

## READING BOROUGH COUNCIL

### REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	Health & Wellbeing Board		
DATE:	22 <sup>nd</sup> January 2016	AGENDA ITEM:	18A
TITLE:	LGA PEER REVIEW OF THE READING AND WEST OF BERKSHIRE HEALTH AND WELLBEING BOARDS METHODOLOGY AND PROCESS		
LEAD COUNCILLOR:	COUNCILLOR HOSKIN	PORTFOLIO:	HEALTH
SERVICE:	ADULT CARE & HEALTH	WARDS:	ALL
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#### 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 Reading's Health and Wellbeing Board (HWB) has been operating in its formally constituted role for more than 18 months; and it is timely to review the effectiveness and efficiency of the Board in terms of delivering the aims and objectives of the Health and Wellbeing strategy and to support the development of HWB leadership.
- 1.2 In October 2015 Reading's Health and Wellbeing Board approved a review of the Board's effectiveness and efficiency by LGA Peer Challenge. This will be undertaken collaboratively with Wokingham and West Berkshire Health and Wellbeing Boards, in order to identify any potential opportunities for future synergies or integrated working. All HWB'S are tasked with promoting the alignment and integration of health and care services in the sub region.
- 1.3 The LGA will conduct 'on-site' visits from 1st - 4th March 2016. The provisional on site date for Reading is 3<sup>rd</sup> March 2016. The board also agreed that a Task & Finish Group be appointed to oversee the specific focus for the Peer Challenge questions and their programme of interviews and focus groups.
- 1.3 The report outlines the review methodology the challenge questions and next steps.

#### 2. RECOMMENDED ACTION

- 2.1 That the board note the requirements of the Health & Wellbeing Board Peer Review taking place from 1<sup>st</sup> - 4<sup>th</sup> March 2016, on site in Reading on 3<sup>rd</sup> March.
- 2.2 That the board endeavour to be available to participate in interviews / focus group as required on 3<sup>rd</sup> March.

### 3. POLICY CONTEXT

- 3.1 Health and Wellbeing Boards are statutory bodies introduced in England under the Health and Social Care Act 2012. According to the Act, each upper-tier local authority in England is required to form a Health and Wellbeing Board as a committee of that authority. The aim of Health and Wellbeing Boards is to improve integration between practitioners in local health care, Social Care, Public Health and related public services so that patients and other service-users experience more "joined up" care, particularly in transitions between health care and Social Care. The boards are also responsible for leading locally on reducing health inequalities.
- 3.2 Health and Wellbeing Boards have no statutory obligation to become directly involved in the commissioning process, but they do have powers to influence commissioning decisions made by CCGs. However, CCGs and local authorities may delegate commissioning powers to Health and Wellbeing Boards so that they can lead on joint commissioning. JSNAs and joint health and wellbeing strategies produced by the boards are key tools that CCGs use in deciding what public health services need to be purchased. In this sense the boards have a role in shaping the local public health landscape, and helping CCGs to commission services in an effective and targeted manner.

### 4. THE PROPOSAL LGA Peer Review

- 4.1 Peer challenge - this tried and tested LGA sector-led improvement tool has been developed collaboratively for health and wellbeing. HWBs commission the challenge to focus on local system challenges and priorities within the overall framework.
- 4.2 A Peer Challenge is a voluntary and flexible process commissioned by a council or a partnership to aid their improvement and learning. It involves a team of between four to six peers from local government and Health (can involve others e.g. the voluntary sector) who spend time on-site in an area to reflect back and challenge in order to improve the way it works and makes an impact. The process involves engaging a wide range of people working in the area in both statutory and partnership roles and the findings are delivered immediately.
- 4.3 Peers are working as 'critical friends', not professional consultants or experts. Peer challenge is not inspection. The process is based on a view that organisations learn better from peers and are open to challenge. Likewise it believes that peers, in their professional capacity, challenge robustly and effectively - while the process is voluntary, it is not a 'soft option'.

