Public Document Pack

Supplemental Items for Health and Wellbeing Board

Thursday, 15th May, 2014 at 9.00 am
in Council Chamber Council Offices
Market Street Newbury

Part I

Page No.

8 **Health and Wellbeing Board Development session (Rachael Wardell)** 1 - 14
Purpose: Where the Board is now and where it is going next.
(Appendix to the report attached will follow)

Andy Day
Head of Strategic Support

For further information about this/these item(s), or to inspect any background documents referred to in Part I reports, please contact Jessica Bailiss on (01635) 503124
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Agenda Item 8

Title of Report:	**The West Berkshire Health & Wellbeing Board – Three Years On – A Review**
Report to be considered by:	Health & Wellbeing Board
Date of Meeting:	15 May 2014
Forward Plan Ref:	N/a

Purpose of Report:

To review the work of the West Berkshire Health and Wellbeing Board to date and to make recommendations with a view to strengthening its current role and providing additional support to enhance its future work programme.

Recommended Action:

To approve the recommendations set out in paragraph 6.3 of the report.

Reason for decision to be taken:

A review of the West Berkshire Health and Wellbeing Board is timely, as is the potential need to strengthen its role, and accelerate progress.

Other options considered:

None, although the current arrangements could be left in place.

Key background documentation:

Health & Wellbeing Boards, one year on (Kings Fund, 2013)
Health and Wellbeing Boards, System Leaders or talking shops? (Kings Fund, 2012)

The proposals will also help achieve the following Council Strategy principle:

☒ **CSP9 - Doing what's important well**

The proposals contained in this report will help to achieve the above Council Strategy priorities and principles by:

Portfolio Member Details	
Name & Telephone No.:	Marcus Franks
E-mail Address:	mfranks@westberks.gov.uk
Date Portfolio Member agreed report:	28th April 2014

Contact Officer Details	
Name:	Nick Carter
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Implications

Policy:	This paper raises no specific policy issues but does highlight the need for the WBHWBB to review its current role and remit and in particular, whether this needs to be strengthened and if so, how this is best achieved and resourced.
Financial:	The report does not seek additional financial resources.
Personnel:	There are no personnel implications associated with this report. There is however, a need to marshal existing staff resources more effectively to ensure support for the Board.
Legal/Procurement:	None
Property:	None
Risk Management:	If the WBHWBB does not seek to strengthen its role it could be argued that there is a risk that it will not deliver the system leadership that the Government anticipated when health and wellbeing boards were established. There is also a risk that if they are not resourced effectively to fulfil their role, then expectations will not be met. Equally there is a risk that those organisations that sit on the Board are not yet ready to jointly assume the leadership role that the Government envisaged, and that further time is needed for the relationships to mature and confidence to grow before such a role can be realistically taken on board. Further development time is also required so the Board's leadership role can be further enhanced.

Is this item relevant to equality? Please tick relevant boxes	**Yes**	**No**
Does the policy affect service users, employees or the wider community and:		
• Is it likely to affect people with particular protected characteristics differently?	☐	☒
• Is it a major policy, significantly affecting how functions are delivered?	☐	☒
• Will the policy have a significant impact on how other organisations operate in terms of equality?	☐	☒
• Does the policy relate to functions that engagement has identified as being important to people with particular protected characteristics?	☐	☒
• Does the policy relate to an area with known inequalities?	☐	☒
Outcome (Where one or more 'Yes' boxes are ticked, the item is relevant to equality)		
Relevant to equality - Complete an EIA available at www.westberks.gov.uk/eia		☐
Not relevant to equality		☐

Executive Summary

1. Introduction

1.1 The purpose of this report is to review the progress that has been made over the past 3 years by the West Berkshire Health and Wellbeing Board (WBHWBB). In undertaking this review evidence has been drawn from national research conducted by the Kings Fund.

