

Appendix A:

West Berkshire Health and Wellbeing Board

Workshop – 3rd April 2025

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Agenda

1. Welcome and introductions
2. Scope and objectives
3. Summary of feedback from conversations
4. Best practice – Health & Wellbeing Board Guide and Top Tips
5. Group discussions
6. Priorities for future joint action
7. Summary and next steps
8. Closing remarks from Health & Wellbeing Board Chair



Scope

- The LGA were invited to provide support to the Health and Wellbeing Board in West Berkshire
- We met with the Director of Public Health (DPH), Council Leader and Health and Wellbeing Board (HWB) chair to discuss and agree the scope of the review
- A series of conversations took place with key partners & stakeholders
- The intelligence gathered in those conversations was then triangulated and compared with national understanding of what makes for an effective HWB
- The Guide for Health and Wellbeing Boards and Top Tips has been used as a framework for the feedback
- A workshop to help the HWB discuss next steps



Workshop Aim and Objectives

Aim: To consider how the West Berkshire Health and Wellbeing Board (HWB) needs to operate as a strategic partnership to make a positive impact on the health and wellbeing of residents

Objectives:

- To discuss and agree the purpose, role/s and focus of the HWB in the context of the area and wider system/geography
- To reflect on the feedback from conversations to inform the discussion
- To agree ways of working as partners and with other stakeholders – including communities
- Agree next steps and actions



Summary of discussions

Summary from discussions

- Many stakeholders expressed the view that the Health & Wellbeing Board (HWB) wasn't fulfilling its potential as a strategic partnership or making a difference
- Stakeholders expressed a high level of ambition for, and commitment to, what could be achieved, going forward
- Partners were open to doing more at the HWB, subject to the Board being developed appropriately
- Not all stakeholders were clear about the purpose, vision and priorities of the HWB, and some stakeholders expressed concern about the number of sub-groups operating in the name of the HWB
- We heard concern about the content of HWB agendas, including the perception that many agenda items had already been discussed and decided elsewhere, leaving little purpose for the item coming to the HWB at all
- We heard concerns about partnership working between key partners, the council and ICB



Themes to explore

- The HWB needs to be able to collectively describe how it exercises its leadership and impact in addressing the challenges and opportunities within the Joint Health & Wellbeing Strategy
- Having established clarity about leadership, the next priority for the HWB is to revisit its purpose and focus, so that there is a clearer and widely owned definition of why the HWB exists and what its top priorities are at each given time.
- Once Leadership and Purpose and Focus are set fair, the HWB should make sure that it can confidently articulate what is about - and over time the difference it is making to promote wider stakeholder working
- The culture of the HWB needs to evolve from a committee of council towards a strategic partnership of place, much of which will be implicit as the work on leadership, ways of working as partners, purpose, focus and making a difference evolves
- This will include revisiting governance arrangements (making sure that the membership is right) and sense checking that partners and wider stakeholders are playing their part – depending on each of the priorities, to maximise capacity and capability; the resourcing to support the HWB
- Geography is always complicated, as is the interface with different layers of the NHS, but there is particular challenge in West Berkshire which needs to be acknowledged and worked through.
- How the ambition and priorities of partners in West Berkshire are aligned and reconciled within the ICB footprint



Best practice – What makes an effective Health and Wellbeing Board

WHAT MAKES AN EFFECTIVE HEALTH AND WELLBEING BOARD (HWB)

STATUTORY RESPONSIBILITIES

HWBs continue to be responsible for the Joint Strategic Needs Assessment (JSNA), publishing a Joint Health & Wellbeing Strategy, developing a Pharmaceutical Needs Assessment, Better Care Fund

LEADERSHIP

The ultimate success of a HWB revolves around leadership. In the context of a HWB, leadership is a team sport. The business of leading a HWB is a shared endeavour and system leaders and anchor institutions all need to be accountable for the leadership contribution they make.

