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Notice of Meeting

Health and Wellbeing Board

Thursday, 24th July 2014 at 9.00am

in Council Chamber Council Offices
Market Street Newbury

Date of despatch of Agenda: Wednesday, 16 July 2014

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Jessica Bailiss on (01635) 503124
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Further information and Minutes are also available on the Council's website at www.westberks.gov.uk

West Berkshire COUNCIL

To: Dr Bal Bahia (Newbury and District CCG), Adrian Barker (Healthwatch), Dr Barbara Barrie (North and West Reading CCG), Leila Ferguson (Empowering West Berkshire), Councillor Marcus Franks (Health and Well Being), Dr Lise Llewellyn (Public Health), Councillor Gordon Lundie (Leader of Council & Conservative Group Leader), Councillor Gwen Mason, Councillor Graham Pask, Rachael Wardell (WBC - Community Services) and Councillor Quentin Webb

Also to: John Ashworth (WBC - Environment), Jessica Bailiss (WBC - Executive Support), Nick Carter (WBC - Chief Executive), Andy Day (WBC - Strategic Support), Balwinder Kaur (WBC - Adult Social Care), Matthew Tait (NHS Commissioning Board), Louise Watson (Thames Valley Area Team), Cathy Winfield (Berkshire West CCGs) and Lesley Wyman (WBC - Public Health & Wellbeing)

Agenda

Part I

			Page No.
9.00 am	1	**Apologies for Absence** To receive apologies for inability to attend the meeting (if any).	
9.01 am	2	**Election of Chairman and Vice-Chairman for the 2014/15 Municipal Year**	
9.02 am	3	**Minutes** To approve as a correct record the Minutes of the meeting of the Board held on 15 May 2014.	1 - 10
9.07 am	4	**Health and Wellbeing Board Forward Plan** An opportunity for Board Members to suggest items to go on to the Forward Plan.	
9.10 am	5	**Actions arising from previous meeting(s)** To consider outstanding actions from previous meeting(s)	11 - 12
9.12 am	6	**Declarations of Interest** To remind Members of the need to record the existence and nature of any Personal, Disclosable Pecuniary or other interests in items on the agenda, in accordance with the Members' Code of Conduct.	

7 **Public Questions**
Members of the Executive to answer questions submitted by members of the public in accordance with the Executive Procedure Rules contained in the Council's Constitution.
(Note: There were no questions submitted relating to items not included on this Agenda.)

8 **Petitions**
Councillors or Members of the public may present any petition which they have received. These will normally be referred to the appropriate Committee without discussion.

Items for discussion

Systems Resilience

9.15 am	9	**Health and Wellbeing Dashboard** (Tandra Forster/Phil McNamara) Purpose: To present and seek comments on the proposed dashboard for Health and Social Care.	Presentation

Integration Programme

9.25 am	10	**Integration Programme** (Tandra Forster/ Phil McNamara) Purpose: To present the position on integration to the Health and Wellbeing Board.	Presentation

Health and Wellbeing Strategy/Joint Strategic Needs Assessment

9.40 am	11	**Health and Wellbeing Strategy/Joint Strategic Needs Assessment** (Lesley Wyman/Phil McNamara/Tandra Forster) Purpose: To present the alignment of the Health and Wellbeing Strategy and the JSNA.	Presentation

Commissioning Plans

No items for inclusion on this agenda.

Public Engagement

10.00 am	12	**Public Engagement** (Adrian Barker) Purpose: To give an initial view of how the Health and Wellbeing Board should address community engagement.	13 - 22

Finance

No items for inclusion on this agenda.

Other Issues

Governance and Performance

10.15 am	13	**Membership of the Health and Wellbeing Board** (Andy Day) Purpose: To propose changes to the Membership of the Health and Wellbeing Board.	23 - 26
10.25 am	14	**Protocol on the working arrangements between the West Berkshire LSCB, Health and Wellbeing Board and Munro Implementation Board** (Rachael Wardell) Purpose: The Health and Wellbeing Board to view the protocol and discuss and agree on any changes that need to be made	27 - 34
10.35 am	15	**Newbury & District CCG Quality Premium 2014/15** (Phil McNamara) Purpose: That the Board notes and agrees the Newbury and District CCG Quality Premium targets for 2014/15	35 - 42
10.45 am	16	**Funding Transfer from NHS England 2014-15** (Tandra Forster) Purpose: To inform the Health and Wellbeing Board of how the 2014-15 funding transfer from the NHS is being used by West Berkshire Council.	43 - 57
	17	**Members' Question(s)** Members of the Executive to answer questions submitted by Councillors in accordance with the Executive Procedure Rules contained in the Council's Constitution. *(Note: There were no questions submitted relating to items not included on this Agenda*	
11.00 am	18	**Future meeting dates** 25 September 2014 27 November 2014 22 January 2015 26 March 2015 28 May 2015	

Andy Day
Head of Strategic Support

If you require this information in a different format or translation, please contact Moira Fraser on telephone (01635) 519045.

Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 15 MAY 2014

Present: Adrian Barker (Healthwatch), Dr Barbara Barrie (North and West Reading CCG), Councillor Marcus Franks (Health and Well Being) and Rachael Wardell (WBC - Community Services)

Also Present: Jessica Bailiss (WBC - Executive Support), Councillor Roger Hunneman (Deputy Liberal Democrat Group Leader), Councillor Graham Pask, Barrie Prentice (Boots and Berkshire LPC) and Louise Watson (Thames Valley Area Team).

Apologies for inability to attend the meeting: Dr Bal Bahia, Nick Carter, Leila Ferguson, Dr Lise Llewellyn, Cathy Winfield and Lesley Wyman

Apologies also received from: Nick Carter, Lesley Wyman and Cathy Winfield.

Councillors Absent: Councillor Gordon Lundie

(Councillor Marcus Franks in the Chair)

PART I

1. Minutes

The Minutes of the meeting held on 27th March were approved as a true and correct record and signed by the Chairman.

2. Declarations of Interest

There were no declarations of interest received.

3. Public Questions

No public questions were received.

4. Petitions

There were no petitions presented to the Board.

5. Quality Account proposed responses for Royal Berkshire NHS Foundation Trust and Berkshire Healthcare NHS Foundation Trust (Philip McNamara)

Phil McNamara introduced his item, which aimed to assure the Health and Wellbeing Board as to the quality of services provided by the Royal Berkshire NHS Foundation Trust (RBFT) and Berkshire Healthcare NHS Foundation Trust (BHFT).

Phil McNamara reported that the Foundation Trusts were duty bound to provide the Quality Account documents. Both RBHT and BHFT were inviting comments from stakeholders as part of the consultation process.

The Clinical Commissioning Groups (CCG) took keen interest in the Quality Account Documents and Debbie Davy (Nurse Director) had studied the documents closey and was satisfied they covered what they were required to.

Phil McNamara drew the Board's attention to the BHFT Quality Account document and stated that the priorities were for 2014/15 (rather than 2013/14 as stated in the document). Areas included within the document were those the CCG would expect to be included.

Regarding RBFT, Phil McNamara reported that the Quality Account document was at a slightly different level as they were slightly further on in the draft process. The CCG were satisfied with the areas focused upon with the document.

The CCG was satisfied with the level of consultation which had taken place on both documents and the Nurse Director had been fully involved in the early stages. Phil McNamara then asked if there was anything specific in either of the two Quality Account documents the Health and Wellbeing Board would like to comment on.

Councillor Marcus Franks explained that the Health and Wellbeing Board had requested the CCG provide comments on the Quality Account documents. West Berkshire was served by several hospital trusts, whose Quality Account timeframes did not coincide with that of the Health and Wellbeing Board. A further development session for the Board was being set up and would be used to host discussions on how other planning timescales could be incorporated into the work programme for the Board.

Rachael Wardell asked for confirmation on deadlines for both documents and Phil McNamara stated he would check and report back. Councillor Franks stated that one of the consultation deadlines had passed and this illustrated how timeframes were not yet aligned to enable the Board time to comment.

Rachael Wardell highlighted the importance of engaging stakeholders moving forward.

Adrian Barker reported that Healthwatch had commented on the RBFT Quality Account document and had raised numerous questions including why hard copy records were being used rather than moving to an electronic system and also relating to Accident and Emergency Services.

Phil McNamara reiterated the need to move towards a more consistent method of responding in future.

6. Health and Wellbeing Board Development session (Rachael Wardell)

(The decision was taken to discuss item 8 before item 7 on the agenda, due to the references to the performance framework under item 8)

Rachael Wardell updated the Health and Wellbeing Board on the development session that took place on 30th April 2014 and was facilitated by the Local Government Association (LGA). The main body of the report that was circulated with the agenda 'The West Berkshire Health and Wellbeing Board – Three Years On – A Review' (on page 25) formed the basis for the development session. It reviewed the progress that had been made over the past three years, drawing on national research conducted by the Kings Fund.

The report reflected on the West Berkshire Health and Wellbeing Board's position in comparison to other Health and Wellbeing Boards nationally. It found that the West Berkshire Board was in a similar position to that of many Boards nationally and was still on a journey.

Rachael Wardell reported that the report had been written with the expectation that the Board would move to an Executive Decision Making Model.

An addendum update report had been circulated following the Board's development session on 30th April with a purpose of summarising the debate and to agree the next steps. The update report highlighted what had been identified as going well and what had gone less well.

Using the King's Fund three scenarios, the conclusion reached at the development session was that the West Berkshire Health and Wellbeing Board should be positioned between options one (continue on the current trajectory) and three (an executive decision making body). Ambitions should move the Board towards option three, without damaging what had been developed so far.

Rachael Wardell asked if the Board were in agreement with the next steps outlined in the update report.

