

Appendix A

Health and Wellbeing Board Governance – Supporting Information

1. Introduction

- 1.1 So that the Health and Wellbeing Board (the Board) can drive improvement against the health and wellbeing strategy and fulfil its intended role as a system leader, this report will define how its governance will be amended to enable it to be more effective.
- 1.2 A peer challenge of the three Health and Wellbeing Boards across Berkshire West was held between 1st and 4th March 2016 and made a number of recommendations for the Board to improve. West Berkshire's Board has held development sessions to determine its response to these recommendations and develop a new way of working.
- 1.3 The report covers:
 - (1) The Background:
 - (a) The findings of the peer challenge
 - (b) The development work after the peer challenge
 - (2) Next Steps
 - (a) The Board's shared narrative
 - (b) The Board's purpose
 - (c) The Board's focus
 - (d) The Board's place in the system's governance and its Sub-Groups
 - (e) The new Health and Wellbeing Strategy
 - (f) The mechanics

2. Background - Peer Challenge

- 2.1 In 2015 Berkshire West's three Health and Wellbeing Boards invited a team of Peers to conduct a peer challenge as part of the Local Government Association (LGA) support offer to local authorities.
- 2.2 The peer challenge focussed on the Boards and partners who form the local health and wellbeing system, recognising that there was a window of opportunity to put Boards in the driving seat of local system leadership whilst being able to take on a place-based approach to commissioning adult social care/health and address the wider determinants of health. The peer challenge focussed on enabling the leadership of Boards to move into this space effectively.

2.3 Presented below are the elements of focus of the peer challenge and a summary of their findings in respect of West Berkshire:

- (1) To what extent is the purpose and role of the Health and Wellbeing Board established?

The Peer team found that greater clarity was needed on what the role of the Board is. The Board needed to consider a wider agenda for its role and drive the agenda for partners to achieve a shared vision. There was not a narrative for the place, or road map for change to address the challenges for the health and wellbeing of the people of West Berkshire. The strategy did not discuss outcomes and the Board was more of an assurance board as opposed to a driver for action.

- (2) How strong is work with key partners to develop system leadership?

The Peer team found that the newly formed Health and Wellbeing Steering Group could act as a conduit between the Board and the Integration Board. They were creating space to debate key issues but the Peer Team questioned where the space was being created for decision making. They also questioned whether all partners were operating as system leaders or if there a reliance on certain partners to lead.

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

The Peer team found that it was not clear how the health and wellbeing strategy would result in outcomes. It did not impact on the day to day work of the Council or partners. Its implementation within the system was by default rather than by design. The Peer team recommended that the Board needed to be assured that there was capacity within the system to deliver the strategy and hold partners to account for their part. It was not clear who was delivering which priorities from the joint health and wellbeing strategy.

- (4) To what extent is there a clear approach to engagement and communication?

The Peer team identified that the Board could be more ambitious as it was not clear what the messages around health were and why it wanted to communicate them. There were currently many separate channels for communication and engagement and this currently happened at an organisational level between CCG, Council and partners as opposed to joined up engagement around relevant issues.

- (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 team found that it was not clear that the Board was influencing the shift of resources to prevention and early intervention. The relationship between the Board and the Integration Board was not yet clear and it was not apparent that the strategy was driving the integration agenda.

2.4 In summary, the key recommendations from the peer challenge were:

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

3. Background - Development Sessions and Mapping Exercise

3.1 To agree a way forward from the recommendations of the peer challenge, the Board held two development sessions.

3.2 On 26th May 2016 members of the Board and some officers took part in a development session which was lead by Kay Burkett (LGA Programme Manager) and Ruth Kennedy (We are the Public Office). At the session the Board:

- (1) unanimously agreed that the findings and feedback of the Peer team were valid.
- (2) wanted their mantra to be 'We don't just come together. We work together.'
- (3) wanted to listen together, deliberate together and make decisions together to drive improvement and enable community resilience. This would need pace and resourcing.
- (4) wanted to develop a shared narrative to encapsulate its ultimate goal.

