

## Slough Borough Council

<b>Report To:</b>	Wellbeing Board
<b>Date:</b>	11 <sup>th</sup> July 2023
<b>Subject:</b>	A new start for our Health and Wellbeing Board
<b>Chief Officer:</b>	Tessa Lindfield, Director of Public Health – Slough Borough Council, RBWM and Bracknell Forest Council
<b>Contact Officer:</b>	Kelly Evans, Deputy Director of Public Health – Slough Borough Council
<b>Ward(s):</b>	All
<b>Exempt:</b>	NO None
<b>Appendices:</b>	

### 1. Summary and Recommendations

- 1.1 This report sets out the statutory functions of the Health and Wellbeing Board as a formal committee of Slough Borough Council. The interface with the integrated care system – Frimley ICS and opportunities for the Board as it is relaunched.

### 2. Recommendations:

- 2.1 Committee is recommended to:

(a) consider the opportunities listed in the context of Slough Wellbeing Board

Reason: The Health and Care landscape has changed over the last few years following NHS reforms introducing Integrated Care Systems (ICS). HWBs need to evolve and adapt to operate within this new context. Collaborating with the Integrated Care Board and the Integrated Care Partnership leaders to ensure effective working at system and place.

### 3. Report:

- 3.1 Health & Wellbeing Boards (HWBs) exist to:

- provide a strong focus on establishing a sense of place.
- instil a mechanism for joint working and improving the wellbeing of their local population.
- set strategic direction to improve health and wellbeing.

3.2 Along with local authorities (LAs) and the NHS, HWBs have a duty to improve the health of the population and to reduce health inequalities, those unfair differences in health seen between different communities. This will be crucial to achieve the Council vision of closing the healthy life expectancy gap.

3.3 Since their inception in 2013 HWBs continue to play an important statutory role in instilling mechanisms for joint working across health and care organisations and setting

strategic direction to improve the health and wellbeing of people locally<sup>1</sup>. This will enable Slough's strategic priorities that related to health to be championed within HWB partners to ensure delivery against these priorities.

### **3.4 Compulsory Activities**

3.4.1 There are some must dos for HWBs:

- Joint Strategic Needs Assessment (JSNA)
- Joint Local Health & Wellbeing Strategy (JLHWS)
- To promote integration
- Pharmaceutical needs assessment (PNA)

LAs and the NHS have equal and joint duties to prepare JSNA and JLHWS through the HWB, the intention is that these duties are discharged by the Board as a whole.

### **3.5 Joint Strategic Needs Assessment (JSNA)**

3.5.1 JSNAs are unique to each area, describing the current and future health and care needs of the community that could be met by Local Government or the NHS. They speak to core public health principles of designing services and interventions according to the need of the population, basing decisions on evidence and tackling inequalities.

3.5.2 JSNAs need to consider

- the demographics of the area, and needs of people of all ages of the life course including how needs vary for people at different ages;
- how needs may be harder to meet for those in disadvantaged areas or vulnerable groups who experience inequalities, such as people who find it difficult to access services; and those with complex and multiple needs such as looked-after and adopted children, children and young people with special educational needs or disabilities, strengthening families, people in contact with the criminal justice system, survivors of violence, carers including young carers, homeless people, Gypsies and Travellers, people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging;
- wider social, environmental and economic factors that impact on health and wellbeing – such as access to green space, the impact of climate change, air quality, housing, community safety, transport, economic circumstances, employment; and
- what health and social care information the local community needs, including how they access it and what support they may need to understand it.

3.5.3 JSNAs use local intelligence to fill the gaps in formal data and evidence to create insights that drive evidence-based decision making.

3.5.4 In Berkshire the JSNA has a suite of resources, including profiles, reports and the Berkshire Observatory<sup>2</sup>. The latest people and place summary for Slough is available here [Overarching Resources and JSNA Summaries - Berkshire East JSNA \(berkshirerepublichealth.co.uk\)](https://www.berkshirerepublichealth.co.uk/overarching-resources-and-jsna-summaries-berkshire-east-jsna)

## 3.6 JLHWS

3.6.1 The JLHWS is the strategy to meet the needs identified by the JSNA, setting a small number of key priorities for action. JHWS should translate JSNA findings into clear outcomes the Board wants to achieve, which then inform local commissioning and service delivery.

