



READING HEALTH AND WELLBEING BOARD

Date of Meeting	11 July 2025
Title	Review of the Reading Health and Wellbeing Board
Purpose of the report	To make a decision
Report author	Matt Pearce
Job title	Director of Public Health
Organisation	Reading Borough Council
Recommendations	<ol style="list-style-type: none">1. That the board approve the proposed changes to the Health and Wellbeing Board following the recent LGA review

1. Purpose of the report

1.1. This report presents the findings of the Local Government Association (LGA) review of the Reading Health and Wellbeing Board (HWB), and sets out proposals for how the Board could revise its governance arrangements and working practices in response to the feedback received.

2. Executive Summary

2.1. The Local Government Association (LGA) was invited to undertake a review of the Health and Wellbeing Board's governance and working practices to evaluate its effectiveness in improving the health and wellbeing of the local population and reducing health inequalities and make recommendations for improvement.

2.2. The LGA undertook interviews with HWB Members and other stakeholders. The intelligence gathered in those conversations was then triangulated and compared with best practice and understanding of what makes for an effective HWB. A workshop was arranged for the LGA to provide feedback and for HWB Members to reflect on the findings.

2.3. A Task and Finish Group was set up to consider the outputs from the workshop and to develop a roadmap setting out the steps that the Board could take in response to the feedback received. Their recommendations form the basis for this report.

3. Background / Context

2.1. At its meeting on 11 October 2024, the Board agreed that it should undertake a review of its governance arrangements and working practices with the aim of increasing its overall effectiveness in improving the health and wellbeing of the local population and reducing health inequalities.

2.2. The LGA has a support offer for Health and Wellbeing Boards. This provides an opportunity for them to refocus their purpose, strengthen their role in the health system architecture, and operate effectively within this context.

2.3. The LGA undertook a series of interviews with HWB Members and other key stakeholders between December 2024 and February 2025, and a workshop was subsequently arranged for 24 March 2025, where the LGA provided its feedback and HWB Members reflected on the findings.

2.4 The LGA proposed themes for further exploration and several 'top tips' across areas such as:

- Leadership
- Purpose and focus
- Making a difference
- Partnership working
- Governance
- Capacity and resourcing
- Making the geography work

Further detail on the LGA's feedback is provided in Appendix A.

2.5 There was widespread support for the LGA's findings amongst those attending the workshop, and there was a strong desire from all partners to make the Board more effective.

2.6 A summary of the main points raised at the workshop is provided below:

- The Board needed to become more of a strategic partnership that actively drives population health.
- It was agreed that the Board needed to be able to demonstrate additional impacts of partners coming together.
- There was agreement that there should be fewer formal committee meetings, and more informal meetings/workshops since these were felt to be more productive and impactful in terms of exploring options and potential course of action.
- Members expressed a dislike of the formality of meeting in the Council Chamber and livestreaming meetings, since this was felt to stifle participation, open exchanges of views, challenge and debate. There was also a preference to hold meetings on a different day.
- It was suggested that the Board should have a focus on a small number of priorities at any given time in order to drive meaningful change, that was informed by evidence of need.
- There was widespread agreement that the Board should be driven by data, with activity informed by the JSNA, intelligence from Healthwatch and other patient forums, and recommendations arising from the findings of Health Scrutiny reviews, etc.
- Updating the JSNA was seen as a top priority - this would be used to inform the update of the Health and Wellbeing Strategy Implementation Plan.
- There was widespread agreement that reports should be for decision, with other reports to be circulated outside of meetings, or included in agenda packs for information only and not discussed.
- Greater understanding on how the Health and Wellbeing Board sits alongside other place partnerships – same conversations at different meetings e.g. Reading Integration Board, Community Safety Partnership, Safeguarding Boards and One Reading Partnership.
- Identifying opportunities for action on the determinants of health that enable everyone to live healthier lives for longer.

