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## **HEALTH AND WELLBEING BOARD**

**04 JUNE 2015**

### **SUPPLEMENTARY PAPERS**

**TO: ALL MEMBERS OF THE HEALTH AND WELLBEING BOARD**

The following papers were circulated at the above meeting.

Alison Sanders  
Director of Corporate Services

	<b>Page No</b>
<b>15. HEALTH AND WELLBEING BOARD REVIEW IMPLEMENTATION UPDATE</b>	<b>1 - 8</b>
To receive an update on the progress made to implement the changes arising from a recent review of the Health and Wellbeing Board's structures.	

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**TO: HEALTH AND WELLBEING BOARD  
4 JUNE 2015**

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**REVIEW OF THE HEALTH AND WELLBEING BOARD  
Director of Adult Social Care, Health and Housing**

**1 PURPOSE OF REPORT**

- 1.1 To set out the progress made and additional recommendations to take forward changes to the Health and Wellbeing Board as agreed at the meeting of the Board on 5<sup>th</sup> March 2015.

**2 RECOMMENDATION(S)**

**2.1 That the Board approves the recommendations set out in the report.3  
REASONS FOR RECOMMENDATION(S)**

- 3.1 Following a review of the Board in 2014, the Board approved recommendations that will make the Board more effective under 7 areas of action as follows:

- Extended membership
- Stakeholder Group
- Agenda Setting and Forward Planning
- Priority Setting
- Task and Finish Groups
- Performance Measurement, Monitoring and Management
- Communications

**4 ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 Any alternative options are highlighted in the body of the report.

**5 SUPPORTING INFORMATION**

Extended membership

- 5.1 The Board agreed to extend the membership of the Board beyond the statutory membership to include representation from:

- Frimley Park NHS Foundation Trust
- Berkshire Healthcare NHS Foundation Trust
- Bracknell Forest Homes
- Berkshire Care Association
- Involve

- 5.2 Subject to the approval of the Board, new members will be invited to sit for the first time at the 3 September 2015 Board. Invitations will be sent by letter signed by the Chairman and Vice Chairman of the Board. The letters will be addressed to the Chief Executive of each organisation requesting the nomination of one person and one substitute. Under advisement from Democratic Services the September timeline was deemed appropriate to:

- allow for impact of the recent general and local elections to be taken into account

- allow organisations to make nominations
- allow changes to be enacted to the ToR and Council Constitution to ensure effective governance

5.3 The invitation letter will set expectations of responsibility and accountability and contained a brief summary of the legal status and statutory functions of the Board; administrative arrangements; an outline of essential skills, knowledge and experience such that each nominee and substitute:

- a) Is a high profile, strategic leader, decision maker, knowledge worker and spokesperson within and for their organisation directly or under delegated authority in a non-executive role
- b) Has strong influencing and negotiation skills as an agent of transformational change
- c) Understands how various and different services and support affect the health and wellbeing of individuals, different communities and the wider local population
- d) Has experience of commissioning, system redesign, reconfiguration and integration in a shared leadership role in partnership with the private, public and voluntary and community sectors
- e) Is prepared to take the lead in their areas of expertise
- f) Has the ability to engage, influence and manage internal and external stakeholders to lever individual organisational knowledge, skills, information, evidence and other resources and assets to achieve collective outcomes
- g) Is able to demonstrate creativity and innovation to overcome the downward pressures on funding

5.4 Changes will be made to the ToR as follows:

- a) The new members will be referenced in the ToR and will have the same parity of esteem
- b) Quoracy rules will be amended from “One quarter, but no less than 3” (where 3 represents 50% of the statutory membership) to “One quarter, but no fewer than 5”. This minimum number can be amended proportionately to the number of invitations accepted
- c) Voting for new members will be reserved on all items where there was a declared conflict of interest in accordance with the existing provisions in the ToR
- d) Membership for new members will be time-limited, being assessed on an annual basis (at least), to ensure continued relevance and capacity to deliver the priorities of the Board

#### Stakeholder Group

5.5 The patient and public voice is already heard through:

- a) the activities of the statutory Local Healthwatch organisation and their representation on the Board
- b) wider consultation with the public that informs commissioning decisions
- c) provision for questions from the public

5.6 However, the Board recognised that wider information, knowledge, skills and resources from organisations and agencies in the health and wellbeing economy could be used to inform Board decisions. An initial pool of organisations and agencies have been identified on the basis of their relevance to health and wellbeing outcomes and invitations have been sent to join the Stakeholder Group. The group would be convened two times a year in a workshop format to:

- a) Identify evidence of existing, new and future need to support forward planning

