

HEALTH AND WELLBEING BOARD

TUESDAY, 14TH JANUARY, 2020

At 3.00 pm

in the

COUNCIL CHAMBER - TOWN HALL, MAIDENHEAD

SUPPLEMENTARY AGENDA

PART I

<u>ITEM</u>	<u>SUBJECT</u>	<u>PAGE NO</u>
5.	<u>MOVING FORWARD WITH THE ROYAL BOARD AS A PLACE IN THE INTEGRATED CARE SYSTEM</u> To receive the above report.	3 - 14

This page is intentionally left blank

Agenda Item 5

www.rbwm.gov.uk



Subject:	Moving forward with the Royal Borough of Windsor and Maidenhead as Place within the Integrated Care System
Reason for report:	To present the outcomes of the place workshop held on 3 September 2019 and to agree next steps for the development of the Joint Health and Wellbeing Strategy and associated plans.
Responsible officer and senior leader sponsor:	Hilary Hall, Director of Adults, Health and Commissioning
Date:	14 January 2020

SUMMARY

The Royal Borough of Windsor and Maidenhead is located within the Frimley Integrated Health and Care System. Integrated Care Systems are central to the delivery of integrated primary and specialist care, physical and mental health and health and social care. Given the breadth of the Integrated Care System (ICS), the importance of 'place' as a driver for responding to local needs and improving population health is clear. The Royal Borough is defined as "place" within the ICS and the workshop held on 3 September 2019 explored this in more detail, together with the development of neighbourhoods/localities beneath that.

1 BACKGROUND

- 1.1 The Royal Borough of Windsor and Maidenhead is located within the Frimley Integrated Health and Care System. The Integrated Care System (ICS) covers East Berkshire, North East Hampshire and Farnham, and Surrey Heath, a total population of just under 800,000.
- 1.2 The NHS Long Term Plan identifies Integrated Care Systems as central to the delivery of integrated primary and specialist care, physical and mental health and health and social care. Integration in order to respond appropriately to need is required at different levels – there will be services/interventions that can best be delivered at a system wide level and there will equally be services/interventions that are better delivered at local area level.
- 1.3 Given the breadth of the ICS, the importance of 'place' as a driver for responding to local needs and improving population health is clear. The Royal Borough is defined as "place" within the ICS and primary care networks, of which there are three in the borough, are defined as "neighbourhoods".

2 RECOMMENDATIONS

2.1. The Health and Wellbeing Board is requested to:

- Endorse the outputs of the place workshop held on 3 September 2019.
- Agree the next steps in the development of the Joint Health and Wellbeing Strategy, including supporting infrastructure and plans, and the approach to performance reporting.
- Agree the revised terms of reference for the Health and Wellbeing Board, Connected Leaders Group and Integration Board, as discussed at the last meeting.