3.6.2 Both the ICB and LAs have a duty to have regard to the JHWS in their planning and delivery

3.6.3 Slough's JLHWS is known as the Slough Wellbeing Strategy 2020-2025

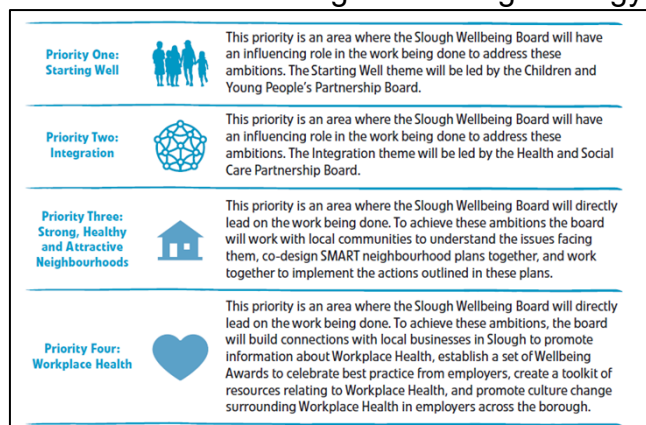


Figure 1: SWBS 2020-2025 Priorities

## 3.7 Other

3.7.1 HWBs are also responsible for publishing a pharmaceutical needs assessment and for promoting integration of health and care services.

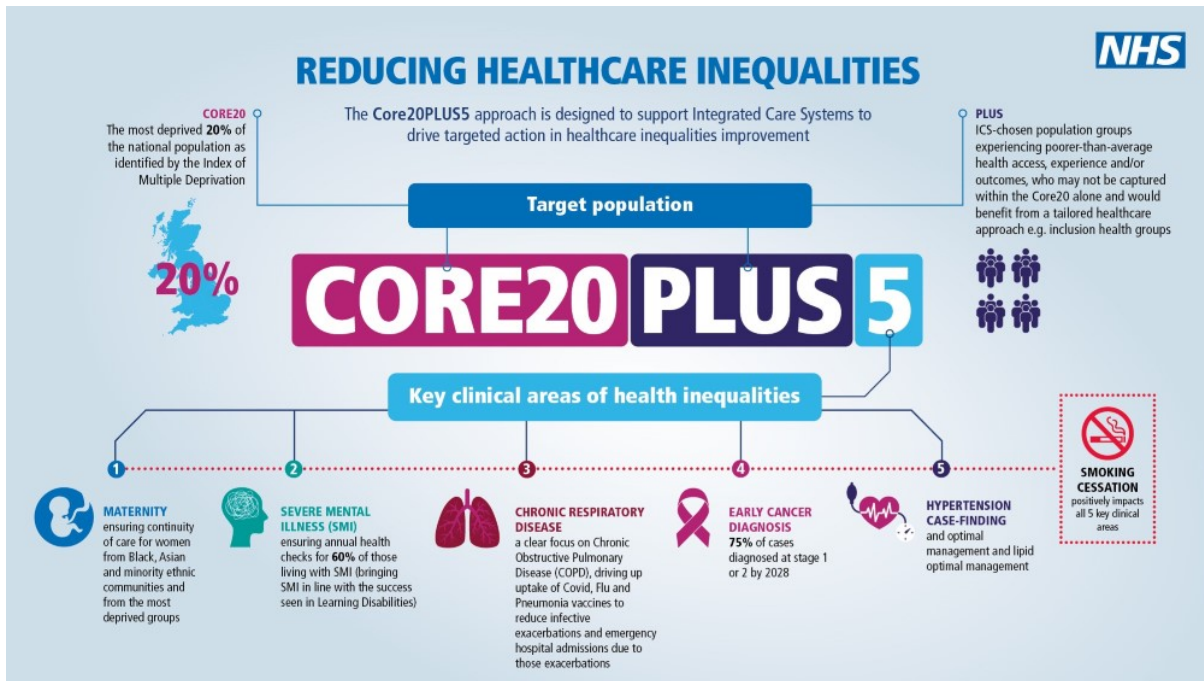
## 3.8 HWBS and Integrated Care Systems

3.8.1 The LGA describes HWBs as a *single point of continuity in a constantly shifting health and care landscape*<sup>3</sup>. It is now a time of significant and complex change with NHS reforms introducing Integrated Care Systems (ICS). HWBs need to evolve and adapt to operate within this new context and can work with Integrated Care Board and the Integrated Care Partnership leaders to ensure effective working at system and place working.

3.8.2 Slough is one of 5 'places' within the Frimley system. There are place and system groups and committees where partners to convene to progress integration, quality and health inequalities work.

3.8.3 The Core20PLUS programme underpins the ICS work on inequalities as shown in the graphic below. The HWB has a duty to decrease health inequalities and will be an important forum to ensure support for this programme across the wider partnership. For example, the HWB may wish to look at how LA services and functions can assist in levelling up outcomes in the key clinical areas. Slough is a vital partner in the ICS for this work as most of Slough's neighbourhoods are within the most deprived 20% areas in Frimley.