3.3 Board members agreed the following actions:

- (1) To capture the shared narrative.
- (2) To check that future meeting agendas work towards the narrative.
- (3) To take conversations back to organisations and communities.
- (4) To ask the Steering Group to look at mapping and divert away unnecessary items.
- (5) To meet again in an informal format.
- (6) To join up with other leaders.
- (7) To connect to 'Brilliant West Berkshire'.
- (8) To further consider the Board's priorities.

3.4 On 7th June 2016 there was a conference on the wider determinants of health. The attendees comprised Board members, officers and other leaders of the local system. At the conference:

- (1) The majority of attendees agreed that alcohol related harm was the most important wider determinant of health.
- (2) “Community Conversations” were suggested as a way to clarify what communities feel are the most important issues.
- (3) Attendees agreed that the Health and Wellbeing Board needed a far narrower focus in order to achieve more.
- (4) The discussion identified a need for sub groups / “task and finish” groups to provide a delivery arm to the work of the Board.
- (5) The Board could change its membership or co-opt members from other public services to broaden its impact.

3.5 A second development session was held on 23th June 2016 and facilitated by Kay Burkett. At the session the Board built on the outcomes of the development session and:

- (1) considered what systems leadership means.
- (2) clarified its role, purpose and remit in relation to different elements of the health and wellbeing system.
- (3) clarified how the health and wellbeing strategy should guide the work of the system and how the Board should drive focussed work.

3.6 On 13th July 2016 and 17th August 2016, the Board’s Steering Group conducted a mapping exercise to identify where the Board sits in the system and what changes could be made to help the Board to develop. It has:

- (1) Identified a number of groups that work at strategic and operational levels
- (2) Considered reporting lines and suggested changes
- (3) Considered the ways that other statutory partners do their work and what lessons the Board can learn

4. Next Steps - The Board’s Shared Narrative

4.1 In response to the recommendations from the Peer Challenge and its development sessions, the Board had developed a shared narrative to encapsulate its reason for being and ambition:

4.2 “The Health and Wellbeing Board will enable communities to become healthier and stronger. We will listen together, deliberate together and make decisions together to close the gaps between communities that are doing well and those that need help.”

4.3 This narrative will drive all that the Board do.

5. Next Steps - The Board’s Purpose

5.1 In addition to its statutory purpose, the Health and Wellbeing Board have committed in its development sessions that it wants to be a systems leader.

- 5.2 System Leadership is a way of working that shares the burden of leadership to achieve large-scale change across communities. It goes beyond organisational boundaries and extends across staff at all levels, professions and sectors. It involves people using services, and carers, in the design and delivery of those services. System Leadership recognises that leadership is not vested in people solely through their authority or position; so it involves sharing leadership with others, coming together on the basis of a shared ambition and working together towards solutions.
- 5.3 The statutory purpose of the Health and Wellbeing Board is defined in the Health and Social Care Act 2012.
- 5.4 To be a systems leader, the Board will:
- (1) Continue to oversee the integration of health and wellbeing services.
 - (2) Drive prevention and action to decrease inequalities in health through addressing the wider determinants of health.
 - (3) Focus its work on identified needs in the system as specified in the Joint Strategic Needs assessment.
- 5.5 The role of the Board might be different for these areas of work, for example it:
- (1) has a role in endorsing some work undertaken elsewhere in the system.
 - (2) must be assured that work is being undertaken in other parts of the system.
 - (3) has a role in driving work that needs to be done in the system.

