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Dear Julian, Johan and Andy,

Health and Wellbeing Peer Challenge 1st – 4th March 2016

On behalf of the peer team, I would like to thank you for the courtesy and support we received during the recent Health and Wellbeing Peer Challenge, as part of the LGA's Health and Wellbeing System Improvement Programme. The Peer Challenge considered Wokingham individually, and also covered the wider system for health and wellbeing in Berkshire West.

This programme is based on the principles of sector led improvement that:

- Councils are responsible for their own performance and improvement and for leading the delivery of improved outcomes for local people in their area
- Councils are primarily accountable to local communities (not government or the inspectorates) and stronger accountability through increased transparency helps local people drive further improvement
- Councils have a collective responsibility for the performance of the sector as a whole (evidenced by sharing best practice, offering member and officer peers, etc.)

Challenge from one's peers is a proven tool for sector led improvement. Peer challenges are delivered by experienced elected member and officer peers. The make-up of the peer team reflected your requirements and the focus of the peer challenge. Peers were selected on the basis of their relevant experience and expertise and agreed with you. The peers who delivered the peer challenge at Wokingham Borough Council were:

- Chris Bull, Lead peer & LGA Associate
- Cllr. Sue Woolley, Executive Member for NHS Liaison & Community Engagement, Chair, Lincolnshire Health & Wellbeing Board
- Cllr. Rory Palmer, Deputy Mayor Leicester City Council and Chair, Leicester City Health & Wellbeing Board

- Dr. Ian Orpen, Chair Bath and North East Somerset CCG and Co-Chair Health and Wellbeing Board
- Gill Moffett, Healthwatch Policy Lead, Department of Health
- Liam Hughes, LGA Associate
- Deb Watson, Director of Public Health peer & LGA Associate
- Kay Burkett, Programme Manager, LGA
- John Tench, Adviser, LGA

Scope and focus of the peer challenge

Health and wellbeing peer challenges focus on the health and wellbeing board and partners who form the local health and wellbeing system. They recognise that 2015/16 brings a window of opportunity to put health and wellbeing boards in the driving seat of local systems leadership, able to take on a place-based approach to adult social care and health, and address the wider determinants of health and the promotion of healthy behaviours. The peer challenges are focused on enabling the leaders of health and wellbeing boards to take up this role more effectively.

The Wokingham peer challenge was part of an integrated programme taking place across Reading Borough Council, West Berkshire Council and Wokingham Borough Council. The peer team spent a day in each area, addressing five local headline questions:

1. To what extent is the purpose and role of the Health and Wellbeing Board established?
2. How strong is work with key partners to develop system leadership?
3. To what extent is the Health and Wellbeing Board ensuring the delivery of the health and wellbeing strategy?
4. To what extent is there a clear approach to engagement and communication?
5. To what extent is the Health and Wellbeing Board enabling closer integration and the change to a more cohesive and effective health system?

There were 3 additional questions that the Berkshire West health and wellbeing system wanted to explore across the patch:

6. Are there any opportunities for the three boards to work together and if so do they meet clearly identified needs and can they be shown to be beneficial to local residents in all 3 areas?
7. Are there any opportunities for the three boards to work together to further develop their individual leadership roles in the integration of Health & Social care?
8. Is there opportunity for the three boards to frame and energise the integration agenda across Berkshire West?

It is important to stress that the visit was not an inspection. Peer challenges are sector-led and improvement focused. The peers used their experience and knowledge to reflect on the information presented to them by people they met, things they saw and material they read. In presenting this feedback, the peer challenge team acted as fellow local government and health officers and members, not as professional consultants or inspectors.

This letter provides a summary of the peer team's findings in relation to Wokingham. They build on the verbal feedback delivered by the team on 2nd March and include the collective feedback given to all 3 areas. We hope that we have given recognition to the progress Wokingham Borough Council and its Health and Wellbeing Board (HWB) have made, whilst stimulating thinking and debate about future challenges and the pace of change.

Headline Messages

There are good working relations between the partners in Wokingham's Health and Wellbeing Board (HWB), and it has a wide remit covering community safety and responsibilities transferred from the former LSP which is matched by its extensive membership. Board members know that given the constraints on finance and the pressures on local services, they will need to develop new relationships with the public and ensure the board's work is structured and purposeful if they are to improve local outcomes for health and wellbeing and lead a sustainable system. They understand that at the moment, this work is at an early stage of development and it lacks the pace and capacity to be effective. They are concerned that the Health and Wellbeing Board is following an agenda given to it from the outside rather than shaping it for themselves. The peer challenge team confirmed the view that the board has been reactive and has found it difficult to take control of the agenda.

