

SLOUGH WELLBEING BOARD

**SUMMARY OF DEVELOPMENT EVENT
Slough Aspire Centre, 30 June 2014**

1. Background and Purpose

- 1.1 The King's Fund was commissioned to design and facilitate a development day to take stock of the Board's progress in its first year and to review and refresh its role and future development. This report sets out the main conclusions and five sets of actions for the Board to consider. It should be read in conjunction with the slide pack that contains the presentations that were used during the event.
- 1.2 Prior to the event, an overall assessment of the Board's work and progress was conducted through:
- holding telephone interviews with each Board member to review progress to date, establish how they see their role on their board and their views about priorities for the Board's future work and development;
 - a brief desk review of Board minutes & relevant papers including the JSNA & Joint Health & Wellbeing Strategy.
- 1.3 Drawing on feedback from Board members about what they wished to achieve from the event, the agreed purpose and desired outcomes were to:
- refresh everyone's understanding of the role, powers and duties of health and wellbeing boards, taking account of evolving national policy developments, draw on our national research and learning from work with other Boards;
 - take stock of what progress the Board has made so far –generating a renewed and shared sense of purpose for the Board;
 - agree priorities for the Board's work and its development going forward so that it can deliver the ambitions it wishes to set for itself.

2. Policy context & overview

- 2.1 The implementation of the Health and Social Care Act over the last 12 months has introduced more complexity in organisational and commissioning arrangements. There remains considerable uncertainty about how the new arrangements should work in practice. The relationship between CCGs and NHS England is evolving, as are other parts of the system including the role of Public Health England. There are some concerns about the fragmentation of commissioning on the health side, whilst providers are struggling to reconcile financial balance with rising demand and protecting patient safety.
- 2.2 The biggest shared challenge for the NHS and local authorities arises from the lack of improvement in the public finances and the prospect of a decade of austerity. Further cuts in central government grants to local government have been announced for 2014/15 - on top of the 28% reduction in the current spending review period. Although NHS budgets are likely to be protected in the forthcoming spending review, the absence of any real terms increase creates a funding gap - 'the Nicholson challenge' - of at least £15b. Although the Government's decision to implement the recommendations of the Dilnot Commission have been welcomed, this will not address the underlying funding shortfall in adult social care. The Care Act will significantly extend the responsibilities of local authorities. Managing the widening gap between needs

and resources will become an even bigger challenge for the NHS and local authorities.

- 2.3 In the last 12 months integrated care has risen further up the policy agenda, with the imminent announcement of a new national framework for integration that will involve the selection of 'pioneers' - places with particularly ambitious and visionary plans for whole system integration – and a £3.8b Better Care Fund requiring Health and Wellbeing Board's to sign off.
- 2.4 All of these developments underline the necessity of a local forum that brings together key leaders from the local NHS and local authority. Despite continuing controversy about many aspects of these challenges, Health and Wellbeing Boards continue to enjoy cross-party support and are seen by many as playing a pivotal role in addressing the above challenges at the local level - especially in leading the integration of services. If anything they seem set to play a bigger role in the future. However they will be grappling with fault lines in national policy and funding that have bedevilled many past initiatives and in the context of the worst financial environment in living memory. There remain concerns that the increasing weight of expectations placed on Boards will exceed their capacity to deliver them – particularly given their relatively limited duties and powers and the fragmented organisational landscape of the NHS. The King's Fund research and other evidence suggests that few Boards are setting the pace for others to follow, with most having made relatively modest progress in a short space of time.
- 2.5 Presentations from Ruth Bagley and Dr Jim O'Donnell set out the main challenges facing the CCG and local authority, reflecting the national challenges arising from money, organisational complexity and rising demand. Contributions from other Board members confirmed there is a shared need across public service organisations in Slough to find new ways of working that recognise these realities and foster realistic public expectations.

