

NOTICE OF MEETING

Health Overview and Scrutiny Panel

Thursday 24 January 2013, 7.30 pm

Council Chamber, Fourth Floor, Easthampstead House, Bracknell

To: The Health Overview and Scrutiny Panel

Councillor Virgo (Chairman), Councillor Mrs Angell (Vice-Chairman), Councillors Baily, Finch, Kensall, Mrs McCracken, Mrs Temperton, Thompson and Ms Wilson

cc: Substitute Members of the Panel

Councillors Allen, Brossard, Davison, Ms Brown and Heydon

Co-opted Representatives

Terry Pearce, Bracknell Forest Local Involvement Network

ALISON SANDERS
Director of Corporate Services

There will be a private meeting for members of the Panel at 7.00pm in the Function Room.

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**Health Overview and Scrutiny Panel
Thursday 24 January 2013, 7.30 pm
Council Chamber, Fourth Floor, Easthampstead House,
Bracknell**

AGENDA

Page No

1. Apologies for Absence/Substitute Members

To receive apologies for absence and to note the attendance of any substitute members.

2. Minutes and Matters Arising

To approve as a correct record the minutes of the meeting of the Health Overview and Scrutiny Panel held on 27 September 2012.

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3. Declarations of Interest and Party Whip

Members are requested to declare any Personal Interests and the nature of that interest, including the existence and nature of the party whip, in respect of any matter to be considered at this meeting.

Any Member with a Disclosable Pecuniary Interest in a matter should withdraw from the meeting when the matter is under consideration and should notify the Democratic Services Officer in attendance that they are withdrawing as they have such an interest. If the Disclosable Pecuniary Interest is not entered on the register of Members interests the Monitoring Officer must be notified of the interest within 28 days.

4. Urgent Items of Business

Any other items which, pursuant to Section 100B(4)(b) of the Local Government Act 1972, the Chairman decides are urgent.

5. Public Participation

To receive submissions from members of the public which have been submitted in advance in accordance with the Council's Public Participation Scheme for Overview and Scrutiny.

6. New National Health Service Structures

To discuss with representatives of the Bracknell Forest and Ascot Clinical Commissioning Group, including Dr William Tong (Chair); Alan Webb (CCG Accountable Officer) and Mary Purnell (Head of Operations), how the architecture of the new NHS structures will help the CCG to deliver better health services in Bracknell Forest.

7. **PCT Quality Sign-off Report**
 Sara Whittaker, Assistant Director of Quality, NHS Berkshire Primary Care Trust, is presenting to key stakeholders the PCT's draft 'Quality Handover Document' as part of the national transfer of healthcare responsibilities. [The contents list and other summary information is attached]. 7 - 16

8. **Health and Wellbeing Board**
 To receive an update from the Executive Member for Adult Services, Health & Housing on the work of the Health and Wellbeing Board. 17 - 40

9. **Public Health Update**
 To receive an update from the Director of Adult Social Care, Health and Housing also the Director of Public Health for Berkshire on the transfer of Public Health responsibilities to Bracknell Forest Council. 41 - 46

10. **Executive Key and Non Key Decisions**
 To consider scheduled Executive Key and Non-Key Decisions relating to health. 47 - 50

11. **Working Group Update and 2013/14 Work Programme**
 To receive a report on the progress of the Panel's Working Groups. 51 - 54

 To propose items for inclusion in the Panel's work programme for 2013/14.

12. **'Shaping the Future' Consultation**
 To receive an update on the Council's response, prepared jointly by the Executive and Overview and Scrutiny, to the NHS consultation document on 'Shaping the Future of Healthcare in East Berkshire.' 55 - 60

13. **Date of Next Meeting**
 The next meeting of the Health Overview and Scrutiny Panel will be on Thursday 18 April 2013.

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**HEALTH OVERVIEW AND SCRUTINY PANEL
27 SEPTEMBER 2012
7.30 - 9.50 PM**



Present:

Councillors Virgo (Chairman), Mrs Angell (Vice-Chairman), Baily, Finch, Mrs Temperton and Thompson

Co-opted Representative: Terry Pearce, Bracknell Forest LINK

In Attendance:

Richard Beaumont, Head of Overview and Scrutiny
John Black, Medical Director of the South Central Ambulance Service
Glyn Jones, Director of Adult Social Care, Health and Housing, BFC
Dr William Tong, Chairman of the Bracknell Forest and Ascot Clinical Commissioning Group
Steve West, Operations Director North, Ambulance Service

Apologies for absence were received from:

Councillors Kensall, Mrs McCracken and Ms Wilson

12. Minutes and Matters Arising

RESOLVED that the minutes of the Panel held on 14 June 2012 be approved as a correct record, and signed by the Chairman.

13. Declarations of Interest and Party Whip

There were no declarations of interest.

14. Public Participation

There were no items submitted under the Public Participation Scheme.

15. Cardiac Arrest Survival Rates

John Black, Medical Director of the South Central Ambulance Service (SCAS), and Steve West, Operations Director North attended the meeting to comment on the Trust's performance on out-of-hospital cardiac arrest survival rates.

Data collection for the SCAS in the South East had been more recent than data collection in London and was expected to improve in the future. One in three patients were taken to hospital with a pulse after a cardiac arrest, which was an improvement on the earlier position. Survival rates in relation to out-of-hospital cardiac arrests were expected to be better in the South East when compared to other regions of the country.

There was a focus on achieving best clinical outcomes and all ambulance crews had received refresher training on new devices and clinical systems. The aim was to despatch ambulances more quickly and community responder teams were being

developed. Work was being undertaken with sports teams and there was close working with clinical colleagues. Quality of care in hospitals and direct access to cardiac care was important.

There were challenges regarding information sharing, and there was an indicator for the whole health system in relation to discharges. There was an aim to have an emergency care team at SCAS to assist in improving survival rates for patients.

In response to Members' questions, the following points were made:

- Ambulance services were required by national standards to respond to calls in 8 minutes, and the SCAS responded to 78% of calls in 8 minutes.
- Questions asked from the control room at SCAS did not delay the despatch of an ambulance. The location of a call was confirmed at the same time as questions were asked. Around 95% of calls were answered within 10 seconds and maximum response times were also monitored. SCAS was a national leader in ambulance response times. The control room could advise members of the public or relatives who were with a person who had a cardiac arrest on how to deal with the situation; initial actions by people did help.
- There had been approximately a 6% increase in the number of calls to the call centres which had been amalgamated into one main call centre, and an 8% increase in calls in Berkshire. This had started in February 2012 and was mainly occurring in the evenings and on weekends, and was putting pressure on resources.
- The transfer of staff from Wokingham to Bicester had been seamless and there was now an increased number of staff. Previous call handling had not been as quick but work was being undertaken to improve this and the team of call handlers had been increased to twenty people. Calls were now being answered in approximately 10 seconds. Some staff were redeployed to places other than Bicester. There was a knowledge gap once the merger of call centres had been undertaken and performance had been challenged over the summer months but this had improved now and staff were responding well to the change.
- Capability to progress calls for urgent cases or people requiring community care was being addressed.
- London was a different area to the South East and there was rapid access to defibrillators in many locations in London which made a difference to cardiac arrest survival rates.
- Better quality data was expected in future; just two months of reliable data had been received from hospitals and the way percentages were calculated could make survival rate data look inflated.
- Training was offered to members of the public who wanted to be community responders and ambulance control rooms could instruct people on how to use defibrillators. Signposting to these kits was also important and tracking the location of semi-automatic defibrillators.
- SCAS worked with some 1,400 volunteer Community Responders, and training was refreshed every three months. Anyone interested in becoming a community responder should contact SCAS and they would be put in contact with a local community responder team. Community responder teams were funded by different means including the local community, British Heart Foundation, and public funding. A link would possibly be made with Parish Councils.
- Data was collected using a paper based system which paramedics handed over to hospital staff on arrival to hospital with a patient. Care pathways were well developed and hospital staff used data from electronic systems. The aim

was for there to be electronic links to enable data to be sought directly from hospitals.

- The Department of Health published in May the information from the data collected in relation to cardiac arrest survival rates and this could be shared with members of the Panel.
- There were eleven Ambulance Trusts nationally and clinical indicators were being developed. The aim was to identify good practice and share it.
- There was a national digital system called 'Airwave'. The next system of digital radio was being jointly procured by the Fire, Police and Ambulance Services.
- Mr Black thanked Bracknell Forest Council for its support towards, for example, the Chiltern Air Ambulance Service.

The Chairman thanked Mr Black and Mr West for appearing before the Panel, and indicated that the Panel may wish to review progress on cardiac arrest survival rates in around six months time.

16. **Bracknell and Ascot Clinical Commissioning Group**

Dr William Tong, Chairman of the Bracknell Forest and Ascot Clinical Commissioning Group (CCG) gave a presentation to the Panel on the progress in establishing the Group, the timetable for gaining authorisation, and the production of the Commissioning Strategy. Mary Purnell had given apologies for not being able to attend the meeting.

Issues in relation to the CCG for Windsor, Ascot and Maidenhead had been resolved. Authorisation documents would be submitted tomorrow to enable a site visit. Each applicant CCG would have a one day site visit for the NHS National Commissioning Board to meet the applicant CCG leaders, assess their capability to deliver, and test points arising from earlier phases of assessment.

The Chair of the Governing Body, Dr Tong, and Accountable Officer would sign the application on behalf of the applicant CCG to certify that the applicant was ready and had plans in place to discharge its duties and responsibilities in key areas. The Accountable Officer, Alan Webb from 8 October 2012, would have different responsibilities and would work across three CCGs. Eve Baker, Financial Officer, would share a post to achieve economies of scale across three CCGs.

There were nineteen authorisation core documents, the 360° stakeholder survey had been completed and the report had been received. The main documents included the draft Joint Strategic Needs Assessment (JSNA), the draft Joint Health and Wellbeing Strategy (JHWS), the draft commissioning intentions for 2013-14 and joint commissioning draft agreements or plans, and the Communications and Engagement Strategy.

Another project was being undertaken in relation to maternity and the Community Midwifery Service (CMS). A different team was in place in the CMS and this was working well, making sure that patients were seen in the right place by the right service. There had been positive 360° feedback and some issues highlighted, such as the response rate from the upper tier seemingly not being as high as it could be.

The CCG would be a clinical organisation with different clinical domains and multi-professionals. Governance arrangements needed to be strong and the CCG would not be responsible for commissioning primary care. The CCG would measure the quality of the hospital service through a committee. There would be outcome based services and patient and public involvement. Once the decision had been made

regarding authorising a CCG it was final and all CCGs needed to be authorised. Lay posts were being recruited and a designated nurse role was needed in the CCG.