6. Next Steps - The Board's Focus

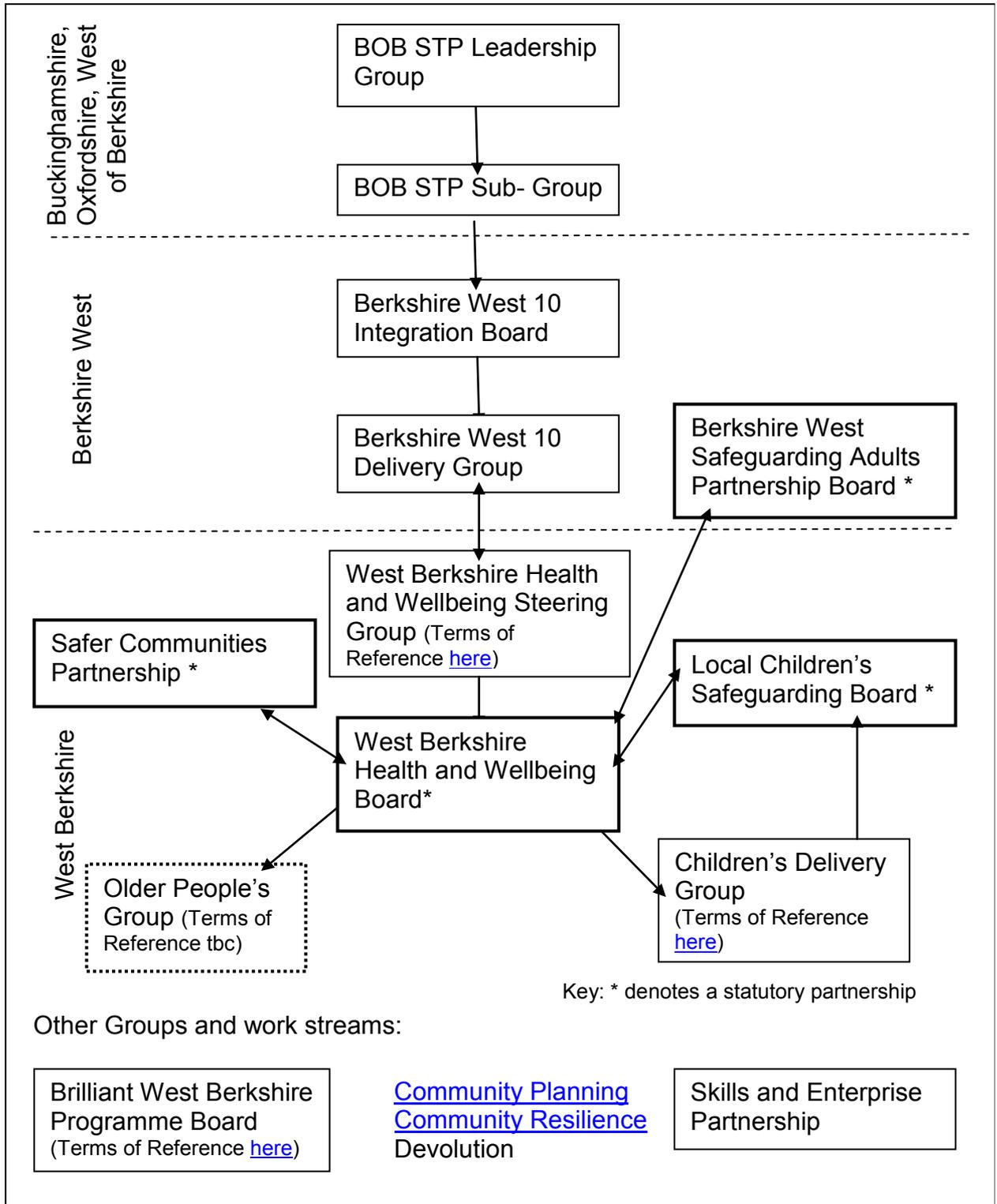
- 6.1 The Board will focus on driving improvement against a particular issue.
- 6.2 Board members expressed the view during its development sessions that it could drive measurable improvement in relation to alcohol related harm. The conference on the wider determinants of health also identified alcohol related harm as an area of work which all public sector leaders could drive improvement. The mapping exercise also identified that there was not currently a focused work stream for the prevention or treatment of alcohol related harm, although the Safer Communities Partnership did receive data on alcohol indicators. In addition alcohol treatment services are commissioned by the Public Health and Wellbeing team within the Council.

7. Next Steps - The Board's Place in the System's Governance and it's Sub-Groups

- 7.1 The Board recognises that the governance of West Berkshire's health and wellbeing system is challenging. It is multi-layered and operates at West Berkshire, Berkshire West, and Berkshire levels. The emergence of Sustainability and Transformation Plans adds another level of governance on a wider footprint: Buckinghamshire, Oxfordshire and Berkshire West.

