Delivering the Health and Wellbeing Strategy – Governance Arrangements for the Health and Wellbeing Board

1. Introduction

1.1 The Health and Wellbeing Board (the Board) discussed a governance paper at its meeting on 29th September 2016 and ratified this publicly on 24th November 2016. This followed on from recommendations made as part of the Peer Challenge in March 2016 and a series of meetings and workshops set up to consider the Peer Challenge's recommendations.

1.2 On the 29th September 2016 the Board resolved;

(1) to invite the Portfolio Holder for Partnerships and Community Resilience, a representative from Thames Valley Police, Royal Berkshire Fire and Rescue Service and a representative from the Housing Sector (Sovereign Housing) to become Board Members;

(2) the current Steering Group to be split into two groups, one to be named the West Berkshire Locality Integration Board and one to remain the Steering Group;

(3) to review the governance arrangements with regard to the Steering Group and its sub-groups.

1.3 A second governance paper was discussed on 26th January 2017 set out in a little more detail how the governance arrangements for the Board, and in particular the Steering Group, will work to deliver measurable outcomes against the Health and Wellbeing Strategy.

1.4 On the 26th January 2017 the Board agreed;

(1) To approve the new format of Health and Wellbeing Board agendas;

(2) To approve the membership and terms of reference of the Health and Wellbeing Steering Group;

(3) To approve a new reporting framework/ structure of sub-groups.

1.5 The purpose of this report is to summarise in one document the context for the changes that the Board has made to its governance arrangements to explain the framework that has been put in place for the Health and Wellbeing Strategy to be delivered.

2. Background

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

(1) Be clear about what you want from your Board - 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

2.4 The full list of recommendations arising from the Peer Challenge are included in Appendix B.

2.5 To agree a way forward from the recommendations of the peer challenge, the Board held two development sessions, a 'Wider Determinants of Health' conference and the Steering Group conducted a mapping exercise to identify current activity working to deliver the Health and Wellbeing Strategy.

2.6 As a result of this development, the Board has agreed a shared narrative to underpin its work and has identified areas of focus. These are outlined in detail in the Health and Wellbeing Strategy.

2.7 The Board has also redefined its role in recognition of its status as a group of system leaders. As such, other system leaders (representatives from Thames Valley Police, Royal Berkshire Fire and Rescue Service and the housing sector - Sovereign housing) have been invited to become Board members.

2.8 The Health and Wellbeing Board's Terms of Reference are included in Appendix C.

3. Board meetings

3.1 The Board has begun to alternate its meetings being held in public and in private in order to respond to the Peer Challenge recommendation outline in 2.3(2) above. Private meetings do not take decisions.

3.2 In terms of the agenda for Board meetings, the following structure is appropriate given where the Board has got to and the issues that need to be considered;

Systems Resilience

- System dashboard – as at present, although it should perhaps be broadened to reflect the wider role that the Board has now assumed. The 'system' is now somewhat broader than it was 12 months ago.

Programme Management

- Report from the Steering Group on status of current activity. This would take the form of exception reporting and would take a 'system wide' perspective.

- Medium Term Objectives - update on progress with the five objectives. It may be appropriate to conduct 1-2 'deep dives' at each meeting where the project manager is asked to provide a 20 to 30 minute update on where they are.

- Short term priorities - given these have a 12 month timescale it is proposed that these are the subject of discussion at each meeting of the Board.

- Health and Social Integration – this would take the form of a progress report from the Locality Integration Board and would include an update on integration matters at a Berkshire West and BOB level.

Strategic Matters

- There will be a range of topics that would be included here including Health and Wellbeing Strategy, JSNA, BCF Plans and those strategic and operational plans which individual organisations might consider as requiring consideration by the HWBB. The Steering Group would consider what the Board needs to debate and when.

Consultation and Communication

- It is proposed that this is made a separate item on the HWBB agenda with a specific Forward Plan being prepared on what should be communicated by whom and when.

4.   Steering Group

4.1   The Board is directly supported by a Steering Group which was formed through the combination of the West Berkshire Locality Board and the Board's Management Group. With a broadening of the Board's remit it is proposed that both are now separated. Since the combination of both of the previous groups, the agenda of the Steering Group has been dominated by health and social integration matters and this will make the new Steering Group unworkable going forward.

4.2   Steering Group agendas will to a large degree be reflected by those of the Board. Programme/performance management around the five objectives and two priorities will be the primary activity along with effective Forward Planning and continued support for the system dashboard. The Steering Group will need to consider how it provides the necessary impetus and support to deliver on the need to enhance the Board's communication activities.