In response to Members' questions, the following points were made:

- Public Health triangulated data from a population model with the data which was available to them and this could be improved. Some data was coded differently and there was a Payment by Results book. It was now possible to see where services were most used.
- Asthma was a JSNA priority for primary care.
- The scope for innovation depended partly on the resources available to the CCG.
- The JSNA should inform where to focus but it was not known yet how budgets would be assigned. Additional funding may be needed or funding may be moved depending on priorities.
- The CCG had to make a difficult decision regarding HealthSpace but the main aim was to provide services.
- The CCG would not be replicating the Primary Care Trust (PCT), there would be efficiencies of scale and other stakeholders would need to be taken into account. There would be dialogue with other CCGs as changes would impact on more than one CCG.
- Two lay members on the CCG would ensure that patient and public involvement was present, not just from 1 April 2013. There was a perception issue where involvement was concerned as people needed to know how to contribute. Social networks would be used in the Involvement Strategy.
- The aim was for patients to see outcomes.
- If one CCG in the Federation did not achieve accreditation, the other two CCGs would progress independently.
- The Children's Evening Clinic was due to start in Bracknell from 1 September 2012 but there had been some difficulty in finding doctors with the right skills. The finance and room were arranged but it was important to deliver a service of good quality.
- Cancer screening was a JSNA priority and prevention work was needed. Some patients declined screening tests offered, for example for bowel cancer. There would be more focus on preventative work in the JSNA.

17. **Transfer of Public Health Functions**

The Director of Adult Social Care, Health and Housing presented a progress report on the transfer of Public Health responsibilities to Bracknell Forest Council (BFC).

Public Health functions would be transferred to local authorities in April 2013. There would be collaborative working with all six local authorities in Berkshire and PCTs supported by a small team and a consultant in public health. There would be consultation with senior staff in public health, then with those in posts below them.

There was a transition board and the Director of Adult Social Care, Health and Housing at BFC was the lead Director across the six authorities. Considerable progress had been made in partnership with other organisations, and there were different work streams. Work was being undertaken on communications and emergency planning, contracts were being inherited from the PCT and systems were being transferred. The aim was for operational delivery and work streams to be fully operational from 1 April 2013.

Consultation was being undertaken with CCGs on detail, governance issues, finance and contracts. Funding was due to be allocated by the Department of Health and

there would be different funding per head in a county depending on the area, ranging from approximately £21 per head to £100 per head. There would be organisational changes and Berkshire had a different composition with two PCTs and six local authorities compared to other counties.

Close working was being undertaken with health colleagues to access preventative work. The aim was to ensure a safe and stable public health service on 1 April 2013 but other changes after the transfer would take time.

In response to Members' questions, the following points were made:

- Consideration would be given to which services were best delivered in Bracknell and which services were best delivered in other areas of Berkshire, such as specialist services. Emergency protection was delivered across the country. Work would be undertaken with providers and consideration given to the most efficient way of procuring services.
- All parties were working to make the transition as smooth as possible, and it was recognised that it was a time of uncertainty for staff.
- The Government had said that current funding for public health would transfer to local authorities. BFC was not aware of any additional funding or reduction in funding due to the transfer of public health functions. How much funding BFC would receive would be announced soon. BFC would expect to be advised of what their funding allocation was and what it should be, the presumption being that in time the target figure would be reached. If there was any underspend during a financial year Borough Councillors could help to decide whether funding should be carried forward into the next financial year.
- Funding for transitional costs was being announced by government, meanwhile the Strategic Health Authority had already provided some financial support.
- The Government was going to introduce health premium with aim of reducing inequalities. There was an opportunity to earn additional funding as a result of this.

18. Response to Government Consultation on Local Authority Health Scrutiny

The Panel noted the Council's response to the Department of Health's consultation over proposals for Local Authority Health Scrutiny.

19. Responses to Pre-Consultation on Shaping the Future of Healthcare in East Berkshire

The Panel noted the responses by the Council and the Joint East Berkshire Health Overview and Scrutiny Committee to the pre-consultation document on the 'Shaping the Future' proposals and the replies from the Primary Care Trust.

This would be discussed further at the next meeting of the Panel once the consultation had been completed. Work was being undertaken with the Council's Executive on the approach to the meeting in relation to the urgent care centre.

20. NHS Commissioning Board Local Area Teams and Clinical Senates

The Panel noted the new structure for the NHS National Commissioning Board Local Area Teams and Clinical Senates, following the abolition of the Strategic Health Authorities and Primary Care Trusts in 2013.

The Board was national and there would be four regions in the country. Bracknell would be in the South region, Thames Valley, comprising of Berkshire,

Buckinghamshire and Oxfordshire. There would be ten specialist commissioning areas, for example, for cancer care, and for renal care.

Members expressed concern at the cost of the new 'layers' in the NHS, their cost and bureaucracy.

Once more clarity was available, a more detailed report would be brought to the next meeting of the Panel regarding the changes in 2013.

21. **Working Group Update**

The Panel noted the progress achieved to date by the Panel's Working Groups. The Health Reforms Working Group had last met in June 2012 and was due to meet again. The Health and Wellbeing Strategy Working Group would continue to meet to monitor the development of the Health and Wellbeing Strategy.

The 'Shaping the Future' consultation would run until January 2013 and a Working Group of the Panel would consider this consultation. Councillors Virgo, Finch, Kensall and Mrs Temperton had expressed an interest in participating in the Shaping the Future working group at the last meeting of the Panel on 14 June 2012.

22. **Date of Next Meeting**

Thursday 24 January 2013

CHAIRMAN

**Maintaining and improving quality
during transition
BERKSHIRE PCT CLUSTER QUALITY
HANDOVER DOCUMENT
VERSION 3
January 2013**

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1. EXECUTIVE SUMMARY

This Quality Handover document provides an overview of healthcare services in Berkshire and sets out for successor organisations the key risks, challenges, achievements and ambitions for quality and patient safety in Berkshire, in preparation for handover from the Berkshire PCT Cluster on 31 March 2013.

The contents cover:

- The context of transition
- The organisation of the local health care system
- Key personnel
- Governance
- Quality profile
- Patient Experience
- Risk register
- Communication of plan

This document is the first version of the Quality handover document and comments will be sought from stakeholders and receiving organisations. The handover process will continue to evolve during the transition in response to comments made and additional requests by receiving organisations for information.

The document has been drawn up to meet the quality and patient safety needs of the receiving organisations. It also provides information on quality and patient safety that is needed by other organisations, for example in relation to public health.

This document will be updated as appropriate with comments and actions as a consequence of the exchange of intelligence with receiving organisations. Receiving organisations include Clinical Commissioning Groups, Commissioning Support Units, Local Area Teams, Local Authorities, Health and Wellbeing Boards and others.

The Quality Teams in Berkshire, Buckinghamshire and Oxfordshire have been working together for five years. In 2010 a MOBBB (Milton Keynes, Oxfordshire, Berkshire East and West and Buckinghamshire) Quality Group was established which standardised the core quality schedules in contracts and reduced duplication of work. This group also shared good practice and tackled concerns from providers. With the transfer of Milton Keynes to the East Midlands SHA this work continued through the South Central Commissioning for Quality Group currently chaired by the Assistant Director of Quality from the Berkshire cluster. Clustering into a Buckinghamshire and Oxfordshire cluster and a single Berkshire cluster made these arrangements even more resilient and used the strengths of the individuals in these small teams to the maximum benefit of the whole health economy.

These systems and processes will be built on in the development of the Commissioning Support Unit. The Quality Team in NHS Berkshire has actively contributed to the development of the Central Southern Commissioning Support Unit and responded to the consultation on structures.

This document is designed to complement the quality handover documents of neighbouring PCT Clusters, and the SHA South of England Quality Handover document. Benchmarking data from Oxfordshire and Buckinghamshire Cluster PCT is included where available. This reflects the collaborative approach to the production of the Quality Handover document and the joint working that has taken place over a number of years.

The data and information will continue to be reviewed, added and amended up until the final version is approved by the PCT Cluster Board on 26 March 2013. The yellow highlighting tool has been used to help distinguish where data and information is still being finalised.

DRAFT

2. CONTEXT

The Health and Social Care Act 2012 describes the new structures and processes which will be in place by 1st April 2013 to commission healthcare in England. This reorganisation differs from previous reorganisations in that there is no one successor body, functions and individuals will move to a variety of different organisations. It is therefore important that robust arrangements are in place for the maintenance of quality both during transition and into the future. Evidence shows that to maintain a safe system of health and social care it is important to have clarity of role and responsibility at all times. This document describes how NHS Berkshire, as the 'sending' organisation and the various 'receiving' organisations will ensure that the quality of care is maintained during transition and how organisational memory will be assured into the future.

The National Quality Board report, *Maintaining and Improving Quality during the Transition: safety, effectiveness, experience* (March 2011) set out a range of recommendations for Boards aimed at sustaining quality during the transition. One of the themes identified by the report was the potential risks to quality posed by the loss of organisational memory during a time of transition. This theme has also been raised during the inquiry into the failings at Mid Staffordshire NHS Foundation Trust. There is an expectation that a formal handover on quality and safety should take place with the same discipline and rigour that occurs in financial handovers.

The National Quality Board report, *How to Maintain Quality during the Transition: Preparing for handover* (May 2012) reviewed lessons learned from the handover process that took place in 2011.

The Berkshire Cluster has set up a Transition Committee to co-ordinate the transition of the various functions to receiving organisations and to assure the Cluster Board that safe transition is being achieved.

The NHS Constitution sets out the behaviours and values of all staff working in the NHS. These behaviours and values will form the core of the new organisations. In Berkshire we wish to not only handover information on how to minimise risk, but also the ambition for continuous quality improvement. We aim to implement our Duty of Candour by sharing our handover documents with the public through presentation at a Cluster Board meeting. The handover documents will be based on the principles of transparency, honesty and probity.

Key issues for quality transition:

- To ensure that during transition the needs of the patient remain the key focus for the health and social care economy.
- To maintain clear lines of accountability at all times to ensure early warning of any concerns about the quality of care.
- To maintain clear communication channels with staff and patients and to make time to listen to what they are saying.
- To set up systems whereby hard and soft intelligence on quality is shared with the receiving organisations.

This quality handover document provides an overview of the quality of services in Berkshire and incorporates key issues for Clinical Commissioning Groups in Berkshire.

A Central Southern Commissioning Support Unit is being established to support Clinical Commissioning Groups; this will serve Bath, **Berkshire**, Buckinghamshire, Oxfordshire, Gloucestershire, Swindon and Wiltshire.