3 DETAILS

Place workshop

- 3.1 At the request of the Health and Wellbeing Board, a place workshop was held on Tuesday 3 September 2019. The purpose of the workshop was to:
- Gain a better understanding of the health and wellbeing needs across the Royal Borough of Windsor and Maidenhead.
 - Start to identify priorities at place and neighbourhood level to tackle health and wellbeing issues and to inform the refresh of the Joint Health and Wellbeing Strategy.
 - Consider how to engage with communities to achieve population health and wellbeing outcomes at all levels.
- 3.2 The methodology for the workshop was a presentation providing:
- Context and understanding around system, place, neighbourhood and person.
 - Context around the Integrated Care System.
 - Context around the Royal Borough – high level, summary outputs from the Joint Strategic Needs Assessment.
 - Interactive workshop around the three neighbourhoods – Ascot and the Sunnings, Maidenhead and Windsor – to identify what specific needs we know about each neighbourhood, what more do we need to know and who should we be engaging with. Attendees worked on three tables, one for each neighbourhood, and were free to circulate around the tables.
- 3.3 There was excellent attendance at the workshop covering all agencies and a real enthusiasm to work collaboratively to address the needs of the borough. The outputs from the workshop are attached at appendix 1.
- 3.4 Unsurprisingly, what was clear from the workshop is that there are emerging themes/issues that are best tackled at place – transport is an obvious example – and there are themes/issues that are best tackled at neighbourhood and sub-neighbourhood level. The way in which the work is taken forward and the structure to support this is, therefore, crucial. The Health and Wellbeing Board currently has three sub groups – Developing Well, Living Well and Ageing Well. The Connected Leaders Group recommends that the existing sub groups are stood down and that three Neighbourhood Forums are established, aligned to the primary care network areas, with developing well, living well and ageing well as key cross cutting themes that run through them all.
- 3.5 Organising in this way would support the development of the primary care networks as well as provide opportunity for sub-neighbourhood work to be piloted and taken forward. It would also enable the Connected Leaders Group to focus on the themes/issues at a place-wide level.
- 3.6 The one area which had less attention at the workshop and which is key to the success of delivering population health improvements is engagement of wider communities. Some particular groups were identified but this will need more focus and work through the Connected Leader Group and Neighbourhood Forums going forward.
- 3.7 The next steps proposed following the workshop and subject to additional feedback from the Board are:
- Gather the additional information that we need to know to inform our thinking (as identified in the workshop) – particularly pockets of need and more granular mapping of assets.
 - Establish the three Neighbourhood Forums.
 - Run similar workshops with a wider range of agencies and practitioners at the three neighbourhood levels to test emerging themes/issues.

- Use the emerging themes from the neighbourhood work and place work to develop the Joint Health and Wellbeing Strategy, see point 3.7, for approval by the Board in April 2020.

Health and Wellbeing Strategy

- 3.8 The current Joint Health and Wellbeing Strategy is due to finish in March 2020. It is currently organised around three themes with 12 supporting priorities. As recognised at the last Board, the scope of the Strategy is very broad and it has not always been easy to identify the difference made to residents as a result of its implementation.
- 3.9 In the light of the emerging findings from the place workshop, it is proposed that the new Joint Health and Wellbeing Strategy is structured around activity being taken forward at place, and activity being taken forward at neighbourhood level. As described above, the cross cutting themes of developing well, living well and ageing well would then flow through activity at all levels of the strategy.
- 3.10 This structure will enable the Board to have a clear line of sight to the difference that it is making at all levels within the borough whilst providing a clear direction for the supporting governance structure.

Performance reporting

- 3.11 As discussed at the last Board, the wide ranging nature of the Joint Health and Wellbeing Strategy has led to an equally wide ranging set of performance indicators that have been used to measure its implementation. Some of the data sources have been acknowledged to be out of date, due to the nature of national reporting, and it has not always focused on key areas of need. In addition, the mandated metrics of the Better Care Fund do not form part of this wider performance report and are reported separately at each meeting. This ensures that the Board is fully sighted on performance in these areas more regularly than in others.
- 3.12 The structure proposed for the new Joint Health and Wellbeing Strategy would then feed into a more outcome focused place report that can be considered at each Board meeting but which will focus on key outcomes where improvement is required. The report could be structured around place and neighbourhood whilst still retaining a focus on the three cross cutting themes – developing well, living well and ageing well.

Terms of reference

- 3.13 As agreed at the last meeting, terms of reference for the Health and Wellbeing Board, Connected Leaders Group and Integration Board (formerly the Better Care Fund Board) have been updated and are at appendix 2 for sign off. The amendments to the Health and Wellbeing Board terms of reference will need to be approved by full Council in line with the requirements of the constitution.

Appendix 1: Outputs of Royal Borough of Windsor and Maidenhead as “Place” workshop on 3 September 2019

Purpose of workshop

- To gain a better understanding of the health and wellbeing needs across the Royal Borough of Windsor and Maidenhead.
- To start to identify priorities at place and neighbourhood level to tackle health and wellbeing issues and to inform the refresh of the Joint Health and Wellbeing Strategy.
- To consider how to engage with communities to achieve population health and wellbeing outcomes at all levels.