The HWB is aware that it now has an opportunity to move into a more strategic and less reactive role by driving forwards the agenda for the integration of services whilst also putting a stronger emphasis on the prevention agenda, promoting healthier lifestyles and reinforcing the wider determinants of health. The first Health and Wellbeing Strategy (HWS) covered a lot of ground, but the agenda for the HWB was rapidly overtaken by the Better Care Fund Plan (BCF). The recent review of the strategy has highlighted the opportunity for the board to set the climate for improvement by influencing key stakeholders to take action in support of the board's revised ambitions as well as overseeing the delivery of the integration plans.

By taking on this challenge, the HWB would be defining its role and purpose more robustly, and be better placed to support partners and hold them to account for delivering improved outcomes. Having a clearer strategic framework would enhance its leadership role across the local system for health and wellbeing. The HWB, therefore, needs to complete its review and redesign of the HWS as a matter of urgency, and better articulate the outcomes it wants to achieve for people in Wokingham in the coming years. This would require a more focused Health and Wellbeing Strategy based on a sound understanding of health needs from the JSNA, with a sharper delivery plan and better measurement and evaluation of outcomes. By taking this action, the board would be in a better position to address key developments that are taking place on a Wokingham level, and also across the wider Berkshire West footprint.

There is an evident will to use opportunities provided by the integration agenda to develop closer partnership working, joint posts, integrated health and social care teams and more closely aligned care pathways. Partners said they were keen that maximum advantage should be taken of these opportunities, and they reported that considerable progress has already been made in transforming health and social care in Wokingham. They were aware of the importance of working effectively with colleagues across Berkshire West, but also stated that Wokingham faced two particular problems. The first was associated with rurality and the additional challenges it brought to the area. The second was related to the current model of social care assessment, which has local strengths in the way it has been organised.

However, it is significantly different from those in neighbouring areas, and this was seen as a possible barrier to developing a unified model of integration across Berkshire West.

At the moment, the HWB is not well known by local people (and even by many public service staff). It lacks a coherent communications and engagement strategy to support its role. The HWB should, over time, expand its scope to look in more detail at the opportunities for better communications and stronger engagement with local stakeholders. There are evident strengths in local community, faith and voluntary groups, which have recognized that more will be expected of them in future as the council focuses its attention on the most vulnerable. They have said that they support the board's ambition to improve local health and wellbeing, and would welcome even closer involvement in the design and delivery of the strategy. Other public service organisations have given the peer challenge team the same message, especially the police, fire and rescue and ambulance services.

In relation to working on the Berkshire West footprint, there is common feedback to the three local authorities and HWBs that were part of the peer challenge. In summary, we found a consistent commitment from all organisations across the patch to work together, and there was a shared recognition of the potential benefits from doing this. However, there was not an agreed understanding about the nature of integration, nor about the scale of the local ambition. There was also concern about the extent to which the work taking place at the Berkshire West level was being properly connected to the HWBs and other governance bodies. There is a risk that proposals from the Integration Board might not be followed through when they reach the formal decision-makers for endorsement. For arrangements to be effective and to mitigate against the risk set out above, it seems to us that it would help to have appropriate political involvement at the joint Integration Board as well as protocols for involving individual HWBs, CCGs and related organisations at the right time in their business cycles. It would also help to have an agreed programme of work, and clear statements about the aims and scope of joint projects.

1. To what extent is the purpose and role of the Health and Wellbeing Board established?

Health and Wellbeing Boards were established to bring local partners together to improve local health and wellbeing, reduce health inequalities and promote the integration of local services. The HWB in Wokingham has been in existence in shadow and substantive form for nearly four years. It is currently reflecting on its purpose and role given the changing policy landscape since it was established and the rapidly emerging financial pressures in the system. Board members are agreed that whilst it has done useful work, it has not yet reached maturity as the strategic hub for local health and wellbeing. One board member felt that the original strategy had been displaced by the BCF: "BCF has taken the place of our strategy and integration has taken the place of our vision". Others were concerned that even though the agendas of the board are crowded, they do not yet cover the full range of responsibilities that it carries. There has also been a perception that the place of the HWB in the local democratic system has not always been understood and fully acknowledged by some key stakeholders in the Borough.

There is uncertainty about the potential for the board to become the natural systems leader for Wokingham, given changes that are taking place in the wider system of Berkshire West and beyond. The Wokingham HWB, therefore, is also reconsidering its role and purpose in relation to collaborative working across the Berkshire West

footprint. The board has a role in assuring the good governance of joint working arrangements. It will need to consider how it works with the two other HWBs in Berkshire West to shape priorities and ensure good governance. This is examined in more depth in later sections of this letter.