<sup>3</sup> [Health and wellbeing systems | Local Government Association](#)



### 3.9 HWB as a Council committee

- 3.9.1 The HWB is a formal committee of the LA but is a bit different from other committees. Several of the rules that apply to other committees are disapplied for HWBS – this includes officers and members having equal voting rights and no requirement for political balance on the Board.
- 3.9.2 HWBs are bound by the Public Sector equality duty. This is not just about how the community is involved in decision making but includes consideration of the experiences and needs of people with relevant protected equality characteristics, as well as considering other groups identified as vulnerable in JSNAs; and the effects decisions have or are likely to have on their health and wellbeing.
- 3.9.3 The core membership of the HWB is prescribed<sup>4</sup>. The 2012 Act prescribes a core statutory membership of at least one elected representative, nominated by the Leader of the council, a representative from each CCG (now ICS) whose area falls within or coincides with, the local authority area, the local authority directors of adult social services, children’s services, and public health and a representative from the local Healthwatch organisation. It is for the Leader to determine the precise number of elected and representatives on the board, and the Board can add other members.

### 3.10 HWB Opportunities

- 3.10.1 In the new ICS context, there are programmes across the Frimley system and at each place. Traditionally work at place has been the domain of the HWB and there is a risk of duplication and competition between the groups if the relationships and programmes of work are not organised synergistically.

<sup>4</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/144020/General-health-and-wellbeing-board-duties-and-powers.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/144020/General-health-and-wellbeing-board-duties-and-powers.pdf)

- 3.10.2 A key point of difference for the HWB is the duty to describe need and inequality and produce the overarching strategy that the NHS and the LA has a duty to have regard to. The Board may wish to ask for evidence that their strategy is being taken into account. This gives the Board a unique opportunity to focus partners' work on the activities most likely to drive improvements in health and wellbeing and tackle inequalities.
- 3.10.3 The HWB can also influence effective investment in health and wellbeing, through promotion of the JSNA and PNA as tools for evidence based decision making.
- 3.10.4 The HWB is in an ideal position to connect the various groups and partnerships working on health and care issues. There is a good example from Southend<sup>5</sup> where the HWB brought together work across partnerships to better impact the harm from drugs in the town. The HWB can convene meetings and working sessions to build consensus on priorities across partnerships, drive action and unblock issues and working relationships that might be thwarting progress.
- 3.10.5 With its strong links and influence across local government the HWB can instigate action on the wider determinants of health across the partnership, for example on healthy housing, inclusive growth.
- 3.10.6 The Board is also in a position to oversee pilots and trials of new approaches and share and learn from other Boards.
- 3.10.7 The Board is ideally placed to inform and engage with residents to co create solutions to improve health and wellbeing.

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21<sup>st</sup> June 2023

## **4. Background**

4.1 Slough's Wellbeing Strategy was published in 2020, work has been undertaken against each of the priorities. In March 2023 as part of a HWB workshop to review the existing strategy - it was decided to continue with the same four priorities, but to review the action plans against them to ensure they were still current given the legislative changes within the NHS and recovery from the COVID 19 pandemic.

## **5. Implications of the Recommendation**

### *5.1 Financial implications*

5.1.1 None above and beyond what was committed to deliver the Wellbeing Strategy previously.

### *5.2 Legal implications*

5.2.1 HWBs statutory duties include:

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<sup>5</sup> [Southend Borough Council: providing a coordinated approach | Local Government Association](#)

- Publishing a Joint Strategic Needs Assessment (JSNA)
- Publishing and delivering a Joint Local Health & Wellbeing Strategy (JLHWS)
- Promoting integration
- Conducting a pharmaceutical needs assessment (PNA)

LAs and the NHS have equal and joint duties to prepare JSNA and JLHWS through the HWB, the intention is that these duties are discharged by the Board as a whole.

5.2.2. The 2012 Health and Social Care Act prescribes a core statutory membership of at least one elected representative, nominated by the Leader of the council, a representative from each CCG (now ICS) whose area falls within or coincides with, the local authority area, the local authority directors of adult social services, children's services, and public health and a representative from the local Healthwatch organisation. It is for the Leader to determine the precise number of elected and representatives on the board, and the Board can add other members.

### 5.3 *Risk management implications*

3.3.1 The risk of not having a fully functional HWB is opportunities are missed to improve the health and wellbeing of Slough residents and consequently not achieve the corporate vision of improving healthy life expectancy.

### 5.4 *Environmental implications*

5.4.1 It is well recognised at a global and national level that climate change is already impacting health, and this will worsen as temperatures continue to rise; those who are most affected will be people who are least able to protect themselves including people from low-income and disadvantaged communities, thus increasing health inequalities. An effective HWB will enable cross working between environment and health colleagues to consider the co-benefits to health and the environment on priorities such as air pollution.

### 5.5.1 *Equality implications*

6.5.1 HWBs are bound by the Public Sector equality duty. This is not just about how the community is involved in decision making but includes consideration of the experiences and needs of people with relevant protected equality characteristics, as well as considering other groups identified as vulnerable in JSNAs; and the effects decisions have or are likely to have on their health and wellbeing.

## **6. Background Papers**

<https://slough.berkshireobservatory.co.uk/>

[Health and wellbeing boards – guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-and-wellbeing-boards)