2 Findings

2.1 The WBHWBB would seem to be in a similar position to that of many Boards nationally. It is still on a journey. Some key findings (many of which are mirrored nationally) are;

- most notably at the early stages of development a large amount of time has been devoted to governance issues and organisational updates;
- more time is spent on Public Health. Less time (if any) is spent on integration or on monitoring the local health and social care economy and the interventions that might be required to guarantee its effectiveness;
- there is no real coordination of commissioning plans. Organisational timescales conflict. This leads to problems in terms of alignment to, and recognition of, the priorities within the Health and Wellbeing Strategy;
- relationships are generally good and improving;
- resourcing is problematic and greater coordination and support is required;
- membership in terms of the size of the WBHWBB seems appropriate. There is a question as to whether the composition is correct for taking on a broader and more challenging leadership role, should this be seen as desirable.

3. Conclusions

3.1 In writing this review it has been assumed that the Board wants to move to a position where it develops “an executive decision making role across the whole system of health, social care and public health, with an explicit remit to oversee commissioning of all services, produce an agreed framework for integrated care and drive through the transformation of local services”. If it is to achieve this then it is recommended that;

- its scope of activity is broadened with a more balanced agenda;
- the commissioning cycle is realigned with the Health and Wellbeing Strategy at its heart;
- that resourcing and governance arrangements for the Board are overhauled and realigned to ensure the agreed role can be delivered;
- the composition of the Board is reviewed.

Executive Report

1. Introduction

1.1 Health and Wellbeing Boards were established under the Health and Social Care Act 2013 to act as a forum in which key leaders from the health and care system could work together to improve the health and wellbeing of their population and to promote integrated services. They operated on a shadow basis for the first year, and became fully operational on 1st April 2013.

1.2 Given the West Berkshire Health and Wellbeing Board (WBHWBB) is now three years old (one in its fully established form) it was felt timely to take stock. The role of the Board has evolved during the course of the past year with new responsibilities emerging, most notably those relating to the Better Care Fund and the Care Bill. This paper reflects on these changes but, more importantly, seeks to assess the overall performance of the Board, its resourcing and future membership.

2. Background

2.1 The overall purpose of Health and Wellbeing Boards (HWBBs) is to bring together bodies from the NHS, public health and local government, including Healthwatch (as the patients' voice), jointly to plan how best to meet local health and care needs. Their principle statutory duties are;

- to assess the needs of their population through a Joint Strategic Needs Assessment (JSNA);
- to set out how these needs will be addressed through a joint Health and Wellbeing Strategy that will offer a strategic framework in which Clinical Commissioning Groups, local authorities and NHS England can make their own commissioning decisions and;
- to promote greater integration and partnership, including joint commissioning, integrated provision and pooled budgets.

2.2 The principles underlying the boards have been summarised as;

- shared leadership of a strategic approach to the health and wellbeing of communities that reaches across all relevant organisations;
- a commitment to driving real action and change to improve services and outcomes;
- parity between board members in terms of their opportunity to contribute to the board's deliberations, strategies and activities;
- shared ownership of the board by all its members (with commitment from their nominating organisations) and accountability to the communities it serves;
- openness and transparency in the way that the board carries out its work;

- inclusiveness in the way it engages with patents, service users and the public.

2.3 The Kings Fund produced a report in October 2013 entitled 'Health and Wellbeing Boards – One Year on'. Their review highlighted a number of key messages;

- relationships between CCGs and local authorities were reported as being very good and getting better despite significant organisational change.

- local authorities have shown strong leadership in establishing the boards, with most being chaired by a senior elected Member. Vice chairs often came from CCGs which was seen as positive.

- most boards have produced Joint Strategic Needs Assessment (JSNAs) and health and wellbeing strategies. Progress at a local level was seen to be very patchy as was capacity for further development.

- the highest priorities in the Health and Wellbeing Strategies of most boards concern public health and health inequalities. This is seen to reflect a high priority being given to public health but concerns that boards have yet to turn their attention to the immediate and urgent strategic challenges facing their local health and care system. The report states 'unless they do, there is a real danger that they will become a side show than a source of system leadership.'

- most boards want to play a bigger role in commissioning services for their local populations.