Board members have a realistic awareness of its current functions, which have been primarily to receive information about decisions made elsewhere, endorse new proposals and co-ordinate specific programmes of work. Useful work has been done, but there has been some frustration about the pace of change. Board members have recognised the need for improvement in this situation, if the board is to occupy a more strategic and less reactive role, and to become more effective at shaping and directing transformation. This will require more attention to the development of the work programme and sharper and more strategic agenda management.

The part the HWB should play in delivery is not clear to many of its members. The peer team was uncertain about how it leads its sub-groups and influences their work in order to deliver the strategy, e.g., the Wokingham Integration Strategic Partnership (WISP), which was mentioned by many of the people we met. In part, this is related to the board's capacity for project management and performance monitoring, which has been uneven. This has made it difficult for the board to be proactive. There is now a real appetite for change in how the board does its business. Development sessions have been well received and there is an intention to build-in more of them, along with time for preparatory discussions in bi-monthly non-public sessions, which will help.

2. How strong is work with key partners to develop system leadership?

The HWB is well established as a partnership group, and there are positive working relations between board members. They clearly enjoy working together. Membership reflects the extended role of the Wokingham board and its involvement with community safety and local businesses. However, there is a perception that systems leadership for health and wellbeing often seems to have its centre of gravity outside the board, and that the board is reacting to an externally set agenda rather than setting the pace for local improvement. Despite this concern, board members are fully engaged as leaders across the Borough Council, the Wokingham Clinical Commissioning Group (CCG) and other local public services, and they are trying hard to work together as a unified board to solve local problems.

The function of the board in relation to community safety has been a source of strength and the senior involvement of the Thames Valley Police has reinforced joint working on domestic violence and mental health. The dual role of the public health team as part of the council and a key adviser to the CCG has helped to build a strong bridge between these organisations. Senior staff from Wokingham Borough Council and the CCG have also been active participants in the formation of the Berkshire West 10 Group, which is overseeing work on wider integration and transformation. This has raised questions about the relationship between the Wokingham HWB and the improvement effort across Berkshire West, including the new "Prevention Group".

The foundations have been laid for the local HWB to take up a stronger profile in providing the leadership of the local health and wellbeing system. The time is right for partners to move towards a new phase of co-design and delivery right across the system. There has already been significant progress in reinforcing cross-organisational working – the joint post established between the council and the Berkshire Health Foundation Trust to support assessment and hospital discharge is a

good example, and there are discussions underway about developing other such posts.

However, there is more to be done. If the partners are slow to move forwards with the integration challenge, there will be a risk that organisations in the Borough will work in an unsynchronised and less productive way. If prevention at primary and secondary level are not taken forwards fast enough, then the local health and social care services are likely to be overwhelmed and services will be unsustainable. Local organisations will need to make progress together and move at an accelerated pace if the HWB's ambitions are to be realised.

3. To what extent is the Health and Wellbeing Board ensuring the delivery of the health and wellbeing strategy?

The existing Health and Wellbeing Strategy (HWS) covers a wide range of themes and objectives, which are presented at a high level with a long list of specific deliverables. These broadly reflect the priorities drawn from the JSNA and the national Outcome Frameworks, with an overlay of additional priorities. There is only limited information available about the outcomes from the current HWS. The strategy is now somewhat outdated and is in the process of being rewritten to take account of changing circumstances. This provides the opportunity for a sharper focus on the most important shared objectives of board members, and issues for the people of Wokingham. However, there is an unresolved tension in agenda setting between the requirement to manage the BCF and tackle immediate pressures in health and adult social care, and to cover the wider determinants of health, health promotion and child and family health. It will be important for the HWB to show that it has considered how to best resolve this tension so that it can appropriately attend to key priorities across the full range of responsibilities required of the board.

The HWB has been involved with a number of important achievements, including the revision of the CAMHS strategy, the creation of the Emotional Health Strategy and the promotion of elected members as champions for the "Dementia Friendly" campaign. Key partnerships have reported on their performance to the board e.g. the Children and Young People Partnership reported on the delivery of work related to strengthening CAMHS, and the Community Safety Partnership reported on the delivery of its work programme. The board has also received extensive information about the systems status for health and social care, and the progress being made on the delivery of the BCF Plan and the integration agenda. Rather less time seems to have been allocated by the board to ensuring the delivery of the core HWS.

