomes for local people in their area
- Councils are primarily accountable to local communities (not government or the inspectorates) and stronger accountability through increased transparency helps local people drive further improvement
- Councils have a collective responsibility for the performance of the sector as a whole (evidenced by sharing best practice, offering member and officer peers, etc.)

Challenge from one's peers is a proven tool for sector led improvement. Peer challenges are delivered by experienced elected member and officer peers. The make-up of the peer team reflected your requirements and the focus of the peer challenge. Peers were selected on the basis of their relevant experience and expertise and agreed with you. The peers who delivered the peer challenge at Reading Borough Council were:

- Chris Bull, Lead peer & LGA Associate
- Cllr. Sue Woolley, Executive Member for NHS Liaison & Community Engagement, Chair, Lincolnshire Health & Wellbeing Board
- Cllr. Rory Palmer, Deputy Mayor Leicester City Council and Chair, Leicester City Health & Wellbeing Board
- Dr. Ian Orpen, Chair Bath and North East Somerset CCG and Co-Chair Health and Wellbeing Board

- Gill Moffett, Healthwatch Policy Lead, Department of Health
- Liam Hughes, LGA Associate
- Deb Watson, Director of Public Health peer & LGA Associate
- Kay Burkett, Programme Manager, LGA
- John Tench, Adviser, LGA

Scope and focus of the peer challenge

Health and wellbeing peer challenges focus on the health and wellbeing board and partners who form the local health and wellbeing system. They recognise 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 adult social care and health, and address the wider determinants of health. The peer challenges are focused on enabling the leadership of health and wellbeing boards to move into this space effectively.

In this context the peer challenge focused on five headline questions:

1. To what extent is the purpose and role of the Health and Wellbeing Board established?
2. How strong is work with key partners to develop system leadership?
3. To what extent is the Health and Wellbeing Board 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 Health and Wellbeing Board enabling closer integration and the change to a cohesive and effective health system?

The peer challenge took place across Reading Borough Council, West Berkshire Council and Wokingham Borough Council with the peer team spending a day in each area and addressing the following questions the 3 health and wellbeing systems wanted to explore:

1. 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 3 areas?
2. Are there any opportunities for the three boards to work together to further develop their individual leadership roles in the integration of Health & Social care?
3. Is there opportunity for the three boards to frame and energise the integration agenda across Berkshire West?

It is important to stress that this was not an inspection. Peer challenges are improvement focused. The peers used their experience and knowledge to reflect on the information presented to them by people they met, things they saw and material they read.

This letter provides a summary of the peer team's findings specific to Reading building on the verbal feedback delivered by the team on 3rd March 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. We hope this will help provide recognition of the progress Reading Borough Council and its Health and Wellbeing Board (HWB) have made whilst stimulating debate and thinking about future challenges.

Headline Messages

The Reading Health and Wellbeing Board (HWB) has made progress in a number of key areas such as overseeing the development of Reading's Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy (HWS). It has endorsed the Better Care Fund Plan and put its weight behind some neglected themes, especially autism and end of life care. It has provided a single forum for adult and children's agendas to potentially come together, so that synergies can be identified. The board has also supported some important work on health inequalities, especially with black and minority ethnic communities (BAME).

There is a clear commitment, politically and from officers and clinicians, for the board to provide strategic leadership and to make a positive difference to improving the health and wellbeing of Reading's people. However, the board has yet to show that it is leading the local system for health and wellbeing, and enabling the council, the Clinical Commissioning Groups and other partners to work better together.

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. The agenda of the board does not reflect the content of the HWS. Child health and wellbeing has had limited attention, perhaps because the JSNA was initially focused on adults. It is now being revised to cover children and young people in more depth. Health inequalities in Reading are more pronounced for men, with extremes of wealth and poverty in a small geographical area. Poor health outcomes reflect local patterns of deprivation. There is still a large gap in life-expectancy for men, and in this respect, Reading is an outlier in relation to similar areas. Although the vision for a healthier Reading refers to reducing health inequalities, the content of the HWS does not set out how this will be achieved and the agenda of the board does not reflect these key challenges.

The position of the HWB in the local system is constrained. It does not seem to be driving improvement in local health and wellbeing, but reacting to agendas set by others. Whilst it is a committee of the Council, it seems that its role has been primarily to receive information about decisions made elsewhere in the Council and CCG, and to endorse proposals made elsewhere. It has been given only limited delegated authority. The Council's other committees and the CCG are the places where decisions about health and wellbeing seem to be made. The HWB does not feel to some of its members to be functioning like a partnership board with equal members.

Despite its limited scope for decision-making, it is a highly formalised Council committee, with little opportunity for members to meet informally, either in board development sessions or informal meetings where board members can extend their knowledge and appreciation of the key issues. Several board members do not see it as a place where difficult discussions can be held and issues sorted out. Some have reported that they feel uncomfortable both in the HWB and in the Health sub-committee that sets the board's agenda. One way to help overcome this may be to consider appointing a Vice Chair from an organisation other than the council, such as a CCG.