2.4 A number of other interesting observations were also drawn from the Review;

- size of the board – between 8-12 members is seen as the optimum although many are operating with a membership between 13 and 20. Achieving a balance between inclusiveness and board effectiveness is seen to be a struggle;

- there is increasing engagement with providers which was cited as a problem when HWBBs were operating in shadow form;

- most HWBBs had agreed their priorities, many reflecting the policy objectives outlined in the Marmot Review. Health and social care integration and issues such as out of hours care, carers, quality of services and reconfiguration were rarely mentioned;

- as HWBBs move from setting strategy to implementing, it was felt board members would need to work together to wield their power of influence and persuasion over their local health and care system given their actual powers are limited;

- few HWBBs have got to the position of considering how they measure their success;

- HWBBs are keen to play a stronger role in commissioning but suggest that they may simply endorse existing programmes of work on issues

such as integration and service reconfiguration instead of adopting them as new priorities. In other areas public health is seen to dominate the agenda with some HWBBs seeing health commissioning as the sole role of the CCGs.

2.5 In its conclusions the Kings Fund report highlights tensions between the boards' role in overseeing commissioning and promoting integration, between; high level strategic planning, as opposed to involvement in the operational management of pooled budgets or integrated services and between tackling population level health issues and driving forward service changes. In the context of continuing uncertainty, it concludes that the 152 boards are unlikely to be able to work through these complex issues with any great speed.

2.6 The report goes on to state, 'with all the policy indicators suggesting a stronger future role for health and wellbeing boards, whether they can deliver real change for local populations in their current form, is doubtful. The legal powers and duties of boards are largely permissive and discretionary, that is, CCGs and local authorities can do anything they wish providing that they are in agreement. In this guise, the boards are vehicles for partnership rather than executive decision making.'

2.7 The report suggests three possible scenarios for the future development of health and wellbeing boards;

- the first is that based on their current trajectory of development, most boards will default to a limited role of information sharing and high level coordination of plans and strategies. They will react to proposals and plans from partners, and some boards will make progress in overseeing specific public health programmes, but few, if any, will initiate or lead system-wide change;

- a second scenario is that in some places where there is little confidence in the board, local planning and decisions could be made in separate channels in the local authority or CCG, for example, the use of the Better Care Fund, or through urgent care boards. This would see the health and wellbeing boards by-passed and sidelined;

- a third scenario is that the boards develop an executive decision making role across the whole local system of health, social care and public health, with an explicit remit to oversee commissioning of all services, produce an agreed framework for integrated care and drive through the transformation of local services. This would be consistent with a policy thrust towards more integrated commissioning across the local NHS and local government.

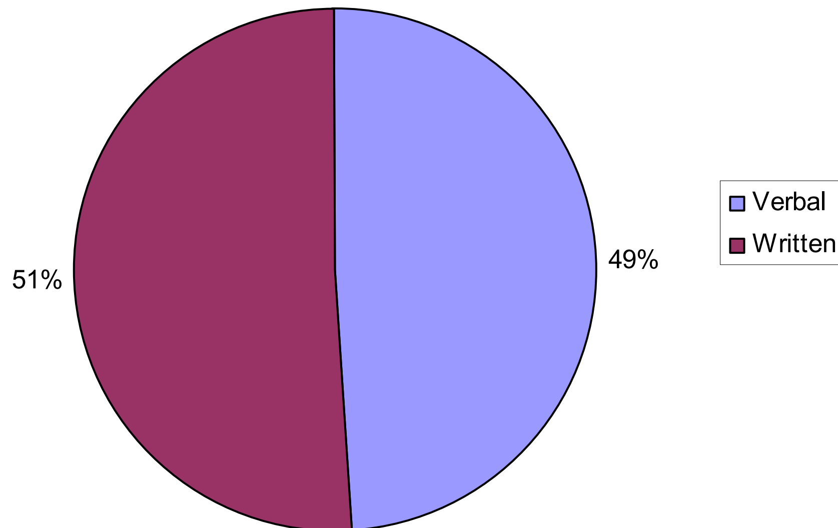
3. The West Berkshire Health & Wellbeing Board (WBHWBB)