Commissioning of primary care services will be undertaken by the NHS Commissioning Board, Thames Valley Local Area Team.

Specialised services will be commissioned by three specialised commissioning hubs, including Thames Valley and Wessex (commissioned by Wessex Local Area Team).

DRAFT

3. TRANSITION LEAD

The Transition Lead responsible for the Quality Handover document is the PCT's Director of Nursing, Marion Andrews-Evans. Sara Whittaker, Assistant Director of Quality is the author of the Quality Handover document. Dr David Buckle, Medical Director is the PCT's Lead for Quality.

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DRAFT

**TO: HEALTH OVERVIEW & SCRUTINY PANEL
24 JANUARY 2013**

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

1 PURPOSE OF REPORT

- 1.1 To receive an update from the Executive Member for Adult Services, Health & Housing on the work of the Health and Wellbeing Board. Members of the Panel have previously been appraised by the Director of Adult Social Care, Health and Housing.

2 RECOMMENDATION

- 2.1 **That Overview and Scrutiny note the content of the report.**

3 REASONS FOR RECOMMENDATION

- 3.1 The status of Health and Wellbeing Boards in their statutory form is still emerging and it is important that members of Health Overview and Scrutiny are kept abreast of the progress of the shadow Board in preparation for assuming statutory status, particularly in the context of emerging legislation and policy.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None

5 SUPPORTING INFORMATION

- 5.1 Subject to the Health and Social Care Act 2012, health and wellbeing boards will be the vehicle for bringing together health and social care agencies to deliver improvements in health outcomes and reduce health inequalities for their local population. They give oversight and strategic leadership across organisations and systems and will operate within clear frameworks for accountability which are to be set out in secondary legislation to be laid before Parliament in January 2013.
- 5.2 Boards will be subject to a Duty to Integrate requiring them to improve the health outcomes and reduce health inequalities of the local population by connecting common priorities for health improvement, develop integrated solutions between members of the Board and collectively pool resources to deliver them. This must be directed by:
- The production of a joint strategic needs assessment (JSNA)
 - The development of a joint health and wellbeing strategy (JHWS)
 - Securing the necessary information from members of the Board for the delivery of statutory functions above
 - Ensuring the alignment of CCG commissioning plans against the JHWS
 - The use of Section 75 agreements to pool resources

- 5.3 As Boards will not assume statutory responsibilities until 1 April 2013, local authorities have been expected to establish shadow arrangements to prepare for statutory status. To this end, the Shadow Board convened statutory partner agencies for the first time on 13 November 2011, holding subsequent meetings every two months from December 2011. The next meeting to be held on 14th February 2013. A synopsis of the agendas for each meeting is provided in Appendix 3.

Purpose and vision

- 5.4 That Health and Wellbeing Boards bring together health and social care agencies to deliver improvements in an integrated manner.
- 5.5 Locally, the Board's first task involved the establishment of a common understanding and purpose. Initial meetings were therefore concerned with the development of jointly agreed and mutually understood interim Terms of Reference and Constitutional arrangements which are revised regularly to take into account emerging legislation and policy (Appendix 1).
- 5.6 At the invitation of the Department of Health, the Bracknell Forest Shadow Board successfully applied to be an Early Implementer Board and actively shares its learning with a collaborative and supportive national and regional network. The Director of Adult Social Care, Health and Housing was a member of a national learning set looking at the 'Governance' aspect of the Board's functionality. The Executive Member for Adult Services, Health and Housing is a peer assessor with LGA and has participated in peer reviews of Health and Wellbeing Board arrangements.
- 5.7 Over time, the result has been the development of a partnership approach. Members clearly understand that to be effective, the Board must be a "Board that does" and a "Board that delivers", a Board that is actively involved in the commissioning process in order to apply the Duty to Integrate.

Leadership, values, relationships, ways of working

- 5.8 As mutual understanding of partners, roles, functions, values, cultures and vocabularies has developed, there has likewise been a greater understanding of the concept of shared leadership and a recognition that the success of one is dependent on the success of all partners.
- 5.9 This has been exemplified by the process of CCG authorisation, the process GP Clinical Commissioning Groups are undergoing before they assume full statutory responsibilities, replacing the PCT. Authorisation is an assessment of CCG readiness, organisational form, priorities, and how they will deliver their statutory duties.
- 5.10 Constituent members of the Board were involved in a 360° peer review of the CCG and were required to provide evidence to assessors over a period of several months throughout the Autumn. Bracknell Forest and Ascot CCG will be informed of the outcome in early 2013.

Arrangements for integrated commissioning

- 5.11 If the Board is the mechanism for improving health outcomes and reducing health inequalities, the statutory vehicle for doing is the Joint Health and Wellbeing Strategy.

The development of the JHWS is the principle mechanism through which the Duty to Integrate is to be applied.

- 5.12 Members of the Panel will be aware that there is no legal requirement to produce a JHWS before 1 April 2013, however, the production of a document to identify health improvement priorities to inform CCG commissioning intentions was a requirement of the authorisation process.
- 5.13 As well as reviewing the document itself, CCG authorisation assessed the process of development, testing not only the CCG's understanding of local need and ability to respond to it but also the ability of the CCG and the LA to work "jointly and equally" to identify strategic commissioning intentions.
- 5.14 On both points, the process has been successful. Indeed, the development of the JHWS has been challenged less by the working relationship between health and social care partners, but more by limitations in the inputs required to produce the document itself, specifically:
- a. legislation is draft
 - b. DH delays producing guidance for the development of the JHWS itself
 - c. A revised format prescribed for the JSNA which provides the evidence on which JHWS are based but a lack of guidance on the format
 - d. Data sets being updated following the Census
 - e. Outcomes Frameworks for Adult Social Care, the NHS and Public Health against which national priorities are to be measured but which are still in development
 - f. The requirement to secure patient and public involvement through Local Healthwatch organisations before those organisations had been commissioned
- 5.15 The established JHWS working group will necessarily undertake a review of the current document against emerging guidance and establish an implementation plan for service integration, improving population health and the use of pooled resources. On this latter point, the Adult Social Care, Health and Housing department is already undertaking work to draft a Section 75 framework agreement.

The Future

- 5.16 Despite ongoing change, members are more confident of respective contribution to a wider whole in terms of skills, experience, knowledge and potential contribution; effective working relationships are in place with a willingness to accept the influence of partner organisations in decision making. The principle of joint and equitable accountability is underlined by a commitment to extend the legal requirement to assess only CCG Commissioning Plans against the JHWS, to cover all partner agency service plans, commissioning plans, annual reports and forward plans against the JHWS to ensure integrated health outcomes.
- 5.17 As secondary legislation emerges, Bracknell Forest Legal Services are already primed to support the implementation of the regulations which will set out the relationship of the Board with the Executive, wider Council and the Health Overview & Scrutiny function. The legal team will also advise on the disapplication of s102 rules relating to officer representation, political proportionality, voting restrictions, standards, and meetings in public.
- 5.18 Once clarity on the status of the Board is achieved, work can begin in earnest to connect the Board to other influencing, decision making & monitoring mechanisms to

ensure the Duty to Integrate is understood and joined up commissioning can be achieved. It is clear that the role of Health and Wellbeing Boards will expand as they are referenced in newly drafted legislation, e.g. Draft SEN Bill which will require further statutory integration across other services. Working protocols will need to be established across all bodies which have a health-related impact such as the Bracknell Forest Partnership and significant partnerships in LA Directorates and work is already in train to assess the scope and extent of this work. Protocols for working across LA boundaries may also be required to take into account the non-coterminosity of the local CCG as well as with new bodies in the health economy that may influence commissioning decisions at a local level such as the NHS Commissioning Board and its Local Area Teams.

- 5.19 Clarity will also allow communication about the Board with the general public and patient communities and once a successful contractor is in place from March 2013, Local Healthwatch can fully establish mechanisms for securing the widest patient and public involvement in the work of the Board.

Background Papers

Appendix 1 - Terms of Reference
Appendix 2 - Forward plan
Appendix 3 – Summary of Board items

Contact for further information

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APPENDIX 1

**TERMS OF REFERENCE and CONSTITUTIONAL
ARRANGEMENTS FOR THE BRACKNELL FOREST
SHADOW HEALTH AND WELLBEING BOARD**

30 October 2012

1 Duration and Termination

- 1.1 Until such time as Health and Wellbeing Boards become statutory committees of the local authority, the Board will operate as a Shadow Health and Wellbeing Board ("Shadow Board") with a structure as defined in section 5.1 below and will be established in accordance under section 194 of the Health and Social Care Act 2012 ("the Act") and any subsequent applicable amendment, replacement, secondary legislation or guidance.

2 Scope and Extent

- 2.1 In the interim period, the Shadow Board is to have no legal status and is to be classified as an "extra statutory body without executive decision making powers" that is convened to make common recommendations to the respective decision making bodies of each participating member under arrangements agreed by participating parties and to prepare themselves for assuming a statutory role in 2013.

3 Purpose of the Shadow Board

The Shadow Board will:

3.1 Create integrated working arrangements

- 3.1.1 In accordance with section 195 of the Act, identify, create or enhance relationships between existing or new partners, agencies and providers of services with health related outcomes so that they may work in a joined up and integrated manner to improve health outcomes, reduce health inequalities and influence the wider determinants of health (s.12).
- 3.1.2 Address gaps in skills, knowledge and experience and develop common and shared understanding of priorities and issues relating to respective partner agencies in order to bring about effective and respectful communication to influence and inform arrangements to achieve 3.1.1 above.
- 3.1.3 Identify and maximise the use of any function, service or asset that may have an impact on health, not just those delivered by health services or social care, whether delivered directly by members of the Shadow Board or in partnership or through third parties.
- 3.1.4 In accordance with the principles and purposes of information sharing, develop an information sharing protocol to enable the commissioning, identification, access and exchange of data and information between members of the Board, other committees and partnerships and providers of services with health related outcomes that is compliant with information standards as issued by the Health and Social Care Information Centre in accordance with Part 9 of the Act.