Attendees

- Health and Wellbeing Board members
- Clinical Directors of the three Primary Care Networks
- Managing Director
- Director of Children's Services
- Interim Director of Adult Services
- Director of Public Health
- People and Place commissioning leads from the Royal Borough
- Berkshire Healthcare NHS Foundation Trust
- Frimley Health NHS Foundation Trust
- Frimley Integrated Health and Care System

Key themes from neighbourhoods

Ascot:

- High patient demand but low actual levels of need.
- Lots of green space but do people access it?
- Opportunity to use time from retired/non employed people to coach/mentor others.
- Transport – high reliance on cars, need investment for public transport.
- Desire to get away from box ticking.
- Strong parish councils and communities

Windsor:

- Wide variation of need across the whole area – ranging from known areas of deprivation (Clewes) to Datchet where some populations with increased risk of CVD.
- Variation generally – condensed vs isolated populations; aspects of rurality vs urban populations.
- Availability of green space is a positive.
- Impact of military presence.
- Impact of the different school system in Windsor.
- Transport – high reliance on cars, lack of cycle infrastructure.
- Strong communities and parish councils.

Maidenhead:

- Ethnicity and language impact.
- Greater isolation/loneliness in the town centre – particularly elderly and young families.
- Those who need help are not always accessing services.
- Drug use, particularly among young people.
- Need to create more social activities and leisure opportunities.
- Wide variation of need across the whole area.

Engaging the community – initial view of groups:

- Faith leaders
- Local employers
- Schools
- Military community
- PPGs.

Appendix 2: Terms of reference

Health and Wellbeing Board Terms of reference

Purpose

- To implement the national and local requirements on Health and Wellbeing Boards to improve the life outcomes, health and wellbeing of residents in the Borough.
- To act as a high level strategic partnership to agree the priorities that will improve the health and wellbeing of the residents of the Royal Borough of Windsor and Maidenhead.
- To deliver the statutory functions placed on Health and Wellbeing Boards through the Health and Social Care Act 2012 and other statutory or local priorities.

Background

Social policy changes from Central Government have changed the requirements for health and social care nationally in order to bring more local democracy into local services. The Health and Social Care Act 2012 brought in the most wide-ranging reforms of the NHS since it was founded in 1948 including significant changes to local governance structures for health and wellbeing, to improve health outcomes for the local population.

Each local authority area has a statutory requirement to create a Health and Wellbeing Board, which has specific functions for the associated area. The Board is hosted by the local authority and the Health and Social Care Act, and accompanying regulations, have detailed the requirements and functions of a Health and Wellbeing Board.

Requirements of Health and Wellbeing Boards

1. Assess the needs of the local population and lead the statutory Joint Strategic Needs Assessment (JSNA).
2. Prepare a Joint Health and Wellbeing Strategy based on the needs identified in the JSNA.
3. Oversee the delivery of the Better Care Fund.
4. Promote integration and partnership, including joined up commissioning plans across the NHS, social care and public health.
5. Support joint commissioning and pooled budgets where all parties agree it makes sense.
6. Offer strategic and organisational leadership to meet local priorities.

Accountability

The Board is locally accountable to the community it services and elected members through the Royal Borough's Cabinet. Royal Borough of Windsor and Maidenhead Constitution Part 6 Part 6 - 23

Reporting Structures

Any deviation from these terms of reference will be agreed by the statutory partners of the Board, specifically the Royal Borough and the Clinical Commissioning Group's governing bodies.

Review of the Health and Wellbeing Board

The terms of reference and membership will be reviewed annually.

