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Market Street  
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RG14 5LD

March 2016

Dear Graham, Bal and Nick,

### **Health and Wellbeing Peer Challenge 1<sup>st</sup> – 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 West Berkshire individually, and also considered the wider Berkshire West system for health and wellbeing.

The 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 West Berkshire 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.

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 looking at five headline questions for each authority, and an additional three questions that the health and wellbeing boards wanted to explore together across the wider system. The peer challenge for West Berkshire focused on the following:

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 following three questions were the ones the Berkshire West health and wellbeing system wanted to explore across the patch:

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 3 areas?
7. 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?
8. 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 West Berkshire building on the verbal feedback delivered by the team on 4<sup>th</sup> 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 West Berkshire Council and its Health and Wellbeing Board (HWB) have made whilst stimulating debate and thinking about future challenges.

### **Headline Messages**

There are strengths in a number of areas related to the work of West Berkshire's Health and Wellbeing Board and its local partners. Partners enjoy working together, they have a realistic understanding of the challenges facing the local health and wellbeing system and are closely involved with colleagues from Reading and Wokingham in work across the West of Berkshire footprint. There are examples of good and interesting practice in services for children and young people, in adult social care and in public health, where there has been a strong formal and informal collaboration across all six local authorities in Berkshire.

However, it was not clear to members of the peer challenge team how the HWB was adding value to the improvement of health and wellbeing in West Berkshire. It was not seen as the driving force for producing and implementing the strategic vision for health and wellbeing in the area, nor for its delivery. It seemed to several local partners to be reacting more to external agendas rather than shaping them and driving change. Board members want to change this situation, and may wish to review how work is planned, agendas are set and progress monitored.

Board members agreed about the importance of helping to maintain a high quality of life for the communities of West Berkshire. They could not demonstrate the direct impact of the Health and Wellbeing Strategy (HWS) on the improvement of local health and wellbeing, and they found it hard to point to other tangible outcomes, outputs or milestones that could be attributed to the work of the board. It seems to be a place where decisions and proposals developed elsewhere are brought for discussion and endorsement.

Board members were well informed about key issues, and had spent time revising the original HWS. However, the perception was that more time has been spent on Better Care, with less attention being given to the development and performance management of the HWB Strategy and the Children's Plan's health objectives. Some people we spoke to were also concerned that, with the exception of "Brilliant West Berkshire", little progress had been made in tackling health inequalities systematically.

The Council provides the Chair and the CCG provides the Vice-Chair of the HWB, demonstrating the involvement of health commissioners in the leadership of the board. There is a public health representative on the CCG. Relationships across the system are positive. Partners within West Berkshire liked working with each other, and board attendance has been good. The downside to this situation might be that difficult conversations could be avoided by the board, and this would bring with it the risk of serious disagreement later on because the early groundwork has not been done properly. However, the peer challenge team was given several examples of difficult discussions that had taken place at the board, especially in the first round of BCF Plan discussions, and this culture of open discussion and debate will need to be nurtured and supported to make sure that the board can continue to function effectively.

Several board members said that the HWB had recognized that it had lost pace and direction. There had been some earlier difficulties in organizing the work of the board and managing the agenda. Improvements were made last year which are leading to more effective planning and delivery, although there is still some catching-up to be done. The HWB should now be in a better position to become more confident about its role, clearer about its priorities, ready to move forwards at pace, and prepared to take up more of the leadership space in the local system.

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?**

Board members have a realistic understanding of its current role in providing oversight across the local health and wellbeing system, understanding local needs, developing a strategic response and providing good governance. They realise that progress has been slow and there is some catching-up to be done. Board members understand that they still have some way to go to drive change at the pace that is required given all the pressures in the health and wellbeing system.

The board now needs to express its vision in a way that can be communicated widely and used to mobilise change. The local JSNA demonstrates a sound grasp of health needs, health inequalities and service pressures in West Berkshire. The new HWS broadly reflects the priorities associated with these needs. It was noted that some additional priorities, not evidenced in the JSNA, had also been included. It is a strength that work is underway to merge the JSNA with the previous District Profile to create a District Needs Assessment and a single point of reference about population needs. There are technical and descriptive issues in relation to aligning the content of the HWS, the BCF Plan and the Children's Plan, and showing how they link together to tell a single coherent story supported by an integrated dashboard. A start has been made on the integrated narrative and the outcomes framework required. This work will need to be developed further, so that the story of better health and wellbeing in West Berkshire can be told from the perspective of "place".