3.1.5 Create a governance structure for a statutory Bracknell Forest Health and Wellbeing Board in readiness to assume its statutory responsibilities from April 2013 that:

- secures multi-agency agreement in an open and transparent way
- identifies priorities and resources to deliver them
- allows for inclusive and joint working with other health and wellbeing boards under section 198 of the Act
- allows for specific joint working with the health and wellbeing board in the Royal Borough of Windsor and Maidenhead in ways that are agreeable to all members' governing bodies, for purposes and circumstances to be defined by the Shadow Board
- ensures effective multi-agency and multi-sector contribution to improving health and wellbeing outcomes for children and young people through Children and Young People's Partnership arrangements, including:
 - the agreement of joint commissioning arrangements for reviewing, considering and agreeing the educational, health and social care provision ("EHC provision") for children and young people with special educational needs for whom the local authority is responsible subject to sections 6 of the Provisions about Children with Special Educational Needs Bill 2012, and;
 - the publication of information (the "local offer") relating to the educational, health and social care provision ("EHC provision") for children and young people with special educational needs for whom the local authority is responsible within and outside the local authority area in accordance with section 11 of the Provisions about Children with Special Educational Needs Bill 2012.

3.1.6 To comply with established provisions and mechanisms for pooling budgets between health bodies and 'health-related' local authority services for the commissioning and monitoring of existing or new services using arrangements under section 75 of the National Health Service Act 2006 or such other mechanisms as applicable to ensuring the objectives of the Shadow Board are met in accordance and in the spirit of section 193 of the Act.

3.2 Identification of local needs

3.2.1 Use existing or commission in partnership new mechanisms as required to engage with and involve patients and the public, including children and young people, parents and families, to secure and evidence their views and inform the deliberations of the Board and its business.

3.2.2 By September 2012, ensure that the Local Authority and Bracknell and Ascot Clinical Commissioning Group and the Director of Public Health and the Patient and Public Involvement Representative will work under an equal and explicit obligation to determine arrangements to secure the commissioning of quality, consistent and

comprehensive health and local government services for all, including children, young people, parents, families and carers, through the:

- a. Preparation of an enhanced Joint Strategic Needs Assessment (s.192) in accordance with section 192 of the Act and subsequent regulation¹ that considers:
 - i) the needs of the whole community, wider social, environmental and economic factors
 - ii) the health and social care information needs of the community
 - iii) an assessment of the community's asset and resource offer
 - iv) EHC provision subject to section 7 of the Provisions about Children with Special Educational Needs Bill 2012
 - b. Development of a Joint Health and Wellbeing Strategy (s.193)
 - c. Development, updating and publishing local pharmaceutical needs assessments (s.206)
 - d. Agreement of CCG commissioning plans in accordance with section 26 of the Act
 - e. Agreement of the Children and Young People's Service Plan in the spirit of section 26 of the Act
 - f. Agreement of the Adult Social Care, Health and Housing Service Plan in the spirit of section 26 of the Act
 - g. Agreement of the Local Healthwatch forward plan in the spirit of section 26 of the Act
 - h. Transfer of public health responsibilities (s.17) and the putting in place of arrangements by the local authority for their effective delivery (s.18)
- 3.2.3 Establish a communications plan to promote better understanding of the scale, perception and impact of health and social care reforms in Bracknell Forest to ensure transition arrangements are put in place, are effective and outcome focussed.
- 3.2.4 Undertake projects, research, community consultation exercises and analysis to inform the work of the Shadow Board subject to the restrictions and limitations of section 17 of the Act.

¹ Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies – Guidance for Consultation, DH Gateway Reference 17858, 31 July 2012

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- 3.2.5 Facilitate and enable a duty to cooperate between the Secretary of State and all individuals and organisations who carry out health protection functions under Section 60 of the Act and request information from any statutory, specific or cooperating body of the Board in accordance with the provisions of section 199 of the Act.
- 3.2.6 Assume any function delegated to it by the local authority with the exception of the scrutiny function in accordance with the provisions of section 196 of the Act.
- 3.3 Strategic direction, prioritising and action setting
- 3.3.1 Oversee the production and delivery of a forward plan to manage transition arrangements which will be reviewed and refreshed on a quarterly basis.
- 3.3.2 Focus on early intervention and prevention within an overall understanding of a life-course approach to provision.
- 3.3.3 Assess the impact of the Health and Social Care Act 2012 upon commencement, and any other relevant legislation as enacted or subject to Parliamentary passage on the functions, powers and duties of the Shadow Board and services for which members of the Shadow Board are responsible.
- 3.3.4 As a Department of Health and Wellbeing Board Early Implementer, research, implement and share best practice with other Early Implementers as required by and in a manner laid down in the Early Implementer network arrangements.
- 3.3.5 Establish, oversee and monitor the work of any strategic sub-groups of the Shadow Board established for the purpose of the transition arrangements in Bracknell Forest.
- 3.3.6 Contribute to and support the Clinical Commissioning authorisation process in accordance with existing or subsequent applicable guidance.
- 3.3.7 Determine involvement, decision making, voting and quoracy criteria for the NHS Commissioning Board in the determination of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy in accordance with statute and subsequent guidance.
- 3.4 Accountability and Performance Monitoring
- 3.4.1 Determine arrangements for the Statutory Health and Wellbeing Board to hold meetings in public from April 2013 and align access to information procedures with those of formal committees subject to any subsequent regulation and guidance for health and wellbeing boards
- 3.4.2 Determine arrangements to provide independent oversight and scrutiny from the Overview and Scrutiny Commission of the Council and which may involve the appointment of members of the public to any such arrangements in accordance with section 190 to 192 of the Act
- 3.4.3 Determine arrangements to ensure the voice of patients and the public are heard in health and social care commissioning

- 3.4.4 Determine arrangements to ensure outcomes are aligned and delivered in accordance with the National Outcomes Frameworks for health, adult social care, public health, commissioning and the Children and Young People's Outcome Strategy and local performance measures relevant to priorities in the Joint Health and Wellbeing Strategy and other commissioning plans.
- 3.4.5 Assess the integration of services and commissioning in line with the Joint Health and Wellbeing Strategy.

4 Shadow Board Themed Sub-Groups

- 4.1 The expectation of the identified sub-groups is that, in relation to their supporting role to the Shadow Board, they will:
 - a. identify aims, baselines, targets and actions within its priority area
 - b. contribute to the achievement of these aims through multi-agency consultation and intervention
 - c. discuss operational matters relevant to the delivery of the Shadow Board's objectives, identify areas for greater collaborative working and raise these with the Board
 - d. identify and plan resources needed to achieve the objectives of the Shadow Board and present evidence for additional resourcing to the Shadow Board

5 Membership and Meetings

- 5.1 The Shadow Board shall comprise a body to be termed the "Board Executive" made up of constituent bodies with administrative and managerial authority to undertake the work described in sections 3 and 4 above and which will be supported by Shadow Board Themed Sub-groups ("Themed sub-groups") to be established in accordance with 3.1.4 above.

5.2 Shadow Board Executive ("Board Executive")

The Board Executive shall comprise a core membership of constituent bodies that shall be in accordance with section 194 of the Act:

5.2.1 For the local authority

Cllr. Dale Birch	Executive Member for Adult Services, Health and Housing (Chairman)
Cllr. Dr. Gareth Barnard	Executive Member for Children and Young People
Timothy Wheadon	Chief Executive, Bracknell Forest Council

Dr Lise Llewellyn	Strategic Director of Public Health (Berkshire)
Glyn Jones	Director of Adult Social Care, Health and Housing, Bracknell Forest Council
Dr Janette Karklins	Director of Children, Young People and Learning, Bracknell Forest Council

5.2.2 For the health service

Dr William Tong	Chairman of the Bracknell Forest and Ascot Clinical Commissioning Group and Vice Chairman of the HWBB
Mary Purnell	Representative of the Bracknell Forest and Ascot Clinical Commissioning Group

5.2.3 For patient and public involvement

Barbara Briggs	Representative of the Local Involvement Network
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5.3 Specific memberships

5.3.1 When operating in statutory form, a representative from the NHS Commissioning Board (or nominee who is not a member or employee of the NHS Commissioning Board) must be appointed to the Board under section 197 of the Act upon request of the Board for the purpose of:

5.3.1.1 preparing the Joint Strategic Needs Assessment and Health and Wellbeing Strategy

5.3.1.2 considering matters relating to responsibilities of the NHS Commissioning Board which are exercised or proposed to be exercised by the local authority under

5.3.2 Constituent bodies will be entitled to bring support officers to the meetings when relevant to the business of the Board Executive.

5.4 Cooperating Bodies

5.4.1 The Board Executive may also elect additional members on a temporary or permanent basis as appropriate to its information and task requirements.

5.5 Themed Sub-Groups

5.5.1 The Board Executive will make recommendations on the membership of each themed sub-group as required.

- 5.5.2 Other organisations can be invited to the themed sub-group meetings as required to help contribute to the delivery of Shadow Board's objectives.
- 5.5.3 The themed sub-groups will:
- a. identify aims, baselines, targets and actions within its priority area in the Shadow Board's work plan
 - b. contribute to the achievement of these aims through multi-agency consultation and intervention
 - c. discuss operational matters relevant to the delivery of the Shadow Board's work plan, identify areas for greater collaborative working and raise these with the Shadow Board
 - d. plan resources needed to achieve the aims in the Shadow Board's work plan and present evidence for additional resourcing to the Shadow Board

5.6 Arrangements in Election Periods

- 5.6.1 The Board shall determine arrangements for the appropriate representation of members affected by political or internal elections in accordance with statute and subsequent guidance.

5.7 Register of members' interests

- 5.7.1 Statutory, specific and co-operating bodies who are members of the Board Executive and themed-sub groups will be required to provide information for the purposes of developing and publishing a register of members' interests.

5.8 Distribution of agenda and minutes and supporting papers

- 5.8.1 Until such time as the arrangements for meeting in public are determined under the provisions outlined in 3.4.1 above, the agendas and minutes for the Shadow Board Executive shall be provided only to the statutory and specific members and support officers as defined in 5.1 and 5.2 above
- 5.8.2 Documents are distributed for information purposes and for the purposes of making executive decisions by the executive bodies of statutory and specific members' organisations who shall be the GP Council of the Bracknell Forest and Ascot Clinical Commissioning Group, the Bracknell Forest LINK steering group until such time as it is replaced by Local Healthwatch arrangements, and Council decision making forums.
- 5.8.3 Documents shall be circulated in hard and/or electronic copy and are distributed as "restricted" documents that are not for public distribution or publication outside the aforementioned decision making forums.

6 Chairing Arrangements

6.1 Board Executive

6.1.1 The Chairman and Vice Chairman of the Board Executive shall be elected by the members of the Executive.

6.1.2 The Chairman and the Vice Chairman shall not be from the same constituent body.

6.2 Themed Sub-Groups

6.2.1 A chairman will be elected annually for each themed sub-group by the members of each respective sub-group.

7 Working arrangements

7.1 Board Executive

7.1.1 The Board Executive shall meet in closed meetings every two months in places that are accessible and acceptable to all members. Agendas and papers will be circulated one week in advance. Meetings will be formally minuted. The Board Executive shall plan the agenda for each subsequent Board Executive meeting.