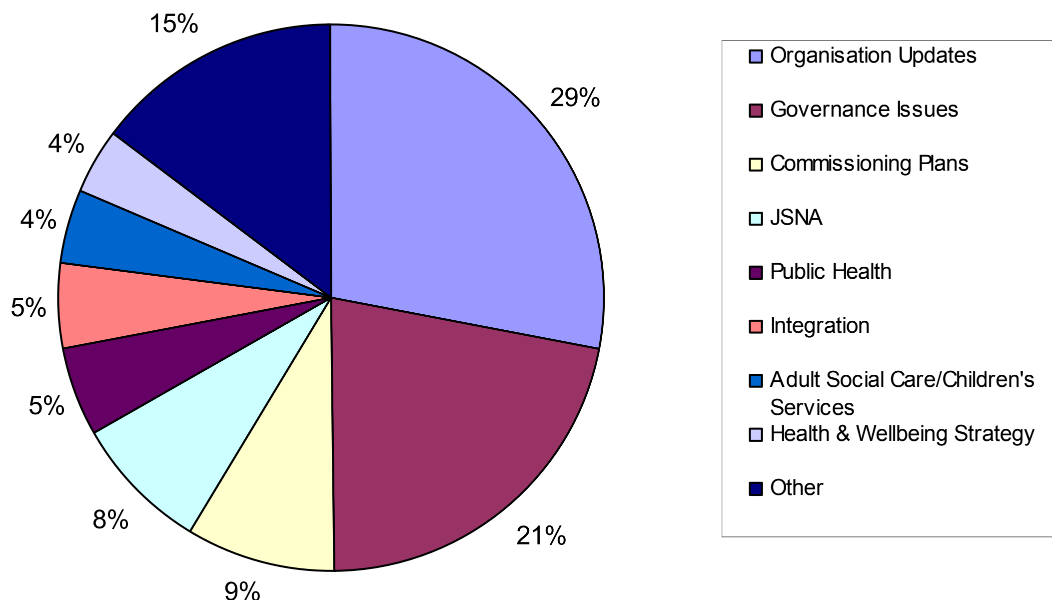
3.1. The West Berkshire HWBB (WBHWBB) has met 21 times since June 2011. An analysis of the agendas at these 21 meetings is reflected in Figs 1 and 2 and highlights the following;

- there is a reliance on verbal reports although this has diminished over time. In reality verbal reports should not be allowed since the Board is operating under the Executive Rules of Procedure;

- organisational updates and the most common item on the agenda. This is followed by discussions on governance. Taken together they account for half of all the agenda items brought to the Board. Again, these have become less prominent over time;

- public health and the JSNA are the next most frequent topics to appear on the agenda. Integration accounts for only 5% of the agenda discussions although its prominence has increased of late.





4. Key issues for the WBHWBB

4.1 There are many parallels between the findings of the national Kings Fund study and the position in West Berkshire. These can perhaps be summarised as follows;

- the agendas – and therefore discussion – at the WBHWBB are more focused on public health than the wider health and social care economy. Until very recently health and social care integration has been largely absent from the debate and has only emerged to any degree by timescales associated with the need to sign off plans relating to the Better Care Fund.

- the HWBB has agreed a JSNA and Health and Wellbeing Strategy for West Berkshire. Priorities have also been agreed although these are often driven from a Public Health perspective. Whilst both commissioners and providers have brought plans to the WBHWBB these have in effect been for sign off. The Board itself has made few, if any, changes. Whilst the various timescales attached to the sign off of the various plans do not assist coordination, there is no real sense that the priorities of the Health and Wellbeing Strategy are at the heart of the planning process and a key driver in the development of commissioners' own plans;

- relationships are good and would seem to be improving;

- there remains a major issue surrounding support for the Board. At the moment individual officers from the Council and CCG provide support by way of preparing papers. If the Board wishes to move forward on a broader front and at greater pace then a fundamental rethink is required into how the Board is supported. More dedicated resource is required preferably drawn from both the Council and CCG and if possible, other partners;

- membership – the WBHWBB currently has 9 voting members. Given the findings of the earlier research it would seem to be appropriate in terms of size but it would be timely to review the nature and scope of the membership mindful of the role that the WBHWBB wants to take, and the statutory guidance that is in place.

