

# Response to the LGA Review of the Health and Wellbeing Board

**Report being considered by:** Health and Wellbeing Board

**On:** 10 July 2025

**Report Author:** Gordon Oliver

**Report Sponsor:** Dr Matt Pearce

**Item for:** Decision



## 1. Purpose of the Report

This report presents the findings of the Local Government Association (LGA) review of the West Berkshire Health and Wellbeing Board, and sets out proposals for how the Board could revise its governance arrangements and working practices in response to the feedback received.

## 2. Recommendation(s)

For the Board to:

- Endorse the proposed changes to its governance arrangements and working practices as set out in Section 6 of this report and agree that these be referred to Council for final approval.
- Be informed that the proposed changes will require amendments to the Council's Constitution, the final wording of which will be delegated to the Monitoring Officer in consultation with the Constitution Review Task Group.

## 3. Implications

Implication	Commentary
<b>Financial:</b>	There are no financial implication for West Berkshire Council arising from this report, since all recommendations can be delivered from existing budgets.
<b>Human Resource:</b>	There are no HR implications for West Berkshire Council arising from this report, since all recommendations can be delivered with existing staff resources.
<b>Legal:</b>	There are no legal implications for West Berkshire Council arising from this report. The Health and Wellbeing Board will continue to discharge its statutory obligations as before.

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<b>Risk Management:</b>	There are no additional risks for West Berkshire Council arising from this report.			
<b>Property:</b>	None			
<b>Policy:</b>	If implemented, the approach outlined in this report will support the aims and objectives of the NHS Long-Term Plan and the Berkshire West Health and Wellbeing Strategy.			
	<b>Positive</b>	<b>Neutral</b>	<b>Negative</b>	<b>Commentary</b>
<b>Equalities Impact:</b>				
<b>A</b> Are there any aspects of the proposed decision, including how it is delivered or accessed, that could impact on inequality?		X		This report does not propose any decisions with significant equality implications. Impacts will be considered and assessed as and when specific future actions are agreed by the Health and Wellbeing Board and its partners.
<b>B</b> Will the proposed decision have an impact upon the lives of people with protected characteristics, including employees and service users?		X		This report does not propose any decisions with significant implications for people with protected characteristics. Impacts will be considered and assessed as and when specific future actions are agreed by the Health and Wellbeing Board and its partners.
<b>Environmental Impact:</b>		X		There are no environmental impacts arising directly from this report.

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<b>Health Impact:</b>	X			Although there are no direct health impacts arising from this report, if adopted the proposals will help to ensure that the Board adopts an evidence based approach to identifying priorities for action. Also, by developing a strategic partnership that focuses on a limited number of priorities at any given time, this will help the Board to 'move the dial' on addressing health inequalities and improving population health
<b>ICT Impact:</b>		X		There are no ICT impacts arising directly from this report.
<b>Digital Services Impact:</b>	X			The report proposes to improve online information provision about the Health and Wellbeing Board (possibly through a micro-site), including an interactive version of the performance dashboard, links to the JSNA, PNA, and the Health and Wellbeing Strategy and associated delivery plan.
<b>Council Strategy Priorities:</b>	X			The proposals will support objectives under Priority 2 of the Council Strategy, including, particularly:  2A. Prioritise support for those who need it most  5B. Help our residents to lead fulfilled and active lives
<b>Core Business:</b>		X		This is considered BAU activity.
<b>Data Impact:</b>		X		There are no data impacts associated with this report.

<b>Consultation and Engagement:</b>	The following have been consulted on the report: <ul style="list-style-type: none"><li>• Members of the LGA Review Task and Finish Group</li><li>• WBC Corporate Board</li><li>• WBC Executive Briefing</li><li>• Health and Wellbeing Board Steering Group</li></ul>
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#### 4. Executive Summary

- 4.1 The Local Government Association was invited to undertake a review of the Health and Wellbeing Board's governance and working practices to evaluate its effectiveness in improving the health and wellbeing of the local population and reducing health inequalities and make recommendations for improvement.
- 4.2 The LGA undertook interviews with HWB Members and other stakeholders. The intelligence gathered in those conversations was then triangulated and compared with best practice and understanding of what makes for an effective HWB. A workshop was arranged for the LGA to provide feedback and for HWB/Steering Group Members to reflect on the findings.
- 4.3 A Task and Finish Group was set up to consider the outputs from the workshop and to develop a roadmap setting out the steps that the Board could take in response to the feedback received. Their recommendations form the basis for this report.

