

**TO: HEALTH AND WELLBEING BOARD  
5 MARCH 2015**

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**REVIEW OF THE HEALTH AND WELLBEING BOARD  
Director of Adult Social Care, Health and Housing**

**1. PURPOSE OF REPORT**

- 1.1 The purpose of this report is to document the process of the review of the Board to date and to set out proposals for the membership, meeting cycle, priority setting and performance monitoring of the Board.

**2. RECOMMENDATION**

**The Health and Wellbeing Board is asked to:-**

- 2.1 **Discuss and agree the proposed membership, meeting cycle, priority setting and performance monitoring of the Board.**

**3. REASONS FOR RECOMMENDATION**

- 3.1 The reasons for setting out and agreeing the roles and responsibilities of the Health and Wellbeing Board, Healthwatch and Scrutiny Committees are to ensure:
- Appropriate membership of the Board and associated groups
  - Defined and agreed accountabilities
  - Arrangements for priority setting and performance monitoring

**4. ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 Members of the Board may suggest and discuss alternative proposals.

**5. SUPPORTING INFORMATION**

- 5.1 The Health and Wellbeing Board is a committee of the council. The current membership of the Board includes local councillors, officers of the council, representatives from the NHS and local Healthwatch. The board takes the lead on improving health and wellbeing outcomes and reducing health inequalities for the local community. Although there is a prescribed minimum membership, boards operate differently responding to local circumstances. Health and Wellbeing Boards are an executive function of the council and are responsible for identifying current and future health and social care needs and assets through the Joint Strategic Needs Assessment and developing Joint Health and Wellbeing Strategies to set health and social care priorities.

- 5.2 The role of the Health and Wellbeing Board is to:

- Set priorities and to drive the development of health and social care within the

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- Bring together individual and organisational knowledge, expertise and experience and to act as a system leader
- Develop a strategic, area-wide view of health and social care needs and resources through the Joint Strategic Needs Assessment
- Agree an area-wide alignment of services to deliver improved health and wellbeing through the Joint Health and Wellbeing Strategy
- Facilitate shared understanding of information to improve outcomes from decision making
- Develop arrangements to involve key providers in improved health and social care

5.3 In 2014, members of the Health and Wellbeing Board and other stakeholders participated in a workshop to review of the Board's terms of reference with a focus on:

- membership and in particular how the Board engages and communicates with stakeholders
- setting priorities and developing a robust work plan across the health and wellbeing system
- governance arrangements
- identifying any gaps and considering where the Board could add value

Participants were keen to ensure that the terms of reference of the Board were fit for purpose and moreover to consider how the lives of residents been impacted if at all, as a result of the Board's work over the past year.

5.4 Board Members made the following points:

- The discussion and prioritisation of CAMHS would not have happened without the Board and this was an important example of identifying a specific local problem as a result of the Board's work.
- In terms of priorities, it is key to prioritise across the whole health and social care system, taking a whole family approach, where input from the Board will add value.
- It would be of benefit to learn from the best practice developed by other Boards around the Country. If the Peer Challenge Model had been successful for others, it may be worth pursuing.
- A great synergy had been developed as a result of the Board, it gave each Board Member a broader perspective of services being delivered across the health and social care system. It also allowed Board Members to gain an appreciation of local commissioning arrangements. This was particularly important in respect of the Local Area Team.
- Some of the information reports submitted to the Board were useful as they gave rise to debate amongst Board Members and allowed the potential implications of actions in one part of the health system on other players to be seen and discussed.
- A wider membership of the Board was needed to address the priorities for Bracknell Forest.
- The Board's impact was often in terms of soft outcomes which were difficult to place a value on.
- One of the biggest conflicts often existed between what commissioners were asked to do and what providers were providing; this could be an area that the Board could potentially explore.
- Health & Wellbeing Boards were often criticised for not projecting out to the

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public and the public found it difficult to understand the papers submitted at Board meetings. It was key to engage with the public at the correct level and it may not be necessary or appropriate for this to be at Board level.

5.5 As a result of the feedback, the following principles are proposed:

- Until informed otherwise, the Health and Wellbeing Board is not a sovereign body, decision making lies with the member organisations unless responsibility is delegated. This increases the importance of the Board role in coordination, discussion and common prioritisation of issues and activities.
- A wider membership of the Board is needed, to include: key providers representing health, social care and housing, Environment, Culture and Communities and a voluntary sector representative. Strategic Housing is represented by the Director of Adult Social Care, Health and Housing. It is proposed to extend invitations to become members of the HWB to the following organisations:
  - Frimley Health NHS Foundation Trust
  - Berkshire Healthcare NHS Foundation Trust
  - Bracknell Forest Homes
  - Berkshire Care Association
  - Involve
- A wider stakeholder group to be established to meet as a workshop between Board meetings to debate issues and propose solutions.
- An agenda setting group to be established to meet between Board meetings to manage the Board's work plan and establish the agendas for the Stakeholder Workshop and the Board.
- Task and Finish groups to be established to work on priorities established by the Board.
- The Board to produce a quarterly newsletter, focussed on both health and wellbeing.
- A mapping exercise to be undertaken to establish priorities for the Board focussing on four to five key areas for 2015/16.

5.6 It is proposed that the Health and Wellbeing Board continues to meet four times a year, with meetings of an agenda setting group and a wider stakeholder workshop in between to manage the Board's work plan and to debate and discuss issues leading to solutions.

5.7 Proposed next steps are as follows:

- Extend the membership of the Health and Wellbeing Board
- Invite Board Members and other stakeholders to a priority setting workshop
- Develop a dashboard of performance indicators based on the agreed priorities

## 6 **ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS**

### Borough Solicitor

6.1 The Health and Social Care Act 2012 provides for the establishment of Health and Well Being Boards. The Board must include the following:

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- at least one member nominated by the Leader
- the Directors of Adult Social Care, Children's Services and Public Health
- a representative of Local Healthwatch
- a representative of the CCG
- such other persons or their representatives as the Council thinks appropriate

The Board may appoint such additional persons to be members of the Board as it thinks appropriate.

### Borough Treasurer

- 6.2 There are no direct financial implications for the Council within this report.

### Equalities Impact Assessment

- 6.3 Any proposals for redesign will consider the impact on people in the community.

### Strategic Risk Management Issues

- 6.4 If roles and responsibilities of the partners are not clear there is a risk of duplication of effort and insufficient capacity to deliver on the priority areas.

## **7. CONSULTATION**

### Principal Groups Consulted

- 7.1 Members of the Health and Wellbeing Board, NHS providers and other statutory agencies.

### Method of Consultation

- 7.2 Workshop held in September 2014.

### Representations Received

- 7.3 Representations have been incorporated into this report.

### Contact for further information

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