As the board refreshes the HWS, it will be important for it to use appropriate performance information to hold partners to account for their part in the delivery of outcomes. It is intended to pull together the work of the sub-groups of the HWB and develop an integrated programme plan. The HWB has access to the key Outcomes Frameworks, and the public health team has presented useful information about the delivery of the existing HWS. The priorities set out in the existing strategy have not always been described in terms of outcomes, which may have hindered performance monitoring. There isn't always a clear road map for achieving outcomes associated with the strategic priorities, giving an outline of who is delivering what and by when. The board has started to create a performance report on outcome measures against other strategic objectives. These seem so far to reflect the BCF priorities and the status of the health and social care system. The board should now consider whether it would be helpful to create a unified dashboard of key performance indicators which include those related to the revised HWS as well as BCF and key Children's Plan

priorities. This might allow the HWB to see relevant performance information in one place, manage the work programme more effectively and drive improvement in performance where this is needed.

There have been some capacity issues for board support, which may have slowed down the pace of the work. Partners at the table are keen to get on with finishing the revision of the strategy and then delivering it. They have stated their willingness to find the resources to do so, and a post has been created to support the work of the HWB and the delivery of the strategy. This should help the board to improve its oversight of the delivery of the HWS, and plan its business more coherently.

4. To what extent is there a clear approach to engagement and communication?

Many HWBs have developed a coherent communications and engagement strategy designed to link with their HWS, and support the work of their HWB. Although there is no communications and engagement strategy for the Wokingham HWB, there are numerous good examples of council and CCG engagement with different members of the community, e.g. people with physical and sensory disabilities, potential tenants of extra care housing provision and participants in the workshops on the design of the town centre. The CCG's 'Call to Action' events also provided a well-attended platform for systems engagement. 'Sam's Story' is popular vehicle for local engagement and discussion, and Healthwatch has provided strong community engagement around health (the schools survey is of particular note). However, there has been some duplication (e.g., the 2 apps for the emotional health of young adults funded respectively by Healthwatch and Children's Services), and there are also some gaps. The Wokingham HWB might like to consider how best it can tell local people the story for the improvement of health and wellbeing in the Borough.

5. To what extent is the Health and Wellbeing Board enabling closer integration and the change to a cohesive and effective health system?

The HWB and its partners are working towards closer integration. The CCG and Borough have become better-aligned. There has been a good start on the BCF Plan, and an evident wish to make improvements to the experience of local people using health and care services. The Wokingham Integration Strategic Partnership, which is overseen by the HWB, is an important joint development. This has been instrumental in the delivery of the WISH service which is working well at a local level and includes a joint post with BHFT. There is now a single point of access for health and social care services, linked to neighbourhood clusters based around GP services and to community health and social care services.

However, there has also been some frustration about the pace of work on service integration. The proposed integrated commissioning unit which was considered by the board in September has not yet been agreed or come to fruition. Likewise, the frail elderly care pathway for Berkshire West has not been established in Wokingham partly because it can't articulate additional savings for the council. The perception is that the existing process is already efficient and it is firmly embedded in existing local contracts which cannot be rapidly unpicked. There is a similar issue with regard to the Carers Strategy. Early work on joint commissioning of voluntary sector services has been slow to progress. Wokingham, like the other boroughs in Berkshire West, is

experiencing some strain because of the tension between local imperatives and ambitions for the wider patch.

Working together across Berkshire West

The three local authorities involved in this peer challenge asked for the team to look at the arrangements across the West of Berkshire and advise them on options for improvement. The peer review team has endorsed the view that a good start has been made by the Berkshire West 10 Group, that more could and should be done to develop this dimension of the work and that it needs to be linked more directly to the governance of the HWBs.

6. Are there any opportunities for the three boards to work together and if so do they meet clearly identified needs, and can they be shown to be beneficial to local residents in all 3 areas?

People from the three local authorities, their CCGs and other partners all said that it was important to work together on the wider footprint to tackle issues that could best be handled on that scale. Whilst there was certainly no appetite for the complete merger of the HWBs across the West of Berkshire, the requirement for closer integration in the BCF, and now for Sustainability and Transformation Plans (STPs), was seen as a major challenge that would lead local boards to work more closely together.

Although there were no dissenting voices, the peer challenge team felt that there were important differences in understanding about some key issues such as the meaning of integration, the depth of the shared work to be undertaken and the scope for local variety within shared programmes. Examples were given of shared commitments that had failed to materialise once more detailed work had been done into the feasibility of proposals. This suggests that more attention needs to be given to scoping and defining joint work programmes in future, and having in place a formal process of commitment to prevent the loss of trust that comes with the late abandonment of projects. Operational delivery plans need to be tested for their congruence with strategies and assured for their feasibility before being approved by HWBs. One person commented that it would be better if the presumption of integration was suspended until detailed work showed that proposed changes were feasible for all parties.