2.6.1 A task and finish group were set up to consider the outputs from the workshop and to develop a plan setting out the steps that the Board could take in response to the feedback received. Members of the Task and Finish Group included:

- Councillor Ruth McEwan (Former Chair of Health and Wellbeing Board)
- Dr Matt Pearce (Director of Public Health)
- Helen Clark (Associate Director of Place, BOB ICB)
- Rachel Spencer (Chief Executive, Reading Voluntary Action))
- Alice Kunjappy-Clifton (CEO, Healthwatch Reading)
- Melissa Wise (Executive Director – Communities and Adult Social Care)

4. Proposals

4.1 The Task and Finish Group helped to inform the proposals as set out below:

- A Health and Wellbeing Board Compact will be developed that defines the shared principles and jointly set expectations for how Reading Health and Wellbeing Board members will work collectively as a strategic partnership to drive meaningful action and achieve the vision of its Joint Health and Wellbeing Strategy.
- It is proposed to move from four formal HWB meetings per year to three – these will be in-person and relatively brief, being focused on reports where formal decisions are required.
- Given that the HWB is a committee of the Council, meetings will be required to take place in public, with publication of formal agendas and minutes. It is proposed that members of the public will be still able to ask formal questions, but meetings will not be live-streamed. Alternative meeting venues will be explored, to address concerns about the formality of the Council Chamber, but any venue will need to have sufficient capacity and be accessible to the public.
- Formal HWB meetings will be followed by informal strategic meetings focused on the ‘plan–do–review’ cycle in relation to agreed priorities, and on the efficacy of partnership working arrangements.
- In addition, there will be informal deep-dive workshops in between HWB meetings, which will bring in additional partners and stakeholders – these will be focused on discussing barriers and challenges related to the agreed priorities, sharing best practice and building on evidence-based approaches, as well as seeking to develop innovative solutions.
- The JSNA (State of the Borough Report) will be updated and brought back to the October HWB meeting – this will be used to identify a small list of priorities which the board wish to focus on.
- Once the priorities are agreed, subgroups will be established with developing a implementation plan which will brought back to the March meeting (or earlier if possible).
- There will be a focus on raising the public profile of the Board, including:
 - A regular newsletter for stakeholders (and possibly residents)
 - Improving online information provision about the Board, including an interactive version of the performance dashboard, links to the JSNA, PNA, and the Health and Wellbeing Strategy/implementation plan.
 - An annual conference to update stakeholders and residents on the previous year’s activities, and priorities for coming year, including workshop sessions.

4.2 Officers will work on the proposals above and bring further details of any amendments needed to the HWB’s Terms of Reference and operational arrangements to a future meeting for formal decision informed by the new priorities of the board

4.3 Whilst there will be fewer and shorter public board meetings, it is felt that the addition of workshops in-between HWB Board meetings will allow for more meaningful engagement with the public and wider partners. Furthermore, it is expected that any tasks delegated by the board to relevant sub-groups, will undertake appropriate community engagement to ensure delivery plans reflect the needs of local communities.

4.4 One of the findings from the review was the confusion amongst board members on the role and difference between the Health and Wellbeing Board and the Adult Social Care, Children Services and Education (ACE) Committee.

4.5 The HWB and the ACE Committees have distinct, though sometimes overlapping roles. HWBs should focus on strategic leadership and partnership to improve the overall health and wellbeing of a population, while the scrutiny committee should primarily review and challenge the decisions and performance of the council and other public service providers, including those related to health.