More of a challenge, practically, is the limited time allocated to board meetings. Board agendas are still very full, and there may be better approaches to handling some of the business, e.g., using electronic communications to prepare the sign-off of non-contentious documents. The arrival of the BCF Plan was described to us as "taking up a lot of oxygen in the system" and has certainly reduced the time for board attention on other issues, especially prevention, so that both the wider determinants

and lifestyle issues have had only limited recent coverage. Issues relating to children and young people also seem to have been under-developed, although the recently established Children's Delivery Group should help. Some of the bigger and more important themes might be better tackled in workshops led by HWB members rather than as constrained agenda items.

The upshot of this is that there is no sense at this stage that the HWB is really able to drive forwards the wider agenda for health and wellbeing as a whole and to implement the strategic vision. It has become more of an assurance body than a strategy board. This may be because it has yet to develop the strong local narrative mentioned above for health and wellbeing improvement in West Berkshire. Without this, it will also struggle to work collaboratively on strategy development at the level of Berkshire West.

However, over the past year, the board has been making improvements. The support arrangements for programmed work are stronger. The board subgroups have been reconfigured by partners - the merger of the HWB Management Group and the West Berkshire Locality Board into the West Berkshire Health and Wellbeing Steering Group has been well received. It also serves as a conduit between the HWB and the West of Berkshire Integration Board. HWB development sessions have been regarded as helpful, and there is an appetite for more time for formative and informal discussions e.g. by alternating "public" and "not public meetings".

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

It is very evident that board members like working together. The CCG is an enthusiastic member, and this is balanced by the public health team's attendance at the CCG. As well as the core members, the police, fire and rescue and South Central Ambulance Service have been active participants in the work of the board. Trust and maturing relationships are strong enough to support some difficult conversations without the system pulling apart, and the planned development sessions will support this ambition. It is worth noting that<sup>4</sup> there was only limited awareness of the Sustainability and Transformation Plan and its implications for West Berkshire.

The HWB makes a concerted effort to include a wide range of partners to address the wider determinants of health through the bi-annual 'Wider Determinants of Health Conference'. Some key partners who are critical to tackling wider determinants of health could be involved more systematically with the revision and delivery of the HWS e.g. police and fire and rescue both link closely to the mental health elements of the strategy.

Some partners have referred to the belief that the NHS is leading the local system. This has been reinforced by the announcement of the NHS Sustainability and Transformation Plan on a wider footprint. Given the clear, integrated leadership arrangements for health across the patch, and the distinct identity of each local authority, it was likely to be the case that the CCG Federation would be felt as a strong local force. It will be important, therefore, to nurture the sense that all the members of the board have a role as systems leaders.

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

The first HWS was intended to be a comprehensive guide to local action. It is a valuable compendium of actions signposted from the JSNA. It was not always obvious in the first version of the HWS how the impact of the strategy could be

evaluated, because not all the elements were stated as outcomes, and there were some data collection issues. It wasn't always clear who was tasked with delivering which priority from HWS. The strategy was seen by some staff as an additional burden, with only limited impact on the work of frontline staff. It did not seem to be embedded into the routine work of the partner organisations, and there were different understandings of key terms such as integration and prevention. There was only limited evidence that the HWS had driven local transformation and change.

Efforts have been made in the revised HWS to give more focus to the work on improvement by programming activity over two years and expressing activity in outcome terms. The focus will be on Children & Young People and Older People in 2016 /17, and on Cardiovascular Disease and Carers in 2017/18. This additional focus will help with agenda planning. The HWB will need to make sure that there is capacity within the system to deliver the HWS, and that partners are being held to account for their part in the delivery.

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

The HWB has agreed that there should be an engagement and communication strategy, and there should be at least one whole systems engagement event per year. There are useful examples of community engagement methods in use locally e.g. online surveys, social media, pop up shop in Newbury. The Healthwatch engagement work has been well regarded. So far, communications and community engagement has been fragmented between agencies and organisations. It needs to be joined up around key themes. There is an extensive network of community groups and organisations that mean that the council is able to reach into hard to reach communities and this presents a huge advantage for partner organisations. However, there is no "agreed script" owned by the board and used by its members to reinforce key messages (this goes back to the absence of a shared storyline for health and wellbeing). The processes for deciding that engagement should take place can be opaque. It is good that there is agreement about whole systems engagement events, but if these are to take place only once a year this may not sufficiently ambitious given the imperative to drive change through engagement.