7.1.2 Additional meetings of the Board Executive may be arranged with the agreement of the Chairman who shall be Cllr. Dale Birch, Executive Member for Adult Services, Health and Housing.

7.2 Themed Sub-Groups

7.2.1 The themed sub-groups that are currently identified (December 2011) to support the Board Executive are:

- a. Adult Social Care
- b. Children and Young People's partnership arrangements
- c. Patient and Public Involvement
- d. Health Commissioning

7.2.2 Themed sub-groups will meet not less than four times per year. All members of the themed sub-groups will be expected to contribute to achieving identified priorities and undertake work on behalf of the group.

8 Links to other partnerships

8.1 It will be the responsibility of the Shadow Board to ensure that the areas of its work that impact on the agenda of other partnerships are brought to the attention of those partnerships to ensure communication and joined up working.

9 Administration

- 9.1 Administrative support will be provided by Bracknell Forest Council Democratic Services unless the Board decides to make other arrangements. The agenda and papers will be circulated one week in advance. The meetings will be formally minuted and the minutes will be circulated to members of the Shadow Board Executive and nominated support officers, a list of which shall be agreed by the Shadow Board Executive and held by Bracknell Forest Council Democratic Services.

10 Resources

- 10.1 All members of the Shadow Board Executive and the Shadow Board Themed Sub-Groups will identify how they will support the agreed objectives of the Shadow Board both in terms of general allocation of resources and in terms of the specific allocation of the resources required to deliver the projects/targets agreed by the Shadow Board.
- 10.2 At all times any funding or resource will remain the responsibility of the member organisation taking into account any provisions agreed under above.

11 Performance & Reporting

11.1 Board Executive

- 11.1.1 All decisions and action points made at meetings will be recorded.
- 11.1.2 Reports on current and future work programmes, as well as new initiatives, schemes, changes in legislation and any other matters which will impact on the objectives of the Board will be submitted to the Board by respective members.
- 11.1.3 Determine a single report on progress against objectives on a quarterly basis for submission to the relevant executive authorities and overview and scrutiny bodies of the constituent members.

11.2 Board Themed Sub-groups

- 11.2.1 Themed sub-groups and their working groups will record actions and decisions made at meetings.
- 11.2.2 Themed sub-groups will determine a report on progress against objectives on a quarterly basis for submission to the Board Executive for review, comment and recommendation.
- 11.2.3 Any disputes that remain unresolved by the themed sub-groups must be reported to the Board Executive to seek resolution by the Chair of the relevant sub-Group.
- 11.2.4 Issues must be reported in a timely manner. Themed sub-groups should not wait until the next sitting of the Board Executive but refer issues immediately to the Chairman and the Vice Chairman of the Board Executive who shall under the delegated authority of the Board Executive either:

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- a. seek to resolve the issue between themselves and report their joint decision to wider Board Executive
- b. agree to take the issue to the next meeting of the Board Executive for further deliberation
- c. confer with members of the Board Executive or convene members of the Board executive outside the agreed schedule of meetings

12 Conduct and behaviour

- 12.1 Partners shall bring along their own expertise to the decision making process, but decisions will be taken in the overall interest of the Shadow Board objectives.
- 12.2 Members of the Shadow Board are to be willing to take on a role in the broader programme appropriate to the skills and resources of the partner organisation, to act in good faith at all times and in the best interests of the Partnership's aims and objectives, and be open about any conflict of interests that might arise.
- 12.3 Within Shadow Board meetings, declarations of interest and provision for withdrawal from meetings of the Shadow Board should be made orally and/or in writing:
 - 12.3.1 prior to each meeting, or;
 - 12.3.2 orally and as soon as practicably possible should a matter arise during the course of a meeting.
- 12.4 Shadow Board members are also expected to encourage joint working and promote the sharing of information, resources and skills between public, private and community sectors and to act wherever possible as ambassadors for the project. Shadow Board members are also expected to communicate regularly with other partners throughout any project so that problems can be identified and shared to achieve their successful resolution.
- 12.5 All Shadow Board members must work together in a harmonious relationship based upon mutual respect, courtesy, trust, honesty and understanding of each others roles. This should prevail in all meetings and contacts, whether formal or informal.

13 Decision making

- 13.1 Subject to secondary legislation on this matter, appropriate schemes of delegation will be put in place to clarify decision making responsibilities. Until such time:
 - 13.1.1 Partners shall bring along their own expertise to the decision making process, but decisions will be taken in the overall interest of Shadow Board objectives.
 - 13.1.2 Support officers and cooperating bodies will not have the right to vote on matters arising.
 - 13.1.3 In the case of a balanced vote the Chairman may exercise a casting vote.

13.2 In all instances, the Shadow Board will endeavour to reach consensus on matters for decision. Where votes are invoked, each constituent body shall have one vote, carrying equal weight. Decisions will be made on a majority basis but will require the meeting to be quorate as per requirements in section 14 below.

13.3 Voting rights for the NHS Commissioning Board in the determination of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy shall be determined as per 3.3.7 above

14 Quoracy

14.1 The Board Executive shall be quorate when the 3 constituent bodies are represented. Substitutions shall not be permitted.

14.2 Quoracy in relation to the participation of the NHS Commissioning Board in the determination of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy shall be determined as per 3.3.7 above

15 Confidentiality

15.1 All papers and minutes relating to the Shadow Board will remain private and confidential and available to members of the Shadow Board only.

15.2 Constituent members of the Board shall be responsible for advising the sensitivity of documentation submitted to the Board.

15.3 The Board will agree which data can be released to the National Network of Action Learning sets.

15.4 In all cases data will not be distributed where it contains any personal or commercially sensitive content.

16 Termination

16.1 If any individual member wishes to withdraw from the Shadow Board, written and verbal notice must be given to the Shadow Board.

16.2 The Shadow Board may be dissolved by mutual consent of all members when the time arises where this is the appropriate cause of action.

17 Equality and Diversity

17.1 The Board will seek to understand and meet the needs of all people and all communities and will be clear of its responsibilities under equalities legislation. Equalities screening will be conducted for any strategy, policy, procedure, review, plan or service developed by the Shadow Board that has an impact on members of the community or staff, through the Bracknell Forest Council initial screening stage of an Equality Impact Assessment. This will enable the Board to assess whether there is any potential of an adverse or differential impact on any of the protected characteristic groups as described in the Equality Act 2010 and other groups as determined by the Shadow Board.

18 Review of Terms of Reference

- 18.1 These Terms of Reference may be reviewed by the Board on a quarterly basis to take into account the passage of relevant legislation and no later than March in each calendar year. Any proposed changes shall be submitted to members' governing bodies for approval.

APPENDIX 2

HEALTH & WELLBEING BOARD: FORWARD PLAN 2013/14

February 2013

Item	Decision	Responsibility	Submitted to Board:
ASCH&H Service Plan Assessment	To formally assess and comment upon the ASCH&H Service Plan and its alignment with the JHWS	Glyn Jones	
CYP&L Service Plan Assessment	To formally assess and comment upon the CYP&L Service Plan and its alignment with the JHWS	Jeanette Karklins	
Health and Social Care Act Regulations <i>(legal status of board, governance arrangements, membership, overview and scrutiny arrangements)</i>	To receive information report on the impact of secondary legislation.	Glyn Jones	
Matter Arising: SEN Arrangements	To review progress.	William Tong/Janette Karklins	
Matter Arising: Assisted Conception	Ensure alignment with JHWBS.	Kieth Naylor/Zoe Johnstone	
Relationship of the Health and Wellbeing Board with the NHS Commissioning Board	To agree protocols for working with the NHS Commissioning Board	Mary Purnell / William Tong	
Integrating Commissioning Strategies	To agree arrangements to receive and provide comment upon commissioning strategies to connect, integrate and resource outcomes	Glyn Jones / Janette Karklins	
Cross-border working	To agree protocols for working across boundaries with identified partners	BF HWB and RBWM HWB??	
Section 75 agreements	To agree protocols for establishing section 75 agreements	Glyn Jones	
Arrangements during Election Periods	To agree arrangements for representation at the	Priya Patel	Will be covered by

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Item	Decision	Responsibility	Submitted to Board:
	Board for members who are subject to election processes		the Constitution.
Bracknell Forest Partnership Review	To agree working arrangements with the Bracknell Forest Partnership	Glyn Jones (Genny Webb)	

April 2013

Item	Decision	Responsibility	Submitted to Board:
HWB Annual Report	To agree to publish the HWB Annual Report	Dale Birch / William Tong	
LiNK Annual Report	To receive and comment upon the Local Healthwatch Annual Report and Accounts	LHW Representative	
Shaping the Future Results	To be considered by the Board	William Tong/Mary Purnell?	

June 2013

Item	Decision	Responsibility	Submitted to Board:
Local Healthwatch Forward Plan	To assess and comment upon the Local Healthwatch Forward Plan and its alignment with the JHWS	LHW Representative	
Bracknell Forest Partnership Risk Analysis	To agree the risk register prior to submission to the partnership in relation to the Act and subsequent regulations	Glyn Jones	
Serious Case Review Learning	To monitor learning from SCR	Janette Karklins/ Sandra Davies	
LSCB Business Plan	Information	Janette Karklins/ Sandra Davies	
LSCB report on the performance of partner organisations on safeguarding.	For consideration	Janette Karklins/ Sandra Davies	

December 2013

Item	Decision	Responsibility	Submitted to Board:
CYP&L Service Plan Assessment	To formally assess and comment upon the CYP&L Service Plan and its alignment with the JHWS	Jeanette Karklins	

December 2014

Item	Decision	Responsibility	Submitted to Board:
CYP&L Service Plan Assessment	To formally assess and comment upon the CYP&L Service Plan and its alignment with the JHWS	Jeanette Karklins	

ON THE HORIZON

Health and Social Care Act - Issues subject to commencement

Item	Decision	Responsibility
Charges for specific health services	To receive information on section 50 regulations relating to the application of application of Charges to Health Improvement and Health Protection Measures and to decide future action	CCG / LA
Personal health budgets	To receive information on section 55 regulations relating to personal health budgets and to decide future action	CCG
Mental Health Advocacy	To receive information on section 55 regulations relating to mental health advocacy and to decide future action	LA
Pharmaceutical Needs Assessment	To agree the process of developing, updating and publishing the Pharmaceutical Needs Assessment	LA
Enhanced Joint Strategic Needs Assessment	To agree the process of refreshing the JSNA	LA/CCG
Application of the duty to integrate to health-related services	To agree a process to assess the commissioning of decisions of executive bodies against the JHWS	
Establishment of Care Trusts	To agree the protocols for establishing Care Trusts between the LA and the CCG	