Councillor Graham Pask commended the development session and stated that it had been a very useful event. The West Berkshire Health and Wellbeing Board had been set up with the best intentions and the way forward for the West Berkshire Board was what was important. It needed to be an executive decision making board. It was acknowledged that there had been predominant emphasis on health to date however, wellbeing required further focus. Councillor Pask stated that the Board also needed consider how it should move forward with regards to other bodies such as the Local Strategic Partnership (LSP). Some places in the country had merged their Health and Wellbeing Board and LSPs. The question of whether this approach diluted issues needed to be asked and this needed further discussion with a certain degree of urgency.

Adrian Barker stated that one option that had only been lightly touched on was an option for the Board outside the King's Fund three scenarios. This could involve the Board being strategic without an executive decision making power. This as an option had not yet been discussed.

Adrian Barker stated that he was hopeful that Healthwatch could be involved in the proposed Management Group that would be set up to support the Board, if the next steps outlined in the report were approved.

Adrian Barker stated that it was felt by Healthwatch that there was generally more scope to involve the public in general. There was opportunity to involve a wider group of stakeholders in the Board however, this did not necessarily mean having a large amount of people sat around the table and alternative approaches needed to be explored. Adrian Barker stated that the format and style of Board meetings needed further thought as it currently functioned as a traditional Council meeting. He also suggested the use of task and finish groups. Finally Adrian Barker suggested that the Board did not always need to meet in the Council Chamber at Market Street and could meet in different locations.

The Board were in support of the next steps detailed in section three of the addendum report subject to the membership of the Management Group being reviewed to include Healthwatch.

RESOLVED that the Health and Wellbeing Board endorsed the next steps included within section three of the addendum report, subject to the membership of the Management Group being reviewed.

Rachael Wardell reiterated words stated by the facilitator at the development session, that the key to partnership working was about what partners were willing to give up in order to stay at the table. Councillor Pask supported this view and stressed that partners must not operate in silos.

7. Performance Framework for 2013/14 (Councillor Marcus Franks)

Marcus Franks introduced the report to Members on behalf of Lesley Wyman, which was recommending a finalised Health and Wellbeing Performance Framework for 2013/14 for approval.

Councillor Franks reported that the performance framework for 2014/15 would look very similar however, would include the Better Care Fund (BCF).

Section two of the report detailed the five priorities in the Health and Wellbeing Strategy.

Councillor Franks referred to page 17 of the agenda pack, which was the Performance Framework for the Health and Wellbeing Board for 2013/14. There were overarching indicators and then below this local indicators for each priority area. Councillor Franks stressed that Lesley Wyman had experienced difficulties obtaining information from both internal and external colleagues, particularly around agreeing what information needed to be included within the framework.

Councillor Franks went on to talk through each priority area, highlighting some of the local indicators for each.

Reducing Childhood Obesity in Primary School Children

Regarding the number of additional physical activity initiatives commissioned in school and community settings for children - more work was needed in order to map which schools would be involved next.

Supporting those over 40 to change lifestyle behaviours detrimental to health and wellbeing

Councillor Franks reported that the health checks and been a great success. The number of people offered this service had been in line with the benchmark however, there was ambition to do more.

Promoting independence and supporting older people to manage their long term conditions

Councillor Franks remarked that this section was particularly empty due to lack of cooperation in providing information. Figures and local indicators were the responsibility of General Practitioners and Adult Social Care. Councillor Franks questioned if members felt the indicators were the right ones and if not the strategy needed refreshing as soon as possible. If they were the correct indicators, consideration needed to be given to how the indicators were going to be met.

Giving every child and young person the best start in life

More local indicators were required in this section.

Supporting and Vibrant District

This was considered the most difficult priority to measure.

Decreasing statutory homelessness, homelessness acceptances and households in temporary accommodation was currently an indicator however, the Housing Team had suggested that this should not be included due to the low numbers in West Berkshire. Local indicators around fuel poverty were still required.

Rachael Wardell wanted to make it clear that any individual presenting as homeless was always a priority for the Housing Team, but agreed that including it in the performance framework for the Board might be over prioritising an area given that actual numbers were low.

Rachael Wardell suggested that the Board could learn lessons from the Local Safeguarding Children's Board (LSCB) and how it managed performance management across a group of diverse partner organisations. Membership organisations of the LSCB gave a lot of attention to their performance information and were held accountable for this information if the LSCB had particular concerns.

Councillor Franks stated that at the next development session discussions were required on indicators for health quality, integration and then also wider indicators. Oversight needed to be kept of high level indicators belonging to the Acute Trusts, as these affected the work of the Board.

The Board needed to take a view of the performance framework and be satisfied it reflected what work was taking place.

Councillor Pask acknowledged that there was a huge amount of work taking place beneath the performance management framework for example the Feel Good Fortnight. The framework needed to support work taking place on the ground.

Councillor Graham Pask queried access to General Practitioners (GPs) and if consultation with GPs reflected wellbeing. Philip McNamara reported that close working took place with the Public Health Team, in particular Lesley Wyman who formed part of the Executive Board.

Philip McNamara reported that health checks had been extremely positive. There was always more that could be done around GPs and a lot of work was taking place to develop primary care. It was felt that GPs in the Newbury and District area were easy to access.

Dr Barbara Barrie reported that access to GPs was an ongoing issue. It largely came down to capacity. If availability was increased, demand also increased. Effective triage was extremely important. A programme of work was taking place across practices that focused of processes. The aim of this work was to help primary care services be as productive as possible.

Adrian Barker Barker suggested that a Task and Finish Group be set up to focus on the Performance Framework for 2014/15 using the LSCB as a learning aid.

Rachael Wardell acknowledged that Lesley Wyman had struggled alone to pull the performance framework together. It was important that the framework was widely inclusive of issues together with those belonging to Public Health.

Councillor Franks recalled in the past the Board had discussed the mapping of services against other factors such as deprivation. Assets and access were important factors moving forward.

RESOLVED that a Task and Finish Group be formed to take the Performance Framework forward for 2014/15.

8. Joint Self Assessment - Learning Disabilities (Alison Love)

Alison Love introduced her report to Members of the Health and Wellbeing Board, which aimed to give a follow up report on the Joint Health and Social Care Self Assessment Framework (JH&SCAF), which was now complete.

The JH&SCAF was a required annual report on local health and social care services for people with learning disabilities. In 2013 the responsibility for requesting and collating this information transferred from the Government Office for South East England to Public Health England. The requirement to collect and monitor this information was part of the Valuing People Now objectives.

There was much evidence to indicate that people with learning disabilities suffered from poorer health than the general population.

The local Joint Health and Social Care Self Assessment approach was developed in conjunction with colleagues from the Commissioning Support Unit of the Clinical Commissioning Groups (CCGs) and Berkshire Healthcare Trust.

The format of the report had changed considerably from previous years and some colleagues struggled to obtain the information required. Therefore there were significant gaps and inaccuracies in the health information. The local Community Team, for People with Learning Disabilities had some information that gave evidence of better local health services than was portrayed in the report however, the report format clearly stipulated how and where the evidence should be gathered.

Dr Barbara Barrie stated that there should be information from areas such as Mortimer and Theale, where the CCGs overlapped. Alison Love reported that all GP practices were approached and then the relevant information sent back to each Local Authority.

Adrian Barker stated that he had read the report however, struggled to see how the Board itself could assist. He also acknowledged that the numbers of those with learning disabilities did seem very low and queried what the definition was for someone with a learning disability. Alison Love reported that the definition was those people who had an IQ less than 70 however, those with milder forms of a learning disability were also welcomed to have a health check.

Rachael Wardell reported that much of the Board's contribution would be around the ground work. It was incomplete baseline information and it was being flagged that further work was required.

Adrian Barker questioned what work needed to be done to get to where they needed to be. Alison Love confirmed that the JH&SCAF formed part of the work carried out by the Joint Commissioning Group for the West of Berkshire. Locally there was contact with GPs, so health check information was being requested. Other screening information from the NHS was also required. Under reporting had taken place across the board and not just in Newbury. There would be a push for better information gathering next year.

Alison Love reported that there was a dedicated Learning Disability Nurse and she was particularly good at helping to access the right services.

Councillor Franks questioned how people requiring learning disability support were flagged to GPs, particularly if joining a new practice. Dr Barbara Barrie reported that someone with a learning disability need would be coded and placed on the Learning Disability Register. This information should be transferred electronically from their previous surgery.

Those with a learning disability had to be offered a health check once per year and they had to be sent a letter inviting them to the health check at least three times. Individual practices would be able to provide information on exactly how many health checks had taken place. There was an issue around patients not taking up the offer of a health check and this issue required further attention.

Rachael Wardell asked if a health check could be carried out if a patient came into the surgery for a separate issue. Dr Barbara Barrie stated that an alert would be raised if they were overdue a health check however, regular appointments were usually only ten minute slots and would not allow time for a health check. Once alerted, the practice could take steps to set up a separate appointment for a health check.

Phil McNamara explained to Alison Love that there were certain aspects which were not commissioned by the CCG and therefore it would be helpful for a conversation between them to take place outside of the meeting.

Councillor Franks noted that over 100 of those recorded with a learning disability lived in supported accommodation. He felt that there was possibly an opportunity to work with Public Health to take health checks out to people. It was also noted that there were 40 people with learning disabilities living without any support. Alison Love confirmed that these were people known to Adult Social Care as having a recognised form of learning disability however, were able to live in their own tenancy without the need for support.

Councillor Franks asked what support mechanisms were in place to help people with learning disabilities move from voluntary work to paid employment. Alison Love confirmed that there was very little support in West Berkshire for this transition. Steps were being taken to address this with the voluntary sector. Councillor Franks suggested that Alison Love contact Janet Duffield (Economic Development Officer), as she might be able to assist.

