

Appendix A:

Draft Brief for LGA Review of the West Berkshire Health and Wellbeing Board

1. Introduction

- 1.1 The West Berkshire Health and Wellbeing Board is looking to undertake a review of its governance arrangements and working practices in order to increase its overall effectiveness in improving the health and wellbeing of the local population and reducing health inequalities. The Local Government Association has been asked to facilitate the review.

2. Background

- 2.1 The Health and Social Care Act 2012 requires all top tier local authorities (i.e., unitary and county councils) to establish a Health and Wellbeing Board (HWB). West Berkshire Council (WBC) is a unitary authority with a population of 161,400 (*ONS Census, 2021*). Unlike most top tier local authorities, due to its relatively small size and population, it sits at the 'locality' level within the health system hierarchy. Together, West Berkshire Council, Reading Borough Council and Wokingham Borough Council form the Berkshire West 'Place', which in turn sits within the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System.

Membership

- 2.2 Section 194 of the Health and Social Care Act 2012 sets out a minimum HWB membership of:
- at least one elected Member of the local authority;
 - at least one representative from each integrated care board in the local authority's area;
 - the local authority's director of adult social services (DASS), director of children's services (DCS) and director of public health;
 - a representative from the local Healthwatch.
- 2.3 The Act sets out that further board members may be appointed by the local authority in consultation with the board, and that the board itself may appoint such additional board members as it thinks appropriate.
- 2.4 Membership of the West Berkshire Health and Wellbeing Board is set out in [Part 6.3 of the Council's Constitution](#). Current membership is as follows:
- WBC Leader of Council;
 - WBC Executive Portfolio Holder for Adult Social Care and Public Health
 - WBC Executive Portfolio Holder for Culture, Leisure, Sport and Countryside
 - WBC Executive Portfolio Holder for Children and Family Services;
 - WBC Conservative Group Spokesperson for Health and Wellbeing;

- WBC Green Group Spokesperson for Health and Wellbeing;
- WBC Executive Director – Adult Social Care;
- WBC Executive Director – Children and Family Services;
- WBC Service Director, Communities and Wellbeing;
- WBC Public Protection Manager, Public Protection Partnership;
- Director of Public Health for Reading and West Berkshire;
- two representatives of the Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board;
- a representative of Healthwatch West Berkshire;
- a representative of the Berkshire Healthcare NHS Foundation Trust;
- a representative of the Royal Berkshire NHS Foundation Trust;
- a representative of the arts & leisure sector in West Berkshire
- a representative of Sovereign Network Group (housing association);
- a representative of Thames Valley Police;
- a representative of the voluntary sector.

2.5 A list of current members can be found on the [West Berkshire Council website](#).

Statutory Responsibilities

2.6 The principal statutory responsibilities of the Health and Wellbeing Board are set out below.

2.7 ***To produce a Joint Strategic Needs Assessment (JSNA)*** - The JSNA uses data and evidence, to highlight the current and future health needs of the whole community. It articulates how these vary for different groups, including any health disparities affecting disadvantaged or vulnerable groups. It also considers a wider range of factors that influence the health and wellbeing of individuals, families and local communities, which are also known as the 'building blocks', 'wider determinants of health'. Further information is available on the [West Berkshire Observatory](#).

2.8 ***To produce a Joint Local Health and Wellbeing Strategy*** - This is a long-term strategy for meeting the health and wellbeing needs of the local population, as identified in the JSNA. It sets out how professionals across health and social care will work together to improve the health of the population. The current [Joint Health and Wellbeing Strategy](#) was adopted in December 2021 and is based around five health and wellbeing priorities:

1. Reduce the differences in health between different groups of people
2. Support individuals at high risk of bad health outcomes to live healthy lives
3. Help families and children in early years
4. Promote good mental health and wellbeing for all children and young people

5. Promote good mental health and wellbeing for all adults

- 2.9 Changes to the health landscape following the enactment of the Health and Care Act 2022 mean that there is a new emphasis on the design and delivery of services at 'place' level. In anticipation of this change, the current strategy was prepared jointly with Reading Borough Council and Wokingham Borough Council. The strategy focuses on areas where partnership action adds value and will have a shared direction, but with local delivery plans that reflect the unique challenges and priorities of each local authority area.
- 2.10 **To develop a Pharmaceutical Needs Assessment (PNA)** - Health and Wellbeing Boards are required to produce a PNA every three years. They consider what pharmaceutical services are currently provided across the area, they have regard to circumstances in which the current position may materially change, and they identify any current and future gaps in provision. The current [PNA](#) was adopted in September 2022.
- 2.11 Health and Wellbeing Boards are required to keep their PNA under review and take account of any changes in the provision of pharmaceutical services within their area. A [protocol](#) for assessing planned changes in provision of pharmaceutical services was adopted by the Board in April 2023. This delegates decision making to the PNA Sub-Committee where there is not a suitable HWB meeting, but with all Board members being notified of proposed changes and with Sub-Committee decisions being reported to the next Board meeting.
- 2.12 **To encourage greater integration and partnership working** - Health and Wellbeing Boards are responsible for encouraging integrated working between health and social care commissioners. There are various ways this can happen, but a key mechanism is via the [Better Care Fund](#).