PURPOSE AND FOCUS

HWBs need to be clear about their primary purpose to drive hard on the wider determinants of health, thereby reducing health inequality. HWBs should elevate a precious small number of shared and agreed priorities above and beyond business as usual. HWB outcomes are for the medium- and long-term. There are no quick fixes, just the need for laser focus and dogged determination.

MAKING A DIFFERENCE

HWBs need to be clear how they are making a difference and be able to confidently articulate that difference to itself, constituent organisations, wider stakeholders and the population it serves.



WHAT MAKES AN EFFECTIVE HEALTH AND WELLBEING BOARD

PARTNERSHIP WORKING

Despite its technical status as a committee of council, HWBs are strategic partnerships and should be a place of strategic action, amongst leaders in place. HWBs will not be able to achieve their intended potential unless there are strong partnerships within and outside the council that hosts them at system, place and neighbourhood levels

GOVERNANCE

Clarity of purpose and understanding the surrounding partnership landscape is key to HWB success. HWBs fail when they behave like committees of council or fail to recognise the boundary that lies between them and Health Overview and Scrutiny (HOS). Getting the right people in the room, to have the right conversations, with the right frequency is something that requires deliberate and continual effort

CAPACITY AND RESOURCING

The potential of a high functioning HWB is immense, but it is impossible to achieve that potential without adequate resourcing. In all scenarios, there is a strong spend to save rationale, and the investment required needs to be recognised by all anchor institutions in place.



TOP TIPS

MAKING THE GEOGRAPHY WORK

- Partners will work across different geographies and understanding what this means for each place is needed to know where priorities/actions are being driven and achieved
- In some areas there will be combined authorities and devolution and HWBs need to agree effective ways of working for their context
- HWBs should see one of their key roles as orchestrating what needs to happen to achieve the priorities agreed in the Joint Health & Wellbeing Strategy

CLARITY OF ROLE

- Effective HWBs have a shared understanding of the role/s and purpose of the board and what it is trying to achieve as set out in its Joint Health and Wellbeing Strategy
- With the emergence of Health & Care Partnerships/Place/Locality Committees of the ICB in each area, it is even more important that there is a shared understanding of the distinctive role of the HWB
- Effective places work so that HWBs focus on the wider/social determinants of health with place/locality health & care partnerships (under ICS structures) focusing on ill-health/health & social care integration. A collaborative approach should be taken for the HWB to sign off the Better Care Fund (BCF)

PARTNERSHIP WORKING

- Recognition of the importance of ongoing efforts to build and maintain relationships and trust
- Find ways to offer each other constructive challenge without damaging relationships
- Decide how you will measure the effectiveness of the Health & Wellbeing Board as a strategic partnership and review this regularly together
- Devote real time to ways of working as partners development as part of your annual meeting planning
- Think about the Health & Wellbeing Board as being at the centre of a network rather than just a meeting
- Ensure there is effective officer support to the board that goes beyond clerking the meetings
- Form follows function

