



# **Bracknell Forest Health & Wellbeing Board**

Shadow Year Annual Report  
2012-2013

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**August 2013**

**RESTRICTED UNTIL APPROVED BY  
DIRECTOR ASCHH  
& CHAIRMEN OF BOARD**

**Bracknell Forest  
Council**

**LOGO  
HERE**

**Bracknell & Ascot Clinical  
Commissioning Group**

**LOGO  
HERE**

**Local Healthwatch  
Bracknell Forest**

**healthwatch**  
Bracknell Forest

## Version Control

**This page will be removed in the final version**

Activity	Version	Owner	Date
Formatting changes	3.1	Kiethna	7/8/2013
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**Bracknell Forest Health and Wellbeing Board  
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## **Welcome to the Report**

This is a statement from the Chairs of the Board.

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*Signature*

Cllr. Dale Birch  
Chairman of Bracknell Forest Health and Wellbeing Board  
Executive Member for Adult Social Care, Health and Housing  
Bracknell Forest Council

*Signature*

Dr William Tong  
Vice-chairman of Bracknell Forest Health and Wellbeing Board  
Lead GP (Clinical Chair)  
Bracknell Forest and Ascot Clinical Commissioning Group

## Language

If you need help to understand the language in this document, there is a Glossary on page 14 to explain what some of the words and terms mean. Words in this document that are explained in the glossary are underlined.

## Introduction

Under the Health and Social Care Act 2012, each local authority area must have a Health and Wellbeing Board in its area with membership set out in legislation.

Boards are partnerships between the Local Authority, the Clinical Commissioning Group and the Local Healthwatch organisation for the area. Working in partnership and under a specific duty to promote the health of their population, in everything they do Boards must seek to:

- Improve health outcomes for local people
- Reduce health inequalities between different people in the community

The Act is long and complex and made significant changes to the functions and powers of local authorities and the health service. This meant that although the Act came into force on April 2013, local areas were advised to begin planning for the changes much earlier - before the Act became law and while details were still being discussed in Parliament.

In response, councils across the country began setting up "shadow" Boards to set out what needed to be done locally to prepare for taking on statutory responsibilities.

This was the only way that local areas could prepare for the major changes that were expected, but it also created specific problems as local areas were required to put in place arrangements against a back drop of changing policy, law and proposals for how social care and health care should be delivered. Local areas were therefore asked to be as flexible as possible and work collaboratively and cooperatively to make change happen.

In 2011 and 2012, partners met 9 times as a "shadow" Board. This document covers the work of the Board in that period. Since April 2013, the statutory Board has met twice and will meet for a three more times before 31 March 2014.

The average meeting length is approximately 2 hours and the Board has reviewed, analysed and taken a view on a considerable amount of information in what amounts to 20 hours of meeting time.

## Bracknell Forest Health and Wellbeing Board

In Bracknell Forest, the partners who sit on the Bracknell Forest Health and Wellbeing Board are:

- Bracknell Forest Council
- Bracknell and Ascot Clinical Commissioning Group
- Local Healthwatch Bracknell Forest

Responsibility for setting up the Board was placed with the Council's Adult Social Care, Health and Housing department and a first meeting of partners was held on 9<sup>th</sup> September 2011 to discuss a way forward.

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### ***Bracknell Forest Council***

The council provides a range of services that impact on the health and wellbeing of local people. Most people think of social care as the main service which impacts on health and wellbeing. However, Local Authorities are also responsible for functions that protect and improve the health and wellbeing of individuals and communities such as public health improvement and protection services, housing, education, community safety, environmental, leisure and cultural services which also have an impact on the quality of life of local people.

People from the Council who sit on the Board are:

- Executive Member for Adult Social Care, Health and Housing – Cllr. Dale Birch
- Director of Adult Social Care, Health and Housing – Glyn Jones
- Strategic Director of Public health – Dr Lise Llewellyn
- Executive Member for Children, Young People and Learning – Cllr. Gareth Barnard
- Director of Children, Young People and Learning – Dr Janette Karklins

### ***Bracknell and Ascot Clinical Commissioning Group***

Clinical Commissioning Groups (CCGs) were created by the Health and Social Care Act.