5. Moving Forward

5.1 Whilst the WBHWBB has matured and is now managing a wider work programme more aligned to its broader role, there remains a need to fundamentally consider the underlying aspirations of the Board. Looking at the three scenarios in paragraph 2.7 it is assumed that the third scenario is where the WBHWBB would wish to get to with a view that scenario 1 has already been achieved. Based on this the following would be proposed;

(1) Scope of activity – If the WBHWBB is to adopt a wider commissioning role and one in which there is a broader executive decision making role across the whole local system of health, social care and public health, then it would seem necessary to;

- develop a framework that allows the WBHWBB to identify key issues and pressures within the West Berkshire health and social care economy. The most practical and immediate solution to this would seem to be the adoption of some form of regular, 'overview report' which would identify the key determinants of an effective functioning health and social care economy, assess current performance against those determinants and identify where intervention is necessary/appropriate. This does not exist at present;

- the WBHWBB needs to agree its own commissioning cycle which takes priority over that of individual commissioning organisations. Commissioning activity would be driven by the priorities set out in the West Berkshire Health and Wellbeing Strategy. This is currently not in place – or at least there is no coordination;

- the Health and Wellbeing Strategy itself needs to have a wider set of priorities that are driven by more than public health outcomes, as is the case at present. The integration agenda and the issue of monitoring more closely the local health and social care economy also need to be included as priorities. Once agreed these priorities would then drive the annual work programme of the WBHWBB.

- Fig 3 seeks to demonstrate the proposed scope of activity that is being suggested and how it would be linked.

(2) Work programme

- review of JSNA as required if this is to influence the annual planning cycle then this will need to be done during the summer;

- review of West Berkshire Health and Wellbeing Strategy (WBHWBS) and more important the Delivery Plan annually and review of priorities to reflect the wider role of the Board (by early Autumn following the JSNA);

- alignment of all commissioners plans to WBHWBS. The Board need to agree a timescale for achieving this given organisational and statutory requirements; and the need to align this to budget cycles;

- clarify how the Integration Programme is to be programme managed. Seven individual integration projects have now been agreed at a West Berkshire level and the Board needs to have oversight of these and the means of taking corrective action should it be needed. More widely the Board also needs to retain an overview of the Integration work that is being undertaken at a Berkshire West level;

- development of a performance framework. The Board currently has no means of assessing whether it is being successful or not. There will be a number of strands to such a performance framework but it will be the main means by which the Board will be able to assess progress against its objectives and take corrective action where necessary.

(3) **Resourcing** – the WBHWBB does not have sufficient officer resource to achieve the role outlined in (1). Neither will a single officer or service be responsible for delivering the various elements of the proposed work programme. It is proposed to create a Health and Wellbeing Management Group which would directly support the WBHWBB. Changes would be made within West Berkshire Council to realign public health, adult social care and corporate resources to support the work of the Management Group.

(4) **Membership** – the HWBB currently has eight voting Members as follows;

- West Berkshire Council – (2) – the Leader of the Council or their nominated representative, the Portfolio Holder for Health and Wellbeing
- CCGs (2)
- Healthwatch (1)
- Voluntary Sector (1)
- Director of Public Health (1)
- Director of Communities (1)

There are also a further 2 non voting West Berkshire Council members and a number of supporting officers drawn from West Berkshire Council and the CCGs who attend the WBHWBB meetings. Overall the size of the Board would seem appropriate but if the scope of the Board's activity is to be broadened then it may be worth reviewing whether the right representatives are there. In particular, representation from Adult Social Care and Children's Services may be significant given their importance to the Health and Social Care Integration agenda. This will need to be considered alongside the statutory guidance on membership.

6. Conclusions and Recommendations

6.1 The West Berkshire Health and Wellbeing Board is still at an early stage in its development and is continuing to evolve. Many of the current issues affecting HWBBs are reflected in the National Kings Fund survey which was undertaken last year. As with virtually all boards across the country, it would be fair to say that there is still some way to go to achieve the aspirations that the Government had for HWBBs when they were established.