Draft Care and Support Bill – subject to legislative drafts**From April 2013**

Item	Decision	Responsibility
Draft Care and Support Bill - Carers' Support	To agree arrangements for the joint working of the NHS CB, CCG, LA and carers' organisations and agreeing plans and budgets to support carers	William Tong/ Glyn Jones/Janette Karklins/NHS CB Representative
Community Asset Mapping	To agree arrangements to identify skills and capacities of communities through the JSNA and JHWS	
Preventative practice and early intervention	To agree arrangements for the application of the duty to incorporate preventative practice and early intervention in the commissioning arrangements of the Board	

BF Local Safeguarding Children Board Annual Report 2011/2012 – Subject to approval of document

Item	Decision	Responsibility
Section 11 Safeguarding Assessments	To agree protocols for ensuring the Clinical Commissioning Group and other health providers commissioned through the Health and Wellbeing Board adhere to Bracknell Forest LSCB minimum safeguarding standards	Janette Karklins
Serious Case Review Recommendations	To agree protocols for ensuring the Clinical Commissioning Group and other health providers commissioned through the Health and Wellbeing Board are sighted on Serious Case Reviews and lessons learned are integrated into CCG and General Practice quality assurance systems	Janette Karklins
General Practice, Health Visiting and Midwifery Case Review Recommendations	To agree protocols for ensuring the Board and Clinical Commissioning Group and other health providers commissioned through the Health and Wellbeing Board are sighted on Case Reviews and lessons learned for General Practice, Health Visiting and Midwifery Case Review Recommendations are integrated into CCG and General Practice quality assurance systems	
Co-sleeping and bed-sharing for infants and small children	For the Board to give a view on community health professionals' advice on co-sleeping and bed-sharing for infants and small children	Janette Karklins
Child protections practice of health economy providers	For the Board to give a view on the potential application of the Exemplar Safeguarding Audit Tool to audit the child protections practice of health economy providers	Janette Karklins
Single and Inter-agency Training	<i>There is covered in section 4 – does the Board need to take a view on extending this throughout the new health economy?</i>	

**APPENDIX 3
SYNOPSIS OF MEETING AGENDAS**

Tuesday 13 September 2011

Working Together in Shadow Form

- Terms of Reference – Discussion Paper
- Engaging the Wider Health and Social Care Community – Discussion Paper
- Early Implementer Update
- Milestones and Key Dates
- Meeting Frequency and Timings
- Meetings in Public

Progress Reports

- Bracknell Forest & Ascot Clinical Commissioning Group (Dr William Tong)
- Health Watch Update (Glyn Jones/Barbara Briggs)
- Public Health Update

Shaping the Future in East Berkshire

Health and Wellbeing Partnerships

Stroke, Major Trauma and Vascular Surgery Engagement Document

Wednesday 7 December 2011

Terms of Reference

Joint Strategic Needs Analysis – Information item

Bracknell Urgent Care Centre – Information item

Clinical Commissioning Group Authorisation Process – Information item

Public Health – information item

Report on Support Resources for Health and Wellbeing Boards – Information Item

Wednesday 15 February 2012

Terms of Reference - Updates

Joint Strategic Needs Assessment (JSNA) Update – Information item

Development of Joint Health & Wellbeing Strategy – Decision report to establish a working group

Patient and Public Involvement – information item on requirements for patient and public involvement

Public Health – Update – Information Item

Local Healthwatch – information item

Overview and Scrutiny Function in relation to the Health and Wellbeing Board – Information item

Thursday 26 April 2012

CCG Authorisation – Update – Information item

Public Health – Update – Information Item

Local Health Watch Development – Decision report to secure independent support for a local vision for LHW

Patient and Public Involvement – Information report on various mechanisms to secure Patient and Public Involvement

Joint Health & Wellbeing Strategy – Update, - Information item on progress of Working Group.

Bracknell Urgent Care Centre including Children – Information item

Thursday 28 June 2012

Shaping the Future – Pre-consultation – Decision report on submitting response from Shadow Board.

CCG Authorisation – Update – Information item on 360 degree review
Joint Health & Wellbeing Strategy – Update, - Information item on progress of Working Group.
Local Health Watch Development – Update – Information item on findings of community engagement activity

Thursday 23 August 2012

CCG Authorisation, Timeline and Process – Information item
Children & Young People's Partnership Arrangements – Decision report on how to integrate CYP issues
Shaping the Future – Decision report on council's response to Shaping the Future consultation.
Children and Young People's Plan – Information item on CYP issues
Proposals for New Inspection Framework for Children's Services – information item on impact on members

Thursday 11 October 2012

Clinical Commissioning Group (CCG) Draft Commissioning Plan – Decision report to assess and comment upon the CCG Draft Commissioning Plan
Board Members' Register of Interests – Decision report on Register of Interests form.
Public Health – Update- Information report
Special Educational Needs (SEN) Arrangements – Information report on HWB responsibilities in draft legislation
Local Healthwatch – Update on Procurement – Information item on progress to commission LHW
Forward Plan – Decision item to note, add or amend items on the Board's Forward Plan

Thursday 6 December 2012

Local Safeguarding Children's Board Recommendations – Decision report on HWB responsibilities in relation to Local Safeguarding Children's Board
Joint Health & Wellbeing Strategy – Update – Decision report on status and agreement to proceed to implementation planning
Health & Wellbeing Board: Statutory Committee – Protocols – Information item on proposed secondary legislation
Bracknell Forest LINK Legacy Report – Information item
Forward Plan – Decision item to note, add or amend items on the Board's Forward Plan

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**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
24 JANUARY 2013**

**PUBLIC HEALTH UPDATE
Strategic Director of Public Health**

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide a further update to the Health Overview and Scrutiny Panel on the emerging arrangements for the transfer of Public Health functions to Local Authorities in April 2013. The last update was on 27 September 2012.

2. RECOMMENDATION

- 2.1 The Health Overview and Scrutiny Panel are asked to note this report.**

3. BACKGROUND AND CONTEXT

- 3.1 The Health and Social Care Act 2012 confirms the relocation of Public Health functions, resources and commissioning responsibilities from the NHS into Local Government. Local authorities will be required to discharge their statutory public health responsibilities, detailed in the Public Health Outcomes Framework 2012 from 1 April 2013.
- 3.2 The framework identifies four specific domains that local authorities are required to focus on:
- Domain 1 - Improving the wider determinants of health;
 - Domain 2 - Health improvement;
 - Domain 3 - Health protection;
 - Domain 4 - Healthcare public health and preventing premature mortality
- 3.3 In the past few months, the final version of the public health outcomes framework has been published which details the indicators that will be used to monitor each Local Authority.
- 3.4 The following will be mandatory for Local Authorities to deliver:-
- appropriate access to Sexual Health Services;
 - measures to protect the health of the population, with the Director of Public Health having a duty to ensure there are plans in place for this;
 - ensuring that NHS Commissioners receive the Public Health advice they need;
 - the National Child Measurement Programme;
 - NHS Health Check Assessment;
 - elements of the Healthy Child Programme
- 3.5 In addition to this, the new responsibilities of Local Authorities will include local activity on:-
- tobacco control;
 - alcohol and drug misuse services;
 - obesity and community nutrition initiatives

- increasing levels of physical activity in the local population
- assessment and lifestyle interventions as part of the NHS Health Check Programme;
- public mental health services;
- dental public health services;
- accidental injury prevention; population level interventions to reduce and prevent birth defects;
- behavioural and lifestyle campaigns to prevent cancer and long term conditions;
- local initiatives on workplace health;
- supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation programmes;
- comprehensive sexual health services;
- local initiatives to reduce excess deaths as a result of seasonal mortality;
- role in dealing with health protection incidents and emergencies;
- promotion of community safety, violence prevention and response; and
- local initiatives to tackle social exclusion.

4 PROGRESS SO FAR

4.1 The framework which has been developed for public health within Berkshire has two key objectives:

- To provide real focus and interventions for the local issues and concerns, not only round the health element but also to consider the wider determinants of health as highlighted in the Marmot Report published in February 2010;
- To establish a public health function that could work across Berkshire and deliver real collaborative sustainable change and efficiencies that would make a real difference to health outcomes and demonstrate real value for money.

The process of transition has been overseen by a Board, chaired by the Chief Executive of Bracknell Forest Council (BFC) with representation from each Unitary Authority (UA), PCT, CCG and the Strategic Health Authority.

Over the past few months, the established working groups have continued to progress the transition issues.

4.2 HR and Communications

4.2.1 These groups have combined as a result of the need to closely align the communications with the detailed HR processes that are underway.

4.2.2 The primary task of the groups has been to implement the new Public health structure. In this structure the single Strategic Director of Public Health (SDPH) will have a core team that undertakes a number of key tasks across Berkshire:-

- Health Protection
- PH Intelligence (JSNA, DPH Report)
- Data Analysis
- Screening and Immunisation Co-ordination
- Epidemiologist

4.2.3 For day to day management purposes, the SDPH will report to the Director of Adult Social Care, Health and Housing (DASCHH) in BFC as the host. It is essential that they will need to establish relationships with each authority at Executive and

management team level. The SDPH will be a member of the Bracknell Forest Health and Well Being Board.

- 4.2.4 Following a recruitment process involving all six UAs, Dr Lise Llewellyn was appointed SDPH and took up her role on 2 January 2013, she is based in Time Square.
- 4.2.5 Within Bracknell in addition, there will be a Consultant in Public Health (CiPH), supported by a small team. The post will be managed by the DASCHH with a clinical/professional accountability to the SDPH. This post is currently advertised and the interviews are scheduled for week commencing 14 January 2013.
- 4.2.6 The CiPH will be the Public Health lead within BFC leading local work, and supporting and providing advice to the Health and Well Being Board. The CiPH will also support the CCGs and manage shared work across Berkshire – they may specialise in a specific domain of the Public Health Outcomes Framework but will be proficient across the full range of Public Health disciplines.
- 4.2.7 Supporting the local consultant, the other team roles will essentially be Project Managers, driving the local priorities, but will also support the delivery of cross border collaborative programmes of work, as appropriate, that will deliver economies of scale to maximise the ‘bang for our buck’ and encourage the sharing of good practice. Essentially, this describes a matrix managerial structure. All staff working in Public Health have been allocated roles in the new structure.
- 4.2.8 Within BFC, it is proposed that the CiPH role and their team will be based in Adult Social Care, Health and Housing, whilst recognising the role is one that will interact with all parts of the Council and providing advice to the Health and Well Being Board.
- 4.2.9 It is anticipated that staff in the core team as well as the Bracknell team will begin the physical move to Time Square during January 2013.