CCGs are new NHS organisations responsible for researching and understanding the health needs of the local population, finding out what services could help to meet those needs, buying health services and monitoring how they are being delivered. They replaced Primary Care Trusts.

CCGs are led by clinicians, most of whom are GPs. This is because approximately 80% of contacts made with health services are to GPs who are the clinicians who know most about the health and wellbeing needs of patients in their area.

People from the CCG who sit on the Board are:

- Lead GP (Clinical Chair) for the CCG - Dr William Tong
- Head of Operations - Mary Purnell

### ***Local Healthwatch Bracknell Forest***

The Act also created Local Healthwatch organisations. They evolved from Local Involvement Networks (LINK) but with wider powers and responsibilities. They exist to represent the voice of patients and people supported by social care services and have three functions:

- to reach out to as many different communities as possible in the local area
- to give people information about health and social care services so they can make informed choices about their support needs
- to gather the views and experiences of users of health and social care services to help inform decisions made by organisations who commission and decommission services

Over time, representation of the patient and public voice has changed on the Board.

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From April 2013, the voice of patients and people supported by care services is represented by Andrea McCombie-Parker, (Temporary) Chief Executive of Local Healthwatch Bracknell Forest. However, before April 2013, the patient and public voice was represented by the Chairman of the Bracknell Forest LINK, Mrs Barbara Briggs.

### **What does the Board do?**

The Bracknell Forest Health and Wellbeing Board is set up as a Committee of Bracknell Forest Council with specific roles, responsibilities and membership.

The Board is chaired by Cllr. Dale Birch, Executive Member for Adult Social Care, Health & Housing. The vice-chair is Dr William Tong, Lead GP for the Bracknell Forest and Ascot Clinical Commissioning Group.

In making decisions, the Board must seek to improve health outcomes for local people and reduce health inequalities between different people in the community. The Board is required to do this by writing and publishing the following:

- **The Joint Strategic Needs Assessment (JSNA)**

The JSNA is an assessment of the current and future health and social care needs of the local community. They must be produced by health and wellbeing boards and should contain data and information about the people living in the local area.

They highlight needs that could be met by local authorities, CCGs or other bodies which have an impact on health and wellbeing, including other council services, voluntary and community sector organisations and commercial providers.

JSNAs also consider wider factors that impact on the local community's health and wellbeing and local assets (e.g. the skills, knowledge, experience, buildings, time, capacity of local people and organisations) that could be drawn upon to improve outcomes and reduce inequalities.

- **The Joint Health and Wellbeing Strategy (JHWS)**

Like the JSNA, the JHWS must also be produced by health and wellbeing boards. The JHWS is a high level strategic document which sets out priorities to improve the health and wellbeing of local communities based on the evidence in the JSNA and other information from the wider community.

There are legal duties placed on the Board to ensure that commissioning decisions take into account the priorities in the JHWS and the evidence of needs in the JSNA. For example, under the Act, the Board must ensure that the Commissioning Strategy written by the CCG takes into account the JSNA and the JHWS and must check it to make sure that it responds to the evidence in the JSNA and the JHWS.

However, in Bracknell Forest, the Board decided that as all partners should be treated equally, the Board would also assess other plans and strategies to ensure they have adequately taken into account the JSNA and the JHWS. The Board has therefore reviewed the service plans for Adult and Children's Social Care and the Adult Social Care annual report. It will also review the Local Healthwatch forward plan when this is written.

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The Board is enabled to do this under a general duty to integrate.

- **Duty to Integrate**

Boards have also been given wider powers to make it easier to deliver change, in a co-ordinated and integrated way – this is called the Duty to Integrate. Boards must determine how they might best work together to deliver the widest improvements, for more people in the quickest time.