4.3   The terms of reference for the Steering Group are in Appendix D.

5.   Sub-Groups

5.1   It is proposed that to aid its system leadership role the Board continues to be supported by a number of sub groups/partnerships. These would all report through the Steering Group. Fig 1 sets out the proposed structure of this arrangement and how it relates to wider reporting arrangements across Berkshire West, Berkshire and Buckinghamshire, Oxfordshire and Berkshire West (BOB). Clearly, the emphasis for the Health and Wellbeing Board needs to be on the delivery of its objectives and priorities and the supporting partnership structure needs to reflect that.

5.2   **West Berkshire Locality Integration Board** – this Board is effectively the Programme Board for health and social care integration in West Berkshire. It links through to arrangements across Berkshire West which in turn, now link to the sub regional Sustainability and Transformation Plan which covers a Buckinghamshire, Oxfordshire and Berkshire West footprint. Health and social care integration is focused around three themes; elderly frail, children's services and mental health. Much of the funding has been around the Better Care Fund where the main focus has been on reducing non elective admissions to the acute hospitals and reducing delayed transfers of care from the acute hospitals. As stated in the Peer Review, the BCF has dominated the HWBBs past agenda.

The BCF also skews discussion around integration, a topic which goes beyond the current focus on the acute sector. There is a need for the Locality Board to lead a broader integration agenda at a local level and for that agenda to perhaps be framed in the context of the three themes mentioned above.

5.3   **Children's Delivery Group** – this is an existing group and will be responsible for the aim in the Health and Wellbeing Strategy to 'give every child the best start in life'. It includes multi-agency representation and is chaired by the Head of Prevention and Community Resilience. The Board will need clarity through the Steering Group on what work is already being done in support of this aim and what opportunities exist for improving integration to bring additional benefit. The Children's Delivery Group has a number of additional roles, including support for the LSCB but the purpose of this paper is to clarify its role in respect of the HWBB.

5.4   **Ageing Well Partnership** – this group will be accountable for delivering against the aim to 'help older people maintain a healthy, independent life for as long as possible' and will focus initially on falls prevention. It includes multi-agency representation and is chaired by the Programme Manager in the Public Health team. This group will need to develop a whole system, cross organisational Falls Prevention Pathway in West Berkshire.

5.5   The **Alcohol Harm Reduction Partnership** has been set up to address the short term priority of reducing alcohol related harm across the District for all age groups, under the aim to 'reduce premature mortality by helping people to live healthier lives'. The Partnership will conduct a needs assessment and develop an alcohol strategy.

5.6   **Skills and Enterprise Partnership** – this Partnership was established under the former Local Strategic Partnership arrangements and currently acts as an information sharing platform between local employers. There is scope to redefine the Partnership's remit to bring it into line with the aim to 'build a thriving and

sustainable environment in which communities can flourish'. There is an opportunity for the Partnership to take a role in supporting the health and wellbeing system, in addition to the Districts residents.

5.7   The **Mental Health Collaborative** works 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. The Collaborative will develop a strategy and engage service users.

5.8   **Building Communities Together Partnership**– it is being proposed to merge the Safer Communities Partnership with the Building Communities Board to create this new Partnership. The Peer Review made mention of the need for the Board to become more sighted on the Building Communities Together Programme and this would help facilitate it. This Partnership would focus on the Board's priority building stronger community resilience and would be directly responsible for delivering on the Board's priority of enhancing community conversations. The Safer Communities Partnership has a statutory remit which needs to be retained. This will include the creation of a multi-agency team to help support the work of the Board.

5.9   Sub-groups of the Board will be responsible for developing action plans that will achieve the aims and underlying objectives set out within the Health and Wellbeing Strategy. Progress will be reported to the Steering Group and through to the Board on a regular basis.

