

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

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**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

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- 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 14<sup>th</sup> 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.

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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

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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.

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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

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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 regulation<sup>1</sup> 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.

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<sup>1</sup> 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

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- 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

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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.

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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.

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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 &amp; WELLBEING BOARD: FORWARD PLAN 2013/14

*February 2013*

Item	Decision	Responsibility	Submitted to Board:
ASCH&H Service Plan Assessment	To <b>formally assess and comment</b> upon the ASCH&H Service Plan and its alignment with the JHWS	Glyn Jones	
CYP&L Service Plan Assessment	To <b>formally assess and comment</b> 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 <b>information</b> report on the impact of secondary legislation.	Glyn Jones	
Matter Arising: SEN Arrangements	To <b>review</b> 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 <b>agree</b> protocols for working with the NHS Commissioning Board	Mary Purnell / William Tong	
Integrating Commissioning Strategies	To <b>agree</b> arrangements to receive and provide comment upon commissioning strategies to connect, integrate and resource outcomes	Glyn Jones / Janette Karklins	
Cross-border working	To <b>agree</b> protocols for working across boundaries with identified partners	BF HWB and RBWM HWB??	
Section 75 agreements	To <b>agree</b> 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 <b>agree</b> working arrangements with the Bracknell Forest Partnership	Glyn Jones (Genny Webb)	

**April 2013**

Item	Decision	Responsibility	Submitted to Board:
HWB Annual Report	To <b>agree</b> to publish the HWB Annual Report	Dale Birch / William Tong	
LINK Annual Report	To <b>receive and comment upon</b> 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 <b>assess and comment upon</b> the Local Healthwatch Forward Plan and its alignment with the JHWS	LHW Representative	
Bracknell Forest Partnership Risk Analysis	To <b>agree</b> 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 <b>formally assess and comment</b> 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 <b>formally assess and comment</b> 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**

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

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

<b>Item</b>	<b>Decision</b>	<b>Responsibility</b>
Draft Care and Support Bill - Carers' Support	To <b>agree</b> 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 <b>agree</b> arrangements to identify skills and capacities of communities through the JSNA and JHWS	
Preventative practice and early intervention	To <b>agree</b> 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 <b>agree</b> 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 <b>agree</b> 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 <b>agree</b> 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 <b>give a view</b> 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 <b>give a view</b> 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.

## Unrestricted

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