- **Section 75 agreements**

Partnership arrangements support more effective commissioning of existing or new services through the identification of synergies and efficiencies.

Section 75 of the National Health Service Act 2006 allows the pooling of funds between health bodies and health-related local authority services. Under the Duty to Integrate, the Board must consider how agreements can be reached for funding to be joined up and shared to deliver against common outcomes across different NHS and social care departments, agencies and organisations. An example of this in Bracknell Forest is the Intermediate Care Service.

## **Decisions made by the Board**

### ***Board governance, learning and development***

#### **What was decided?**

The first priority of the Board was to establish the way in which the partners would work. This task was a challenge for several reasons.

- Boards were only statutory from April 2013, but local areas were encouraged to set up working arrangements from Summer 2011. These were called “shadow” Boards
- Without a legal framework, local areas needed to interpret draft legislation
- Draft legislation kept changing over an 18-month period
- With no legal status, the powers and functions of Boards were unclear

In response, the “shadow” Board decided to:

- commission working arrangements based on the existing Bracknell Forest Partnership model - this meant that terms of reference based on an existing working model could be set out as a starting point from which to move forward
- register as an “Early Implementer Board” and to participate regularly in the national programme of Action Learning Sets – this meant that the Board could share skills, knowledge and experience and learn from the experiences of other areas

#### **What was achieved?**

The Board is now set up as a statutory committee of the Council. It meets on a regular basis and is open to the public.

Working arrangements are in place which set out the accountabilities of each partner to each other and are subject to regular review. This means that the Board will continue to meet legal obligations as national policy and legislation changes and takes into account the impact these have on members of the Board.

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The local membership currently reflects the membership criteria set out in law. This has allowed for the Board to remain manageable in the first stages of development. However, processes are in place to co-opt temporary members to ensure the Board has access to the skills, knowledge and assets it needs to inform decisions. A smaller group of experienced professionals has allowed the Board to operate successfully by agreement and it has never been necessary to use voting on the Bracknell Forest Board.

All members are subject to declarations of interest and in addition to LHW which champions the patient and public voice, the Board has a system in place to receive and respond to questions from the public.

## ***Public Health Transfer***

### **What was decided?**

The Council was responsible for putting in place arrangements to transfer public health functions from the health service to the local authority. To make sure that the views of local health and council stakeholder were taken into account, a number of reports were written for the “shadow” Board so that members could consider the options in detail.

### **What was achieved?**

A Berkshire-wide Shared Service was up and running by the statutory deadline of April 2013 that provides the skills, knowledge, capacity and specialist support needs across Berkshire public health teams. For economies of scale, there is one Strategic Director of Public Health for Berkshire (instead of six) with separate public health teams in localities to lead locality specific public health functions who also share their specialist knowledge across the county.

The collaborative approach across Berkshire was agreed, a working group set up made up of local leads identified for their skills, knowledge and experience, to explore issues, risks, options and solutions. Other stakeholders, including neighbouring Local Authorities and Overview and Scrutiny were kept informed of the changes to ensure that all stakeholders involved had the opportunity to give their views. The comprehensive plan assessed and clarified:

- public health functions transferring to local authorities
- the transfer or recruitment of workforce and other assets
- contractual arrangements to secure continuity of commissioned services
- funding for public health services
- information and data systems – which are currently being reviewed to rationalise, harmonise and where possible integrate within one system across Berkshire

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Public health functions have also been examined to see how they might be connected to existing local authority functions. This has begun a process of closer working across council services and functions. Public health funding (£100,000) has also been made available to support projects that meet the outcomes in the Public Health Outcomes Framework and support health improvement and health protection for local people.

**More information**

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<http://www.bracknell-forest.gov.uk/publichealth>

***Local Healthwatch Bracknell Forest (LHW)***

**What was decided?**

Local Healthwatch organisations are the champions of people who use health and social care service.