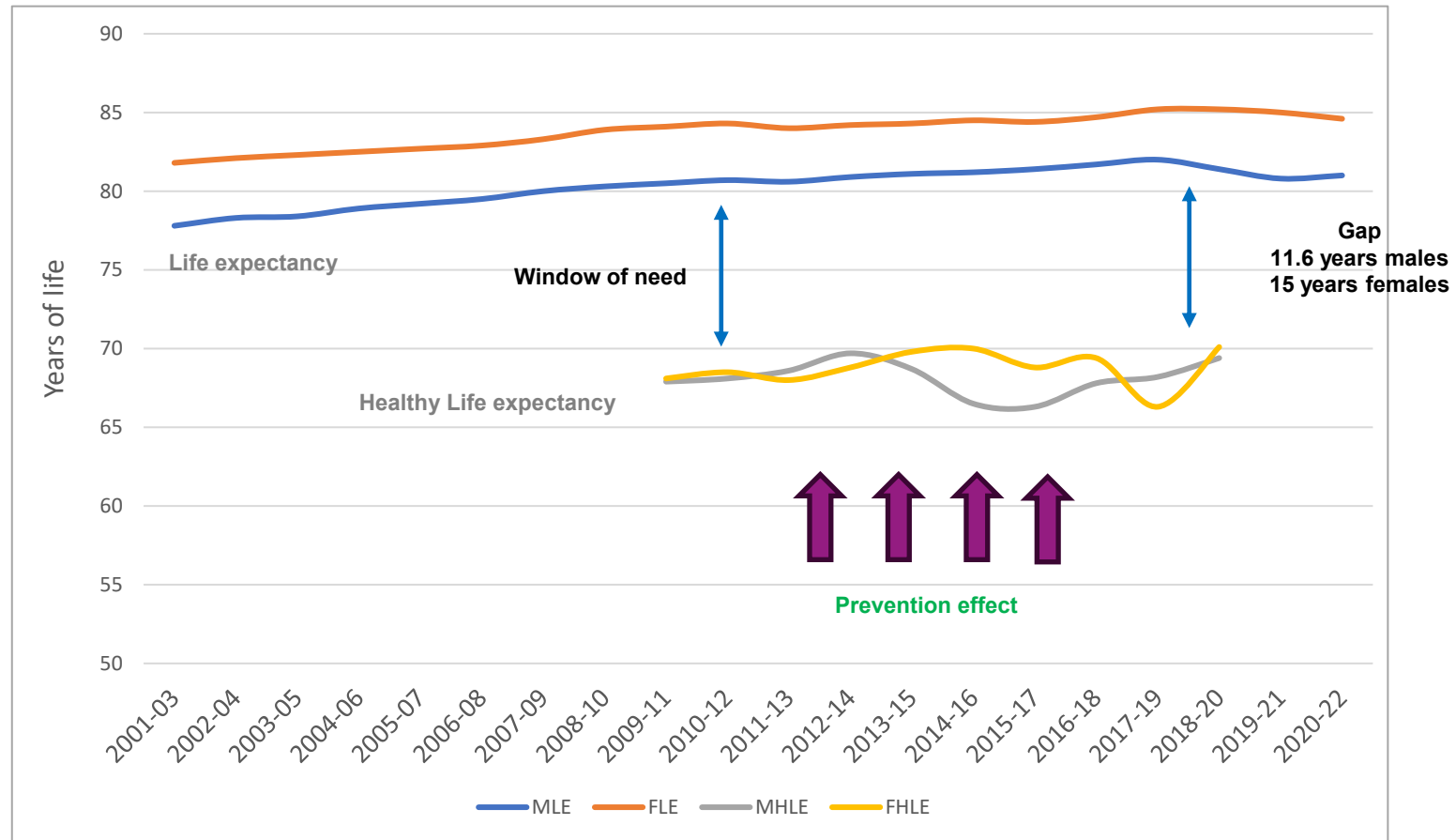


The art of the possible

Matt Pearce
Director of Public Health



Why are we here?



Our call to action?

2 out of 24 wards have
lower life expectancy
than England

**77.5
years**

Thatcham NE



Average 81.3 yrs

**89.4
years**

Pangbourne



**11.9
years**

1 out of 24 wards
have lower life
expectancy than
England

**80.1
years**

Thatcham NE



Average 84.8yrs

**89.2
years**

Downlands &
Aldermaston



**9.1
years**



Our key health challenges

Where we benchmark poorly....

