

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

DATE: 29th January 2014

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WARD(S): All

PART I

FOR DECISION

ANNUAL REVIEW OF SWB ACTIVITY AND EFFECTIVENESS

1. **Purpose of Report**

- 1.1 To provide an overview of the SWB and its activities since May 2013 and to ask the board to consider developing and hosting an annual SWB review and development workshop to take place in May 2014.

2. **Recommendation(s)/Proposed Action**

- 2.2 The Slough Wellbeing Board is requested to agree that an annual review and development workshop be developed and held in May 2014.
- 2.3 The board is requested to consider the three workshop options and agree a preferred option to be developed going forward.
- 2.4 The board is requested to agree whether this workshop should be delivered in a half or full day format.

3. **The Slough Wellbeing Strategy, the JSNA and the Corporate Plan**

The Slough Joint Wellbeing Strategy (SJWS) is the document that details the priorities agreed for Slough with partner organisations. The SWS has been developed using a comprehensive evidence base that includes the Joint Strategic Needs Assessment (JSNA).

Slough Wellbeing Strategy Priorities –

- 3.1 This report and proposal supports the delivery of the SJWS through reviewing and developing the effectiveness of the SWB. As such it is linked to and will help to deliver the SWB priorities:

- Health
- Economy and Skills

- Regeneration and Environment
- Housing
- Safer Communities

3.2 Cross-Cutting themes:

3.3 This report and proposal suggests a review of how effectively the SWB has led on supporting and delivering the cross cutting theme of Civic Responsibility in Slough.

3.4 This report and proposal suggests a review of how effectively the SWB has led on supporting and delivering the cross cutting theme of Improving the image of the town

3.5 The findings from the 2013 JSNA will be used to inform the development of the proposed review and development workshop for the SWB.

4. **Other Implications**

Financial

4.1 Minimal financial implications. Contributions may be required to cover the cost of venue and refreshments and external facilitators if agreed. Costs to be advised once format of workshop agreed.

Risk Management

None for this report.

Human Rights Act and Other Legal Implications

4.2 None

(a) Equalities Impact

4.3 None

5. **Supporting Information**

National Context

5.1 Health and wellbeing boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the health and care system could work together to improve the health and wellbeing of their local population and to promote integrated services.

5.2 The principal statutory duties of a wellbeing board are:

- to assess the needs of their local population through a JSNA
- to set out how these needs will be addressed through a joint health and wellbeing strategy that will offer a strategic framework in which

CCGs, local authorities and NHS England can make their own commissioning decisions

- to promote greater integration and partnership, including joint commissioning, integrated provision and pooled budgets.

Local context

5.3 Slough's Wellbeing Board (SWB) replaced the Slough Local Strategic Partnership and operated as a shadow board from January 2012 to March 2013.

5.4 The SWB was formally constituted on 1st April 2013 and currently meets bi monthly.

5.5 The vision of the SWB is to make Slough a place where:

“People are proud to live, where diversity is celebrated and where residents can enjoy fulfilling, prosperous and healthy lives.”

5.6 The purpose of the SWB is to:

- act as a high level strategic partnership to agree on the priorities to improve the health and wellbeing and reduce the inequalities of Slough residents
- deliver the statutory functions placed on Health and Wellbeing Boards under the Health and Social Care Act (2012)
- act as the umbrella partnership for the borough and oversee the implementation of the priorities in the Sustainable Community Strategy.

5.7 The SWB agreed a Slough Joint Wellbeing Strategy at Cabinet in October 2012 which agreed the following priority areas:

- Health - By 2028, Slough will be healthier, with reduced inequalities, improved wellbeing and opportunities for our residents to live positive, active and independent lives.
- Economy and Skills - By 2028, Slough will be an accessible location, competitive on the
- world stage with a sustainable and varied business sector and strong knowledge economy,
- supported by a local workforce who have the skills to meet local businesses' changing needs.
- Housing - By 2028 Slough will possess a strong, attractive and balanced housing market which recognises the importance of housing in supporting economic growth.
- Regeneration and Environment - By 2028, Slough will be distinctive from our competitors, harnessing the diversity and creativity of our people and our cultural and physical fabric to create an attractive local environment for our residents and businesses.

- Safer Communities - By 2028, Slough will have levels of crime and disorder that are not significantly higher than in any other town in the Thames Valley. Agencies will be working collaboratively to address the underlying causes of crime and communities will feel safe and able to play an active part in making Slough a better place to live, work and visit. We also have two cross-cutting themes of civic responsibility and promoting the image of the town. Both of these are woven throughout the strategy.
- Civic responsibility is the part that residents can play in delivering the strategy and in improving Slough for the benefit of everyone.
- The image of the town is important for all of us. Residents told the SWB that they are frustrated by the reputation Slough has with people who do not know and have not visited the town. We need to find ways to improve that image and promote the many benefits of living and working in Slough.