Under the Act, the council is responsible for setting up Local Healthwatch. The Board deliberated the proposals for setting up the service and agreed specific provisions to:

- ensure the service was commissioned by involving local people
- that the new organisation would support patient and public involvement criteria set out in the CCG Authorisation process
- that existing LINK arrangements would be supported until their eventual replacement by the new service
- that opportunity to delivery the service would be made available to providers with demonstrable local knowledge.

As a result of a question from the member of the public, the Board commissioned LHW to research local complaints and comments in health and social care as a result of the changes brought about by the Act.

**What was achieved?**

A LHW service for Bracknell Forest was commissioned within the statutory deadline of April 2013.

The Board maintained keen interest in the development of LHW from the outset, agreeing transition planning arrangements from the LINK to LHW and arrangements for the continued support of the LINK to enable it to continue delivery of committed projects with support from a dedicated Project Officer within a specified budget. During Summer 2012, an independent organisation specialising in patient and public involvement was commissioned to lead a programme of engagement events to give stakeholders with an interest in patient and public involvement in health and social care the opportunity to comment on and shape the future service, including access to the draft specification to help develop the supplier market. The result was a publicly available Vision Report, promoted on the LINK website and 3 bids to provide the service. The contract was let to the Ark Trust Limited at the head of a consortium of local voluntary sector organisations

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which was able to demonstrate a broad range of experience of offering advice, support and engaging people and communities in Bracknell Forest.

Working with the partners of the Board, LHW has mapped the different complaints processes and will report to the Board in the Autumn.

**More information**

Chief Executive, Local Healthwatch Bracknell Forest  
The Space, Units 20/21, Market Street, Bracknell, RG12 1JG

01344 266911 [enquiries@healthwatchbracknellforest.co.uk](mailto:enquiries@healthwatchbracknellforest.co.uk)

[www.healthwatchbracknellforest.co.uk](http://www.healthwatchbracknellforest.co.uk)      @healthwatchBF

## **CCG Authorisation**

### **What was decided?**

The Board was one of many stakeholders required to take part in the setting up of the CCG. A process called “authorisation” was set out by the Department of Health to test the capabilities, robustness, knowledge and experience and therefore sustainability and credibility of Clinical Commissioning Groups across the country. The process was important to make sure that the CCG had the right arrangements in place to deliver a health service for local people designed around their needs.

### **What was achieved?**

The Bracknell Forest and Ascot Clinical Commissioning Group was successfully authorised by the statutory deadline of April 2013 and signalled a success for the Board’s first collaborative working programme.

Members of the Board were committed to making sure the CCG had the support it needed through the authorisation process by gathering information, reviewing and commenting on evidence, developing local case studies and creating, developing and making stronger relationships between the partners of the Board.

The Board reviewed and commented on the Draft CCG Commissioning Plan. This involved looking at planning arrangements, clinical leadership, staffing, finances, contractual arrangements to make sure they would deliver the objectives set out by the CCG.

The process of authorisation also required the identification of high level commissioning priorities for improving health outcomes and the board commissioned the development of a draft Joint Health and Wellbeing Strategy. There is more information on the Joint Health and Wellbeing Strategy (JHWS) below.

### **More information**

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[www.bracknellandascotccg.NHS.uk](http://www.bracknellandascotccg.NHS.uk)

## ***Joint Strategic Needs Assessment (JSNA)***

### **What was decided?**

The JSNA is an assessment of the current and future health and social care needs of the local community using data and information from a range of different sources. The evidence it contains is vital to decisions about commissioning and decommissioning services. It is a legal requirement that the Board produces and publishes the JSNA and work on commissioning the JSNA began early.

### **What was achieved?**

A project plan to deliver a new JSNA for Bracknell Forest is currently in development and the document will help council departments, Clinical Commissioning Groups, voluntary and community organisations, local residents, Council Members and providers of health and social care services in Bracknell Forest to fully understand the needs of residents.