4.3 Governance and Structures Working Group

- 4.3.1 The work of this group has now largely been completed. This group was established following the Transition Board meeting in April and tasked with designing the proposed structures for the Public Health teams that will be embedded in each of the UAs as of 1 April 2013.
- 4.3.2 A revised group has now been started to develop the partnerships agreements that will underpin the collaborative way of working to ensure that there are transparent and fair for all parties. This group will make recommendations to the Transition Steering Group.

4.4 Information Management & Technology Working Group

- 4.4.1 This workstream has made good progress and has continued working in its sub groups
- Information governance & security and its dependencies;
 - Identification and recording of information/intelligence assets and liabilities;
 - Information and intelligence allied to commissioning cycles;
 - Supporting information/intelligence infrastructure and standards;
 - Core offer to the NHS

Within Bracknell, all members of the core and local team will receive training to ensure local compliance with information governance standards. The information required and

used to support the Public Health function has been mapped to ensure that access continues post April 2013. The Public Health team has been identified as a part of the new CCGs to ensure access to NHS information from the Commissioning Support Unit to support health care advice and analysis as part of the core offer.

- 4.4.2 The Transition Board has secured the ongoing support from Berkshire Shared Services for the next 12 months to ensure a smooth transition and handover of historic and all relevant information.

4.5 Emergency Planning Working Group

- 4.5.1 The Emergency Planning Working Group was, at the time of submission of the transition plan, deemed to be of a lower priority for the UAs whilst planning and testing of plans for London 2012 was reaching a critical stage.
- 4.5.2 This Working Group has now been implemented and the vast majority of the work plan has been completed and the necessary transfer arrangements are identified and either implemented or ready to be implemented.

4.6 Finance & Funding

- 4.6.1 Over the past few months, work has been undertaken to review the current PCT expenditure/budgets allocated to Public Health across the East and West of the County. This work has allowed an understanding of the potential liabilities that will need to be addressed when the Councils become responsible for this service post April 2013.
- 4.6.2 Work is now underway to agree the basis upon which the costs of the Public Health function will be shared by the UAs, and to agree how the commissioning, procurement and contract management function will be discharged. This will be presented to the Transition Board in January.
- 4.6.3 This work will ensure that BFC has a clear mandate for the management of the core team and contracts with clarity and transparency over the risks and liabilities.
- 4.6.4 Disappointingly at the time of writing this report, the Public Health allocation has still not been received. The original date for the allocation was 19 December 2012, however, this has delayed to mid January to allow for a two year settlement to be delivered. The Health Overview and Scrutiny Panel will be updated at the time of their meeting on the current position.

5 RISKS AND ISSUES

- 5.1 Overall, a number of the risks have been identified and are being managed by the individual workstream leads although all risks have been escalated to programme level. The major risk continues to be any possible misalignment between the new allocation and the current pattern of spend. The team will continue to monitor this and address any issues through contract management.

6 CONCLUSION

- 6.1 Considerable progress has been made on the arrangements for transfer via the Working Groups. The most significant development has been the transfer of staff into the local and core teams. The transition programme is on target for all key milestones and following the receipt of the allocation, the transition team will confirm the programme of services to be commissioned from April 2013.

Contact for further information

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**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
24 JANUARY 2013**

**EXECUTIVE KEY AND NON-KEY DECISIONS RELATING TO HEALTH
Assistant Chief Executive**

1 PURPOSE OF REPORT

- 1.1 This report presents scheduled Executive Key and Non-Key Decisions relating to Health for the Panel's consideration.

2 RECOMMENDATION

- 2.1 **That the Health Overview and Scrutiny Panel considers the scheduled Executive Key and Non-Key Decisions relating to Health appended to this report.**

3 REASONS FOR RECOMMENDATION

- 3.1 To invite the Panel to consider scheduled Executive Key and Non-Key Decisions.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None.

5 SUPPORTING INFORMATION

- 5.1 Consideration of Executive Key and Non-Key Decisions alerts the Panel to forthcoming Executive decisions and facilitates pre-decision scrutiny.
- 5.2 To achieve accountability and transparency of the decision making process, effective Overview and Scrutiny is essential. Overview and Scrutiny bodies are a key element of Executive arrangements and their roles include both developing and reviewing policy; and holding the Executive to account.
- 5.3 The power to hold the Executive to account is granted under Section 21 of the Local Government Act 2000 which states that Executive arrangements of a local authority must ensure that its Overview and Scrutiny bodies have power to review or scrutinise decisions made, or other action taken, in connection with the discharge of any functions which are the responsibility of the Executive. This includes the 'call in' power to review or scrutinise a decision made but not implemented and to recommend that the decision be reconsidered by the body / person that made it. This power does not relate solely to scrutiny of decisions and should therefore also be utilised to undertake pre-decision scrutiny.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

No advice was sought from the Borough Solicitor, the Borough Treasurer or Other Officers or sought in terms of Equalities Impact Assessment or Strategic Risk Management Issues. Such advice will be sought in respect of each Executive Forward Plan item prior to its consideration by the Executive.

7 CONSULTATION

None.

Background Papers

Local Government Act 2000

Contact for further information

Richard Beaumont – 01344 352283

e-mail: richard.beaumont@bracknell-forest.gov.uk

EXECUTIVE WORK PROGRAMME & FORWARD PLAN

REFERENCE	I037525
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TITLE: Local Healthwatch Service Tender

PURPOSE OF DECISION: Following a competitive tender process, to approve a Contract Award Report for the Local Healthwatch Service.

FINANCIAL IMPACT: This service is grant funded

WHO WILL TAKE DECISION: Executive Member for Adult Services, Health and Housing

DATE OF DECISION: 29 Jan 2013

REFERENCE	I038627
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TITLE: Adult Social Care & Health Debt Recovery Policy

PURPOSE OF DECISION: To agree the adoption of the Adult Social Care & Health Debt Recovery Policy.

FINANCIAL IMPACT: It is anticipated that that policy will assist in reducing debt owed to the Council

WHO WILL TAKE DECISION: Executive Member for Adult Services, Health and Housing

DATE OF DECISION: 23 Jan 2013

REFERENCE	I033482
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TITLE: Bracknell Forest Council's Strategy to Support Young People Approaching Adulthood 2013/18

PURPOSE OF DECISION: To agree Bracknell Forest Council's Strategy to Support Young People Approaching Adulthood 2013/18.

FINANCIAL IMPACT: Within existing budget.

WHO WILL TAKE DECISION: Executive

DATE OF DECISION: 8 Jan 2013

REFERENCE	I039089
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TITLE: Older People's Strategy

PURPOSE OF DECISION: To approve the Older People's Strategy.

FINANCIAL IMPACT: None at this time

WHO WILL TAKE DECISION: Executive

DATE OF DECISION: 12 Mar 2013

REFERENCE	I001862
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TITLE: Long Term Conditions – Anne Owen

PURPOSE OF DECISION:

FINANCIAL IMPACT:

WHO WILL TAKE DECISION: Joint Strategy and Commissioning Group

DATE OF DECISION:

**HEALTH OVERVIEW AND SCRUTINY PANEL
24 JANUARY 2013**

**WORKING GROUPS UPDATE AND 2013/14 WORK PROGRAMME
Assistant Chief Executive**

1 PURPOSE OF REPORT

- 1.1 This report provides an update on the Working Groups of the Health Overview and Scrutiny Panel, and invites members to propose items for inclusion in the Panel's work programme for 2013/14.

2 RECOMMENDATIONS

That the Health Overview and Scrutiny Panel:

- 2.1 Notes the progress achieved to date by the Panel's Working Groups**
2.2 Proposes items for inclusion in the Panel's work programme for 2013/14.

3 SUPPORTING INFORMATION

Health Reforms

- 3.1 The Working Group comprised Councillors Finch (Lead Member), Mrs Angell, and Virgo. It was formed to monitor the implementation of the major changes from the 2010 NHS White Paper and the Health and Social Care Bill, with a particular focus on the transfer of public health responsibilities to the Council. The Working Group had its final meeting 12 October, deciding that future monitoring should be carried out by the Panel.

Health and Wellbeing Strategy

- 3.2 The Working Group comprised Councillors Virgo (Lead Member), Baily, Finch, and Mrs Temperton; and Mr Pearce. It was formed to make an input to the Council's statutory 'Health and Wellbeing' strategy, and to monitor the creation of the Health and Wellbeing Board. The Working Group had its final meeting on 16 November, having provided its views on the draft Health and Wellbeing Strategy.

'Shaping the Future' of Health Services in East Berkshire

- 3.3 The Working Group, comprising Councillors Virgo (Lead Member), Finch, Kensall and Mrs Temperton, has met three times, most recently on 4 January 2013. The Group has considered the major consultation by NHS Berkshire (Primary Care Trust) and Heatherwood & Wexham Park Hospitals Trust on 'Shaping the Future' of health services in East Berkshire. This is aimed at reconfiguring healthcare services in response to the changing national and local clinical priorities, with three specific proposals concerning services currently provided from Heatherwood Hospital (although one has already been temporarily suspended). The outcome of this work is a separate agenda item on the Health O&S Panel meeting on 24 January 2013. Meanwhile, the Joint East Berkshire with Buckinghamshire Health O&S Committee has continued to meet on the same topic, most recently on 8 January.

Work Programme

- 3.4 To assist members' consideration of possible items for inclusion in the Panel's work programme for 2013/14, the previously completed reviews are listed on the following page, also the work programme for the current year.