It is clear that there is motivation for change from all of the partners that we spoke to on our visit. We know that the most effective HWBs are strong, place-based partnerships convened and enabled by councils. They are regarded by all board members as the place where agencies come together to improve the health and wellbeing of local people. They provide opportunities for board members to learn from each other and develop a shared culture and approach. They seek to ensure that health and social care work together to meet the needs of the local population. The HWB in Reading may wish to consider whether its current ways of working are consistent with fulfilling this

role. There is a good platform to build on given the strong statements of commitment that partners made about working together.

In relation to working on the Berkshire West footprint, there is common feedback to the three local authorities and HWBs that were part of the peer challenge. In summary, we found a consistent commitment from all organisations across the patch to work together, and there was a shared recognition of the potential benefits from doing this. However, there was not an agreed understanding about the nature of integration, nor about the scale of the local ambition. There was also concern about the extent to which the work taking place at the Berkshire West level was being properly connected to the HWBs and other governance bodies. There is a risk that proposals from the Integration Board might not be followed through when they reach the formal decision-makers for endorsement. For arrangements to be effective and to mitigate against the risk set out above, it seems to us that it would help to have appropriate political involvement at the joint Integration Board as well as protocols for involving individual HWBs, CCGs and related organisations at the right time in their business cycles. It would also help to have an agreed programme of work, and clear statements about the aims and scope of joint projects.

1. To what extent is the purpose and role of the Health and Wellbeing Board established?

The peer review team heard positive statements about Reading's HWB. It has been established in shadow and statutory form for almost four years and it is a strength to have in one forum the responsibility for adult support, children and young people's services and public health. 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 revised JSNA will provide a comprehensive picture of local health needs and wellbeing issues. A high-level position statement on the health needs of the people in Reading is currently in place and the priorities that have emerged from the plan have been used to shape the Health and Wellbeing Strategy and its revision. The board has given emphasis to two additional themes, autism and end-of-life care, both of which were under-developed locally. It has also encouraged improvements related to black and minority ethnic communities, in order to reduce health inequalities. The work of the local hubs looks encouraging.

The Better Care Fund Plan has been overseen by the HWB, which has asked for regular and detailed reports. 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. There is still a big gap in male life-expectancy in Reading between the areas of greatest deprivation and affluence, and it is not clear how this gap is to be closed. The peer review team was told that there were also some concerns about support for asylum seekers who often have significant physical and mental health needs.

The HWB does not feel to a number of its members like a properly-balanced partnership board. Despite its limited scope for decision-making, it is experienced by all the members we spoke to as a highly formalised committee of the council, with little opportunity for members to meet informally, either in board development sessions or informal meetings where board members can extend their knowledge and appreciation of the key issues. Several board members were concerned that they had insufficient time to unpack issues or express their views in the public meetings, and that there was

significant scope for misunderstanding as a result. They reported that they did not see the board as a place where difficult discussions could be held and difficult issues could be sorted out. Some members said that they feel uncomfortable in the HWB, and also in the Health sub-committee that sets the board's agenda. A great deal of attention was given to generating appropriate public messages from HWB meetings, and the presence of the press no doubt made HWB members cautious about their interventions in public board business. Several of them said that there was only limited opportunity for informal conversations and briefing sessions.

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. This is being done in other places. Its role so far has been primarily to receive information about decisions and to endorse proposals made elsewhere. Board members reported that there were only a few initiatives that had had their origins in the board, e.g., end-of-life care, autism, BAME initiatives. Perhaps this was not so surprising, given that the board has only limited delegated authority to take decisions. The combination of a highly formalised approach to business, and limited scope for decision-making, has made some partners feel that the HWB is not well-placed to lead the local system for health and wellbeing. The appointment of a Vive 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. Child health and wellbeing has had limited attention – about safeguarding, Child and Adult Mental Health and the new public health nursing duties. Some board members felt that other public health issues need more attention at the HWB. The most important of these is probably the large gap in life-expectancy, particularly for men, in the area. In this respect, Reading is an outlier for men, even when measured against similar places.

The upshot of these observations is that 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. Furthermore, whilst the scope of the peer challenge team did not include this issue, there did appear to be some confusion between the function of the HWB in receiving information about local developments, and challenging partners about them, and the Reading arrangements for Overview and Scrutiny.

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 have any influence on it. A good level of engagement with partners and key stakeholders is now being planned in the development of the new HWS. Elected members and GPs are well connected with local people in their neighbourhoods, and they share the daily experience of hearing about their lives and experiences at first hand. Healthwatch is finding its feet and making an important contribution. The voluntary sector forum is a positive way for the sector to influence health and wellbeing system. The police and fire-and-rescue services are involved in the work of the HWB. Reading officers are active participants in the Berkshire West 10 integration partnership which is seeking to deliver integration programmes across the patch.

