

TO: HEALTH OVERVIEW AND SCRUTINY PANEL
DATE: 26 APRIL 2012

REPORT ON STATUS OF SHADOW HEALTH AND WELLBEING BOARD
Director of Adult Social Care, Health and Housing

1 INTRODUCTION

- 1.1 This paper sets out the progress towards establishing a statutory Health and Wellbeing Board in Bracknell Forest which is a requirement of the Health and Social Care Act 2012 (“the Act”).

2 RECOMMENDATION

- 2.1 The Panel is asked to note the arrangements.**

3 REASONS FOR RECOMMENDATIONS

- 3.1 To ensure Overview and Scrutiny Panels are aware of the progress being made through the Shadow Health and Wellbeing Board to prepare for the statutory responsibilities in April 2013.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None. Although it must be noted that this report will need to be reviewed following commencement orders, regulations and guidance relevant to the Act.

5 SUPPORTING INFORMATION

- 5.1 In the NHS White Paper, “*Liberating the NHS: Legislative framework and next steps*”, (14 December 2010) the Government set out a requirement for health and wellbeing boards to be set up in every upper tier local authority by April 2013 to bring together local NHS services, social care and public health commissioners to:
- develop a Joint Strategic Needs Assessment (JSNA) and new statutory Health and Wellbeing Strategy (JHWS)
 - transfer to the local authority specific public health functions defined in the Bill
 - secure the integration of commissioning across health, public health and social care and all other functions and services with a health related outcome including planning, leisure, community safety, employment and criminal justice agencies
 - ensure patient and public involvement in health, public health and social care commissioning
 - facilitate and enable the pooling of funds under Section 75 of the NHS Act 2006
- 5.2 Ahead of the April 2013 deadline, interim bodies are to be set up described nationally as “Shadow Health and Wellbeing Boards”. The purpose of the shadow boards is to put in place those arrangements necessary to deliver the statutory requirements.

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5.3 The Bracknell Forest Shadow Board met for the first time in September 2011 with the following membership which reflects the statutory requirement in Section 194 of the Act:

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
Glyn Jones	Director of Adult Social Care and Health, Bracknell Forest Council
Dr Janette Karklins	Director of Children, Young People and Learning, Bracknell Forest Council
Dr Pat Riordan	Director of Public Health for Berkshire (East)
Dr William Tong	Representative of the Bracknell Forest and Ascot Clinical Commissioning Group (Vice Chairman)
Mary Purnell	Representative of the Bracknell Forest and Ascot Clinical Commissioning Group
Barbara Briggs	Patient and Public Involvement Representative from the Local Involvement Network

5.4 The structure of the Board is emerging and a format has been discussed such that a small overarching executive group, comprising local health, social care and public involvement representatives will oversee a work programme supported by four sub-groups:

- Adult Social Care & Safeguarding
- Children's Partnership Arrangements & Safeguarding
- GP Commissioning & Public Health
- Patient and Public Involvement

5.5 The Shadow Board will meet every two months, the next meeting is to be held on 26 April 2012.

Progress to date

5.6 The Board is undergoing a process of relationship building which has not hindered progress. Terms of Reference have been agreed by the constituent members of the Board and an online community of practice has been created to allow for collaborative discussion between meetings across the different sectors and participants.

5.7 A JSNA has been produced and arrangements are in place to begin the development of the JHWS. A lead officer has been nominated by the Board who is Zoë Johnstone, Chief Officer: Adults and Joint Commissioning. The initial development meeting will take place on April 11. The purpose of the group in the shadow year is to determine robust arrangements for developing a JHWSA and the intention is to develop a "model" plan by July 2012. Members of the Health Scrutiny Panel will be involved in its development.

5.8 The Act prescribes enhanced patient and public involvement in health and social care commissioning. Two strands have emerged:

5.8.1 A new organisation called Local Healthwatch ("LHW") must be commissioned by the local authority to assume the statutory functions of the Bracknell Forest LINK and new functions by April 2013. LHW will be the independent consumer champion of users

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of health and adult social care services. A lead officer has been nominated who is Mira Haynes, Chief Officer: Older People and Long-term Conditions. Arrangements to support statutory LINK functions until April 2013 are in place. With regard to LHW development, an independent specialist in health and social care patient and public involvement will assist in the development of a visioning exercise to shape LHW in Bracknell Forest in line with published guidance.

- 5.8.2 Patient and public involvement must also be hardwired into the commissioning arrangements of the Health and Wellbeing Board and its partners. An outline proposal to meet this requirement was submitted to the Board in February. Subsequent collaboration between the local authority and the health service will see a detailed paper going to the next Board meeting setting out a “Health and Care Network”
- 5.9 A number of public health functions will return to local government from April 2013. Inherent in this change is potentially the transfer of people, information assets and financial commitments. A comprehensive plan for the transition of functions was developed by the PCT and local authorities and in place by April 2012. There is a Berkshire-wide Transition Board chaired by the Chief Executive and supported by the Director of Adult Social Care, Health & Housing. There is a more detailed report being presented to members of the Health Scrutiny Panel at its April’s meeting.

Next steps

- 5.10 Additional regulations and subsequent guidance are expected which should clarify the requirements for holding meetings in public.
- 5.11 Arrangements for working with and within the new NHS architecture are also to be developed. The timetable for this work will emerge as new bodies are established.
- 5.12 How members of the board will support the Clinical Commissioning Group authorisation process must also be explored and final guidance is expected in this regard.
- 5.13 Mapping of the new outcomes frameworks for health, public health and adult social care across the work of the Board is also to be undertaken.
- 5.14 Due to non-coterminosity of the Clinical Commissioning Group and the local authority area, information protocols and working relationships with the Royal Borough of Windsor and Maidenhead are to be established.
- 5.15 In the light of an emerging outcomes strategy for children and young people, how these and children’s trust arrangements are to be integrated into the work of the board must also be reviewed.
- 5.16 Establishing the necessary communications messages and media to create awareness of the Board, its purpose and intended outcomes

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

- 6.1 Not applicable

Borough Treasurer

6.2 Not applicable

Strategic Risk Management Issues

6.3 The potential NHS Reforms are identified in the Council's Strategic Risk Management Plan.

Contact for further information

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