Subject:	Defining the Royal Borough of Windsor and Maidenhead as Place within the Integrated Care System
Reason for report:	To present some principles for defining the Royal Borough of Windsor and Maidenhead as Place and to agree the implications for current structures and representation.
Responsible officer and senior leader sponsor:	Hilary Hall, Interim Director of Adult Services and Deputy Director Strategy and Commissioning
Date:	2 July 2019

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Royal Borough of Windsor & Maidenhead

SUMMARY

The Royal Borough of Windsor and Maidenhead is located within the Frimley Integrated Health and Care System which is recognised as a national exemplar. The NHS Long Term Plan, published in January 2019, identifies Integrated Care Systems as 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 crucial. The Royal Borough is defined as "place" within the ICS which has implications for the current role of the Health and Wellbeing Board and its future direction. Principles and suggestions are set out in the papers for the Board to explore.

1 BACKGROUND

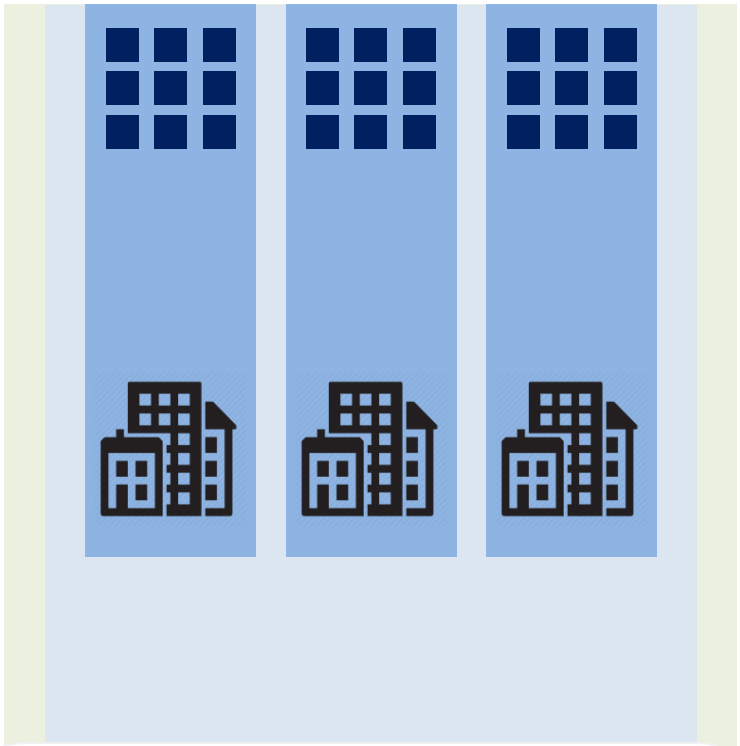
1.1 The Royal Borough of Windsor and Maidenhead is located within the Frimley Integrated Health and Care System which is recognised as a national exemplar. The Integrated Care System (ICS) covers East Berkshire, North East Hampshire and Farnham and Surrey Heath, a total population of just under 800,000.

1.2 The NHS Long Term Plan, published in January 2019, 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 crucial. The Royal Borough is defined as "place" within the ICS which has implications for the current role of the Health and Wellbeing Board and its future direction.

1.4 It is recognised that the ICS operates at a number of levels, see figure 1. By Place, the expectation is that it means where local authority boundaries fall within the system - Slough, Bracknell Forest, Surrey, Windsor and Maidenhead, Hampshire – and by Neighbourhood, it means the Primary Care Networks. Clearly some elements do not fit neatly and there will need to be flexibility as the model evolves.

Figure 1: ICS operational levels



Each level performs specific functions under the following common headings:

Leadership and workforce
Strategy and planning
Population health management and care redesign
Performance and improvement
Managing collective resources

Key Level	Pop. Size	Purpose
Person	**1**	• People are able to lead and plan their own health and wellbeing, managing their own resources, with appropriate information
Neighbourhood	**~50k**	• Strengthen primary care • Network practices and other out of hospital services • Proactive & integrated models for defined population
Place	**~250k**	• Typically borough/council level • Integrate hospital, council and primary care teams/services • Develop new provider models for 'anticipatory' care
System	**~1m**	• System strategy and planning • Develop accountability arrangements across system • Implement strategic change and transformation at scale • Manage performance and budget
Region	**5-10m**	• Agree system 'mandate' • Hold systems to account • System development • Intervention and improvement

2 KEY IMPLICATIONS

2.1. The evolution of the ICS and the Royal Borough's role within it provides an opportunity to:

- Use the Joint Strategic Needs Assessment (see elsewhere on the agenda) to refine the existing Joint Health and Wellbeing Strategy, in line with the emerging Five Year Strategy for the ICS (see elsewhere on the agenda).

- Review the membership of the Health and Wellbeing Board in order to broaden it to respond to, and plan for, "place" in its widest sense and the wider determinants of health.

- Confirm the supporting governance structure beneath the Health and Wellbeing Board.

- Provide a consistent response to system issues at all levels, based on a clear understanding of the impact on the residents of the Royal Borough.

- Develop a dashboard of performance reporting that demonstrates the effectiveness of the partnership in developing and implementing an integrated response to need and reducing health inequalities in the borough.