A review of JSNA arrangements was undertaken early on in the life of the “shadow” Board and a number of limitations to the development process and format were identified. New arrangements for JSNA were set out in the Act, so the Board agreed to delay commissioning a new JSNA until statutory guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies was published in March 2013. As a result, the existing JSNA was only refreshed with new data and evidence to inform the development of a model JHWS required for the CCG Authorisation process.

Subsequent to the new guidance and a comprehensive review of how JSNA will be used, the Board agreed that the new JSNA would be developed and funded by the public health team. A dedicated Programme Manager has been recruited by the Berkshire Public Health Shared Service to support JSNA development projects across Berkshire. This will achieve economies of scale, and higher levels of collaboration, joint working and reduce duplication of effort.

### **More information**

Consultant in Public Health for Bracknell Forest  
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01344 352000 [Lisa.McNally@bracknell-forest.gov.uk](mailto:Lisa.McNally@bracknell-forest.gov.uk)  
<http://www.bracknell-forest.gov.uk/publichealth>

## ***Joint Health and Wellbeing Strategy (JHWS)***

### **What was decided?**

The JHWS is a high level strategic document that sets out the priorities for action to improve health and wellbeing outcomes for local people based on assessment of the evidence in the JSNA and the views and experiences reported by patients and individuals in receipt of social care support and services. From April 2013 every area must have one and is the equal and joint responsibility of the Council, the CCG and LHW to produce and publish the document.

However, as part of the CCG Authorisation process which took place in 2012, a draft JHWS document was required and the Board therefore agreed to set up a working group and to commission a working document covering immediate priorities with a view to

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updating the JHWS when a new JSNA, the primary source of evidence for the JHWS, was in place.

To inform future working practice, the Board also decided to closely observe the process of development to monitor how challenges of collaborative working and the pooling of funding across sectors and agencies could be achieved and any barriers overcome.

**What was achieved?**

A working model document is in place and is based on an assessment of data and information from the existing JSNA and social care commissioning strategies. The working group identified 5 overarching themes and 17 underpinning health improvement priority areas to guide commissioning in the short-term 2013-2016. You can see the document online at <http://www.bracknell-forest.gov.uk/jointhealthandwellbeingstrategy>

The document was examined through the CCG Authorisation process and it was agreed that the document had enough information to inform the development of the CCG Commissioning Plan for 2013/2014.

An overarching Section 75 enabling framework agreement has been agreed by Council which commits partners to a set of principles and working arrangements that will ensure effective delivery, management and governance. This will be appended with service specific schedules which will amongst other things, reflect the exact nature of the service, its deliverables, perceived impact and performance measures.

**More information**

Director of Adult Social Care, Health and Housing  
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***Prime Minister's Dementia Challenge***

**What was decided?**

The Board received information about the Prime Minister's Dementia challenge and agreed to submit a joint application to fund an appropriate project to improve the health and wellbeing of individuals in the Borough with dementia.

**What was achieved?**

Dementia was agreed to be a priority in the JHWS.

A clinical lead for dementia has been appointed to the CCG.

To get funding, an application was submitted by the Board for a project to explore the development of dementia friendly communities as part of a wider Safe Places Strategy and specialist training for health and social care workforce. The two bids were successful and delivery of the projects is being undertaken through the Bracknell Forest Dementia Partnership Board.

**More information**

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## ***Shaping the Future***

### **What was decided?**

The Board took a keen interest in the Shaping the Future consultation because of its potential impact on health services provision on Borough residents.

The CCG was faced with the challenge of securing sustainability in an austere national financial climate, an emerging policy shift towards fewer but more specialist services and the inheritance of ageing hospital services in need of significant investment. This necessitated a shift away from popular plans already in the public domain to an alternative delivery model involving the potential decommissioning of services.

Aware that reduction and removal of services would be contentious the Board requested robust assurance from the CCG as to the feasibility of its proposals.

### **What was achieved?**

The Board supported the proposals contained in the consultation after careful consideration, as it offered a real opportunity to improve health services for people living in East Berkshire.