7.2 The following diagram demonstrates the place of the Board among the many groups in this landscape:

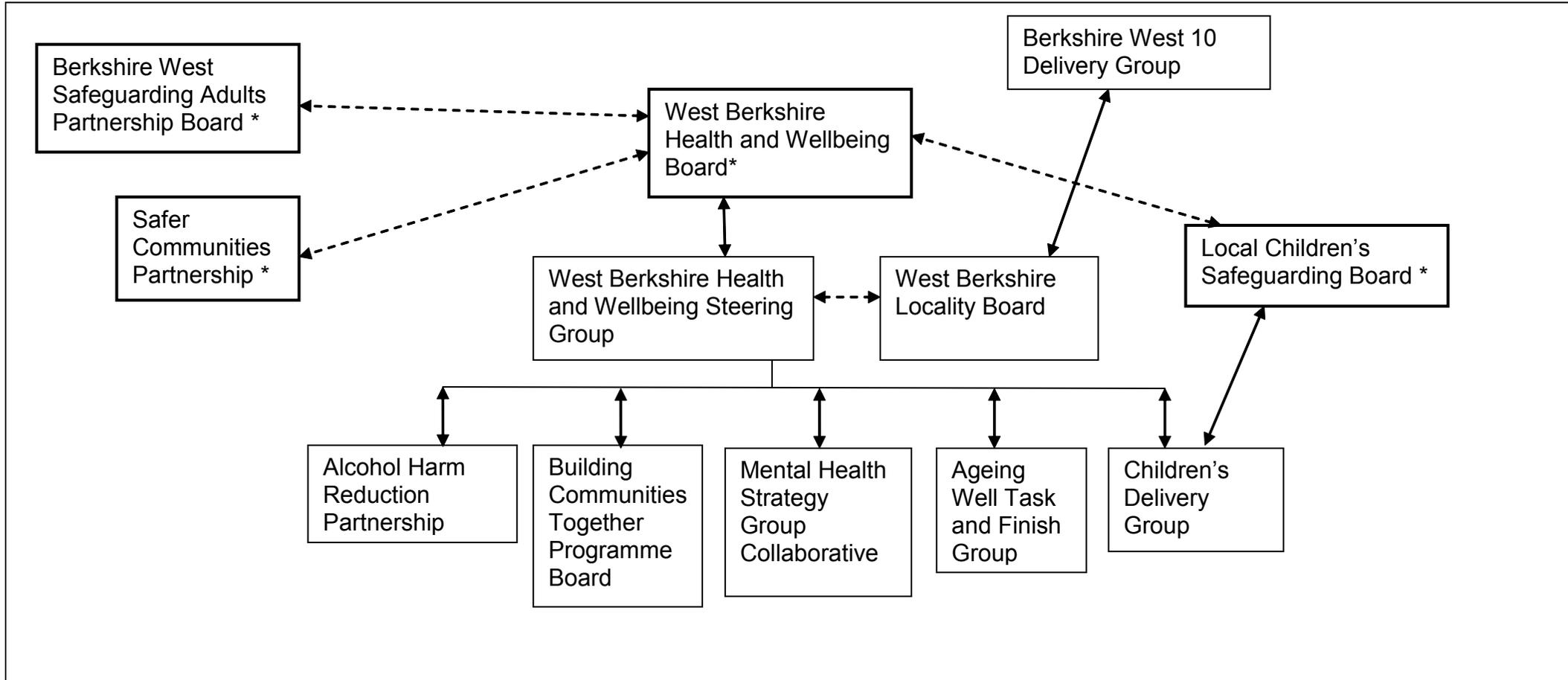
Berkshire West Health and Wellbeing System High-Level Governance



7.3 In order for the Board to be a system leader in West Berkshire it will use sub-groups to provide assurance that work is being undertaken and to drive work that needs to be done in the system.