Membership

- Chairman – a Member of the Council nominated by the Leader.
- Vice Chairman – Clinical Lead, East Berkshire Clinical Commissioning Group.
- Lead Member(s) with responsibility for Adult and Children’s Services.
- Director of Adult Social Services, Royal Borough of Windsor and Maidenhead.
- Director of Children’s Services, Royal Borough of Windsor and Maidenhead.
- Director of Public Health, Berkshire.
- Managing Director, Royal Borough of Windsor and Maidenhead.
- Accountable Officer, East Berkshire Clinical Commissioning Group.
- Representative of Windsor and Maidenhead Healthwatch.
- Chief Executive, Frimley Health NHS Foundation Trust.
- Chief Executive, Berkshire Healthcare Foundation Trust.
- Managing Director, Achieving for Children.
- Chief Executive, Optalis Limited.

Named substitutes will attend meetings of the Board in place of core members as required.

Other partners and stakeholders may be co-opted into temporary or permanent membership to help address the identified strategic priorities as agreed by the Board.

Frequency of Meetings

Four meetings per year. All meetings will be public unless there are confidential (Part II) items as applicable by the Local Government Act 1972.

Quorum

Minimum representation of four members for a meeting to take place with at least two members each from the Council and the NHS.

Relevant outside bodies shall communicate and/or provide the Board with relevant updates and briefings as deemed necessary.

The Chairman will, in consultation with the Board members, identify material and items suitable for recommending as a press release to be issued on behalf of the Council.

Connected Leaders Group Terms of Reference

Purpose

- To address issues of place within the wider Frimley Integrated Health and Care System, and reassert focus on the wider determinants of health for the populations of Windsor, Ascot and Maidenhead.
- To take forward priorities agreed by the Health and Wellbeing Board and ensure their delivery.
- To determine the forward plan of items for debate and consideration by the Health and Wellbeing Board.
- To oversee delivery of the Health and Wellbeing Board's priorities through the three Neighbourhood Forums and the Integration Board.

Background

In 2017, the Health and Wellbeing Board agreed a revised structure for partnership working – shaping their work around three key areas: Developing Well, Living Well and Ageing Well. Three sub groups have operated in those areas taking forward the delivery of the Joint Health and Wellbeing Strategy, together with the Integration Board (formerly the Better Care Fund Board).

At the same time, the borough is part of the Frimley Integrated Health and Care System and defined as “place” within the overall system. It is, therefore, important that senior leaders of all partners in the borough have the opportunity to come together to form a collective view, with consistent messaging, on behalf of the borough to feed into the wider system.

Objectives

1. Support the revision and delivery of the Windsor, Ascot and Maidenhead health and care plans providing guidance around key strategy objectives.
2. Enable members to take forward shared views through the Integrated Care System and beyond on the health and well-being needs of the borough's population.
3. Determine the forward plan for Health and Wellbeing Board meetings for final agreement by the Chair of the Board.
4. Provide an opportunity for private debate on issues discussed at the Health and Wellbeing Board, and build an influencing case for system wide areas of priorities such as estates and urgent care provision.
5. Drive forward relevant change and improvement shaped by the Joint Strategic Needs Assessment and partner intelligence, national strategy and guidance.
6. Explore and advise on future needs, emerging issues and gaps in provision.
7. Ensure that feedback from local forums, service user experiences and voice informs strategic thinking, including seeking their views on specific areas of work.
8. Implement, where needed, time related task and finish groups to action specific requirements.

Accountability

Members are accountable to their organisations and the relevant content of the meetings is reported to the Health and Wellbeing Board, particularly around progress on delivery.

Members recognise the potential sensitivity of the issues that are likely to be discussed at the meetings and it is their responsibility to respect the confidentiality of the discussions.

Review of Terms of Reference

Terms of reference and membership will be reviewed on an annual basis.

Membership

- Director of Adults, Health and Commissioning, Royal Borough of Windsor and Maidenhead (Chair).
- Director of Children's Services, Royal Borough of Windsor and Maidenhead.
- Director of Public Health, Berkshire.
- Director of Place, Royal Borough of Windsor and Maidenhead.
- Assistant Director Primary Care, East Berkshire Clinical Commissioning Group
- Clinical lead, East Berkshire Clinical Commissioning Group.
- Clinical Directors, Primary Care Networks for Maidenhead, Windsor and Ascot.
- Regional Director for East Berkshire, Berkshire Healthcare Foundation Trust.
- Associate Director for System Transformation, Frimley Health NHS Foundation Trust.