Concern was raised that dental health was not included within the statistics gathered. Louise Watson (NHS England – Area Team) confirmed that this could be looked into and that as well and the CCG, NHS England could be approached when trying to gather information.

RESOLVED that dental health be included within the annual report.

9. The Special Education Needs and Disability Reforms (Jane Seymour)

Jane Seymour introduced her report to Members of the Health and Wellbeing Board, which aimed to raise awareness of the Special Educational Needs (SEN) and Disability reforms. It also sought to inform Members regarding the work undertaken so far towards implementation of the reforms and seek their approval and finally to request that the Board consider how the specific implications of the reforms for health would be address.

Section two of the report outlined the main changes as a result of the SEN Disability Reforms and section three looked at the next steps towards implementing the changes.

The existing statutory assessment and statementing process would be replaced by a much more holistic, person centred Education Health and Care (EHC) Assessment process. There would be a new timescale in that EHC assessments must be carried out within 20 weeks, compared to the previous 26 weeks.

The process would be much more person centred and every family whose child had an EHC Plan would be able to request a Personal Budget for the education, health and/or care aspects of the EHC Plan. As a result the process would be much more resource intensive.

Three Assessment Coordinators would be recruited. Interviews were taking place the week commencing 19th May 2014.

Local Authorities' responsibilities would extend potentially up to the age of 25, whereas they currently lapsed at age 19.

There were specific requirements for joint commissioning. These included the development of clear arrangements between Local Authorities and partner commissioning bodies for commissioning services for children with SEND, the integration of education, health and care provision for SEND where it was beneficial and the agreement of shared outcomes including joint analysis of intelligence about needs of the local population.

Jane Seymour reported that section four power phrased the report by the Commissioning Support Unit Officer and outlined specific implications for health commissioners and providers. Section 4.2 of the report gave additional recommendations for consideration by CCGs including all EHC Plans needing to be outcome focused and reiteration of the new 20 week deadline for the publication of final EHC Plans.

Councillor Graham Pask asked Philip McNamara if this was innovative work for the CCG and what steps the CCG would need to take. Phil McNamara reported that the pooling of budgets was not new to them as this had also taken place within the previous Primary Care Trusts. The recent approach taken to the BCF illustrated how the CCG would operate moving forward. Phil McNamara support the suggested way forward.

Jane Seymour confirmed that there was an external organisation commissioned to hold personal budgets if individuals did not feel confident to do so.

Councillor Franks referred to the 'Local Offer' and queried if there was a case for extending the voluntary prospectus. Tandra Forster was leading on a piece of work looking at what was being commissioned with the voluntary sector and quality assessment. Jane Seymour confirmed that she was unaware of this would however, would ensure she linked to it moving forward.

Councillor Franks expressed that the Board would be interested to keep sight of the area or work moving forward particularly the pooling of budgets, due to the Boards own role in joint commissioning moving forward.

Rachael Wardell reported that the biggest challenge with this work was personalisation, which was particularly difficult concerning children. If the families were at the centre of professional thinking then it was easy to overlook the needs of the child.

Adrian Barker stated that he struggled to see how the Board could promote the integration of services. Councillor Franks confirmed that a steering group was coordinating the work. The role of the Board was to ensure joint commissioning arrangements were working. Most of the work would be carried out elsewhere however, it was important that the Board kept oversight as part of it's joint commissioning/integration role.

RESOLVED that the Board would be kept up to date on work surround the SEN reforms post implementation.

10. Quarterly update report from Healthwatch (Adrian Barker)

Adrian Barker gave a quarterly update to the Health and Wellbeing Board on behalf of Healthwatch for quarter four.

It was reported that most of the work in quarter four had focused on outreach work. This would be built on in the coming year. There had also been a lot of activity around online communication and referring to the advocacy service SEAP if required.

Councillor Marcus Franks referred to page 107 of the agenda pack and asked what 'enter and view' was. Adrian Barker reported that this was a power that had once belonged to LiNKS and enabled them to enter premises in the form of unexpected visits. This power now belonged to Healthwatch.

Councillor Franks further questioned how many people were reached through social networks and what was the age profile of these people.

RESOLVED that Adrian Barker would find out the number and age profile of people accessed through social networking.

Phil McNamara asked for an update on the Champions network. Adrian Barker reported that the champion board had met and it brought together people involved with particular areas to look at priorities. The next step was to involve other organisations.

Rachael Wardell queried the value of the 'free text' views because they were insufficiently specific as to what problems or issues were. As a director responsible for delivery she found the outputs from this difficult to use to improve services. Rachael Wardell felt that they needed to identify the next steps for Healthwatch and how the

information it was gathering from the public could be used to better shape services. Adrian Barker concurred and stated that the same point had been made by the Champions Board.

It was felt that it would be interesting for the Board to receive reports and findings from the Champions Board.

Adrian Barker stated Heather Hunter was due to report to the Board in July and would cover the items raised.

11. Forward Plan for the Health and Wellbeing Board

All noted the Forward Plan for the Health and Wellbeing Board. Adrian Barker suggested that there was further opportunity to tie in progress with the JSNA and development of the Health and Wellbeing Strategy. It was important that Healthwatch were involved at an early stage in both of these areas of work.

Rachael Wardell referred to the forward plan item coming to the next meeting of the Board regarding the protocol on the working arrangements between West Berkshire LSCB, the Health and Wellbeing Board and the Munro Implementation Board. She reported that it was likely that this item would be expanded to inform the Board about recent revisions to the Children and Young People's Partnership.

Councillor Marcus Franks stressed the importance of ensuring the right reports were coming to the Board. It was possible that meetings would take on a themed nature in future to ensure the right topics were being considered.

12. Members' Question(s)

There were no Members' questions received.

13. Future meeting dates

It was confirmed that the next meeting of the Health and Wellbeing Board would take place on 24th July 2014.

(The meeting commenced at 9.00 am and closed at 10.48 am)

CHAIRMAN …….

Date of Signature …….

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RefNo	Meeting	Agenda Item	FP Ref	Action Lead	Agency	Action	Comment
1	27-Mar-14	Newbury and District and North West Reading Clinical Commissioning Groups' Two Year Operational Plans	H&WB1.5	Jan Fowler/Louise Watson	NHS England/Thame Valley Area Team	a report to a future Board meeting regarding the Dental Review.	On the forward plan for September 2014
2	15-May-14	Joint Health and Social Care Self Assessment Framework	H&WB2.2	Alison Love	West Berkshire Council	Dental health to be included within the annual report.	Alison Love will ensure that dental services for people with a learning disability is included in the local narrative of the next Joint Health and Social Care Self Assessment, which is normally submitted at the beginning of December.
3		The Special Education Needs and Disability Reforms	H&WB 2.3	Jane Seymour	West Berkshire Council	The Board to be kept up to date on work surround the SEN reforms post implementation.	Next update will be available by the Board meeting due to take place on 27th November 2014.
4		Quartely Update Report from Healthwatch	H&WB 2.1	Adrian Barker	West Berkshire Healthwatch	To find out the number and age profile of people accessed through social networking by Healthwatch.	Awaiting comment

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Title of Report:	**Draft report on Community Engagement to the West Berkshire Health and Wellbeing Board**
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	24th July 2014

Purpose of Report: **Draft report on Community Engagement to the West Berkshire Health and Wellbeing Board.**

Recommended Action: **To approve the proposals set out in paragraph 7.**

Health and Wellbeing Board Chairman details	
Name & Telephone No.:	Gordon Lundie (01488) 73350
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Executive Report

1. Purpose and scope of this report

The aim of this report is to take an initial view of how the Health and Wellbeing Board (HWB) should address community engagement. It briefly looks at:

- what we mean by community engagement;
- the reasons why the Board should make use of it;
- why it should take a long term, strategic view as to how its approach should develop over time; and
- how it should make use of the engagement activities of its constituent member bodies in the nearer term.

This is a broad, initial report. It does not attempt to engage with all the relevant and potential issues: attention can be given to such details over time.

2. What is community engagement?

By 'community engagement', this report means the wide range of ways in which statutory and other organisations and the public relate to each other, individually and collectively, to understand each other better. The bodies represented on the Health and Wellbeing Board will want to better understand the public's views, needs, wants, knowledge, behaviour, experience and satisfaction. The public will want to understand policies, strategies and actions, how they are personally affected and broader impacts on the area and how they can influence them. It should be a two way process where each is able to understand and influence the other. It includes research, consultation, participation and co-production. It means involving people in decisions that affect their lives and in developing and delivering services. Examples of engagement include: meetings, surveys, discussion groups, online exchanges (e.g. through Twitter or discussion forums), written communications, relationships with representative groups, one to one discussions and participation in decision making forums.

3. Why engage?

The HWB has certain legal obligations but there also other well established benefits of engagement.

Each of the member organisations on the HWB has statutory responsibilities in their own right to involve the public for various purposes. The obligations on the Board itself arise in relation to the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS) where the functions of the local authority and CCG in relation to them[1] are to be exercised by the HWB[2]. That includes the requirement to involve the public who live and work in the area when preparing the JSNA[3] and the JHWS[4].

There are broadly five sorts of benefit from community engagement: improvement in services; improvements in democracy and accountability; benefits to the people involved; and to social capital more generally; and releasing untapped resources:

[1] S.116 and S116A of the 2007 Local Government and Public Involvement in Health Act, as amended by the 2012 Health and Social Care Act
[2] S.196(1) of the 2012 Act
[3] S.116(5)(b) of the 2007 Act through S.192 of the 2012 Act
[4] S.116A, (5) of the 2007 Act, through S.193 of the 2012 Act.