6.2 In looking ahead, the first issue for the Board is to consider what role it wants to take. In setting out proposals here it has been assumed that the Board would want to adapt perhaps the most expansive role described here as "having an executive decision making role across the whole system of health, social care and public health with an explicit remit to oversee commissioning of all services, produce an agreed framework for integrated care and drive through the transformation of local services." In doing so the following would need to be attended to;

- the development of a broader agenda more attuned to the wider health and social care economy in West Berkshire;

- reflecting the above, a broader set of priorities within the Health & Wellbeing Strategy (HWBS);

- the alignment of commissioning plans around the HWBS;

- effective programme management of the Health & Social Care Integration Programme both in West Berkshire, and when developed, across Berkshire West;

- additional resourcing and stronger and more cohesive governance arrangements to support the Board.

6.3 In terms of specific recommendations the following are proposed to help take the Board's work forward. No comment is made regarding the timing of these recommendations or indeed the Board's readiness to move forward as suggested;

- the inclusion of a monitoring report which highlights the status of the West Berkshire health and social care economy and where necessary, areas for the Board to intervene;

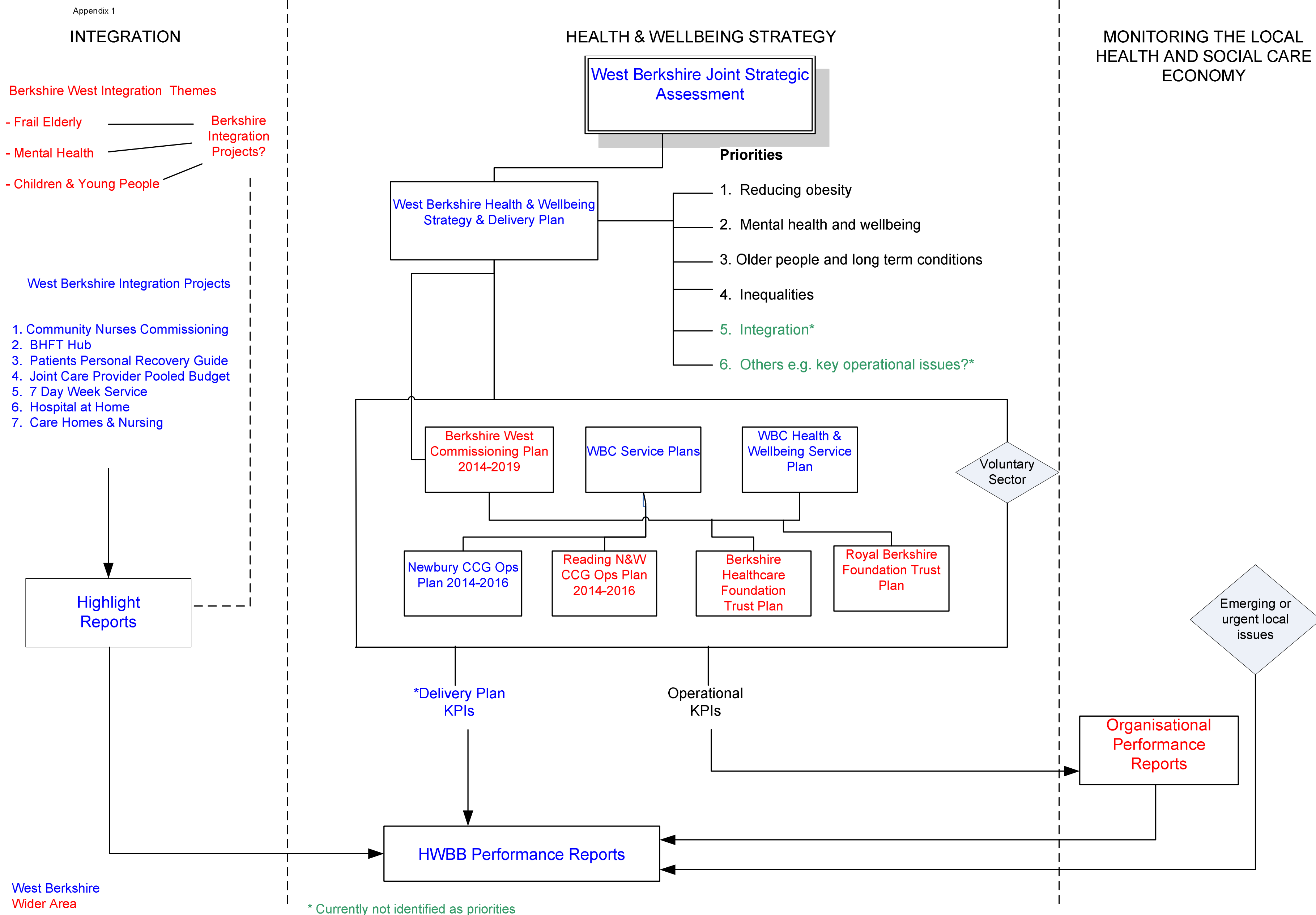
- the inclusion of a programme management approach to health and social care integration following clarity as to what is to be delivered locally in West Berkshire and across Berkshire West;