Brilliant West Berkshire is a new way of working that has recently been developed to help communities become more resilient and less reliant on public services. It involves engaging communities in some of the more deprived parts of West Berkshire and is a positive example of community engagement at a very local level. This initiative had its origins outside the HWB, and a separate board has been established to oversee Brilliant West Berkshire. It is not clear what relationship exists between the new board and the HWB, and it is possible that an opportunity for greater cohesion has been missed

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

The relationships between the HWB, the CCGs, and the Integration Board have evolved as the local and sub-regional systems have changed. They are not yet well understood, and elected members are concerned about the political oversight and

governance of the system. The HWB is a key player in this process, but it is not seen by others as the systems leader. Several people told us that they were not clear about the governance arrangements and lines of accountability between groups at the top in West Berkshire.

The West Berkshire HWB is growing in confidence and maturity as demonstrated by some difficult conversations about issues like hospital discharge, the capacity of mental health services and Child and Adolescent Mental Health. The Better Care Fund Plan has also been the subject of difficult conversations, particularly the first round of BCF Plan sign-off. It's not clear, however, that the HWB is influencing the shift of resources towards prevention and early intervention. There is a view shared by some members of the board that there isn't yet a collective understanding of what the BCF is delivering. The board is seen as having been helpful in raising difficult issues, but less good at ensuring that they will get resolved.

### **Working together across Berkshire West**

The three local authorities involved in this peer challenge asked for the team to look at the arrangements across the West of Berkshire 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.

#### **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 3 areas?**

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 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, means 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 of 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 defining and scoping joint work programmes, 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. One person commented that it would be better to suspend the presumption of integration until detailed work had been done to show that proposed changes were feasible.

An example of good practice is the long-standing arrangements for joint working in public health across Berkshire. Individual public health teams take on lead roles for specific themes across the whole Berkshire West patch. This seems to be working well, it concentrated expertise, and it makes best use of scarce resources. It would be helpful for these arrangements to be reported to the HWBs if this has not already happened. This is an example of productive collaboration that is working well in practice and it 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 Berkshire West. 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 3 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.

The new Prevention Board that is being set up across Berkshire West looks like an important initiative. It will focus on making sure that evidence-based interventions are in place (or are being developed) relating to the management of cholesterol, blood pressure, diabetes, obesity and alcohol problems. Peer team members were interested in its relationship with the HWBs, with the development of NHS Sustainability and Transformation Plans, and with the patch's public health arrangements more generally. Governance arrangements were not clear to the peer challenge team, and there was insufficient time to follow this up in more detail.

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.

All three HWBs will need to consider their individual and collective approach to major providers, and whether they can take a shared approach to building relations with them. The peer challenge team thought that the three boards might also need 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. A similar point relates to overview and scrutiny committees, which might

need to combine for specific purposes such as the review of reconfiguration proposals.

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 local needs, strategic approaches and politics. There are a number of themes where there could be advantages in cost and convenience in running local workshops for board members from all 3 HWBs. Given the confusion that can often be found between the role of HWBs and Overview and Scrutiny, it might be useful to hold a session on this particular theme. Other themes might include mental health, loneliness, physical activity and health, and spatial planning – these illustrations are all of relevance for HWBs and local health improvement.

Finally, the three HWBs and their partners will need to evaluate whether the current joint delivery arrangements have sufficient capacity and are robust enough to deliver these kinds of programmes across the Berkshire West footprint with appropriate depth and pace.

## **7. Moving forward**

In moving forward our key recommendations for West Berkshire are:

- Be clear about what you want from your HWB - is it the systems leader?
- Continue to hold difficult discussion about critical and important issues
- Generate pace and momentum to accelerate local improvement
- Strengthen performance management
- Develop and implement your communications and engagement strategy

## **8. 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 the Council wishes 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](mailto: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,

Kay Burkett

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On behalf of the peer challenge team

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