- 4.4 The health and wellbeing peer challenges focus on the health and wellbeing board and the partners who form the local health and wellbeing system recognising that 2015/16 brings a window of opportunity to put Health and Wellbeing Boards in the driving seat of local system leadership; able to take on a place-based approach to commissioning Adult Social Care and health, and address the wider determinants of health. The peer challenges are focused on enabling the leadership of HWBs to move into this space effectively. In this context the peer challenge focuses on the following elements:
- ensuring clarity of purpose of the board
  - building a model of shared leadership within the board
  - working with partners to develop the systems leadership role
  - ensuring delivery and impact
  - integration and system redesign

The peer challenge is fully subsidised by the Department of Health.

- 4.5 The peer challenge focuses on a set of headline questions and more detailed prompts, from which to frame the preliminary review of materials, the interviews, and the workshops that make up a peer challenge. They are discussed and tailored in the context of each council and HWB:

1. To what extent is the purpose and role of the health and wellbeing board (HWB) established?
2. How strong is work with key partners to develop system leadership?
3. To what extent is the HWB 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 HWB enabling closer integration and the change to a cohesive and effective health system?

Locally the peer team will also examine the opportunities for closer working across the 3 areas/Berkshire West) and the Peer Team will answer the following:

- 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?
- 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?
- Is there opportunity for the three boards to frame and energise the integration agenda across Berkshire West?

#### The process

##### Pre review

- 4.6 Pre on-site preparation provides an opportunity for the HWB to self-reflect on its effectiveness prior to the work, and allows the peer challenge team to be fully operational from day 1. The following are key for effective challenge:
- Observation of Readings Health and wellbeing board - 22<sup>nd</sup> January 2016

- Position statement: HWBs to prepare a short position statement outlining how they are performing against the main themes of the peer challenge (see section 3) and any specific focus.
- Pre site reading: the council and HWB to provide review team with a number of documents, many of which are likely to be in the public domain already at least 3 weeks before going onsite
- Pre-site analysis is undertaken by the LGA and includes a high level analysis presentation and a number of datasets
- Pre-site survey with members of the HWB a short online survey with members of the HWB to obtain perspectives on the effectiveness of working arrangements as well as the leadership and relationships of board members.
- Timetable of activities for the peer team the review team is on-site at a council for a period of four days. The HWB needs to arrange a timetable of activity organised in advance of the visit by the peer team. The timetable should enable meetings and discussion sessions with a range of officers, partners, members, service users and other stakeholders enabling the peer team to explore the framework of questions and any local issues relevant to the challenge. The timetable needs to be discussed with the Challenge Manager as it develops and the final version agreed one week prior to the onsite visit. A typical timetable is included in the guidance document in appendix 2

#### On site

##### The Review Team

- 4.7 The peer team is made up of six peers, including the challenge manager, and reflects the focus of the peer challenge. The challenge manager discusses the composition of the peer challenge team with the HWB. All peers are approved by the HWB.

The core team consists of:

- a council Chief Executive of the same authority type as the locality (lead peer)
  - an elected member who is the Chair of the HWB in a similar area
  - a Director of Public Health of the same authority type as the locality
  - a senior CCG peer (e.g. Chief Operating Officer) from a similar health economy
  - an LGA challenge manager
  - the sixth member is the choice of the HWB and can be an NHS peer, an integration or policy specialist, Healthwatch, voluntary sector representative
- 4.8 The on-site challenge takes place over four consecutive days when the peer team is based in the locality and undertakes a range of activities, including focus groups, observations, site visits and discussions/interviews with officers, elected members, partners and stakeholders. The team will spend one day on site in each area West Berkshire, Wokingham and Reading. A feedback session will be held on the final day, 4<sup>th</sup> March in Reading. The timetable can include workshops on a specific area of focus the HWB wishes the peer challenge to explore.
- 4.9 The timetable is designed around the focus of the peer challenge and local

arrangements. The Reading focus is on how well outcomes have been delivered rather than governance. However, two sessions are common to all peer challenges:

- A 'setting the scene' meeting in the morning of the first day of the onsite part of the peer challenge. This provides an opportunity for the peer challenge team to meet with the leaders of the health and wellbeing system and key officers. It normally covers an introductory presentation about the local system and HWB and how it embraces its responsibilities in health and care, together with key opportunities and challenges as well as successes. The team uses this session to re-state the focus for the peer challenge and to establish common ground in what a good outcome of the process will be. It is also an important part in 'starting the process together' and to build relationships and trust between stakeholders and the peer challenge team.
- The feedback session on the last day of the peer challenge. In addition to informal feedback at the end of each day, the peer challenge team provides two types of feedback on the last day:
  - an informal 'dry run' of the formal feedback to a small group (normally including the Council Chief Executive or their representative, Chair of the HWB and a senior representatives of the CCG. This allows a check on any sensitive issues
  - a formal feedback discussion on the final day on-site involving an audience of the HWB's choosing. The peer challenge team shares its views and offers advice on the main focus of the challenge and key strategic and leadership issues

#### Written feedback

The HWB chair and vice chair (and/or CCG representative) and council Chief Executive receive written feedback within 2-3 weeks after the departure of the peer challenge team. It elaborates on the points made in the feedback presentation, outlining the main findings and conclusions and provides recommendations for improvement going forward.

The HWB has an opportunity to comment on the draft letter before it is finalised by the peer challenge manager.

#### Follow up work

The peer challenge includes an offer of follow-up support. This can involve all or part of the team engaging in an activity such as:

- holding an action planning workshop with the HWB
- organising a workshop on a specific theme or area, involving experts or other peers as appropriate
- arranging a follow-up visit at a later time to look at progress

The challenge manager liaises with the HWB to scope and manage any follow-up activity.

#### Expectations of the Health and Wellbeing Board

- 4.10 HWB members and key stakeholders need to be available on 3<sup>rd</sup> March (tbc) and it is important that there is ownership by the HWB for the peer challenge process and findings.

The HWB, and organisations that comprise the HWB, should communicate the messaging of the peer challenge to staff and members and ensure that they have a good understanding of the challenge and process at an early stage. It is important that everyone understands fully that this is an improvement and learning process, not an inspection, and that openness and cooperation is required in order to get the truest picture of the system in your area.

The peer challenge will reflect back ‘what you’ve told us and what we have seen’ and therefore it is important that everyone who participates is actively encouraged to be open and honest. This would be an integral part of the communication process in advance of the peer challenge on-site period. A ‘What’s it all about?’ leaflet is provided to help with communication.

#### On site interviews and focus groups

- 4.11 The suggested participants include Leader of the Council and Cabinet Members, Managing Director and Directors, Heads of Service, CCG’s, Voluntary Sector representatives

The full list is contained on page 18 and 19 of the methodology and guidance document available on request

#### Next Steps

- 4.12 The following are proposed next steps in preparation for the review

- Draft Summary position statement (HWB task and finish group)
- Pre site survey of board members (dates to be confirmed)
  - Start on 18<sup>th</sup> January
  - Deadline 29<sup>th</sup> January
  - Final report and data distributed 8-10 February.
- Agree timetable for on site visit on 3<sup>rd</sup> March 2016
- Feedback session on 4<sup>th</sup> March
- Collate and send pre site reading by 8<sup>th</sup> February

### 5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 Participation in the Peer Review will support the Corporate Plan priorities: Providing the best start in life through education, early help and healthy living; and Keeping the town clean, safe, green and active.

### 6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 Section 138 of the Local Government and Public Involvement in Health Act 2007 places a duty on local authorities to involve local representatives when carrying out "any of its functions" by providing information, consulting or "involving in another way".

### 7. EQUALITY IMPACT ASSESSMENT

- 7.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—
- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

7.2 An Equality Impact Assessment (EIA) is not relevant to this report.

## 8. LEGAL IMPLICATIONS

8.1 None

## 9. FINANCIAL IMPLICATIONS

9.1 The peer challenge is fully subsidised by the Department of Health.

## 10. BACKGROUND PAPERS

10.1 Review of the Reading and West of Berkshire Health & Wellbeing boards, report to Health & Wellbeing board, 9<sup>th</sup> October 2015.

10.2 Care and Health Improvement Programme (CHIP) Health and Wellbeing Peer Challenge: methodology and guidance, LGA, July 2015.