#### 5. Supporting Information

- 5.1 At its meeting on 11 July 2024, the Board agreed that it should undertake a review of its governance arrangements and working practices with the aim of increasing its overall effectiveness in improving the health and wellbeing of the local population and reducing health inequalities.
- 5.2 The Local Government Association (LGA) has a support offer for Health and Wellbeing Boards. This provides an opportunity for them to refocus their purpose, strengthen their role in the new health system architecture, and operate effectively within this context.
- 5.3 The LGA was approached and confirmed that they would have capacity to support a review of the West Berkshire HWB, and at the meeting on 12 September 2024, the Board agreed the brief for the review.
- 5.4 The LGA undertook a series of interviews with HWB Members and other key stakeholders between December 2024 and February 2025, and a workshop was subsequently arranged for 3 April 2025, where the LGA provided its feedback and HWB/Steering Group Members reflected on the findings.
- 5.5 The LGA proposed themes for further exploration and a number of 'top tips' across areas such as:
  - (1) Leadership

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- (2) Purpose and focus
- (3) Making a difference
- (4) Partnership working
- (5) Governance
- (6) Capacity and resourcing
- (7) Making the geography work

5.6 Further detail on the LGA's feedback is provided in Appendix A.

5.7 There was widespread support for the LGA's findings amongst those attending the workshop, and there was a strong desire from all partners to make the Board more effective. A summary of the main points raised at the workshop is provided below:

- The Board needed to become more of a strategic partnership that actively drives population health.
- It was agreed that the Board needed to be able to demonstrate additional impacts of partners coming together.
- All Board members need to be actively engaged in shaping meeting agendas, and the HWB should have a 12 month forward plan.
- There was agreement that there should be fewer formal committee meetings, and more informal meetings/workshops since these were felt to be more productive and impactful in terms of exploring options and potential course of action.
- Members expressed a dislike of the formality of meeting in the Council Chamber and livestreaming meetings, since this was felt to stifle participation, open exchanges of views, challenge and debate.
- It was suggested that the Board should have a focus on a small number of priorities at any given time in order to drive meaningful change, possibly focusing on a different theme at each meeting.
- There was widespread agreement that the Board should be driven by data, with activity informed by the JSNA, intelligence from Healthwatch and other patient forums, and recommendations arising from the findings of Health Scrutiny reviews, etc.
- Updating the JSNA was seen as a top priority – this would be used to inform the update of the Health and Wellbeing Strategy Delivery Plan.
- It was felt that the Board should be more creative, and solutions focused, rather than policing performance.
- There was widespread agreement that reports should be for decision, with other reports to be circulated outside of meetings, or included in agenda packs for information only and not discussed.

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- It was agreed that the current governance model was overly complicated and that the role of the HWB Steering Group/Sub-Groups needed to be audited and rationalised and linked to priorities.
- It was recognised that there needed to be stronger relationships between the Board and its sub-groups.

5.8 A task and finish group was set up to consider the outputs from the workshop and to develop a roadmap setting out the steps that the Board could take in response to the feedback received. Members of the Task and Finish Group included:

- Councillor Heather Codling (Chairman of Health and Wellbeing Board)
- Dr Matt Pearce (Director of Public Health)
- Dr Janet Lippett (Chief Medical Officer, Royal Berks NHS Foundation Trust)
- Helen Clark (Associate Director of Place (Berkshire West), BOB ICB)
- Rachel Peters (CEO, Volunteer Centre West Berkshire)
- Fiona Worby (Lead Officer, Healthwatch West Berkshire)