- **Service Improvement.** Users of services are the experts in how they experience them and how they feel about them, which need to be taken into account if services are to be improved. In addition, their experience, and knowledge of their communities, often gives them insights into what specifically can be done to improve services.
- **Democracy and accountability.** Involving citizens in the design, delivery and evaluation of services also boosts accountability and democracy. If people have been closely involved in decisions, even quite difficult ones, from the start, they are more likely to accept and even support them.
- **Direct benefits to participants.** There is evidence that people who feel they can genuinely influence local decisions are happier with their lives and more satisfied with the local council and services.
- **Improved social capital.** Greater involvement can boost social capital, with engagement activities often bringing people into contact with each other and with voluntary organisations. There are also correlations between how far people feel they can influence decisions locally and their satisfaction with the area, their feelings of community pride and feelings of safety and security.
- **Releasing resources through co-production.** Already much, perhaps most, of health and social care support takes place outside of the statutory services through carers, relatives and friends. But there is scope for much more of this untapped resource to be released by involving people in their current and potential future health and care provision.

4. The Health and Wellbeing Board's Engagement Role

In addition to the statutory responsibilities in respect of the JSNA and JHWS, there are benefits in community engagement in relation to the full range of the Board's activities, for the reasons given above. It ensures the Board's decisions are built on an understanding of people's actual, lived experiences. It draws on their expertise in dealing with the conditions they face. And it helps develop 'buy-in' for the difficult decisions which will be required in the coming years in respect of the health and wellbeing system.

The Board itself, however, has limited resources at its disposal to undertake specific engagement activities. Although there may well be occasions when it will wish to undertake or commission engagement in its own right, much of the engagement on which it relies will be undertaken by its constituent member organisations. Some of this engagement will be undertaken specifically for the Board, but much of what is relevant to the Board may be undertaken for other purposes.

The main function of the Board in relation to Community Engagement, therefore, is to draw together intelligence from the wide range of existing engagement and commission further engagement. Given that this engagement will be taking place in a range of disparate places within each organisation and between them, a key role for the Board will be to promote the co-ordination and co-operation of community engagement between them.

The key to making that co-operation and co-ordination happen will be strong leadership from the board and the personal relationships between those directly involved in engagement. As a first step, however, it is proposed that a protocol between the Health and Wellbeing Board partners be agreed, to set out their commitment to working together and to act as a foundation for their partnership in this sphere. A draft protocol is attached.

To progress co-ordinated working, it is proposed that there should be a regular meeting (say quarterly) between those within each of the HWB constituent bodies directly involved with community engagement relevant to health and wellbeing. The main aim of this would be to review each body's plans and ensure there is no wasteful duplication and to take any opportunities for productive joint work. While this group would manage the detailed co-ordination, the plans as a whole should be brought to the HWB annually. This group might also spot opportunities for additional ways in which the bodies could work productively with each other. This could include sharing each other's skills, resources and infrastructure (such as the Council's 'consultation finder' listing all current consultations).

5. A Strategic Approach

The range of potential engagement activities is vast. What is possible in practice will be limited by resource constraints. In addition, there are many things which will take time to establish. Each of the HWB member organisations already has substantial experience of engagement but it will take time to share this expertise with each other. New opportunities for different sorts of engagement regularly appear (such as different uses of social media) and it takes time to develop the relevant skills to effectively exploit these. Relationships with particular sections of the community and with the public as a whole are critical to successful engagement and it takes time to build up relationships and trust.

For these reasons, there is hope that community engagement will evolve and develop over time, so a strategy is needed to guide the path of that development. This will not be a blueprint with a series of specific steps, but it will enable the bigger picture to be borne in mind and ensure that opportunities to become more cost effective are not missed. As new things are tried, ideas about the longer term will change, so the strategy would not be set in stone: there would be an iterative process of learning from immediate experience and reflecting on where this is leading.

Some of the specific challenges for the strategy would be to address how over time:

- the results of engagement from across the bodies could be collated and combined to improve intelligence overall
- how to broaden awareness amongst the public of the HWB and the issues it is addressing and to ensure that anyone who wishes to have a say on those issues is easily able to do so
- how to ensure that the range of engagement activities as a whole is providing a representative picture of the community's views
- how to increase local people's understanding of the various health and wellbeing challenges that the local area faces (for the community as a whole, but also, through the use of deliberative techniques, to hear the informed view of particular sections of it).
- how to ensure that all sections of the community, and particularly those who are 'seldom heard' are included in engagement

It is therefore proposed that a strategy for the development of community engagement be drawn up for Board approval.

6. Shorter term Proposals for Engagement

Much of the engagement required in the short run will be associated with specific functions and activities of the Board, and in particular the continued development of the JSNA and JHWS, work on integration and the Better Care Fund and changes required to

the health and social care economy to meet the looming funding challenges. Rather than trying to plan these centrally, it is proposed that those leading each of those strands of work, (and any others), be requested to incorporate community engagement as relevant into the plans and implementation of the work. This should be done at the earliest possible stage, to ensure it is as relevant and useful as possible. Each of these plans will need to be captured centrally to allow for co-ordination of activities, to avoid duplication and conflict and enable synergies where possible.

In addition to this specific, targeted engagement, the Board may wish to undertake more general, ongoing engagement. A good example of this would be the CCGs' 'Call to Action' events which have regularly drawn audiences of 60 to 70 people to consider the key current issues in the health economy. If the CCGs were willing, it would be possible to broaden the ownership and scope of these events, for them to become part of the HWB's ongoing conversation with the local community.

The Board may also wish to have ongoing conversations through the voluntary sector, which can reach many sections of the community relevant to the Board's work. Many such conversations will already be taking place, but it will be worth exploring whether there are additional ones which would be specifically relevant to the Board.

Undoubtedly other opportunities will occur to the Board over time as to how it can improve and extend its engagement activities, often in ways which require limited additional resources. In some other parts of the country, for instance, there is a slot at the start of each HWB meeting to hear from some particular section of the community (such as disabled young people, frail elderly or people with mental health problems). Hearing directly from such people can be a powerful way of deepening the Board's understanding of the issues involved.

7. Summary of proposals

It is proposed:

1. That a protocol for co-operation on community engagement between the HWB partners be agreed.

2. That those in the HWB partner bodies directly involved in community engagement relevant to health and wellbeing be asked to meet regularly to co-ordinate engagement activities.

3. That those responsible for bringing proposals to the Board or implementing its decisions, be asked to incorporate relevant community engagement from the outset.

4. That a strategy for the development of community engagement be drawn up.

5. That a regular slot for consideration of community engagement be included on the Board's agendas.

Appendices

Appendix A - Draft protocol to co-operate on Community Engagement between West Berkshire Council, Newbury and District CCG, North and West Reading CCG and Healthwatch West Berkshire

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Draft protocol to co-operate on Community Engagement between West Berkshire Council, Newbury and District CCG, North and West Reading CCG and Healthwatch West Berkshire

This is an agreement between the parties to co-operate with each other on community engagement.

Why these bodies?

The protocol is between these bodies in the first instance as they already work together through the Health and Wellbeing Board. However, in principle, they would also be keen to work co-operatively with others such as the NHS England local area team, providers of health and social care (particularly the NHS trusts) and voluntary and community sector bodies.

Why a protocol?

The purpose of a protocol is to provide firm foundation for co-operation. Co-operation is not dependent on a protocol: rather, it springs from the attitudes and relationships of individuals, organisational culture and supportive systems and processes. However, a protocol is important in clearly and publicly stating the commitment of the partner bodies, acting as an enduring promise for their employees, members and associates and for the public, to which they can be held accountable. It is a signal to everyone within each organisation (and not just the willing) that co-operation is valued and supported. It indicates the intentions of the organisations as new people join them over time. It also makes clear the extent and scope of commitments. Finally it is a sign to the wider community that the parties are working in their best interests.

What is community engagement?

By 'community engagement' we mean the wide range of ways in which these bodies relate to the public, individually and collectively, in particular to better understand their views, needs, wants, knowledge, behaviour, experience and satisfaction. It should be a two way process where each is able to understand and influence the other. It includes research, consultation, participation and co-production. It means involving people in decisions that affect their lives and in developing and delivering services. Examples of engagement include: meetings, surveys, discussion groups, online exchanges (e.g. through Twitter or discussion forums), written communications, relationships with representative groups, one to one discussions and participation in decision making forums.

Why is co-operation important?

In addition to the existing statutory requirements for public involvement on councils and health bodies, the Health and Social Care Act 2012 put new duties to involve patients and the public onto clinical commissioning groups, health and wellbeing boards, Healthwatch and NHS England. Undertaking these independently risks duplication, waste and conflict. Working cooperatively creates opportunities to:

- **save money**, by reducing duplication and by exploiting economies of scale
- **increase effectiveness** by sharing skills and capacity and exploiting synergies
- **do things which would not otherwise be possible** (e.g. because individual bodies don't have the necessary resources or skills)
- **develop deeper insight** into the needs and views of patients, care users and the public, by pooling the intelligence of each of the parties
- **reduce 'consultation fatigue'** by not repeatedly approaching the same sections of the public for feedback
- **open up other opportunities for collaboration** if co-operation proves fruitful in this area.

Despite these benefits, it will still be necessary for each body to retain its independence, so as to be able to fulfil its particular role, and there will be times when they need to work separately. In addition, there are costs of co-operation so it will only be worthwhile when these are outweighed by the benefits.

What do we mean by 'co-operation'?

'Co-operation' doesn't mean that everything has to be done together. What it means is that each of the parties should be aware of what the other is doing and to work together where that makes sense. 'Working together' could be:

- **co-ordinating activity**, such as not holding a meeting with the same section of the public in the same area on the same day
- **sharing resources, skills or information**, such as providing staff to help facilitate at someone else's event, or allowing another body access to detailed (but anonymised) survey results
- **undertaking activities jointly**, such as running an event together or doing a joint survey.