ALTERNATIVE OPTIONS CONSIDERED/ ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS/ EQUALITIES IMPACT ASSESSMENT/ STRATEGIC RISK MANAGEMENT ISSUES / OTHER OFFICERS/ CONSULTATION – Not applicable

Contact for further information

Richard Beaumont – 01344 352283
e-mail: richard.beaumont@bracknell-forest.gov.uk

Previously Completed Health Overview and Scrutiny Reviews

Date Completed	Title
November 2005	The Management of Coronary Heart Disease
July 2007	Review of Healthcare Funding
November 2007	Review of the Council's Health and Wellbeing Strategy
Annually since 2009	Annual Health Check Response to the Healthcare Commission / NHS Trusts
April 2009	Children's Centres and Extended Services in and Around Schools in Bracknell Forest
December 2009	NHS Core Standards
January 2010 (Addendum in 2011)	Review of the Bracknell Healthspace
July 2010	Preparedness for Public Health Emergencies
December 2010	Hospital Car Parking Charges (Joint East Berks Health O&S Committee)
October 2012	Major Health Reforms
November 2012	Health and Wellbeing Strategy
January 2013	'Shaping The Future' NHS Consultation

2012-13 Health Overview and Scrutiny Work Programme

<p>Health and Wellbeing Strategy</p> <p>To contribute to the development of the Council's statutory 'Health and Wellbeing' strategy [Working Group].</p>
<p>Policy development and monitoring the implementation of the major changes from the 2012 Health and Social Care Act</p> <p>To contribute to the Council's and NHS policy development, and monitor in particular: the transfer of the Public Health responsibilities from the PCT to the Council; the creation of the GP Clinical Commissioning Group, Local HealthWatch and the new Health and Wellbeing Board; and establishing the new arrangements for Health Overview and Scrutiny. [Panel updates and a Working Group]</p>
<p>Monitoring the performance and budget of the Berkshire Primary Care Trust and the NHS trusts serving Bracknell Forest</p> <p>[Panel updates] Member briefing sessions will be held on Stroke treatment and Mental Health issues, which may in due course lead to focussed reviews.</p>
<p>Responding to NHS Consultations</p> <p>The Health O&S Panel is a statutory consultee for any substantial variation in NHS services affecting the Borough. A major consultation is expected to occur on 'Shaping the Future', concerning hospital and community health services in East Berkshire. [Working Group]</p>

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TO: COUNCIL
23 JANUARY 2013

**THE COUNCIL'S RESPONSE TO THE CONSULTATION ON SHAPING THE FUTURE OF
HEALTHCARE IN EAST BERKSHIRE – PROPOSALS FOR HEALTHCARE SERVICES IN
BRACKNELL AND ASCOT**

Director of Adult Social Care, Health and Housing

1 PURPOSE OF REPORT

- 1.1 The purpose of this report is to seek Council approval for the response to the NHS Berkshire Consultation on Shaping the Future of Healthcare in East Berkshire. This is set out as Annexe A. The shorter version of the consultation document is attached as Annexe B for information.

2 RECOMMENDATION

- 2.1 **That the Council approve the response to the consultation in Annexe A to this report.**

3 REASONS FOR RECOMMENDATION

- 3.1 The Council through Executive, Scrutiny and Officers have been seen by the NHS as stakeholders to this consultation and have been asked for a response to the proposals. At the pre-consultation stage during the spring, the Executive Member and the Health Overview and Scrutiny Panel agreed a joint response. However it is felt that at this stage that the response should be endorsed by the Council as a whole.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 The Council could choose not to respond.

5 SUPPORTING INFORMATION

- 5.1 The NHS embarked on a pre-consultation with key stakeholders on the Future of Healthcare in East Berkshire during the Spring and early Summer of 2012. A joint response on behalf of the Executive Member for Adult Services, Health & Housing and Health Overview & Scrutiny Panel was produced and submitted on behalf of the Council. Whilst current consultation is based on clinical evidence, there is a lack of detailed financial implications in respect of both the proposals being consulted on and the wider Health Economy within which this Council operates. It is a fact that Heatherwood and Wexham Park Trust are in significant financial difficulties and it is not clear how the proposals would help to improve that financial position.
- 5.2 Having undertaken the pre-consultation engagement, the PCT is now proposing: To move the Heatherwood Minor Injuries Unit to the new Urgent Care Centre in Bracknell; Better and more local Rehabilitation Services; Permanently closing the Ascot Birth Centre at Heatherwood Hospital.

- 5.3 The Council in its submission to the pre-consultation questionnaire felt that there were a number of factors beyond the consultation documents which were not fully explained or elaborated on. In particular, the financial climate that surrounds Healthcare within East Berkshire and how far these proposals go towards assuring Bracknell Forest residents that there is affordable, sustainable and high quality healthcare for the Borough's residents. Additionally, it is important to recognise that for many Bracknell Forest residents, Frimley Park Hospital is becoming the acute provider of choice in terms of hospital based healthcare.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

- 6.1 There are no comments arising from this report.

Borough Treasurer

- 6.2 The supporting information sets out the Council's concerns regarding the lack of any robust financial assessment of the proposals contained within the consultation.

7 CONSULTATION

Principal Groups Consulted

- 7.1 Consultation organised by NHS Berkshire, the Council was a consultee.

Background Papers

NHS Consultation on proposals for healthcare services in Bracknell and Ascot – Shaping the future of healthcare in East Berkshire – shorter version

NHS Consultation on proposals for healthcare services in Bracknell and Ascot – Shaping the future of healthcare in East Berkshire – detailed version

Contact for further information

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Consultation on proposals for Shaping the Future of Healthcare in East Berkshire - Healthcare services in Bracknell and Ascot : Joint Response by Bracknell Forest Council's Executive Member for Adult Services, Health and Housing; and the Health Overview and Scrutiny Panel

General

Bracknell Forest Council is supportive of the specific service changes proposed in the consultation document. However, the proposals are limited and localised, such that they do not justify the title of 'Shaping the future of health services'. In particular, the consultation document does not explain how the proposals will give better long-term prospects for efficient and good quality health services.

We believe the consultation is flawed in that it fails to mention or explain:

- Whether the proposed changes will result in Heatherwood Hospital having a sustainable financial position. The proposed further removal of services from the hospital should be set out in the context of whatever is the full, future vision for that site.
- The nature of the infrastructure surrounding the new surgical centre envisaged at Heatherwood, particularly for emergency treatment for in-patients.
- That the proposals have significant knock-on consequences for Frimley Park Hospital and the Royal Berkshire, which are the major acute hospitals serving the population of Bracknell Forest.
- The move of the GP Out of Hours service, which is mentioned fleetingly on page 8, but does not form part of the set consultation questions.
- The consultation document could usefully have commented on any strategic implications of this proposal on the Minor Injuries Unit (MIU) in Maidenhead, on the Walk In Centre in Slough, and on the A&E service at Wexham Park Hospital, including Urgent Care.
- The consultation document lacks a financial analysis showing the impact of the proposed change to maternity services.
- It also fails to mention the role of independent hospitals, which we understand patients can choose to secure their treatment from.

Without this fuller picture, people cannot make a sufficiently well-informed response to the consultation, nor should the Primary Care Trust Board make any decisions on service changes without reference to those wider consequences.

The Council is anxious that the proposals may significantly disadvantage the Bracknell Forest and Ascot Clinical Commissioning Group, and hence local residents. Our anxiety is heightened by the Memorandum of Understanding, arranged by the Primary Care Trust, in which the CCG's buying NHS health services in East Berkshire are to give preferential treatment to Heatherwood and Wexham Park Hospital Trust (H&WPT). It is essential that the contracts are constructed in such a way to reflect patient flows. Anything other than this would put the CCG under financial pressure as it is clear that patients are exercising their right to choose which acute healthcare provider they want.

This comment is in line, we believe, with the four key 'tests' set out by the Secretary of State for service change. If contracts are tied up to promote H&WPT sustainability then we are not convinced that the test in relation to 'consistency with current and

prospective patient choice' will be met. We also regard this preferential treatment for one Trust over others to run counter to the philosophy of Foundation Trusts and to the achievement of value for money in the long-term.

It must be recognised that H&WPT is no longer the preferred service provider in Bracknell Forest and that any attempts to manipulate the local market and inhibit patient choice or place the CCG in financial difficulty will be resisted at the highest possible level.

Q1 Proposal: We are proposing to move the Minor Injuries Unit at Heatherwood Hospital in Ascot to the planned Urgent Care Centre in Bracknell. Do you agree with this proposal? Please tick the box below which most closely represents your view.

<input checked="" type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree
<input type="checkbox"/> Don't know	<input type="checkbox"/> Disagree
<input type="checkbox"/> Strongly disagree	

Please use this space to explain the reasons for your view:

The Urgent Care Centre has already been the subject of an NHS consultation and Health Service Commissioners agreed the case for 'Healthspace' – incorporating the UCC - in Bracknell Forest, with an announced completion date of 2010. However, this has not been delivered, to the detriment of the local population. The clinical and business case for the UCC is compelling, and locating the service at Brants Bridge will put it much closer to where the majority of the population live – and that population is growing fast. The Council urges the PCT to ensure that the Healthspace proceeds at pace at Brants Bridge, and is happy to assist in that objective.

We are, however, concerned about the potential for limited Doctor presence at the UCC. In our view, it would be helpful to maximise the presence in order to increase public confidence in using it and to enhance the range of people who can be seen and rightfully diverted from A&E, and would encourage and support commissioners in this regard.

The terminology 'Urgent Care Centre' is imprecise and open to varying interpretations by service users. Another term – perhaps 'A&E Light' – supported by a good communications strategy (giving specific and simple examples of which conditions are treated in each type of establishment), should be explored to more succinctly explain how the service offering differs to MIU and A&E.

Q2 Proposal: We are proposing to improve rehabilitation services for both stroke and general medical patients, taking therapies to them in their own homes or communities in line with best practice and national clinical guidance. This would result in the closure of Ward 8 at Heatherwood Hospital in Ascot. Do you agree with this proposal? Please tick the box below which most closely represents your view.

<input type="checkbox"/> Strongly agree	<input checked="" type="checkbox"/> Agree
<input type="checkbox"/> Don't know	<input type="checkbox"/> Disagree
<input type="checkbox"/> Strongly disagree	

Please use this space to explain the reasons for your view:

The Council supports the principle of this proposal and urges the PCT to consider more innovative approaches to rehabilitation similar to that agreed between the CCG and the Council, to improve efficiency and outcomes for individuals. There needs to be more clarity about the relationship between these services and acute rehabilitation. The consultation document is lacking, in that it is silent on plans for other rehabilitation services on the other sites.

The Council's agreement to this proposal is subject to an important caveat. It is essential to demonstrably ensure that the community response is sufficient and properly funded by the NHS to meet the new demands that will be put on it. This must be robust both before the change takes place, and afterwards. Related to this, a great deal is already expected of carers and given also the increase in the proportion of people living alone, the NHS need to be very cognisant of public anxiety about the existence, ability and willingness of carers in a home setting, sufficient to ensure a safe discharge from hospital.

It should also be recognised that the current rehabilitation practices differ between boroughs in East Berkshire.

Q3 Proposal: We are proposing to permanently close the Ascot Birth Centre at Heatherwood Hospital and offer women a range of birth choices at other locations. Do you agree with this proposal? Please tick the box below which most closely represents your view.

Strongly agree

X Agree

Don't know

Disagree

Strongly disagree

Please use this space to explain the reasons for your view:

The Council supports the proposals if the choices are real. Members have expressed concern about whether resources will always be available to provide for the home birth option, when expectant mothers request that.

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