However, there is an obvious 'clash of cultures' within the system between the CCG and the council. This should not be exaggerated - people said that relationships had improved when the CCG was established, and that they were working hard to make things better. However, they agreed that there is still more work to be done. It is difficult to have effective systems leadership when partners in the board do not feel entirely comfortable with the organisations represented around the table, and haven't fully agreed a shared vision for place and health and wellbeing. This challenge has become even more difficult under conditions of austerity.

The signs of this cultural unease can be seen in the arrangements for the working of the board. Partners have said they have sometimes received important information when it was too late to take any action, and that items often come to the board for information and endorsement when the real decisions have already been taken elsewhere – usually by a council committee or the CCG. There may be a lack of awareness of the timelines associated with processing formal business. It may also be the case that board members do not entirely understand one another's duties and accountabilities, much less their cultures and constraints. Sometimes there has been a lack of clarity about the purpose behind items being presented to the board. The peer challenge team certainly saw examples of miscommunication and misunderstanding during the visit, most significantly in relation to funding discussions.

One outstanding issue seemed to be having a particularly unsettling effect – continuing healthcare payments. This has been settled in many other places but is still a problem in Reading, and it seemed to the peer challenge team that this was potentially an obstacle to productive partnership working.

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. Without this opportunity, it is hard to develop trust and confidence, and local relationships are more likely to be brittle and less productive.

Whilst there is good committee services support to the HWB, there seems to be a gap in terms of support for business planning and board development. Other boards have reported that there is a delicate balance between operating as a committee of the council and as a unitary partnership board incorporating a wide range of partners. Many have taken time out to develop a shared board culture to handle this issue.

Finally, it was 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.

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

There have been a lot of good things happening in Reading. Examples include initiatives such as Living Well, Right for You, Beat the Streets, 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. Clearly, there has been a great deal of activity aimed at the improvement of health and wellbeing in Reading.

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, and the work with the Gurkha and Polish families and communities is a source of strength. 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. Finally, the 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. To what extent is there a clear approach to engagement and communication

There are some 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 such as the engagement carried out by Healthwatch with the Gurkha community to identify need and help people gain access health and social care services. There are also apps in Polish and Nepalese to assist with access.

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 members of the public, 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 and ensuring the programmes of work in the strategy have good and robust engagement which means more communication with the public about its work.

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. It was explained that in part, this was due to the complexity of the wider health and wellbeing system across Berkshire West, and the different assessment arrangements that are in use. 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?

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 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.

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, mean that the three boards may find that they need to work more closely together in order to maintain good governance, hold the system to account and drive change for the people in Berkshire West.

Although there were no dissenting voices, the peer challenge team felt 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. Examples were given of shared commitments that had failed to materialise once more detailed work had been done into the feasibility of proposals. This suggests that more attention needs to be given to scoping and defining joint work programmes in future, and having in place a formal process of commitment to prevent the loss of trust that comes with the late abandonment of projects. Operational delivery plans need to be tested for their congruence with strategies and assured for their feasibility before being approved by HWBs.

There is already an example of good practice. There are long-standing arrangements for joint working in public health across Berkshire. Individual public health teams take on lead roles for the whole patch for specific themes. This seems to be working well, it concentrates expertise, and it makes best use of scarce resources. 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.

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 reported that it had picked up pace and was 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. It was understood that an elected member would soon be joining the Group to make a link with the local democratic system. However, as set out in the key messages section of this letter further measures are required to ensure that joint plans are properly held to account.

The new Prevention Board looks like an important initiative. Peer team members were interested in its relationship with the HWBs, and with the patch's public health arrangements. There was insufficient time to follow this up.

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. From the outside, the requirement for three different systems for access to assessment and care services at the Berkshire Royal looks like a confusing and expensive arrangement. For each local authority, of course, it makes sense in the light of local circumstances. The three councils and the CCGs will need to consider these kinds of issues with an open mind, look for common ground but be prepared to understand that single solutions may not always be possible given the nature of the area of Berkshire West.

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. Without this opportunity, they might find themselves ill-prepared for discussions in a bigger group covering a larger footprint. (There is a related question for Overview and Scrutiny Committees, which might need to combine for specific purposes such as the review of reconfiguration proposals if they do not do so already).

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.

9. Moving forward

In moving forward our key recommendations are:

- 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

7. Next steps

The Council's political leadership, senior management and members of the HWB will undoubtedly wish to reflect on these findings and suggestions before determining how to take things forward. As part of the peer challenge process, there is an offer of continued activity to support this. If you wish to take this up then I look forward to finalising the detail of that activity as soon as possible.

In the meantime we are keen to continue the relationship we have formed with you and colleagues through the peer challenge to date. Mona Sehgal, Principal Adviser for the South East, is the main contact between your authority and the Local Government Association. Mona can be contacted at mona.sehgal@local.gov.uk (or tel. 07795291006) and can provide access to our resources and any further support.

In the meantime, all of us connected with the peer challenge would like to wish the Council and Health and Wellbeing Board every success going forward. Once again, many thanks for inviting the peer challenge and to everyone involved for their participation.

Yours sincerely,

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[On behalf of the peer challenge team](#)