Scope

This protocol could apply in principle to any community engagement undertaken by the parties, but in practice this will be limited by cost and practicalities. It might well be mutually beneficial for health to be involved in a small piece of engagement conducted in some small corner of the council, but

the opportunity to exploit this depends on how easy it is to find out about it, get in contact and then work with each other. Judgements will therefore need to be made in any given case whether the time and expense is worth expending for the benefits to be gained from co-operation.

Co-operation may relate to different aspects of the engagement:

- **subject matter** – e.g. council feedback on leisure may also be relevant to health work on obesity
- **audience** – one agency may be particularly good at gaining access to and engaging with a particular group (e.g. a BME group, tenants, people with mental health problems) which other agencies can benefit from
- **methods** – if one agency is holding a meeting, running a survey or undertaking some other consultation, particularly if difficult or expensive, it may be that others can share the costs and organisation
- **assets** – property, equipment or technology can be shared or loaned, e.g. holding meetings in someone else's premises, or borrowing voting keypads for participant feedback
- **people and skills** – one agency may have skills, such as in engaging with seldom heard groups, survey design or data analysis that others can benefit from. Facilitators could offer their time to another service or agency.
- **information** – information from a meeting or survey may be relevant to other bodies
- **evaluation** – monitoring the findings and effectiveness of community engagement and learning relevant lessons.

The protocol applies to individual activities (such as events, focus groups, surveys etc.) but could also apply to the way engagement is embedded within each body, such as:

- **strategy and plans** – co-operating on engagement at the planning stage
- **infrastructure** – such as online resources for co-ordinating or undertaking engagement (e.g. a register of consultations)
- **roles and structures** – such as regular liaison between those responsible for engagement, jointly employing specialists, ad hoc project teams
- **systems and processes** – e.g. ensuring all services' policies and guides on engagement take account of commitments to partnership working
- **leadership and culture** – modelling appropriate behaviours, rewarding appropriate co-operation

What we commit to

In the light of all of the above, we commit in good faith, to:

- maintain communications between the parties and particularly those directly involved in community engagement (whether that is as part of their ongoing role or ad hoc)

- keep each other informed as to what community engagement they are planning
- when there is a net social benefit to doing so, to:
  - take account of each other's engagement and where appropriate adjust plans and activities to take account those of the other parties
  - provide mutual support where possible and appropriate, within resource limitations
  - work together (subject to any other constraints).

Shared principles in relation to community engagement

The parties jointly and severally commit to the following principles in relation to community engagement, in order to maintain the highest standards locally:

- We regard engagement as a two way process and recognise that it may be initiated by the public as well as by public or voluntary bodies
- We will engage with the public as early as possible in any decision making process to allow for the greatest involvement and influence
- We will only consult with a purpose
- We will be open, transparent and genuine
- We will let those we are engaging with know what we will do with the consultation and what part it will play in final decision making
- We will aim for technical quality (the most effective techniques, properly used, tailored to local circumstances)
- We will allow sufficient time in any consultation for all relevant sections of the community to respond
- We will be inclusive and aim to hear from all sections of the community
- We will report back the feedback we have heard
- We will act ethically, follow legal requirements and relevant codes of conduct

Signed on behalf of:

West Berkshire Council

Newbury and District CCG

North and West Reading CCG

Healthwatch West Berkshire

Title of Report:	**Health and Wellbeing Board - Governance**
Report to be considered by:	Health and Wellbeing Board
Date of Meeting:	24 July 2014
Forward Plan Ref:	N/a

Purpose of Report: **To propose changes to the Membership of the Health and Wellbeing Board.**

Recommended Action: **To approve the additional members of the Board as set out in Paragraph 2.1.**

Reason for decision to be taken: To ensure that the membership of the Board remains appropriately given the challenges it faces.

Other options considered: N/A

Key background documentation: Health and Social Care Act 2012

The proposals contained in this report will help to achieve the following Council Strategy priorities:

☒ **CSP1 – Caring for and protecting the vulnerable**
☒ **CSP2 – Promoting a vibrant district**
☒ **CSP3 – Improving education**

The proposals will also help achieve the following Council Strategy principles:

☒ **CSP6 - Living within our means**
☒ **CSP9 - Doing what's important well**

The proposals contained in this report will help to achieve the above Council Strategy priorities and principles by:
Ensuring that the appropriate Health and Wellbeing Partners work more closely together to deliver the priorities set out in the Health and Wellbeing Strategy.

Portfolio Member Details	
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Implications

Policy:	The report accords with the Council's statutory obligations to establish a Health and Wellbeing Board.
Financial:	N/A
Personnel:	N/A
Legal/Procurement:	This report accords with the Health and Social Care Act 2012.
Property:	N/A
Risk Management:	N/A

Executive Summary

1.0 Introduction

1.1 The Health and Wellbeing Board has been in existence since 1 April 2013. More recently workshops have been held to look at a variety of challenges for the Board such as integration and governance. This report looks at the issue of membership of the Board.

1.2 Section 194 of the Health and Social Care Act 2012 required the Council to establish a Health and Wellbeing Board.

1.3 The Act requires the Board to have at least the following members appointed to it:

(i) At least one Councillor of the Local Authority,

(ii) The Director of Adult Social Services and the Director of Children's Services (in West Berkshire Council's case this is the Director of Community Service),

(iii) The Director of Public Health (the Assistant Director of Public Health will represent the Strategic Director of Public Health),

(iv) A representative from the Clinical Commissioning Groups; and

(v) A representative from the Local Healthwatch organisation for the area.

1.4 The Health and Wellbeing Board is permitted to appoint such other persons or representatives of such other persons as the Local Authority thinks appropriate.

2. Equalities Impact Assessment Outcomes

2.1 There is no decision to be made and therefore no Equality Impact Assessment has been undertaken.

Executive Report

2 Introduction

1.1 Section 194 of the Health and Social Care Act 2012 requires the Council to establish a Health and Wellbeing Board. This was achieved on 1 April 2013. Although it was expected that the legislation would be drafted in such a way as to enable the Board to be established as a "partnership", this was not the case and the Council had to establish the Board as a Sub-Committee of the Executive. This meant disapplying various pieces of legislation (proportionality rules and voting rights).

1.2 The Act requires the Board to have at least the following members appointed to it:

(i) At least one Councillor of the Local Authority,

(ii) The Director of Adult Social Services and the Director of Children's Services (in West Berkshire Council's case this is the Director of Community Service),

(vi) The Director of Public Health (the Assistant Director of Public Health will represent the Strategic Director of Public Health),

(vii) A representative from the Clinical Commissioning Groups; and

(viii) A representative from the Local Healthwatch organisation for the area.

1.3 The Health and Wellbeing Board is permitted to appoint such other persons or representatives of such other persons as the Local Authority thinks appropriate. In addition to the statutory appointments, the Board also appointed an additional Member from West Berkshire Council and a representative from Empowering West Berkshire, the umbrella organisation for the Voluntary and Community Sector.

1.3.1 The Board currently has eight Members appointed to it.

2.0 Review of Membership

2.1 In order to ensure that the Board is equipped to meet the challenges it faces moving forwards it is proposed that the membership of the Board be increased as follows:

(i) Portfolio Holder for Children and Young People

(ii) Portfolio Holder for Adult Social Care

(iii) Representative from the NHS England Local Area Team

(iv) An additional representative from the CCGs.

2.2 The affect of this proposal would mean that the Board would increase to 12 Members.

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Appendices

There are no appendices.

Consultees

Local Stakeholders:	N/A
Officers Consulted:	Nick Carter, Jessica Bailiss
Trade Union:	N/A

PROTOCOL ON THE WORKING ARRANGEMENTS BETWEEN WEST BERKSHIRE LOCAL SAFEGUARDING CHILDREN BOARD, THE HEALTH AND WELLBEING BOARD AND THE MUNRO IMPLEMENTATION BOARD

Summary:

This document sets out the working arrangements between West Berkshire Local Safeguarding Children Board (LSCB), the Health and Wellbeing Board (H&WB) and the Munro Implementation Board.

The three Boards have distinctive and complementary roles in keeping our children safe.

The aim of this working protocol is to support the Boards to operate effectively, being clear about their respective functions, inter-relationships and roles and responsibilities of all those involved in this important work.

The Children Act 1989 provides the statutory framework for safeguarding and promoting the welfare of children in need. Safeguarding and promoting the welfare of children is defined as including:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care, and
- Undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

1. West Berkshire Local Safeguarding Children Board (LSCB)

The LSCB is a statutory partnership created under the Children Act 2004 with statutory guidance on making arrangements to safeguard and promote the welfare of children and has responsibility for agreeing how relevant local organisations will co-operate to achieve this. Its role is to monitor and evaluate the effectiveness of local arrangements made by individual agencies and the wider partnership. Its activities are part of the

wider context of West Berkshire Health and Wellbeing Board's arrangements and its work contributes to the wider goals of improving the wellbeing of all children and young people.