- b) Identify new and different thinking, innovation, options, solutions and resources to bring about change in a collaborative way focussed around agenda items
- c) Contribute resources to Task and Finish Groups and the delivery of health and wellbeing outcomes

5.7 As the Board is a committee of the Council under the Local Government Act 1972, the timing of Stakeholder Group meetings needed to complement timetables for writing and submitting committee reports under the Council constitution. The timetable for meetings is suggested as follows:

Agenda Setting Meeting	Stakeholder Group	Health and Wellbeing Board
7 July 2015	28 July	3 September 2015 (papers by 21 August)
5 January 2016	26 January	3 March 2016 (papers by 19 February)

5.8 Changes have been made to the TOR to reference the Stakeholder Group and its purpose.

Agenda Setting and Forward Planning

5.9 The Board requested existing arrangements for forward plan and agenda setting be adjusted to accommodate the extended membership and to ensure contributions from the Stakeholder Group.

5.10 Under current arrangements, the forward plan and agenda are determined by the following process:

- a) Democratic Services Officer (DSO) seeks items for the Forward Plan at each Board meeting
- b) DSO sends email to the Board to assess the Forward plan and identify agenda items approximately four weeks before a Board meeting date
- c) DSO circulates by email the Forward Plan and suggested agenda items to the “Chair’s Briefing”
- d) This group determines the final agenda

5.11 The “Chair’s Briefing” is a closed group and comprises the Board Chairman, Vice Chairman, Director of Adult Social Care, Health and Housing, the Local Healthwatch representative, and the Head of Joint Commissioning with the DSO in attendance.

5.12 Under this review, the Chair’s briefing will now include the new members and the final step is amended such that a working agenda is agreed for deeper wider discussion with the Stakeholder group.

Priority Setting

5.13 The Board sought an update on the progress on priority setting relating to improving health and wellbeing outcomes in the Borough.

5.14 Under Section 193 of the Health and Social Care Act 2012, the Board must develop and deliver a statutory Joint Health and Wellbeing Strategy (JHWS) which sets out priorities for improving the health and wellbeing of people in the local area and how these will be delivered in a joined up way between different agencies in the wellbeing

economy Following public consultation and the update of the Joint Strategic Needs Assessment and new evidence arising from strategic commissioning, the 2012 strategy is in the process of being updated to inform a revised document from 2015

**The Board is asked to note an updated document will be reported to the Board at a future date.**

#### Task and Finish Groups (TAF)

- 5.15 The existing ToR allow the Board to set up sub-groups as required to co-ordinate and oversee delivery of strategic priorities and for nominees to be made to them by the Board (the JHWS Working Group is an example of such a group). The Board sought ways to ensure the Stakeholder Group could contribute to the effectiveness of TAF.

**The Board is asked to note that expectation will be placed on members of the Stakeholder Group to be called to participate in TAF as appropriate to their skills, knowledge, experience, capabilities and capacities.**

#### Performance Measurement, Monitoring and Management

- 5.16 To ensure that it is a “Board that drives and delivers”, the Board sought assurance of effective delivery through a “dashboard of performance indicators” and how this might be established.
- 5.17 The existing ToR place responsibility on sub-groups to determine measures of performance to show progress against Board priorities. Performance measures for future TAF cannot realistically be pre-empted. However, in the determination of performance measures:

**It is recommended the Board receives:**

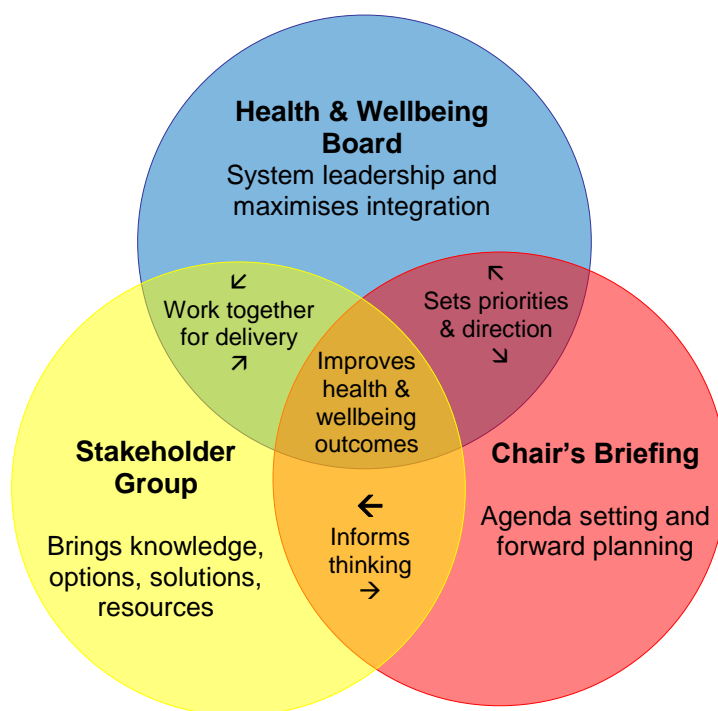
- a) a high level overview with exception reporting, direction of travel, indication of corrective action and assurance of delivery within an agreed timeframe and with the necessary resources
- b) progress against performance measures that allow for comparability of performance and sourced from the NHS, ASC and PH national outcomes frameworks; locally determined performance indicators to allow for linking up to other Board members strategies; and, statutory returns, etc.