Named substitutes will attend meetings of the Board in place of core members as required.

Other partners and stakeholders will be invited to attend meetings depending on the content of the agenda.

Quoracy

Attendance must be a minimum of two attendees from the Royal Borough and two from NHS partners.

Frequency of meetings

The Connected Leaders Group will meet every other month.

Integration Board Terms of Reference

Purpose

- To manage the delivery of a programme of transformation and integration projects in the borough, as agreed by the Health and Wellbeing Board and Connected Leaders, including:
 - Prevention and self care
 - Integrated Care Decision Making
 - GP transformation
 - Support workforce
 - Reducing clinical variation
 - Digital agenda - shared care record
 - Urgent and Emergency Care
 - Delayed transfers of care.
- To deliver the governance requirements of the Better Care Fund national conditions, business plan and financial objectives set out in Section 75 Agreement.

Background

Health and care partners are jointly committed to improving the integration of health and care in the Royal Borough of Windsor and Maidenhead in order to deliver better outcomes for residents.

The Better Care Fund is a key resource to deliver integration programmes in the borough and brings together an annual budget of circa £12m. The projects are designed to deliver both the national and locally agreed aims of reducing non-elective admissions to hospital and delayed transfers from acute care into the community and between community services, through enhanced out of hospital services and prevention services.

Objectives

1. Direct and deliver the range of integration projects across the borough, including: primary and specialist, physical and mental health, health and social care.
2. Plan the investment and projects to deliver transformation and efficiency objectives in 2019-20 and beyond, in line with national and local plans, including the NHS Long Term Plan, Frimley ICS Strategy and the Joint Health and Wellbeing Strategy.
3. Ensure that in-year objectives and outcomes are delivering to target through regular reporting.
4. Manage the financial risk to the Better Care Fund through dynamic budget planning, including in year change control of the pooled budget to ensure the delivery of objectives and outcomes and mitigation of risks.
5. Maintain a dynamic risk register to monitor and address issues likely to affect delivery of the agreed programme.

Accountability

The work of the Integration Board is overseen by the Connected Leaders Group, to which the Board regularly reports on progress and issues, and the Health and Wellbeing Board.

Review

The Terms of Reference and membership will be reviewed annually.

Membership

- Head of Commissioning – People, Royal Borough of Windsor and Maidenhead (Chair)
- Associate Director for Primary Care, East Berkshire Clinical Commissioning Group.
- Deputy Director of Finance, East Berkshire Clinical Commissioning Group.
- Head of Finance, Royal Borough of Windsor and Maidenhead.
- Public Health Consultant, Royal Borough of Windsor and Maidenhead.
- Integration Lead, East Berkshire Clinical Commissioning Group.
- Head of Community Rehabilitation, Berkshire Healthcare Foundation Trust.
- Associate Director for System Transformation, Frimley Health NHS Foundation Trust.
- Assistant Director (Statutory Services), Optalis.
- GP representative.
- Achieving for Children representative.
- Better Care Fund Manager, East Berkshire Clinical Commissioning Group/Royal Borough of Windsor and Maidenhead
- Surrey Better Care Fund Lead.

Other partners and stakeholders may be co-opted into temporary or permanent membership to help address the identified priorities.

The minutes of the Board will be sent to the Connected Leaders Group members.

Quoracy

Attendance must be a minimum of four members listed above, including at least one representative from East Berkshire Clinical Commissioning Group and one from the Royal Borough of Windsor and Maidenhead.

Frequency of meetings

The Integration Board will meet monthly but with the flexibility to have more or less meetings as appropriate.

This page is intentionally left blank