The LSCB will:

- Produce and publish an Annual Report on the effectiveness of safeguarding arrangements within West Berkshire, which is reported to the Children's Partnership Board and the Health and Wellbeing Board.
- The LSCB will present the Annual Report to the Health and Wellbeing Board.
- Take responsibility for monitoring action taken by agencies to improve safeguarding and highlight areas of underperformance and advise on ways to improve.
- Provide formal consultation on the preparation of the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) as they relate to children and young people.
- Give an honest challenge to the activities of the Children's Partnership Board and its implementation of the JHWS through the annual report process.
- Develop and promote policy and procedures for safeguarding children and young people, make them widely available and publish them on the West Berkshire LSCB website.
- Safeguard children and young people in relation to providing information on:

    - The action to be taken where there are concerns about a child's safety or welfare including thresholds for intervention.
    - Requirements for recruitment and supervision of people who work with children.
    - Investigation of allegations concerning people who work with children.
    - Safety and welfare of children who are privately fostered.
    - Co-operation with neighbouring Children's Services Authorities and their board partners.
- Communicate and raise awareness within local communities of the need to safeguard and promote the welfare of children to those who work with children, including volunteers, and members of the public.

- Undertake Serious Case Reviews (SCRs) where abuse or neglect is known or suspected to be a factor in a child's death or serious injury – especially where there is cause for concern about the way professionals or agencies have worked together.
- Undertake Partnership Reviews where a case does not satisfy the criteria for SCR but it is felt that there is learning to be identified across the agencies managing the case.
- Monitor the implementation of action plans from Serious Case Reviews and Partnership Reviews, disseminate to relevant organisations and bodies any lessons learnt about the prevention of future child deaths, serious injury or neglect which have been identified.
- Act on any recommendations from the Child Death Overview Panel to improve policy, professional practice and inter-agency working to safeguard and promote the welfare of children.
- Identify and provide effective multi-disciplinary training for people who work with children or in services effecting the safety and welfare of children.
- Lead on or contribute to specific safeguarding initiatives, e.g. e-safety, missing children, safer workforce, and sexual exploitation.

In relation to Munro, the LSCB will:

- Scrutinise, consider and comment any proposed significant changes to the local approach to delivering Munro changes
- Hold the West Berkshire Munro Implemenation Board to account on matters of safeguarding in all its activities, providing appropriate challenge on performance and results of performance indicators.
- Support the work of the West Berkshire Munro Implementation Board through quality assurance and auditing work to assess the impact of any changes made.
- Highlight gaps in service for the West Berkshire Munro Implemenation Board to consider.
- Produce an annual report as required by recommendation five made by Munro. (***Recommendation 5:*** *Each LSCB to produce and publish an annual report for the Children's Trust Board should be amended, to require its submission instead to the Chief Executive and Leader of the Council, and, subject to the passage of legislation,*

to the local Police and Crime Commissioner and the Chair of the health and wellbeing board).

- Include the requirements of recommendation six made by Munro when producing the LSCB Annual Report. *(**Recommendation 6:** The statutory guidance, Working Together to Safeguard Children, should be amended to state that when monitoring and evaluating local arrangements, LSCBs should, taking account of local need, include an assessment of the effectiveness of the help being provided to children and families (including the effectiveness and value for money of early help services, including early years provision), and the effectiveness of multi-agency training to safeguard and promote the welfare of children and young people).*

2. West Berkshire Health and Wellbeing Board (H&WB)

The Health and Social Care Act 2012 imposed a statutory obligation on West Berkshire Council to take lead responsibility for the establishment of a Health & Wellbeing Board and to work in partnership with others to undertake joint strategic needs assessments. The Board must adopt and operate under a Joint Health and Wellbeing Strategy which identifies the top priorities where working together can make a real difference in promoting the health and wellbeing of the people of West Berkshire.

The H&WB has responsibility for developing, publishing and monitoring the Joint Strategies. It will agree the overarching vision, policies and strategies contained in these Strategies but is not directly responsible for implementing them. The responsibility for implementation and for commissioning services continues to remain with individual partners.

The purpose of the H&WB is to bring all partners with a role in improving outcomes for children together to agree a common strategy on how they will co-operate to improve children's well-being and to help embed partnership working in the partner's routine delivery of their own functions. It provides the strategic framework within which the partners may commission services in a co-ordinated way either by joint or aligned budgets.

The H&WB will:

- Lead work to improve the health and well-being of the population of West Berkshire improved and integrated health and social care services
- Identify needs and priorities (JSNA)
- Formulate Joint Health and Well-Being Strategy to reflect JSNA outcomes
- Communicate and engage with local people
- Have oversight of use of relevant public sector resources

3. West Berkshire Munro Implementation Board

Eileen Munro was commissioned to review the provision of Child Protection Services following the death of Peter Connelly (Baby P) in Haringey. She has produced three separate reports, with the final report published in June 2011. The Government accepted the vast majority of her 15 recommendations which include proposals for less regulation, bureaucracy and prescription, and instead greater professionalism, self confidence and move to a learning (evidence informed) culture in Children's Services.

The purpose of the West Berkshire Munro Implemenation Board is to drive the implementation of the recommendations of the Munro Review in the local context. The Board will work to ensure Children's Services start working in ways which are congruent with the eight key principles set out in the final Munro Report:

- The system should be Child Centred
- The family is usually the best place for bringing up children and young people
- Helping children and families involves working with them
- Early help is better for children
- Children's needs and circumstances are varied so the system needs to offer equal variety in its response
- Good professional practice is informed by knowledge of the latest theory and research
- Uncertainty and risk are features of child protection work
- The measure of the success of child protection systems, both local and national, is whether children are receiving effective help

The LSCB is responsible for monitoring and evaluating local safeguarding arrangements, whereas West Berkshire Munro Implemenation Board represents the governance and oversight body for the transformation of local services.

The LSCB is a statutory partnership. It is not a delivery body; it is a scrutiny body. However, it would expect to initiate activities which investigate and improve practice in Safeguarding. It has the authority to scrutinise the work of the West Berkshire Munro Implemenation Board to ensure it's work supports better safeguarding practice.

The work of the LSCB contributes to the wider goals of improving the wellbeing of all children. Within the wider governance arrangements its role is to ensure the effectiveness of the arrangements made by individual agencies and the other partnerships act to safeguard and promote the welfare of children.

Operational Arrangements

In order to deliver local services effectively the LSCB, H&WB and West Berkshire Munro Implementation Board will:

- Have an ongoing and direct relationship, communicating regularly through identified lead individuals
- Work together to ensure action taken by one body does not duplicate that taken by another
- Ensure they are committed to working together to ensure there are no unhelpful strategic or operational gaps in policies, protocols, services or practice.
- Develop a strategic approach to understanding needs, including analysis of data and effective engagement with children, young people and families.
- Develop a clear approach to understanding the effectiveness of current services and identifying priorities for change – including where services need to be improved, reshaped or developed.
- Develop integrated and effective arrangements for ensuring that priorities for change are delivered in practice through the Joint Strategy.

- Ensure effective approaches are made to understand the impact of specialist services on outcomes for children, young people and families and using this understanding constructively to challenge lack of progress and drive further improvement.
- Coordinate the delivery of training and development to ensure it is congruent and joined up.

This protocol has been agreed by all parties and will be reviewed on an annual basis.

Health & Wellbeing board – approved December 2012
Munro Implementation Board approved October 2012
West Berks LSCB approved April 2013

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Title of Report:	**Newbury & District CCG Quality Premium 2014/15**
Report to be considered by:	Health and Wellbeing Board
Date of Meeting:	24 July 2014

Purpose of Report:

That the Board notes and agrees the Newbury & District CCG Quality Premium targets for 2014/15

Recommended Action:

To note and agree

Reason for decision to be taken: The Quality Premium is a payment from NHS England to CCGs, in order to reward improvement in the quality of services commissioned and for associated improvements in health outcomes and reduction of health inequalities. The Health & Wellbeing Board is asked to note and approve the CCG's Quality Premium measures for assurance.

Other options considered: n/a

Key background documentation: NHS England '*Quality Premium Guidance 2014/15*' (13th March 2014 revision)

Contact Officer Details	
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Implications

Policy:

Financial:

Personnel:

Legal/Procurement:

Property:

Risk Management:

Is this item relevant to equality? Please tick relevant boxes	**Yes**	**No**
Does the policy affect service users, employees or the wider community and:		
• Is it likely to affect people with particular protected characteristics differently?	☐	✓
• Is it a major policy, significantly affecting how functions are delivered?	☐	✓
• Will the policy have a significant impact on how other organisations operate in terms of equality?	☐	✓
• Does the policy relate to functions that engagement has identified as being important to people with particular protected characteristics?	☐	✓
• Does the policy relate to an area with known inequalities?	☐	✓
Outcome (Where one or more 'Yes' boxes are ticked, the item is relevant to equality)		
Relevant to equality - Complete an EIA available at www.westberks.gov.uk/eia	☐	
Not relevant to equality	✓	

Executive Summary

1. Introduction

1.1 NHS England issued planning guidance to Clinical Commissioning Groups (CCGs) "*Everyone Counts: Planning for patients 2014/15 to 2018/19*" on 20th December 2013. Alongside this guidance, NHS England produced "*Quality Premium Guidance*" for 2014/15 which was further revised on 13th March 2014.

1.2 The Quality Premium is intended to reward clinical commissioning groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities.

1.3 The forecasted actual potential value of this reward is a maximum of £575,000 for Newbury & District CCG, which can be invested in improvements in the quality of services that patients receive.

1.4 The Quality Premium measures agreed in 2014/15 will be paid to CCGs in 2015/16 – to reflect the quality of the health services commissioned by them in 2014/15 – will be based on six measures that cover a combination of five national and one local priority.

1.5 A CCG will not receive a quality premium if it:

a) is not considered to have operated in a manner that is consistent with Managing Public Money during 2014/15; or

b) incurs an unplanned deficit during 2014/15, or requires unplanned financial support to avoid being in this position; or

c) incurs a qualified audit report in respect of 2014/15.