### **More information**

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## **Looking forward**

Statutory and legal guidance is still expected on a number of procedural matters, for example, recently published guidance on how Boards might work with the Health Overview and Scrutiny function have yet to be considered. There is also draft legislation which sets out new relationships with new bodies and functions which will also need to be discussed to make sure that outcomes for local people are best met.

These things do not prevent the Board from focussing on its objectives to improve the health and wellbeing of local people, however, and some of the important issues the Board will consider are outlined below:

### ***Francis Inquiry Report - The Independent Inquiry into Care provided by Mid-Staffordshire NHS Foundation Trust***

#### **What will be decided?**

The Francis Inquiry report highlighted that accountability for appalling care extended beyond the Stafford Hospital Trust to a systemic failure by a range of national and local organisation to respond to concerns leading to 290 recommendations.

To protect patients across the country from catastrophic failure, the report recommended that all organisations involved in NHS commissioning, provision and regulation and “ancillary organisations” should consider the findings and recommendations locally.

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The Board agreed to establish a working group to assess the risks highlighted in the report and, through a programme of workshops, to proactively counter the issues raised in the report so that the new local health and social care system could be thoroughly tested. A final report would be returned to NHS England by the 31 March 2014.

**More information**

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***Care Bill***

**What will be decided?**

Just as the Health and Social Care Act 2012 made changes to the health service, the Care Bill sets out extensive and significant change to social care services. The Bill proposes new or better ways of providing information to people about support, services and providers; details on assessment and eligibility to public care and support, care costs and payment; improvements to safeguarding, rights for carers and for young people moving from children's services to adult social care services; continuity of care and sustainability of service provision where providers have failed.

The Board will take a view on the proposals and how these are to be delivered in Bracknell Forest to meet the needs of local people.

**More information**

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***Integrated Health and Social Care***

**What will be decided?**

In May 2013, the government announced the intention for the integration of social care and health care in all areas by 2018.

National organisations responsible for social care and health will start working together to create a definition for integrated care and support and set out national expectations for what local areas should do to integrate health and social care services locally. Local areas will be encouraged to identify and share good practice and resources will be developed at national level to support local areas to achieve integration of care.

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This will be a significant an ongoing piece of work. The Board will need to make sure that local plans to integrate care protect, maintain and improve health outcomes for Bracknell Forest residents in accordance evidence of need.

**More information**

“Integrated Care: Our Shared Commitment” is published by the Department of Health and is available at <https://www.gov.uk/government/publications/integrated-care>

## ***CCG Commissioning Plan***

**What will be decided?**

As the new national health system is created, a refreshed Commissioning Plan for health services in the Borough will be given to the Board to consider by the CCG. The job of the Board is to make sure that the refreshed plan sufficiently takes into account the priorities set out in the JHWS and any new data and information about needs in the JSNA.

## ***JSNA***

**What will be decided?**

The Board will monitor the work of the JSNA programme manager and make sure that the needs of people in Bracknell Forest are reflected in any Berkshire-wide approach.

Furthermore, to make sure the JSNA is fit for purpose for a wide range of audiences outside health settings, the Board will work with the Berkshire Public Health Shared Service to set out a wider evidence base of data and information on issues that have an impact on health and wellbeing. This will ensure that the is “fit for purpose” and can be used by commissioners of health and social care services and other services with a health related outcome when commissioning services.

## ***JHWS***

**What will be decided?**

With priorities to focus on to improve the health and wellbeing of local people set out in “Seamless Health”, the Board has turned its attention to researching and identifying actions which are being planned or undertaken by different partners and which have the potential for being delivered in joined up and integrated way. The purpose of this exercise is to achieve greater outcomes, for more people, in less time and better cost. A Working Group has been set up for this purpose and will report to future Board meetings.