## 6. Proposal(s)

6.1 The Task and Finish Group helped to inform the proposal as set out below:

- The development of a Health and Wellbeing Board Compact that defines the shared principles and jointly set expectations for how West Berkshire Health and Wellbeing Board members will work collectively as a strategic partnership to drive meaningful action and achieve the vision of its Joint Health and Wellbeing Strategy.
- It is proposed to move from five formal HWB meetings per year to three – these will be in-person and relatively brief, being focused on reports where formal decisions are required.
- Given that the HWB is a committee of Council, meetings will be required to take place in public, with publication of formal agendas and minutes. It is proposed that members of the public will be still able to ask formal questions, but meetings will not be live streamed. Alternative meeting venues will be explored, to address concerns about the formality of the Council Chamber, but any venue will need to have sufficient capacity and be accessible to the public.
- Formal HWB meetings will be followed by informal strategic meetings focused on the 'plan–do–review' cycle in relation to agreed priorities, and on the efficacy of partnership working arrangements.
- In addition, there will be informal deep-dive workshops in between HWB meetings, which will bring in additional partners and stakeholders – these will be focused on discussing barriers and challenges related to the agreed priorities, sharing best practice and building on evidence-based approaches, as well as seeking to develop innovative solutions.

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- The membership of the Health and Wellbeing Board will be updated to ensure sufficient seniority that can lead system change, reduce duplication of representatives across organisations, be more agile and focused, and ensure greater parity. The proposed membership list can be found in Appendix B and would be subject to agreement by the board. This includes the appointment of the Executive Director for Place being a board member, recognising the critical importance of the built environment and place sharing in health creation. The proposed format of deep dive workshops will ensure continued engagement with wider council officers and stakeholders
- The JSNA will be updated and brought back to the September HWB meeting – this will be used to identify a longlist of priorities from which short, medium and long-term priorities will be agreed. Ideally, these priorities will be integrated into the Joint Forward Plan to ensure efforts are focused across NHS partners as well as Public Health.
- Once the priorities are agreed, sub-groups (either existing or new) will be tasked with developing a delivery plan and brought back to the March meeting (or earlier if possible).
- An outcomes dashboard will be created to demonstrate the impact of agreed measures in the delivery plans. This will require 'live' data from the NHS and other partners to supplement national datasets, which tend to experience a significant time-lag in reporting.
- It is proposed that options be explored to make more effective use of the Better Care Fund to support delivery of the agreed priorities.
- The HWB sub-groups will be reviewed, rationalised and restructured to align with the agreed priorities. Some of the sub-groups are statutory and therefore must be retained (e.g., Building Together Partnership), but most are discretionary – the Sub-Groups will be audited to confirm what additional value they are adding, with completed workstreams handed over to partners to be integrated into BAU activity wherever possible. Remaining sub-groups will become more like task and finish groups, with membership flexing as priorities change over time.
- It is proposed that the HWB Steering Group be disbanded, with sub-groups reporting directly to the Board through the informal partnership meetings and workshops.
- There will be a focus on raising the public profile of the Board, including:
  - A regular newsletter for stakeholders (and possibly residents)
  - Improving online information provision about the Board, including an interactive version of the performance dashboard, links to the JSNA, PNA, and the Health and Wellbeing Strategy/delivery plan.
  - An annual conference to update stakeholders and residents on the previous year's activities, and priorities for coming year, including workshop sessions.

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6.2 Since the Health and Wellbeing Board is designated as a committee of West Berkshire Council, the proposed changes will need to go to a meeting of Council for approval. These changes will require amendments to the Council's Constitution, and it is proposed that the final wording of be delegated to the Monitoring Officer in consultation with the Constitution Review Task Group.

## 7. Options Considered

7.1 The Board could decide to carry on with the current arrangements, but this would not respond to the points raised through the LGA review and the associated workshop.

7.2 Various options were considered around the number and format of meetings, but it was considered that three meetings per year would strike an appropriate balance between openness and partnership efficacy.

## 8. Conclusion(s)

The proposed approach will help to make the Health and Wellbeing Board more effective in working together to drive improvements in population health.

## 9. Appendices

Appendix A – LGA Review Slide Deck

Appendix B – Revised membership of the Health and Wellbeing Board

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### Background Papers:

None

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### Joint Health and Wellbeing Strategy Priorities Supported:

The proposals will support the following priorities:

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

The proposals contained in this report will support the above Health and Wellbeing Strategy priorities by helping the Board to move towards being a more effective strategic partnership with a clearer focus on priorities, delivery and outcomes.

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