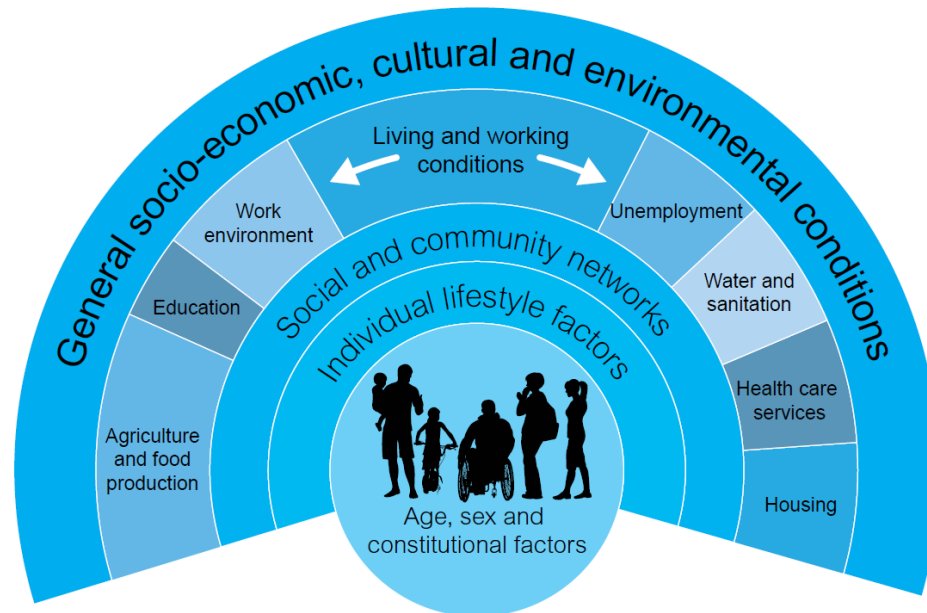
- Gap in the employment rate between those in receipt of long-term support for a learning disability (aged 18 to 64) and the overall employment rate
- Emergency hospital admissions for self harm (all ages)
- Estimated Diabetes Diagnosis rate
- NHS Health Checks – offered and take up
- Campylobacter incidence rate/100,000
- Dementia: Quality rating of residential care and nursing home beds (aged 65 years and over)
- 31% of children and young people inactive
- Percentage of adults cycling for travel at least 3 times per week
- HIV testing rate per 100,000
- Children in care immunisations
- % of pupils with special educational needs

Beyond the average....

- ❑ 83,611 (65.3%) adults are overweight or obese
- ❑ 7,000 (7.5%) adults with diabetes (2,171 undiagnosed),
- ❑ 13,500 adults with pre-diabetes
- ❑ 25,000 (20%) adults have high blood pressure (14,000 undiagnosed)
- ❑ 35,000 adults in Berkshire are living with two or more Long term conditions
- ❑ 25,608 (20%) inactive adults
- ❑ 1 in 4 Reception children overweight or obese
- ❑ 1 in 3 Year 6 children overweight or obese
- ❑ 1 in 6 children (aged 5) have decayed or missing teeth
- ❑ 16,702 adults have a common mental health disorder
- ❑ 30% of adults in West Berkshire drinking above NHS Guidelines
- ❑ 5,500 (11%) dwellings fail to meet the minimum standard for housing (HHSRS Cat 1)
- ❑ 12,400 adults smoke (9.4%)



Why have a health and wellbeing board?



40%

Socioeconomic factors

Education, employment, income, family & social support, community safety.

10%

Physical Environment

Housing, access to green space, air quality.

30%

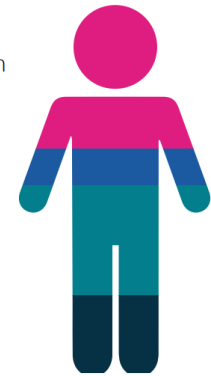
Lifestyle factors

Diet and physical activity, tobacco use, alcohol use.

20%

Health Care

Access to good quality health care services.



More than the sum of its parts.....



Group Discussion



Group discussion

- Reflections on the feedback summary?
- What will help us to achieve what good looks like and work effectively as a HWB?
- What is my role in contributing to the HWBs' success?
- What are my expectations of other Board members?
- What mechanisms can we put in place to continuously improve the way we work for maximum impact?
- What ways of working do we need to put in place?
- What enablers would support me to contribute effectively as a HWB member (considering tools, resources, structures and development opportunities)?



Summary and next steps/actions



**Thank you and
closing remarks**