7.4 The following diagram depicts the proposed structure at the West Berkshire level:

West Berkshire Health and Wellbeing System Proposed Governance



West Berkshire Health and Wellbeing Steering Group

- 7.5 The Steering Group was established in April 2016 from the merged Management Group to the Board and the West Berkshire Locality Board. The Management Group was responsible for setting the Board's agendas and the Locality Board made decisions about spending the Better Care Fund and examining integration projects. Nick Carter's report to the Board in January 2016 recognised that the groups had similar membership and recommended that the two groups be merged.
- 7.6 The Steering Group has met five times and has struggled to balance competing priorities on its time, for example setting the Board agendas, health and social care integration and coordinating the Better Care Fund projects.
- 7.7 The Steering Group's role in relation to supporting the Health and Wellbeing Board has also changed as a result of the Peer Challenge recommendations. Rather than just agree the agendas, it has become the Board's 'engine-room' to drive work.
- 7.8 It is proposed to separate out the Steering Group's functions in relation to the Better Care Fund and integration back to a West Berkshire Locality Board. This group will report directly to the Health and Wellbeing Board and provide the Board's link to the Berkshire West 10 Delivery Group.
- 7.9 The Health and Wellbeing Steering Group will use the other sub-groups to:
- (1) hold partners to account for delivering the health and wellbeing strategy.
 - (2) deflect agenda items away from the Board to the groups that are driving work against those priorities.
 - (3) determine whether the Board should receive information from groups regularly or by exception.
- 7.10 The Steering Group's membership will be amended to include the Chair's of the Board's other sub-groups. (For more information please see the proposed terms of reference at Appendix D.

Children's Delivery Group

- 7.11 The Board received an update report on the Children's Delivery Group (CDG) at its meeting in July 2016. It noted that the CDG oversees the strategic priorities around safeguarding children and acknowledged the good work delivered by the group.
- 7.12 The CDG is the Board's link to the Local Children's Safeguarding Board.
- 7.13 Moving forward this group needs to be aligned to the strategic outcomes for children's health and wellbeing within the Health and Wellbeing Strategy. The CDG will be invited to update its work programme.

Ageing Well Task and Finish Group

- 7.14 At its meeting in July 2016, the Board agreed to establish an Older People's Group to progress work regarding falls prevention. Current plans for this group are for it to be an Ageing Well Task and Finish Group.

Building Community Together Programme Board

- 7.15 The mapping exercise revealed that the Building Communities Together (BCT) programme is making strides against helping communities to become stronger and using community conversations.
- 7.16 There are other areas of work with communities which are not being co-ordinated in this way, such as Parish Planning and community resilience.
- 7.17 It is proposed that the BCT Programme Board be invited to become a sub-group of the Board and incorporate these other areas of work.

Mental Health Strategy Group Collaborative

- 7.18 This group is a multi-agency meeting which works as a collaborative in order to provide a strategic overview of mental health services and mental health promotion, including the planning of new activities and opportunities around mental health and wellbeing.
- 7.19 It reports to the Board and the Mental Health Forum.

8. Next Steps - Health and Wellbeing Board Strategy

- 8.1 The Health and Wellbeing Strategy has been updated to reflect the evolving ambition of the Board.
- 8.2 Instead of 11 priorities, there are now 5 strategic aims, with a number of objectives for each area.

9. Next Steps - Health and Wellbeing Board Membership

- 9.1 The membership of the Board needs to make possible its position as a systems leader. The membership of the Board currently includes its statutory members, a voluntary sector representative, an additional CCG member, members of the Executive with responsibility for relevant portfolios and a member of the shadow Executive. At present the membership does not include services which have a role to play in the wider determinants of health.
- 9.2 The Board held a discussion on 29 September 2016 and resolved that the following be invited to join the Health and Wellbeing Board:
- (a) A representative from Thames Valley Police
 - (b) A representative from Royal Berkshire Fire and Rescue Service
 - (c) A representative from a Housing Association
 - (d) Portfolio Holder for Community Resilience and Partnerships

10. Next Steps – The Mechanics

- 10.1 So that the Board itself can be accountable to its partners and the communities in West Berkshire, it will produce an annual report to summarise its activity and demonstrate delivery of the Health and Wellbeing Strategy.