3. The role and purpose of the Board

- 3.1 Richard Humphries summarised the overall purpose of the Boards as set out in the Health and Social Care Act ('HWBs at a glance' in the attached slide set). The legal powers and duties of the Boards are as follows:
- The Board has a duty to promote integrated working
 - The Local Authority and CCG each have a duty to produce a joint strategic needs assessment (JSNA) & joint health and wellbeing strategy (JHWS) which must be discharged through the Board. NHS England is required to participate in these processes. The Board should take account of the mandate to NHS England;
 - The CCG, local authority and NH England must 'have regard' to the JSNA and JHWS in exercising their functions
 - The CCG must involve the Board in preparing and revising their commissioning plans
 - The Board has the power to:
 - Appoint additional members
 - Require NHS England to attend meetings
 - Request information
 - Write to NHS England if it considers that the CCG's commissioning plan does not take account of the JSNA or JHWS
 - Express an opinion whether the local authority is having regard to the JSNA and JHWS.

- 3.2 It can be seen that the formal powers of Board are very limited - it does not for example have the power to sign-off CCG commissioning plans. Its effectiveness in practice depends less on legal powers and more on an interlocking set of duties placed upon the CCG, local authority and NHS England. The remit of the Board covers all of their relevant functions. Evidence to date points to the importance of the local authority/CCG partnership at the heart of the Board - it is as much about relationships as it is about meetings. The permissive nature of the legislation offers considerable scope to develop the role of the Board - if partners agree.
- 3.3 Department of Health guidance, the NHS Operating Framework for 2013/14 and recent guidance on the Better Care Fund confirm the expectation that the Boards will function as a partnership between local authorities and the NHS.

4. Progress, Key Issues & Priorities

- 4.1 Slough's Board was established in shadow form in 2013, based largely on the previous Local Strategic Partnership. This has given the Board some strong advantages. It meant continuity of membership and leadership – this is relatively unusual among Boards where the results of local elections and other developments have seen a high turnover of Board members. The research literature on partnerships and integration indicates that stability and continuity of leadership is an important success factor. The status of the Board as a statutory committee of the local authority offers a strong governance framework that was sometimes lacking in previous partnership arrangements though this is not without its drawbacks.
- 4.2 Its origins in the LSP has meant also that the Board has taken a broad approach to its remit and sees its role as promoting wellbeing across a range of local public services. Unlike some Boards it has avoided a relatively narrow concern with health and social care issues. The Board has agreed a comprehensive and ambitious Joint Wellbeing strategy that sets out a wide range of priorities covering health, economy and skills, housing, regeneration and environment, safer communities and two further cross-cutting themes of civic responsibility and the image of the town. It is a crisp and clearly expressed strategy that should be regarded as a significant output that the Board has overseen.
- 4.3 The Board is relatively small compared with most Boards – in our last survey the majority had at least 13 members. Boards that are too big run the risk of becoming ineffective talking shops whilst Boards that are too small may not be inclusive enough in ensuring the right stakeholders are round the table. The inclusion of Police and Fire Rescue Service in the Board is relatively innovative, with the latter service offering a good example of transformational change that offers lessons for other public services in Slough.
- 4.4 The size of Slough's Board has served to encourage generally good working and personal relationships. All Board members expressed a strong commitment to the Board and had a positive view of the Board's potential as the key local partnership vehicle. This is reflected in generally high levels of attendance at Board meetings. Board members seem to share a strong sense of 'place'.
- 4.5 It is also a strength of the Board's current stage of development that there seems to be a general consensus about some key areas where the Board needs to be different and consider changes to improve its effectiveness. In summary:

- it is difficult to pinpoint specific achievements that would not have happened had the Board not existed, although there is clearly some excellent work in progress. The Board has yet to demonstrate impact. Whilst the Wellbeing Strategy is ambitious and wide-ranging, that does mean the Board is heavily reliant on the Priority Development Groups (PDGs) to oversee and drive forward the work under each priority. This creates a danger that it spends too much time reacting to strategies and proposals across a multitude of different services and needs. This will be very challenging for a small Board with relatively little capacity. It constrains its ability to exercise appropriate challenge and exert strategic grip in ensuring delivery and performance across a diverse and numerous range of priorities. Work is in hand to establish a performance reporting mechanism for the Board. This will help but it will remain very challenging for the Board to monitor progress effectively against 28 priority actions across 6 PDGs. The Board needs to find a way of demonstrating real impact that benefits Slough's people and communities without compromising its very laudable ambitions;
- Another issue that arises from the broad remit of the Board and the Wellbeing Strategy concerns the relationship between the local authority and the local NHS and how far this is accorded sufficient time and priority by the Board. Local changes in NHS providers, changing patterns of illness and escalating demand pressures at the interface of the NHS with adult and children's services means that this will almost certainly become a much bigger issue locally (for example, changes to the Better Care Fund conditions announced since the development event signal a bigger transfer of risk from the NHS back to local government). The Board may need to reconsider the amount of time it can give to this in the broader strategic sweep of all other issues; and whether the very limited NHS involvement in the Board offers sufficient engagement and capacity to tackle health care needs and priorities. The existing membership of the Board does not suggest a balanced partnership between the local authority and the NHS.
- whilst individual members of the Board express a strong commitment to the Board, currently they each appear to see their role as representing an organisation or professional interest rather than members of a collective body with a shared sense of purpose. The terms of the reference of the Board – essentially a list of its statutory duties and powers – does not reflect a clear sense of shared purpose about the Board's role and what it is there to do.