3 DETAILS

Joint Health and Wellbeing Strategy

3.1 The current four-year Joint Health and Wellbeing Strategy was approved and published in April 2016. It identified three theme areas and within that, 12 priorities. As a result, 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.

3.2 In the light of the refreshed Joint Strategic Needs Assessment and the emerging analytics developed to support the ICS Five Year Strategy, it would be timely and appropriate to update the Strategy for the next four years. The focus would be on a more targeted Strategy where the Board could be assured that actions being delivered were having an impact on key areas of need.

Health and Wellbeing Board

3.3 The Health and Wellbeing Board became a formal committee of the Royal Borough in April 2013 as part of the Health and Social Care Act 2012. Unlike other panels/boards of the council, it is not subject to political balance under regulation 7 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. The current agreed terms of reference are at appendix 1 to this report.

3.4 The role of the Board is 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.
- 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.
- Deliver the statutory functions placed on Health and Wellbeing Boards through the Health and Social Care Act 2012 and other statutory or local priorities.

3.5 The current membership of the Board is set out in the terms of reference and is predominantly representative of health and social care. Whilst that is essential, the Board equally recognises the importance of the wider determinants of health, specifically the natural and built environment. It is proposed that, as a minimum, representation from that

part of the council is included on the Board to provide a wider perspective and input to addressing the health and wellbeing priorities of the borough.

3.6 The Health and Wellbeing Board feeds into the ICS in a number of ways. The Chair of the Health and Wellbeing Board is a member of the Health and Wellbeing Alliance which is an important avenue for elected Member input to the ICS development. Other members of the Board are members of the ICS Board, including the CCG Accountable Officer and the Interim Director of Adult Services, and members of other sub boards of the ICS, including the Director of Children's Services on the Children's Joint Commissioning Board.

Supporting governance structure

3.7 Reporting to the Health and Wellbeing Board currently are the three life course sub groups – Developing Well, Living Well and Ageing Well – and the Better Care Fund Board. All four sub groups are focused on delivery and there has been limited strategic partnership focus on shaping the agenda and work of the wider Board.

3.8 A group of senior leaders across adult, children's and public health services, clinical commissioning, community health and primary care has started to meet over the last six months with a focus on helping to shape the strategic direction of health and wellbeing in the borough and support the Health and Wellbeing Board. There is a desire to formalise this Connected Leaders group to provide executive support for the Board and ensure that actions are carried through.

3.9 It is proposed that the three life course sub groups remain and that the Better Care Fund Board broadens its remit to manage local delivery of wider integration/ICS projects, including the integrated care decision making model and falls prevention. At the moment, there is no clarity on the future direction of the Better Care Fund itself but there is a need for a local delivery group around integration projects.

Consistent response

3.10 The changes to the Board and the supporting governance structure outlined above, together with elected Member and senior leader engagement at different levels of the ICS, will enable a more direct line of sight from the ICS through to the Health and Wellbeing Board and its delivery.

3.11 Developing community resilience to support the strengths based approach to assessing need, alongside integration of health and care services, is key to improving population health across the ICS and within the borough. The changes proposed in this report will enable the Board to better direct and monitor that way of working and its evolution.

Performance reporting

3.12 As outlined in point 3.1, 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.

3.13 It is proposed that a more outcome focused place report is developed that can be considered at each Board meeting but which will focus on key outcomes where improvement is required. Given the approach of the Board, it is proposed that the report would be structured across the three life course stages – developing well, living well and ageing well. A suggested

format is included at appendix 2 to this report and is intended to show the flow through from demographics into need and then into outcomes, supported by a view of resources across the partnership.

3.14 The Board's initial views on this emerging work would be welcomed.

4 RECOMMENDATIONS

4.1 The Board is asked to note the report and:

- Consider the implications of the Royal Borough of Windsor and Maidenhead as Place within the Integrated Care System.
- Agree to the update of the Joint Health and Wellbeing Strategy with a more targeted focus.
- Propose any amendments to the terms of reference of the Health and Wellbeing Board and agree to a broadening of its membership, making any further suggestions for additional members.
- Endorse the supporting governance structure for the Board.
- Endorse the direction of travel for place reporting and provide feedback on the emerging format.

Appendix 1: Terms of reference – Health and Wellbeing Board

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 locality now 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, the Berkshire NHS Cluster Board and the Clinical Commissioning Groups' 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
- Deputy-Chairman - East Berkshire Clinical Commissioning Group.
- Lead Member(s) with responsibility for Adult and Children's Services.
- Director of Adult Social Services
- Director of Children's Services
- Director of Public Health Berkshire.
- Representative of East Berkshire Clinical Commissioning Group.
- Representative of Windsor and Maidenhead Healthwatch.

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.

Appendix 2: Example format/layout of a place report

	Developing Well *Up to 18 years of age (Transitions….up to 25 years of age)*	**Living Well** *18 to 65 years of age*	**Ageing Well** *65+ years of age*
Demographics ↓			
Identified needs ↓			
Outcomes	**Non elective admissions Obesity Mental health**	**Non elective admissions Physical activity Resident satisfaction**	**Delayed transfers of care Admissions to care homes Non elective admissions Reablement**
↑ **Services available**			
	↑ **Workforce**		
AfC			
Optalis			
RBWM			
GPs			
Police			
BHFT			
Schools			
Hospitals			
Care homes			