- 10.2 The Board will continue to meet regularly, in public and in private, to ensure that difficult discussions are being held.
- 10.3 The Steering Group will review the Health and Social Care dashboard to ensure it is capturing the right information and aligned to the Health and Wellbeing Strategy.

11. Conclusion

11.1 The key recommendations from the peer challenge were:

- (1) Be clear about what you want from your HWB - is it the systems leader?

The work in the development sessions has revealed that members of the Board do want it to be the systems leader. They have deepened their understanding of what this means the Board will have to do. They have developed a shared narrative to unite behind and to help it to drive improvement. The Health and Wellbeing Strategy has been rewritten in the context of the Board's ambitions and will explain what outcomes are trying to be achieved.

- (2) Continue to hold difficult discussions about critical and important issues

The Board will continue to hold informal and private meetings to facilitate discussion on important issues. The Steering Group will manage the agendas of Board meetings with a view to enabling these discussions.

- (3) Generate pace and momentum to accelerate local improvement

The focus on action against alcohol related harm will target the Board's work and result in measurable improvement. By strengthening the Board's governance, it will ensure that there is a strong delivery arm to its work. By amending its membership, it will broaden its reach.

- (4) Strengthen performance management

The Steering Group will have a role to play in ensuring that the Board's sub-groups are delivering the Strategy. It will identify the information that the Board needs to see and will hold its sub-groups and partners to account for their work. The Steering Group will also review the Health and Social Care dashboard to ensure it is capturing the right information and aligned to the Health and Wellbeing Strategy.

- (5) Develop and implement your communications and engagement strategy

The updated strategy and the incorporation of the Building Communities Together Programme Board will ensure that Community Conversations form the basis of community engagement. These will be used to identify the priorities of residents to ensure that the messages coming from the Board are relevant.

12. Recommendations

In summary the recommendations arising from this report are:

- 12.1 That the Board recognise the shared narrative in paragraph 4.2 as it's overarching ambition.
- 12.2 That the Board recognise that its role is to be a system leader and understand that this role informs the way it approaches its work.
- 12.3 That in addition to the strategic priorities, the Board focuses on driving improvement on alcohol related harm.
- 12.4 That the Board restructure its governance and create the sub-groups as outlined in section 7.
- 12.5 That the Board alters its membership in accordance with paragraph 9.2.
- 12.6 That the Board commits to produce an annual report.

13. Consultation and Engagement

- 13.1 The following have been consulted in the preparation of this report:
- 13.2 Andy Day (Head of Strategic Support), Lesley Wyman (Head of Public Health), Andrea King (Head of Prevention and Developing Community Resilience), Nick Carter (Chief Executive), Councillor Graham Jones (Chair of the Health and Wellbeing Board) , Dr Bal Bahia (Vice-Chair of the Health and Wellbeing Board), Corporate Board, Health and Wellbeing Steering Group, Susan Powell (Safer Communities Partnership Team Manager), Sabrina Kelly (LSCB Business Manager), Janet Duffield (Economic Development Officer)

Background Papers:

Subject to Call-In:

Yes: No:

The item is due to be referred to Council for final approval



Wards affected: All

Strategic Aims and Priorities Supported:

The proposals will help achieve the following Council Strategy aim(s):

- BEC – Better educated communities**
- SLE – A stronger local economy**
- P&S – Protect and support those who need it**
- HQL – Maintain a high quality of life within our communities**
- MEC – Become an even more effective Council**

The proposals contained in this report will help to achieve the following Council Strategy priority(ies):

- BEC1 – Improve educational attainment**
- BEC2 – Close the educational attainment gap**
- SLE1 – Enable the completion of more affordable housing**
- SLE2 – Deliver or enable key infrastructure improvements in relation to roads, rail, flood prevention, regeneration and the digital economy**

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- P&S1 – Good at safeguarding children and vulnerable adults**
 - HQL1 – Support communities to do more to help themselves**
 - MEC1 – Become an even more effective Council**

The proposals contained in this report will help to achieve the above Council Strategy aims and priorities by strengthening the governance to support the delivery of the health and Wellbeing Strategy.

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