1.6 NHS England also reserves the right not to make any payment where there is a serious quality failure during 2014/15.

1.7 The total quality premium payment for a CCG will be reduced if its providers do not meet the NHS Constitution rights or pledges for patients in relation to (a) maximum 18-week waits from referral to treatment, (b) maximum four-hour waits in A&E departments, (c) maximum 14-day wait from an urgent GP referral for suspected cancer, or (d) maximum 8-minute responses for Category A Red 1 ambulance calls.

1.8 Regulation 2 sets out that quality premium payments should be used in ways that improve quality of care or health outcomes and/or reduce health inequalities.

1.9 The five National Measures (and one local measure) are shown below:

1	**Potential years of life lost (PYLL) from causes considered amenable to healthcare: adults, children and young people** 15% of the Quality Premium
2	**Improving access to psychological therapies (IAPT)** 15% of the Quality Premium
3	**Reducing avoidable emergency admissions** 25% of the Quality Premium
4	**Demonstrating improvement in a locally selected patient experience indicator** 15% of the Quality Premium
5	**Medication errors** 15% of the Quality Premium
6	**Local measure: Carers** 15% of the Quality Premium

2. Proposals

(1) Potential years of life lost (PYLL) from causes considered amenable to healthcare: adults, children and young people

To earn this portion of the quality premium, the CCG will need to:

a) agree with Health and Wellbeing Board partners and with the relevant NHS England area team the percentage reduction in the potential years of life lost (adjusted for sex and age) from amenable mortality for the CCG population to be achieved between the 2013 and 2014 calendar years. This should be no less than 3.2%.

N&D Trajectory for 2014/15
Baseline of 1918 8.8% reduction planned across 5 years meaning plan of 1906 per 100,000 population in 14/15

(2) Improving access to psychological therapies (IAPT)

To earn this portion of the quality premium, the CCG needs to achieve an increase in access to psychological therapies in Q4 2014/15.

The increase needs to be a minimum of 3% increase.

N&D Trajectory for 2014/15
Baseline run rate – 14.5% Q4 run rate – 17.5%

(3) Reducing avoidable emergency admissions

This measure is nationally pre-determined and CCGs and local partners do not have the ability to set either partially or fully the level of improvement to be achieved.

For Newbury & District CCG, this represents a 0.6% decrease over 2014/15 in avoidable emergency admissions (certain specific conditions only).

(4) Demonstrating improvement in a locally selected patient experience indicator

There is an improved average score achieved between 2013/14 and 2014/15 for one of the patient improvement indicators set out in the CCG Outcomes Indicator Set with the specific indicator agreed by the CCG with the Health and Wellbeing Board, the NHS England area team and the relevant local providers.

CCGs should be assured that NHS providers have plans in place to reduce the proportion of people reporting a poor experience of care in line with the locally set level of ambition.

The CCG proposes that the following indicator is selected from the Outcomes Indicator Set for this component of the quality premium:

- *Patient Experience of Hospital Care*

This would be based on the national CQC inpatient survey for RBFT.

(5) Medication errors

A CCG will earn this portion of the quality premium if it agrees a specified increased level of reporting of medication errors from specified local providers for the period between Q4, 2013/14 and Q4, 2014/15 and these providers achieve the specified increase.

The following measure should be agreed by the CCG with its local Health and Wellbeing Board;

- Numbers of medication errors reported at RBFT will increase by X%, as a demonstration of an open culture of reporting and learning.
- This % is yet to be agreed with RBFT but is likely to be a 10% increase and the Health & Wellbeing Board is therefore asked to support this on the basis that 10% is agreed.

(6) Local measure: Carers

This measure should reflect local priorities identified in the Health & Wellbeing Strategy. The level of improvement needed to trigger the reward should be agreed between the CCG, the Health & Wellbeing Board and the NHS England Area Team.

It was an aspiration of Newbury and District GP's to have identified additional carers during 2013, meaning that we can now tailor support and services to those who provide care for family or friends on a regular basis. Our GP's have an ambition to work closely with our partners to identify carers and offer support incorporating an integrated approach

The CCG is committed to increasing the number of carers identified and offering appropriate information and support. GP Surgeries have been proactive in the management of their systems and processes to identify and work with carers, offering priority appointments, information on available services as well as working in collaboration with Berkshire Carers on the 'Take 5' project which assists and supports carers in their role.

N&D Trajectory for 2014/15
90% of carers on each practice list receive a communication from their GP surgery regarding benefits and services available to them

3. Equalities Impact Assessment Outcomes

3.1 This item is not relevant to equality.

4. Conclusion

4.1 The Health & Wellbeing Board is asked to note and agree the Quality Premium measures for Newbury & District CCG as detailed within this report.

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Title of Report:	**Funding Transfer from NHS England 2014-15**
Report to be considered by:	Health and Wellbeing Board
Date of Meeting:	24th July 2014
Forward Plan Ref:	N/a

Purpose of Report: To inform the Health and Wellbeing Board of how the 2014-15 funding transfer from the NHS is being used by West Berkshire Council.

Recommended Action: The Health and Wellbeing Board to note the use of the 2014/15 transferred monies.

Reason for decision to be taken: To allow for the planned transfer of NHS funds to the Council to be completed.

Other options considered: None

Key background documentation: None

The proposals contained in this report will help to achieve the following Council Strategy priority:

☒ **CSP1 – Caring for and protecting the vulnerable**

The proposals will also help achieve the following Council Strategy principle:

☒ **CSP5 - Putting people first**

The proposals contained in this report will help to achieve the above Council Strategy priority and principle by:

Portfolio Member Details	
Name & Telephone No.:	Councillor Joe Mooney - Tel (0118) 9412649
E-mail Address:	jmooney@westberks.gov.uk
Date Portfolio Member agreed report:	14th July 2014

Contact Officer Details	
Name:	Tandra Forster
Job Title:	Head of Adult Social Care
Tel. No.:	01635 519736
E-mail Address:	tforster@westberks.gov.uk

Implications

Policy:	None
Financial:	The NHS funding plays an essential role in enabling existing services to be maintained. Without agreement on the use of this funding a significant cut in non-statutory areas would have to be made with the resulting negative impact on all stakeholders.
Personnel:	None
Legal/Procurement:	None
Property:	None
Risk Management:	None
Corporate Board's Recommendation:	n/a.

Is this item relevant to equality? Please tick relevant boxes	**Yes**	**No**
Does the policy affect service users, employees or the wider community and:		
• Is it likely to affect people with particular protected characteristics differently?	☐	☒
• Is it a major policy, significantly affecting how functions are delivered?	☐	☒
• Will the policy have a significant impact on how other organisations operate in terms of equality?	☐	☒
• Does the policy relate to functions that engagement has identified as being important to people with particular protected characteristics?	☐	☒
• Does the policy relate to an area with known inequalities?	☐	☒
Outcome (Where one or more 'Yes' boxes are ticked, the item is relevant to equality)		
Relevant to equality - Complete an EIA available at www.westberks.gov.uk/eia		☐
Not relevant to equality		☒

Executive Summary

1. Introduction

1.1 For 2014/15 the funding transfer to West Berkshire Council by the NHS consists of two allocations. The main component is £1,878m (£1.782m in 2013/14) and an additional grant for preparing for the Better Care Fund of £417k.

1.2 In order to secure the release of these funds agreement needs to be reached between the Council and NHS England on how they are being used. The Health and Well Being Board has an important role as a forum for discussions between the parties.

1.3 The Department of Health provide guidance on the use of the funding and NHS England must not place any other conditions of the funding transfers without the written agreement of the Department.

2. Proposal

2.1 This report explains the financial background in which the Council is operating and how the total NHS funding has been used to support Adult Social Care.

2.2 Agreement has been reached between the NHS England Area Team and the Council and this report identifies those areas of spend which have been protected as a result of this funding.

3. Conclusion

3.1 The additional NHS funding has been most welcome and has been used to protect care services at a time when overall funding for councils has been significantly reduced under the Government's austerity plans.

1. Introduction

1.1 In 2013/14 West Berkshire Council received £1.782m of Health and Social Care Funding from the Department of Health. This was non ringfenced and, whilst not directly added to the Adult Social Care (ASC) budget, it did enable the Council to build a degree of protection into the ASC budget.

1.2 For 2014/15 an additional £96k has been provided, bringing the total funding to £1.878m. Whilst this additional funding was most welcome, it does have to be seen in the context of the year on year budget reductions faced by all councils. Local Authorities have been subject to significant spending cuts as part of the Comprehensive Spending Review, 28% over four years.

1.3 Even with this additional NHS funding, in 2014/15 the Council has less money to spend on services than it had in the previous year.

1.4 An additional sum of £417k will be transferred in 2014/15 to help towards the cost of preparing for the Better Care Fund in 2015/16. The only condition placed on this transfer is that a Better Care Fund Plan has to have been agreed and approved by the Health and Wellbeing Board. The plan was approved by this Board on the 27th March 2014.

2. Use of Transferred Funds in 2014-15

2.1 The additional NHS England funding received in both 2014/15 and in the two previous financial years has been an important factor in allowing the Council to protect ASC, as far as is possible, from the full level of cuts faced by all other Council services. Over the last 4 years the Council has reduced expenditure on ASC by 6% but on all other services by 11%.

2.2 In order to monitor how councils are making use of the transferred funds, NHS England requires completion of the following table. These sums have been nominally allocated against each row on the basis of these are the likely areas where cuts have been avoided as a result of this funding. Using the transferred funds to support existing services is a recognised option for councils.