## ***Shaping the Future***

**What will be decided?**

The Shaping the Future programme will have important, major and long-lasting impact on the provision of health services to people in the Borough. The Board is committed to ensuring that proposals are heard and given detailed consideration.

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## **Glossary**

Clinical Commissioning Group CCG	<p>A Clinical Commissioning Group is group of GP practices that are working in partnership to arrange health services for local people.</p> <p>The Clinical Commissioning Group for Bracknell Forest is called the Bracknell Forest and Ascot Clinical Commissioning Group.</p>
CCG Authorisation	<p>A process set up by the Department of Health to test if CCGs were able to take on new responsibilities</p>
Clinical lead	<p>A person who works in the health service who knows a lot about a health condition or illness.</p> <p>Other people can go to the clinical lead for detailed advice and information about that health condition to make services better.</p>
Clinician	<p>A person who works in the health service whose job it is to give help and support to patients, e.g. doctor, nurse, optician, pharmacist</p>
Commission	<p>To authorise or have a contract with a person or organisation to make something specific happen. This might be to provide a particular service such a nursing care. Often commissioners pay the providers to run a particular service.</p>
Commissioners	<p>The people or organisations that commission other people or organisations to do things. The Local Authority commissions Social Care services, and the CCG commissions Health services.</p>
Commissioning organisations	<p>See commissioners</p>
Commissioning Plan	<p>The plan that says exactly what commissioning organisations are going to pay or authorise other people or organisations to run. They should be quite detailed about the standards that are expected and the times by which they want things done.</p>
Commissioning Strategy	<p>Strategies are more “high level” than plans, and say the kinds of things that are going to be done to meet the needs and wishes that have been identified. Commissioning plans should be based on commissioning strategies.</p>
Department of Health	<p>The Department of Health is a part of Government that is responsible for policy and some funding for health and social care services, and for improving the country’s health and well-being</p>

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Dementia	The loss of the ability to remember things, or understand things, or think things through. People can become very confused and unable to look after themselves
Dementia Challenge	The Prime Minister asked social care and health services across the country to come up with lots of ideas to help people with dementia and their families and carers.
GP	General Practitioner: Most people are registered with a GP. Groups of GPs who work in the same surgery are often referred to as a GP Practice.
Integration	The arrangements made between organisations which support the same people join up the things they do. This means that those people get much better service and support and do not have to go to lots of different organisations for help.
Joint Health and Wellbeing Strategy JHWS	A plan that sets out the priorities that commissioning organisations need to think about when developing health and social care services.
Joint Strategic Needs Assessment JSNA	An assessment of the health needs of the local population, which then identifies where there are particular problems that need attention.
Local Authority	Refers to County Council, Borough Council, District Council, etc. For this strategy the Council is Bracknell Forest Council
Local Healthwatch	An independent organisation that will give local people and communities the route to influence how health and social care services are developed and delivered locally.
NHS	National Health Service
Outcomes	Something that happens as a result of action: it is important to focus on the outcomes for people rather than actions which may not have the outcomes people want.
Partnership	An arrangement when organisations or people work together on things that they all have some responsibility for.
Primary Care Trusts	Large organisations that were replaced by local CCGs.
Priorities	The most important or urgent things to work on. Things might be a priority because of the number of people affected, or because of what might happen if nothing is done.

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Public Health	The prevention and management of diseases, injuries, etc. through the promotion of healthy behaviours and environments.
Shadow Board	Arrangements where organisations worked together to plan for Health and Wellbeing Boards
Social care	Support for people in relation to personal care, social support and prevention of harm for people who are unable to be independent in those areas.
Statutory	Something that must happen because it is set out in law

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**Nepali**

यस प्रचारको सक्षेप वा सार निचोड चाहिं दिइने छ ठूलो अक्षरमा, ब्रेल वा क्यासेट सूनको लागी । अरु भाषाको नक्कल पनि हासिल गर्न सकिने छ । कृपया सम्पर्क गनुहोला ०१३४४ ३५२००० ।

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**Urdu**

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