4.6 In summary the current Board has some significant strengths. It is well established and has met regularly, it has agreed a joint wellbeing strategy with an ambitious set of strategic priorities that extend beyond health and care. Working relationships are good and so far has withstood inevitable tensions arising from the huge financial pressures facing NHS bodies and the local authority. It has reached a stage in its development that is similar to most Boards in the second full year of operation – noting that all are in their infancy and there is very clear evidence that effective partnerships and the relationships that underpin them take time to mature and develop. But to become a truly effective joint decision-making body that can demonstrate it is making a real difference to the wellbeing of local people, the Board needs to change gear and begin a new phase of development.

6. Areas for development & next steps

6.1 It is very encouraging that there does seem to be broad agreement amongst Board members about priorities and work programme and its own development. Further discussion at the event suggested five areas for attention:

- (i) Develop a **statement of purpose** that clarifies a shared agreement about the role of the Board that could be used to explain its role to wider stakeholders and communities where awareness of the Board is limited. This needs to be a much clearer and crisper description than that contained in the Board's current terms of reference. Three particular ideas emerged from the discussion that could be reflected in the statement of purpose:
 - a. The notion of 'better together' – the Board embodies a collective recognition that there are common challenges that each individual organisations cannot tackle effectively on their own;
 - b. the Board as the 'go-to' body for key strategic decisions that need the agreement and support of partners;
 - c. the role of Board in having executive authority to 'unblock' or remove obstacles that are getting in the way of particular programmes or projects.

A new statement of purpose, as part of a revised terms of reference, could also make clear the role and contributions of the PDGs and at what level particular issues are dealt with. It could also clarify and confirm the interface with other vehicles e.g. Health Scrutiny Committee; Safeguarding Boards etc.

- (ii) In thinking through its strategic priorities, the Board might find it helpful to undertake a **resource mapping exercise** of all public service spend in Slough; this would offer the Board a much sounder understanding of what money is being spent, how and where, the inter-dependency of separate organisational budgets and how well the total resource is being used to achieve better outcomes. It could enable the Board to get a much stronger grip on the relationship between priorities, spending and outcomes.
- (iii) Carry out a fundamental **review of the overall priorities and work programme** of the Board so that it can demonstrate and deliver real impact. These might include:
 - a. Retaining the existing overall strategic priorities but streamlining the number of priority actions and redefining this in measurable terms (work on this is underway already)
 - b. Agreeing an annual work plan that concentrates on some key deliverables that the Board would then focus on;
 - c. Agree and implement an effective performance reporting mechanism.
- (iv) **Review the membership of the Board** with a view to strengthening the engagement of the local NHS. This could be achieved by:
 - a. Securing greater participation from NHS England so that the Board can give adequate attention to local primary care services commissioning;
 - b. Inviting the CEO or designated representative of Heatherwood & Wexham Park Foundation Trust to join the Board;
 - c. Holding a workshop specifically on the Better Care Fund that could also address the wider changes needed to achieve care closer to home.

- (v) To give more consideration to **the Board's development needs**. This might include:
- a. Adjusting the balance between formal meetings and informal sessions such as briefings, specific workshops and development time
 - b. Establishing a common induction programme for new Board members and carrying out a skills audit of existing Board members;
 - c. Conducting an annual review of its effectiveness and impact, using the LGA/NHS Confederation self-assessment tool, peer review or external assessment;
 - d. Ensuring there is sufficient professional and administrative capacity to support the work programme and its further development as a Board; currently this falls wholly on the local authority.

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