

LGA review of the Reading Health and Wellbeing Board

1. Introduction

- 1.1 Health and Wellbeing Boards are important partnerships in which key leaders from the local health and care system can work together to improve the health and wellbeing of their local population. Whilst there is much to celebrate in Reading, it faces a number of health and wellbeing challenges that no single organisation can solve alone.
- 1.2 The Health and Wellbeing Board is a key forum that has the opportunity to deliver tangible service change, to join up and co-ordinate services, and address the social and economic factors that influence health and wellbeing and support the quality and sustainability of health and care services.
- 1.3 Considering the above, the Health and Wellbeing Board is proposing to undertake a review of its governance arrangements and working practices to increase its overall effectiveness in improving the health and wellbeing of the local population and reduce health inequalities. The Local Government Association has been asked to facilitate the review.

2. Background

- 2.1 The Health and Social Care Act 2012 requires all top tier local authorities (i.e., unitary and county councils) to establish a Health and Wellbeing Board (HWB). Reading Borough Council (RBC) is a unitary authority with a population of 174,200 (ONS Census, 2021). Unlike most top tier local authorities, due to its relatively small size and population, it sits at the 'locality' level within the health system hierarchy.
- 2.2 Together, Reading Borough Council, West Berkshire Council and Wokingham Borough Council form the Berkshire West 'Place', which in turn sits within the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System.

3. Role of Health and Wellbeing Boards

- 3.1 The principal statutory responsibilities of the Health and Wellbeing Board are set out below.
- 3.2 ***To produce a Joint Strategic Needs Assessment (JSNA)*** - The JSNA uses data and evidence, to highlight the current and future health needs of the whole community. It articulates how these vary for different groups, including any health disparities affecting disadvantaged or vulnerable groups. It also considers a wider range of factors that influence the health and wellbeing of individuals, families and local communities, which are also known as the 'building blocks' or 'wider determinants of health'. Further information is available on the [Berkshire Observatory – Reading](#).
- 3.3 ***To produce a Joint Local Health and Wellbeing Strategy*** - This is a long-term strategy for meeting the health and wellbeing needs of the local population, as

identified in the JSNA. It sets out how professionals across health and social care will work together to improve the health of the population. The current [Berkshire West Health and Wellbeing Strategy \(HWBS\) 2021 – 2030](#) was adopted in October 2021 and is based around five health and wellbeing priorities:

1. Reduce the differences in health between different groups of people
 2. Support individuals at high risk of bad health outcomes to live healthy lives
 3. Help families and children in early years
 4. Promote good mental health and wellbeing for all children and young people
 5. Promote good mental health and wellbeing for all adults
- 3.4 Changes to the health landscape following the enactment of the Health and Care Act 2022 mean that there is a new emphasis on the design and delivery of services at ‘place’ and ‘locality’ level. In anticipation of this change, the current strategy was prepared jointly with West Berkshire Council and Wokingham Borough Council. The strategy focuses on areas where partnership action adds value and will have a shared direction, but with local delivery plans that reflect the unique challenges and priorities of each local authority area.
- 3.5 ***To develop a Pharmaceutical Needs Assessment (PNA)*** - Health and Wellbeing Boards are required to produce a PNA every three years. They consider what pharmaceutical services are currently provided across the area, they have regard to circumstances in which the current position may materially change, and they identify any current and future gaps in provision. The current [PNA](#) was adopted in July 2022.
- 3.6 ***To encourage greater integration and partnership working*** - Health and Wellbeing Boards are responsible for encouraging integrated working between health and social care commissioners. There are various ways this can happen, but a key mechanism is via the [Better Care Fund](#).

Membership

- 3.7 Section 194 of the Health and Social Care Act 2012 sets out a minimum HWB membership of:
- at least one elected Member of the local authority;
 - at least one representative from each integrated care board in the local authority’s area;
 - the local authority’s director of adult social services (DASS), director of children’s services (DCS) and director of public health;
 - a representative from the local Healthwatch.
- 3.8 The Act sets out that further board members may be appointed by the local authority in consultation with the board, and that the board itself may appoint such additional board members as it thinks appropriate.
- 3.9 Membership of the Reading Health and Wellbeing Board is set out in Section 4 of Part 3 of the [Constitution of the council](#) . Current membership is as follows:

- 4 Councillors – i.e. the Leader of the Council, and the Lead Councillors for Education & Public Health, Adult Social Care, and Children
- The Executive Director of Communities & Adult Social Care*
- The Executive Director of Children Services*
- The Director of Public Health for the Local Authority or his/her representative*
- Two representatives from the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board
- A representative from the Local Healthwatch organisation

(* the Members asterisked will not have voting rights, as explained below)

3.10 Voting rights

Under the provision of Regulations 6 and 7 of the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013, the Council, following consultation with the shadow Health & Wellbeing Board, has decided as follows:

- To disapply the duty to allocate seats to political groups under Sections 15 and 16 of the Local Government & Housing Act 1989
- To treat the following as non-voting members of the Board:
 - The Executive Director of Communities & Adult Social Care (or his/her representative)
 - The Executive Director of Children's Services (or his/her representative)
 - The Director of Public Health (or his/her representative)

3.11 The voting membership of the Board must be named by the body they are representing. It will therefore be as follows:

- 4 Councillors by relevant office, ie the Leader of the Council, and the Lead Councillors for Health, Wellbeing & Sport, Adult Social Care, and Children
- 1 named Local Healthwatch representative
- 2 named local ICB representatives

3.12 Co-opted Members

The following are co-opted as non-voting additional members:

- The Chief Executive of Reading Borough Council (or his/her representative)
- A representative from Reading Voluntary Action
- A representative from Thames Valley Police's Reading Local Police Area
- A representative from Royal Berkshire Fire & Rescue Service
- A representative from the Royal Berkshire NHS Foundation Trust
- A representative from the Berkshire Healthcare NHS Foundation Trust

- A representative from the Berkshire West GP Leadership Group

3.13 A list of the current members can be found on the [HWB section of the Reading Borough Council website](#).

4. Current Strengths

4.1 There are a number of strengths on which future improvements can build. These include:

- Diverse HWB membership, with good representation from external partners
- Good attendance by partners across several partnerships that support delivery of the Joint Health and Wellbeing Strategy
- The Berkshire Health Observatory provides a comprehensive, local public health database that is open to all
- Recent success in holding two annual Health and Wellbeing Board Conferences which has attracted delegates from a wide range of organisations, as well as interested residents
- Good engagement from local residents via public questions at meetings
- Co-ordination of agendas with participation from external organisations, eg Healthwatch, Voluntary and Community Sector

5. Drivers for Change

5.1 There are a number of key drivers for change, which have prompted this review – these are summarised below:

- The Board is not sufficiently strategic in its approach and is not actively driving improvements in public health to the extent that it should;
- The challenge faced by small unitary authorities of needing to service the same number of meetings and partnerships as larger authorities;
- There is a need to provide clarity and a shared understanding around the interface between ‘system’, ‘place’, ‘locality’ and ‘neighbourhood’ and decision making across these geographical footprints;
- Concerns by organisations regarding centralisation of decision making within the ICB, rather than delegating decision making to the lowest possible level;
- Reports that come to the board are often for information, rather than actively making decisions that lead to improvements in population health and reducing inequalities
- Uncertainty on the role of the Health and Board within the council’s committee system and specifically alongside the health overview and scrutiny committee

- The Board is not sufficiently informed by data/evidence and does not have sufficient oversight of the Joint Strategic Needs Assessment and how it informs strategy and commissioning
 - There is a need for more active engagement by external HWB members, as well local communities
 - There is a need to review membership to ensure that the right organisations and people are involved that can lead system-wide changes to the prevention of disease and reduce health inequality
- 5.2 Reading Borough Council previously underwent an LGA peer review of the Health and Wellbeing Board in March 2016 that put forward several recommendations. Whilst some of these recommendations were implemented, some recommendations were not fulfilled due to changes in personnel and the Covid-19 pandemic.
- 5.3 Furthermore, since 2016, there have been significant changes to the health and social care landscape, including the emergence of Integrated Care Systems which includes requirements for an Integrated Care Strategy and NHS Forward Plans, plus the development of a new Joint and Health and Wellbeing Strategy across Berkshire West.

6. Next Steps

- 6.1 At a time when there are significant pressures across health and social care and the newly established Integrated Care System, there is a greater need for place-based working that addresses the social and economic factors that influence health and wellbeing, and supports the quality and sustainability of local services. Combined with the appointment of new substantive Director of Public Health for Reading and West Berkshire, it provides a timely opportunity to review the governance arrangements of the Health and Wellbeing Board to strengthen its role in the new system architecture and operate effectively in the new context.
- 6.2 The LGA currently offers free tailored and flexible support for health and wellbeing boards and has agreed to support the Reading and West Berkshire Health and Wellbeing Boards
- 6.3 The intention is to undertake the review in Autumn/Winter 2024 and will likely consist of individual interviews with board members and workshops.
- 6.4 Several key lines of enquiry have been identified that will be used as a basis to inform the LGA review and therefore may be subject to change, pending further conversations:
- 1) How can we strengthen the role of the Health and Wellbeing Board so that it can oversee improvements to population health?
 - 2) How can we ensure that all system partners and stakeholders have a shared understanding of the purpose of the Health and Wellbeing Board, the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy and to what extent do they currently believe this is being fulfilled?
 - 3) What does effective governance and accountability look like for the Health and Wellbeing Board and how should it operate/link across the different geographical footprints, eg neighbourhood, place and system?

- 4) Provide clarity on the role and status of the Health and Wellbeing Board within the current committee system and its interface with other committees eg the Adult Social Care, Children's Services and Education Committee, which is the Council's Health Overview & Scrutiny Committee.