An example of good practice is the long-standing arrangements for joint working in public health across West Berkshire. Individual public health teams take on lead roles for the whole patch for specific themes. This seems to be working well, it concentrates expertise, and it makes best use of scarce resources. It would be helpful for these arrangements to be notified to the HWBs if this has not already happened. This is an example of productive collaboration that is working well in practice and is a source of strength for all three areas, yet it is probably almost invisible to the boards.

7/8. Are there opportunities for the three boards to work together to further develop their individual leadership roles for the integration of health and

social care? Is there an opportunity for the three boards to frame and energise the integration agenda across the whole of Berkshire West?

The Integration Board and the Delivery Board have the potential to frame the agenda for cross-authority working on integration in the West of Berkshire. Participants spoke well of the Berkshire West 10 Group, and reported that it had picked up pace and was tackling important issues. There was concern about governance and political accountability, especially the lack of a formal connection with the three HWBs, and through them with the councils. It was understood that an elected member would soon be joining the Group to make a link with the local democratic system.

The new Prevention Board that is being set up across Berkshire West looks like an important initiative. It will focus on evidence based interventions related to the management of cholesterol, blood pressure, diabetes, obesity and alcohol problems. The board will work to ensure that evidence-based interventions are in place across the patch. Peer team members were interested in its relationship with the HWBs, with the development of NHS Sustainability and Transformation Plans, and with the patch's public health arrangements more generally. There was insufficient time to follow this up.

There is a long list of practical issues for which a shared approach to problem-solving might be of value. However, in many cases the local arrangements currently in place might limit the options available in one or more partner organisations. From the outside, the requirement for 3 different systems for access to assessment and care services at the Berkshire Royal looks like a confusing and expensive arrangement. For each local authority, of course, it makes sense in the light of their local history and culture. The three councils and the CCGs will need to consider these kinds of practical and cultural issues with an open mind, look for common ground but be prepared to understand that single solutions may not always be possible given the nature of the area of Berkshire West.

The peer challenge team thought that the 3 boards might also need to be prepared to meet together (and with their CCGs) from time to time, for joint briefings and development sessions on the key emerging issues. Without this opportunity, they might find themselves ill-prepared for discussions in a bigger group covering a larger footprint. A similar point relates to overview and scrutiny committees, which might need to combine for specific purposes such as the review of reconfiguration proposals.

There is a similar point about the development of local leadership through sharing and learning with neighbouring HWBs. It is certainly possible that subject briefings and development sessions could be done jointly, despite local differences in need, strategic approach and politics. There are a number of themes where there could be advantages in cost and convenience in running local workshops for board members from all three HWBs. Given the confusion that can often be found between the role of HWBs and Overview and Scrutiny, it might be useful to hold a session on this particular theme. Other themes might include mental health and loneliness, physical activity, and spatial planning – these illustrations are all of relevance for HWBs and local health improvement.

Finally, the three HWBs and their partners will need to consider whether the current joint delivery arrangements have sufficient capacity and are sufficiently robust to deliver these kinds of programme across the West of Berkshire at appropriate pace and depth.

9. Moving forward

In moving forward our key recommendations are:

- If you really want to be the local leader for health and wellbeing, pick up the pace!
- Be really clear about your role and purpose, and what you want to achieve
- Show that you are holding the whole system to account for delivering improvement
- Make sure you have the capacity to manage the workload
- Collaborate with your neighbours where this makes sense, and maintain their trust.
- Build a unified and simple dashboard for performance management
- Be prepared to hold difficult conversations

10. Next Steps

The Council's political leadership, senior management and members of the HWB will undoubtedly wish to reflect on these findings and suggestions before determining how to take things forward. As part of the peer challenge process, there is an offer of continued activity to support this. If you wish to take this up then I look forward to finalising the detail of that activity as soon as possible.

In the meantime we are keen to continue the relationship we have formed with you and colleagues through the peer challenge to date. Mona Sehgal, Principal Adviser for the South East, is the main contact between your authority and the Local Government Association. Mona can be contacted at mona.sehgal@local.gov.uk (or tel. 07795291006) and can provide access to our resources and any further support.

Once again, we would like to thank you for your invitation, and for your contribution to making this sector-led process a success. All of us who have been connected with the peer challenge would like to wish Wokingham Council and the Health and Wellbeing Board every success for the future.

Yours sincerely,

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[On behalf of the peer challenge team](#)