SWB delivery and activity

- 5.8 The SWB delivers the SJWS priorities through Priority Delivery Groups (PDGs) which sit under the Wellbeing Board to lead on the following specific areas of work. These PDGs are:
- Children and Young People's Partnership
 - Climate Change
 - Community Cohesion
 - Health
 - Safer Slough Partnership
 - Skills, Employment and Enterprise
- 5.9 Coordinated activity is also delivered through a Self care, responsibility and engagement task and finish group which is leading on the following key areas:
- Access to Primary Care
 - Young Carers.
 - Carers assessments
 - Health Checks
 - Volunteering
- 5.10 **SWB Development work**
- 5.11 Two SWB development workshops, facilitated by the LGA took place in January and February 2012 to identify areas where there were gaps in delivery and which required a stronger partnership approach.
- 5.12 Subsequent to this, the SWB then carried out a series of development activities during the course of 2012 and 2013 actioning the ideas above, namely; Placeshaping in Chalvey and Foxborough; tackling domestic abuse and linking up with housing through Public Health.

- 5.13 In order to monitor the effectiveness of the PDGs the Slough Wellbeing Board receives regular progress updates from the PDGs and recently agreed a SWB Performance Monitoring tool to provide robust performance data reporting against agreed wellbeing targets which are aligned to the SJWS action plan.

Health and Wellbeing Board National good practice

- 5.14 The Kings Fund report “Health and Wellbeing Boards one year on”, published in October 2013, forms part of a wider programme of work on health and wellbeing boards that is being carried out by The King’s Fund.

- 5.15 The main objectives of this work on health and wellbeing boards are:

- to gain insight into how local authorities and their health partners are implementing health and wellbeing boards in the context of the government’s reforms of the NHS and the adult social care system
- to identify the lessons that could be applied to the roll-out of health and wellbeing boards elsewhere, the issues that local authorities and their health partners need to address in the next stage of their development, and the implications for policy.

- 5.16 60 local authorities took part in the survey used to inform this report.

- 5.17 The main findings of the report are as follows:

- Only 25% of boards had a Housing lead. Ideally this should be higher given the links to wellbeing.
- Influence on CCG and NHS England commissioning decisions could be improved.
- Many boards do not have the following as priorities:
 - Out of hours care.
 - Quality of services and reconfiguration.
 - Integration.
- Many boards default to a limited role of info-sharing and high level co ordination of plans and strategies. React to proposals and plans from partners and make some progress overseeing specific public health programmes. Few will lead or initiate system-wide change.
- Little confidence in boards. Local planning and decisions could be made through separate channels in LA or CCG, e.g. Integrated Transformation Fund, or urgent care. This could see the boards being bypassed or sidelined.

- 5.18 The report made the following suggestion on how boards could improve their effectiveness:

- Transform services informed by local demographics and population profiling.
- Maintain and improve quality and safety of treatment and care.

- Develop integrated care.
 - Engage and reach out to local communities.
- 5.19 The main conclusion of the report is that wellbeing boards can easily become simple decision making structures, whose main role is rubber stamping reports and strategies.
- 5.20 The Kings Fund felt that boards were in a strong position to champion change and transformation of service design, development, commissioning and delivery. In conclusion they state:
- “Boards could look to develop an executive decision making role the whole local system of health, social care and public health, with an explicit remit to oversee commissioning of all services, produce an agreed framework for integrated care and drive through the transformation of local services. This would be consistent with a policy thrust towards more integrated commissioning across the local NHS and local government.”¹
- 5.21 For further details please see the full report at appendix a.
- 5.22 The LGA has also produced a self evaluation tool to enable Health and Wellbeing boards (HWB) to assess their performance and achievements.
- 5.23 This tool can be used as an alternative to peer challenge. Whilst aligning with the peer challenge methodology, it offers Wellbeing Boards an opportunity to evaluate their position using a maturity model.
- 5.24 The tool describes characteristics of a ‘young HWB’; an ‘established HWB’; a ‘mature HWB’; and an ‘exemplar HWB’ against six dimensions for an effective partnership.
- 5.25 The tool is one part of the wider offer on health and wellbeing system Improvement that the LGA offers. HWBs are encouraged to use the statements in the tool as a prompt to consider and challenge their own practice, to benchmark with others and as a method towards developing an improvement plan.
- 5.26 The LGA have developed this tool with the intention that it helps shape a local conversation rather than a scoring exercise, and as such they recognise that boards may wish to use this tool flexibly.
- 5.27 The tool is one part of our wider offer on health and wellbeing system improvement and aims to assist boards to:
- explore their strengths and opportunities

¹ “Health and Wellbeing Boards one year on”, Kings Fund, October 2013.

- improve
- inspire their ambition to develop a clear sense of purpose and an approach which will help transform services and outcomes for local people.