4.6 Further to the review, the following guidance has been developed to inform how each committee will operate and how the scope of their agendas will be determined:

4.7 Health and Wellbeing Board

- The key mechanism for system leaders to work together to improve the wellbeing of the population
- Set the current and future strategic direction and long-term planning to improve health and wellbeing
- For board members to hold each other to account and challenge board members on delivery of the health and wellbeing strategy
- Undertake their statutory functions including the production of a joint health and wellbeing strategy, joint strategic needs assessment, pharmaceutical needs assessment and encourage greater integration (including via the Better Care Fund)

4.8 ACE Committee

- To undertake the health scrutiny functions of the local authority under Section 244 of the National Health Services Act 2006 as amended by Sections 190 and 191 of the Health & Social Care Act 2012.
- Primarily dealing with reactive matters and focused on holding the health and wellbeing board / decision makers to account for delivery
- Proactively seeking information about the performance of local health services and institutions, challenging the information provided to it by NHS commissioners and providers of services for the health service
- Provides an overview of how well integration of health, public health and social care is working
- Scrutinise how well the health and wellbeing strategy and services are being delivered, particularly from a service user perspective
- Respond to consultations by relevant NHS commissioning bodies and relevant health service providers on substantial reconfiguration proposals.

4.9 The table below summarises the key differences between the health and wellbeing board and ACE Committee.

Health and Wellbeing Board	ACE Committee
Purpose: Strategic leadership for health, care, and wellbeing. Promote integration and prevention.	Purpose: Democratic oversight of health and care services. Hold providers and commissioners accountable.
Main Tasks: Joint Strategic Needs Assessment (JSNA) Joint Health and Wellbeing Strategy (JHWS) Influence commissioning Promote partnership working	Main Tasks: Scrutinise service changes, quality, and outcomes Review public concerns
Focus Area: Population health, prevention, long-term planning	Focus Area: Service delivery, performance, service user impact
Powers: Advisory and strategic influence. Encourage collaboration. No enforcement power.	Powers: Statutory power to request information. Compel attendance. Refer major service changes to Secretary of State.
Relationship: Collaborative partner with NHS, council and voluntary and community sector	Relationship: Independent scrutiny body of the council.
Example Actions: Develop mental health strategies. Address health inequalities. Shape healthy housing policies.	Example Actions: Review progress of objectives within health and wellbeing strategy Scrutinize A&E waiting times. Challenge hospital closure proposals.

4.10 The NHS 10 Year Plan that was published on 4 July will need to be considered alongside the recommendations outlined within this report. In particular, the plan outlines future conversations between the LGA and the Government regarding democratic oversight and accountability within the new NHS operating model and the role of mayors and reforms of local government. Furthermore, the new plan states that a neighbourhood health plan will be developed under the leadership of the Health and Wellbeing Board.

5. Contribution to Reading's Health and Wellbeing Strategic Aims

5.1. The Health and Wellbeing Board has responsibility for delivery of the objectives set-out in the [Berkshire West Joint Health & Wellbeing Strategy 2021-30](#). Having an effective Health and Wellbeing Board that seeks the best outcomes for all members, will likely lead to the delivery of the ambitions set out in the Joint Health and Wellbeing Strategy.

6. Environmental and Climate Implications

6.1. There are no general implications for the environment arising from this report; however the work of the Health and Wellbeing Board and the Joint Health and Wellbeing Strategy will likely have shared and mutual benefits given the cross-cutting ambitions to reduce levels of obesity, eat more healthily and increase levels of physical activity through active travel.

7. Community Engagement

7.1. Several officers and members have been engaged in the Health and Wellbeing Board as noted in this report. The proposals include greater community engagement and giving a voice to the seldom heard.

8. Equality Implications

8.1. Not applicable.

9. Other Relevant Considerations

9.1. Not applicable.

10. Legal Implications

10.1. The board will be required to change its terms of reference whereby current requirements are for at least four meetings per year, and this will revert to three meetings with additional workshops in between. The three meetings will involve a Part A which is open to the public and Part B which is for members of the board only.

11. Financial Implications

11.1. The proposals in this paper are unlikely to incur a significant financial costs, although a small amount of resource may be needed for venue hire should board meetings, annual conference or workshops take place at external community venues

12. Timetable for Implementation

12.1. As detailed in this paper

13. Background Papers

13.1. None

Appendices

Appendix A – LGA Feedback from the Review