Fig 1. The proposed reporting framework for the Health and Wellbeing Board from April 2017
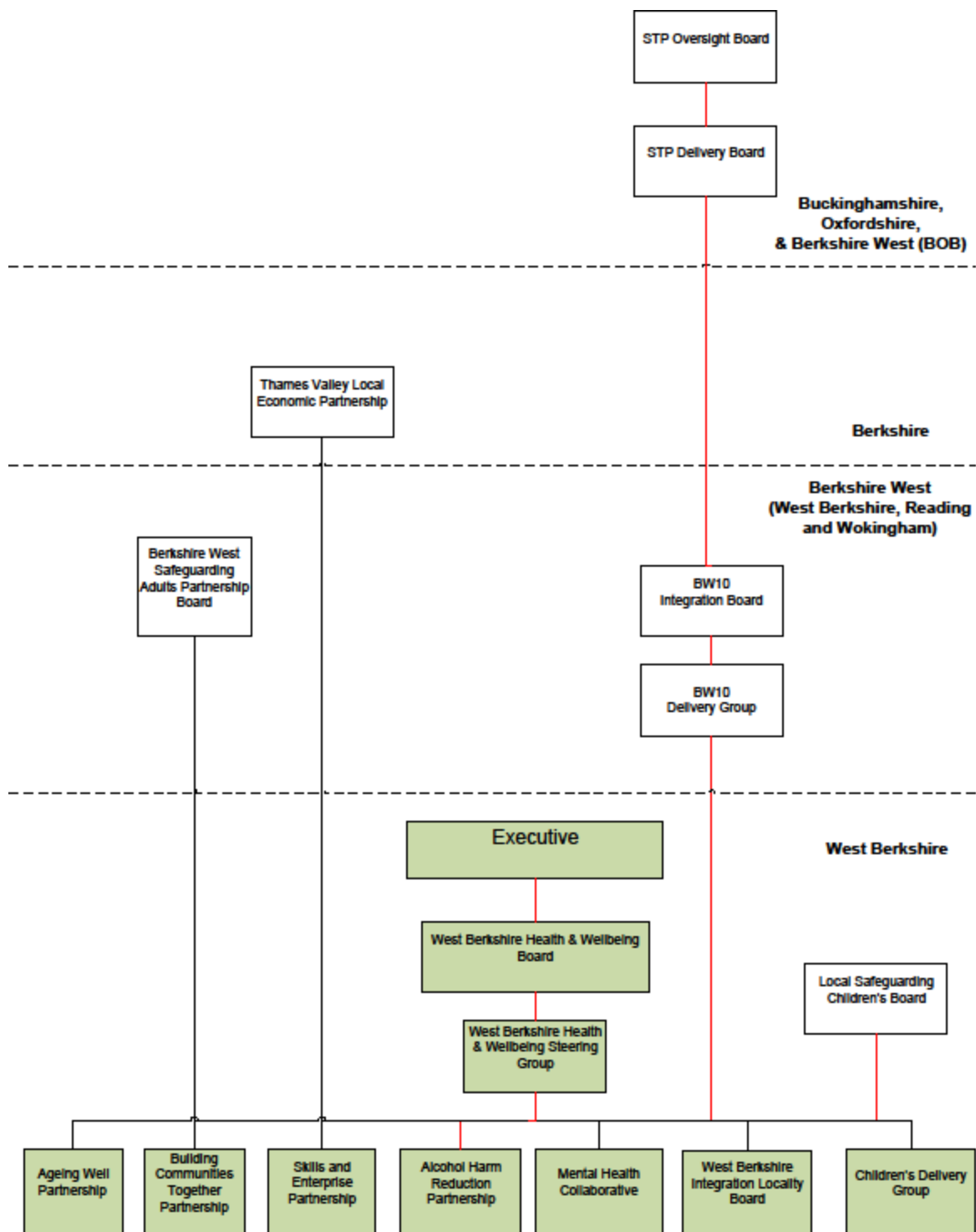
A **red** line demonstrates accountability; a **black** line demonstrates a reporting line.

6.   Conclusion

6.1   Since the Peer Challenge in March 2016, a number of partners have been involved in the development of a refreshed strategy and governance framework. There has been a desire to ensure that the changes made are thought-through so that focus can be diverted to achieving outcomes, rather than thinking about processes.

6.2   The Board will review the effectiveness of these new ways of doing things and publish its findings in an Annual Report, to be published in 2018.

7.   Consultation and Engagement

7.1   Corporate Board, Operations Board, the Health and Wellbeing Board and the Health and Wellbeing Steering Group have been consulted and participated in the design of the new governance and reporting framework.

Background Papers:

Health and Wellbeing Governance (presented to the Health and Wellbeing Board on 24 November 2016)

Governance Arrangements for the Health and Wellbeing Board (presented to the Health and Wellbeing Development Session on 26 January 2017)

Subject to Call-In:

Yes: ☐   No: ☒

The item is due to be referred to Council for final approval	☐
Delays in implementation could have serious financial implications for the Council	☐
Delays in implementation could compromise the Council's position	☐
Considered or reviewed by Overview and Scrutiny Management Commission or associated Task Groups within preceding six months	☐
Item is Urgent Key Decision	☐
Report is to note only	☒

Wards affected: n/a

Strategic Aims and Priorities Supported:

The proposals will help achieve the following Council Strategy aims:

☒   **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 priorities:

☒   **BEC1 –   Improve educational attainment**
☒   **BEC2 –   Close the educational attainment gap**
☒   **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 ensuring there is a framework under which the aims in the Health and Wellbeing Strategy can be delivered.

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