5.28 The following guiding principles, developed with HWB partners, underpin the development tool:

- Promoting a local narrative: The tool aims to promote an honest narrative within individual HWBs, to assist them in exploring their strengths, challenges and opportunities to improve.
- Promoting partnership, shared leadership and shared decision making: The tool intends to build on the foundations that have already been established, to support continual development and challenge in becoming an effective operating HWB across local health and social care economies.
- Engaging stakeholders: The tool reflects the need to put stakeholder engagement at the heart of the HWB, underpinned by transparency and mechanisms that allow stakeholders to contribute.
- Understanding and striving for effectiveness: The tool promotes an evidence-based approach through the cycle of: needs assessment; prioritisation; decision making; implementation; and evaluation of outcomes.
- Assurance, learning and self-development: HWBs should be learning forums, self-driven and undertake continual reflection on progress and address emerging issues. Benchmarking and aspiring to the highest level of performance should be the norm.
- Celebrating success, sharing innovation and recognising barriers: This tool also aims to encourage HWBs sharing their own practice and identifying and addressing barriers to progress.

5.29 A copy of the full development tool can be found at appendix b.

5.30 SWB Proposal

5.31 The SWB has now been operating as an official committee for 9 months and has carried out a wide range of work to meet the vision and priorities set out in the SJWS.

5.32 To review and further develop the effectiveness of the SWB The board is asked to consider that a review and development workshop be developed and convened in May 2014.

5.33 Following input from the IGA, the boards development work carried out in 2012 and 2013 identified and actioned gaps and priorities in service areas where a joined up approach will better deliver the SJWS priorities.

5.34 As such It would be useful if the overall focus of this workshop could be shaped around developing the effectiveness of the board; reviewing how far the board has come in understanding what it stands for, what it needs

to do going forward, understanding its remit and role and enabling it to become a creative and innovative space for challenge and change

- 5.35 This workshop would take into account Slough's updated JSNA, the Better Care Fund integration agenda and the available national good practice around developing Wellbeing Boards, together with the work already carried out by the SWB since April 2013
- 5.36 The purpose of this workshop would be to:
- review performance from April 2013 to 31st March 2014.
 - celebrate success.
 - identify areas of challenge.
 - agree forward intentions for the SWB.
 - agree activity required to develop the SWB further
- 5.37 The audience for this workshop would be the SWB board members and the PDG leads.
- 5.38 There are three proposals for the board to consider:

Option 1

- That this workshop be facilitated by the Kings Fund. This would enable the board to take advantage of the national and local expertise around developing wellbeing boards that this organisation can offer.
- It will also enable the board to build on some of the integration and commissioning concepts from the SWB hosted BCF Workshop (taking place on 24th January 2014) which is being facilitated by the Kings Fund.
- There will be a cost associated with this option depending on a half or full day workshop. The cost for this option will be advised once SWB have agreed proposal and format.

Option 2

- That this workshop be facilitated by the LGA.
- This would allow the board to build on the work that it carried out with the LGA in 2012 and utilise the LGA self evaluation tool.
- There will be a cost associated with this option depending on a half or full day workshop. The cost for this option will be advised once SWB have agreed proposal and format.

Option 3

- That this workshop to facilitated by SWB officers.
- This option would be cost neutral apart from officer time in developing and delivering the event.
- With this option the SWB would not benefit from the 'critical friend' role provided by an external facilitator.

- 5.39 The board are further asked to consider if the workshop should be scheduled for a full or half day depending on the preference of the board. The associated benefits and risks are set out below:

Half day workshop	
Benefits	<ul style="list-style-type: none"> • Less time commitments for attendees
	<ul style="list-style-type: none"> • Less total cost
Risks	<ul style="list-style-type: none"> • Less time to engage with content of workshop
	<ul style="list-style-type: none"> • Possibly a reduction in outcomes achieved

Full day workshop	
Benefits	<ul style="list-style-type: none"> • More time to engage with the content of the workshop
	<ul style="list-style-type: none"> • Possibly more outcomes achieved
	<ul style="list-style-type: none"> • More opportunity to network and make wider links across services and partnerships
Risks	<ul style="list-style-type: none"> • Higher cost
	<ul style="list-style-type: none"> • A larger time commitment for attendees.

6. Comments of Other Committees / Priority Delivery Groups (PDGs)

- 6.1 The proposal for developing a review and development workshop was presented to the SWB planning group (which is made up of the SWB PDG Leads) on 14th November 2014. The leads for the SWB PDGs welcomed and supported the development of an annual review and development workshop.

7. Conclusion

- 7.1 The SWB has now been operating as an official committee for 9 months and has carried out a wide range of work to meet the vision and priorities set out in the SJWS.
- 7.2 To review and further develop the effectiveness of the SWB it is proposed that a workshop be developed and convened in May 2014.
- 7.3 The Slough Wellbeing Board is requested to agree that an annual review and development workshop be developed and held in May 2014.
- 7.4 The board is requested to consider the three workshop options and agree a preferred option to be developed going forward.

7.5 The board is requested to agree whether this workshop should be delivered in a half or full day format.

8. **Appendices Attached**

'A' - "Health and Wellbeing Boards one year on", Kings Fund, October 2013.

'B' - "Health and Wellbeing System Improvement Programme Development Tool", LGA, September 2013

9. **Background Papers**

'1' - "Health and Wellbeing Boards one year on", Kings Fund, October 2013.

'2' "Health and Wellbeing System Improvement Programme Development Tool", LGA, September 2013