Health and Wellbeing Board Steering Group

- 2.13 The Board is supported by a Steering Group, which ensures effective forward planning, agenda preparation, performance and programme management, and delivery of the Board's decisions.
- 2.14 The specific objectives of the Steering Group are to:
- Oversee the work of, and receive reports from the HWB's Sub-Groups;
 - Undertake effective forward planning of the HWB's work programme and agendas for its public meetings, workshops and conferences, ensuring that its priorities are delivered, and statutory duties are discharged;
 - Monitor the implementation of decisions taken by the HWB;
 - Oversee any budgets/financial arrangements (not specifically assigned elsewhere) on behalf of the HWB;
 - Work with the Shared Public Health Team to produce the JSNA for agreement by the HWB, identifying current and future health and social care needs of the local population so as to inform local decision making;
 - Liaise with the Director of Public Health regarding the preparation of the Joint Local Health and Wellbeing Strategy for agreement by the HWB, to

identify actions to meet the health and social care needs of the local population, as identified within the JSNA;

- Liaise with the Director of Public Health regarding the preparation of a Delivery Plan for the Strategy, with prioritised programmes of actions to achieve the Strategy's priorities and objectives;
- Ensure that effective arrangements are put in place to manage implementation of the Delivery Plan, and develop and maintain a suitable reporting mechanism to facilitate the tracking of performance in delivering actions and achievement of targets and outcomes;
- Provide regular updates to the HWB on progress in implementation of the Delivery Plan, highlighting any performance exceptions.

2.15 Membership of the Steering Group comprises:

- HWB Chairman and HWB Vice Chairman (the HWB Vice Chairman chairs meetings of the Steering Group);
- WBC Chief Executive; and
- Chairman/lead officer of each of the Sub-Groups;

plus (if not included above):

- WBC Service Director - Communities and Wellbeing;
- WBC Consultant in Public Health;
- a representative from Healthwatch West Berkshire; and
- a representative from the Voluntary and Community Sector.

2.16 Steering Group meetings generally take place two weeks ahead of Board meetings.

2.17 Annex A provides a schematic of the HWB governance arrangements.

3. Current Strengths

3.1 There are a number of strengths on which future improvements can build. These include:

- Diverse HWB membership, with good representation from external partners;
- An active range of sub-groups, several of which are led by external partners;
- Hot focus sessions provide an opportunity to undertake deep dives to explore key issues/challenges;
- The Board has been responsive to emerging issues, such as the Covid-19 pandemic, and the cost of living crisis;
- There has been an increased focus on prevention, with the development of a Community Wellness Outreach Programme in partnership with the ICB;
- The Berkshire Health Observatory provides a comprehensive, local public health database that is open to all;

- The annual Health and Wellbeing Board Conference attracts delegates from a wide range of organisations, as well as interested residents;
- Good engagement from local residents via public questions at meetings.

4. Drivers for Change

4.1 There are a number of key drivers for change, which have prompted this review – these are summarised below:

- The challenge faced by small unitary authorities of needing to service the same number of meetings and partnerships as larger authorities;
- Uncertainty around the interface between ‘system’, ‘place’, ‘locality’ and ‘neighbourhood’ and lack of visibility of decision making across tiers;
- Concerns regarding centralisation of decision making within the ICB, rather than delegating decision making to the lowest possible level;
- The Board is not sufficiently strategic in its approach and is not actively driving improvements in public health to the extent that it should;
- Members feel that most decisions taken by the Board are ‘rubber-stamping’ plans or annual reports;
- The Board is not sufficiently informed by data/evidence and does not have sufficient oversight of the JSNA;
- The Delivery Plan lacks focus, actions are not all SMART, and it is too granular;
- There is a need for more active engagement by external HWB members;
- There is a need to review membership to ensure that the right organisations and people are involved;
- Governance arrangements are complex, with a large number of sub-groups and associated meetings;
- The Board does not feel that it has sufficient oversight of the work of its sub-groups;
- Sub-groups do not feel empowered and lack dedicated funding to deliver additional work.

4.2 Also, a recent [Corporate Peer Challenge](#) indicated that West Berkshire would benefit from some focussed work to better understand the links and joint working opportunities between the Integrated Care Board, the Health and Wellbeing Board, and the Locality Integration Board to ensure that the right colleagues are in attendance and that there is a coherent vision for strategic services and outcomes for children.

5. Next Steps

5.1 Whilst our current governance structure supports partnership working, it is timely to undertake a review to ensure the governance arrangements support the delivery of our joint priorities and objectives, and remain fit for purpose.

- 5.2 Several key lines of enquiry have been identified that will be used as a basis to inform the LGA review and therefore may be subject to change:
- 1) How can we strengthen the role of the Health and Wellbeing Board so that it can oversee improvements to population health?
 - 2) What does effective governance and accountability look like for the Health and Wellbeing Board and how should it operate/link across the different geographical footprints e.g. neighbourhood, place and system?

Annex A: Health and Wellbeing System Governance