Analysis of the adult social care funding in 2014-15 for transfer to local authorities

Service Areas- 'Purchase of social care'	***£***	***Subjective code***
Community equipment and adaptations	80,000	52131015
Telecare	30,000	52131016
Integrated crisis and rapid response services	425,000	52131017
Maintaining eligibility criteria		52131018
Re-ablement services	425,000	52131019
Bed-based intermediate care services		52131020
Early supported hospital discharge schemes	370,000	52131021
Mental health services	74,000	52131022

Housing Projects		
Employment Support		
Learning disabilities services		
Dementia services		
Support to primary care		
Integrated assessments		
Integrated records or IT		
Joint health and care teams/working		
Other preventative services (wide range of services commissioned from the voluntary sector to provide preventative services on behalf of all client groups)	474,000	52131023
Other social care (please specify)		52131024
Other intermediate care (please specify)		
Total	**1,878,000**	

2.3 Whilst ASC would have had no desire to make cuts in these areas it has to be recognised that, with reduced overall funding and a statutory duty to meet assessed needs of individual clients, it would be these non-statutory functions that would otherwise have had to be scaled back.

3. Transfer Process

3.1 The monies will only be passed over to the Council once the Section 256 agreement has been signed by both the Council and the NHS England Area Team. The agreement document is provided as Appendix 1 to this report and will be duly signed subject to the approval of this report.

4. Conclusion and recommendations

4.1 As with previous years, the additional funding from the NHS in 2014-15 will be used to minimise the substantial cuts to Adult Social Care that would otherwise be required. This approach will largely avoid any negative impact on service users and allow Adult Social Care to continue to invest in preventative services, maintain its crisis and rapid response services, continue to develop its 'Home Safe' service (early hospital discharge) and make positive changes to its re-ablement function

4.2 It is recommended that the Health and Well Being Board note the contents of this report and the S256 Transfer Agreement.

Appendices

Appendix A – S256 Transfer Agreement

Consultees

Local Stakeholders: n/a

Officers Consulted: Andy Walker – Head of Finance

Trade Union: Not applicable

MEMORANDUM OF Agreement FOR TRANSFER OF ALLOCATION FOR SOCIAL CARE FOR 2014/15
Between NHS England (Thames Valley) and West Berkshire Borough council together referred to as "the Parties"

Giving effect to a transfer of monies from NHS England to the West Berkshire Borough Council pursuant to Section 256 of the NHS Act 2006.

Section A: Background and Principles

1. The purpose of this Memorandum of Agreement is to provide a framework within which the Parties will enable transfers of funding pursuant to Section 256 of the NHS Act 2006 and in line with the National Health Service (Conditions relating to payments by NHS Bodies to Local Authorities) Directions 2013, to enable those funds transferred to be invested by social care for the benefit of health and to improve overall health gain.

2. For 2014/15 the funding transfer to West Berkshire Council by the NHS consists of two allocations. The main component is £1.878m plus an additional grant for preparing for the Better Care Fund of £417k amounting to a total of £2,295,781.

3. NHS England Thames Valley, on the recommendation of West Berkshire clinical commissioning group and the West Berkshire Health and Wellbeing Board ("through approval of s256 paper at its meeting on 24th July 2014 and is satisfied that:

- the transfer of this funding is consistent with their Strategic Plan that it is likely to secure a more effective use of public funds than if the funds were used for solely NHS purposes, in line with the conditions relating to Section 256 payments the Act.
- The transfer of these funds has had regard to the Joint Strategic Needs Assessment, the draft Health and Wellbeing Strategy and the commissioning plans of both the Clinical Commissioning Group and Local Authority.
- The funding transfer will make a positive difference to social care services, and outcomes for users, compared to service plans in the absence of a funding transfer

Section B: Purpose of this Memorandum of Agreement

4. .This Memorandum of Understanding gives effect to those arrangements to benefit the population of West Berkshire through the use of these monies the partners intend to secure more efficient and effective provision of services across the health and social care interface as outlined in Schedule 1.

5. Monies defined in Section C below will be transferred to the Local Authority under Section 256 and used in accordance with the terms of this agreement. If this subsequently changes, the memorandum must be amended and re-signed, as a variation to the original.

6. This Memorandum of Understanding governs the transfer, monitoring and governance arrangements for the monies and the projects associated with delivering the objectives.

Section C: Terms of Agreement – The sums of money

7. The money, which shall be transferred from NHS England to Social Care, is shown below:

	2014/15
Allocations for social care	£2,295,781

8. Payments will be made quarterly based on invoices issued by the Local Authority. The invoices must quote the relevant purchase order number which is xxxxxxxxx

9. Where a payment is made under this Agreement, the Council will provide an annual voucher in the form set out in Schedule 3 to Agreement. This voucher must be authenticated and certified by the Director of Finance or responsible officer of the recipient.

10. Recipients must send completed vouchers to their external auditor by no later than 30th September following the end of the financial year in question and arrange for these to be certified and submitted to the paying authority by no later than 31st December of that year. A Certificate of Independent Auditor opinion is set out in Schedule 3 to the Agreement.

Section D: Terms of Agreement – The uses of money

11. Uses of this funding for 2014/15 will be as follows and will be subject to review as part of the joint governance arrangements set out in Section E below:

Analysis of the adult social care funding in 2014-15 for transfer to local authorities		
Service Areas- 'Purchase of social care'	***£***	***Subjective code***
Community equipment and adaptations	80,000	52131015
Telecare	30,000	52131016
Integrated crisis and rapid response services	425,000	52131017
Maintaining eligibility criteria		52131018
Re-ablement services	425,000	52131019
Bed-based intermediate care services		52131020
Early supported hospital discharge schemes	370,000	52131021
Mental health services	74,000	52131022
Housing Projects		
Employment Support		
Learning disabilities services		
Dementia services		
Support to primary care		
Integrated assessments		
Integrated records or IT		
Joint health and care teams/working		
Other preventative services (wide range of services commissioned from the voluntary sector to provide preventative services on behalf of all client groups)	474,000	52131023
Other social care (please specify)		52131024
Other intermediate care (please specify)		
Total	**1,878,000**	

Section E: Terms of Agreement - Governance, Reporting and Monitoring

12. In West Berkshire Borough Council the Agreement shall be held by Director of Adult Services and appointed nominees to manage, monitor and deliver.
13. In NHS England the Agreement shall be held by the NHS England (Thames Valley) Director and appointed nominees to manage, monitor and deliver NHS interests.
14. In Newbury and District CCG and the appointed nominee for governance and monitoring purposes will be the Director of Joint Commissioning.
15. The Berkshire West Partnership Board shall monitor and review the programme of work monthly and ensure corrective action where required. At least one officer of the CCGs shall be a member of this Board. West Berkshire Wellbeing board will receive quarterly reports on the progress of the programme of work from the Partnership Board and ensure the programme supports the delivery of the Health and Wellbeing Strategy and Joint Strategic Needs Assessment.
16. NHS England will be represented on the West Berkshire Wellbeing Board. The Health and Wellbeing Board will review the annual expenditure of the allocation.
17. Any underspend on the transfer money will be discussed by West Berkshire Borough council and the CCG via the Partnership Board and agreement reached as to how the underspend should be dealt with. This may include retention of the under spend with West Berkshire Borough Council for use on additional activity for the benefit of health.
18. The Council will report expenditure plans on a monthly basis to NHS England (Thames Valley) categorised into the following service areas (Table 1) as agreed with the Department of Health.

Service Areas- 'Purchase of social care'	
Community equipment and adaptations	Dementia services
Telecare	Support to primary care
Integrated crisis and rapid response services	Integrated assessments
Maintaining eligibility criteria	Integrated records or IT
Re-ablement services	Joint health and care teams/working
Bed-based intermediate care services	Other preventative services
Early supported hospital discharge schemes	Other social care (please specify)
Mental health services	Other intermediate care (please specify)
Housing Projects	
Employment Support	
Learning disabilities services	

Section F: Terms of Agreement - Renewal, Disputes, Variation and Alteration

19. The agreement may be altered by mutual consent by an exchange of letters.
20. In relation to continuation beyond 1st April 2015, such provisions as shall be directed by the Secretary of State on continuation and transferal of agreements shall apply.
21. Disputes shall be resolved by informal means wherever possible and thence by formal meeting of the Partnership Board and referral to the Health and Wellbeing Board if agreement cannot be reached.

Section G: Signatures

In respect whereof, the parties to this agreement have caused to be affixed their hands and seals.

Signature_____

Name_____

Date _____

FOR AND ON West Berkshire Borough Council

Signature_____

Name_____

Date _____

FOR AND ON BEHALF NHS ENGLAND

SCHEDULE 3

Section 256 Voucher

West Berkshire Borough Council

PART 1 STATEMENT OF EXPENDITURE FOR THE YEAR 31 MARCH 2015

(if the conditions of the payment have been varied, please explain what the changes are and why they have been made)

Title of Expenditure Adult Social Care Funding Transfer in 2014/15 to Local Authorities

Value £2,295,781

PART 2 STATEMENT OF COMPLIANCE WITH CONDITIONS
OF TRANSFER

I certify that the above expenditure has been incurred in accordance with the conditions, including any cost variations, for each scheme approved by the NHS England and NHS Newbury and District Clinical Commissioning Group in accordance with the National Health Service (Conditions Relating to Payments by NHS Bodies to Local Authorities) Directions 2013.

Signed: ……

Date: ……

Director of Finance or responsible officer of the recipient (see paragraph 5(3) of the Directions).

Certificate of independent auditor

I/We have:

- examined the entries in this form (which replaces or amends the original submitted to me/us by the authority dated)* and the related accounts and records of the ……. and
- carried out such tests and obtained such evidence and explanations as I/we consider necessary.

(Except for the matters raised in the attached qualification letter dated)* I/we have concluded that

- the entries are fairly stated: and
- the expenditure has been properly incurred in accordance with the relevant terms and conditions.

Signature ……. Name (block capitals) ……. Company/Firm

……. Date ……..

* Delete as necessary

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