#### Communications

- 5.18 The Board expressed concern that understanding of the role of the Board was varied and that mechanisms for raising awareness and for demonstrating impact amongst stakeholders were required, e.g. a stakeholder newsletter.

**It is recommended that the Board:**

- 5.19 Commissions a concise communications plan for approval by the Board that is feasibility tested with respective communications teams and the Stakeholder Group. The plan should be costed and clearly set out what information should be provided to whom, in what ways and formats, when and how often.



## 6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

### Borough Solicitor

- 6.1 The relevant legal provisions are contained within the main body of the report.

### Borough Treasurer

- 6.2 The Borough Treasurer is satisfied that there are no significant financial implications arising from this report.

### Equalities Impact Assessment

- 6.3 Existing and future health and wellbeing needs have been collected from and captured in a range of sources including various joint commissioning strategies and the Joint Strategic Needs Assessment.

## 7 CONSULTATION

### Principal Groups Consulted

- 7.1 Input was sought from the following:

- Members of the Health and Wellbeing Board
- SE Regional Health and Wellbeing Board Coordinators network
- Health and Wellbeing Board Review Workshop

### Method of Consultation

7.2 Meetings and workshop

Representations Received

7.3 Incorporated into the body of the report.

Background Papers

None.

Contact for further information

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## **ANNEX A –ORGANISED REPRESENTATION GROUPS**

The following should not be considered an exhaustive list.

### **Community groups**

Interest: Voluntary and Community Sector representation

- Citizens Advice Bureau
- Involve
- Members of Healthwatch Voices (previously the health and social care forum)
- Carers Association
- User led organisations

Identity: Equality Act 2010 Protected Characteristic Groups

Geography: Neighbourhood Groups

- Neighbourhood Action Groups
- Bracknell Forest Federation of Community Groups
- Parish and Town Councils

### **Patient representation groups**

Healthwatch Bracknell Forest consortium

Patient Reference Groups

CCG lay members

FT Patient Advice and Liaison Service (PALS)

Statutory Independent Advocacy providers

- NHS Complaints
- IMHA
- IMCA
- Care Act

### **Health services representation**

NHS England Thames Valley Area Team

Medical practitioners, dentists, opticians and pharmacists

- Nurses and midwives
- Allied health care professionals
- Commissioners
- Chiropody / Podiatry
- Dietetics
- Orthoptics
- Occupational Therapists
- Physiotherapists
- Psychologists
- Psychotherapists
- Radiographers
- Speech and language therapists
- Support workers and ancillary staff
- Managers, administrators and clerical

Foundation Trusts

- Berkshire Healthcare Foundation Trust,
- Heatherwood and Wexham Park Hospitals Foundation Trust
- Frimley Park Hospital Foundation Trust
- Royal Berkshire Hospital Foundation Trust
- West London Mental Health Foundation Trust (Broadmoor)

#### Local committees

- Local pharmaceutical committee
- Local optical committee
- Local medical committee
- Local dental committee

### **Adult Social Care representation**

Older People and Long-term conditions

Mental health

Learning disabilities

Drug and alcohol

Adult Carers

Managers, administrators and clerical

Other individuals

Other groups

Supporting People Commissioning Body

Unions

### **Children's Social Care representation**

Virtual heads

Schools and Colleges

Berkshire Youth Partnership

Berkshire Sports Partnership

Children's Centres

Parenting Services Network

Uniformed organisations

Family support advisor network

School pastoral teachers network

Head teachers' network

School social inclusion group

SENCO Forum

Primary Heads Advisory Board

### **Public Health and Wellbeing**

Public Health Shared Service

Public Health local team

Police Commissioners

Other organisations with a public health related outcome

Thames Valley Police

### **Providers**

Bracknell Forest Homes

Residential and domiciliary care providers

### **LSP and Council Significant Strategic Partnership Boards**