- realignment of the commissioning cycle with the JSNA and Health and Wellbeing Strategy (HWBS) being agreed by the Board in January with commissioning plans following shortly after that all aligned to the HWBS and ideally, with each other;

- the Board to review its membership in light of an expanded supporting governance;

- the resourcing of the Board and associated arrangements to be agreed between WBC and the CCGs.

Fig 3 – The proposed main strands of activity for the WBHWBB



To Members of the Health and Wellbeing Board

Future Working Arrangements and Work Programme

1. Introduction

This is a short update paper following the Board's Development Session on 30th April. The purpose of this paper is to summarise the debate at the session and to agree the next steps. A second development session is currently being arranged to agree in greater detail a way forward. The views of the Board on whether it would be useful to have the session facilitated again by the LGA would be appreciated.

2. Feedback

Set out below is a summary of the feedback from both Groups at the Development Session along with some commentary on the three development scenarios drawn from the Kings Fund report.

2.1 What has gone well ?

(1) Good relationships have developed. Partnership working is effective and attendance is good.

(2) The public are increasingly becoming engaged.

(3) There is a Health and Wellbeing Strategy in place and integration work has started.

(4) The Board has been responsive to the BCF.

(5) The Board is increasingly addressing the right topics.

2.2 What has gone less well ?

(1) Less emphasis on 'wellbeing' than health. The right partners are not in the room to debate wellbeing issues e.g. Police, Education and Housing.

(2) The lack of a real shared vision.

(3) Governance can be confusing e.g. urgent care, non-elective.

(4) The Board tends to be driven by Government dictat and external priorities, not those of the Board.

(5) Not sure the membership is yet right.

2.3 Kings Fund Scenarios

(1) Continue on current trajectory.

(2) Work on the sidelines accepting that most decision making is vested in the partners not the Board.

(3) Executive Decision Making Model

(a) Needs an honest conversation – this has not been had.

(b) A 3 year vision is required.

Option (1) was the preferred model. Option (2) was ruled out. There was a feeling that something between Options (1) and (3) might be a realistic solution.

3. **Next Steps**

Members may wish to wait until the next Development Session before deciding what to do next. However the following may be helpful action points in terms of maintaining momentum;

(1) The Council has already agreed that a Health and Wellbeing Management Group should be established. This will comprise Council Officers and hopefully officers from the CCG. Its purpose will be to support the Board, ensuring that its agreed work programme is delivered. It will be chaired by a Council Director.

(2) There would seem to be merit in starting work to align the current commissioning cycle. This work would greatly assist coordination and integration and should help place the Health and Wellbeing Strategy more centrally in the plans of the various commissioners.

(3) Developing a performance framework that helps the Board assess the relative condition of the health and social care economy. The Board has a paper regarding the performance framework on its agenda for its meeting on the 15th May. This covers the key public health and wellbeing indicators that the Board are likely to want to consider. Ideally this could be extended to cover the key local health and social care operational indicators to give the Board a sense of the overall state of the health and social care economy.

(4) Putting in place a programme management approach for the delivery of the BCF integration projects. This could then be adopted for other integration work as it is agreed.

The views of the Board on what further work should be undertaken prior to the next Development Session would be welcomed.

Nick Carter
12th May 2014