

# Notice of Meeting

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## Healthier Select Committee

**Thursday, 7th April, 2011 at 6.30 pm**  
in Committee Room 1 Council Offices  
Market Street Newbury

Date of despatch of Agenda: Wednesday, 30 March 2011

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Jo Naylor on (01635) 503019  
e-mail: [jnaylor@westberks.gov.uk](mailto:jnaylor@westberks.gov.uk)

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## Agenda - Healthier Select Committee to be held on Thursday, 7 April 2011 (continued)

- To:** Councillors Geoff Findlay (Chairman), Paul Hewer, Tony Linden, Gwen Mason, Andrew Rowles and Julian Swift-Hook (Vice-Chairman)
- Substitutes:** Councillors George Chandler, Billy Drummond, Adrian Edwards and Alan Macro
- Officers and other invitees:** Teresa Bell (Corporate Director - Community Services), Jan Evans (Head of Adult Social Care), Jo Naylor (Principal Policy Officer) and Beverley Searle (Director of Partnerships and Joint Commissioning, NHS Berkshire West).
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# Agenda

## Part I

Page No.

1. **Apologies**  
To receive apologies for inability to attend the meeting (if any).
2. **Minutes** 1 - 6  
To approve as a correct record the Minutes of the meeting of this Committee held on 20<sup>th</sup> January 2011.
3. **Declarations of Interest**  
To receive any Declarations of Interest from Members.
4. **Delayed Transfers of Care** 7 - 18  
*Purpose: To receive an update from the Head of Adult Social Care on the latest delayed transfer of care (DTC) figures which are social care related at the Royal Berkshire Hospital.*
5. **Work Programme and Recommendations for the Future** 19 - 22  
*Purpose: To consider the remaining items on the work programme and recommend whether it is thought to be appropriate to carry this uncompleted work forward and how this might best be done.*
6. **Health and Wellbeing Boards** 23 - 28  
*Purpose: To discuss, and make recommendations as appropriate, for the introduction of the Government-directed 'Health and Wellbeing Boards'.*

Andy Day  
Head of Policy and Communication

**Agenda - Healthier Select Committee to be held on Thursday, 7 April 2011 (continued)**

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

## **HEALTHIER SELECT COMMITTEE**

### **MINUTES OF THE MEETING HELD ON THURSDAY, 20 JANUARY 2011**

**Councillors Present:** Geoff Findlay (Chairman), Tony Linden, Gwen Mason, Andrew Rowles and Julian Swift-Hook (Vice-Chairman)

**Also Present:** Councillor Hilary Cole, Teresa Bell (Corporate Director, WBC Community Services), Beverley Searle (Director of Partnerships & Joint Commissioning, NHS Berkshire West), Jeremy Speed (Public Health Locality Lead, NHS Berkshire West), George Lawrence (Principal Environmental Health Officer) and Jo Naylor (Principal Policy Officer).

**Apologies for inability to attend the meeting:**

**Councillor(s) Absent:** Councillor Paul Hewer

#### **PART I**

##### **24. Minutes**

The Minutes of the meeting held on 12<sup>th</sup> October were approved as a true and correct record and signed by the Chairman.

##### **25. Declarations of Interest**

Councillor Julian Swift-Hook declared a personal interest in all Agenda Items by virtue of the fact he is the Chairman of West Berkshire Mencap. Councillor Geoff Findlay declared a personal interest in all Agenda Items by virtue of the fact he was Governor of the Royal Berkshire Hospital. They both reported that, as their interests were personal and not prejudicial, they determined to remain to take part in the debate and vote on the matters.

##### **26. Changes to the NHS Policy Landscape**

Mrs Bev Searle (Director of Partnerships and Joint Commissioning, NHS Berkshire West) provided an overview of the complex changes taking place in the NHS (Agenda Item 4). She described how the Health and Social Care Bill 2011, published on 19<sup>th</sup> January 2011, would require further analysis to understand how the changes would be delivered.

Mrs Searle described how local GP consortia would work together to commission health care services in the future. At the moment four GP commissioning groups operated in the Berkshire West area and these seemed to be effectively functioning and served as a good foundation for future proposals.

She described how the public health function of Primary Care Trusts (PCTs) would become a responsibility for the local authority. She drew Members attention to the consultation document "Healthy Lives, Healthy People" which gave a useful summary of how the functions would be split in the future.

Mrs Searle described the need for a good balance between local arrangements and effective working across boundaries. She also explained how the PCTs were merging to form PCT clusters to provide some resilience in the system whilst the NHS was under

## HEALTHIER SELECT COMMITTEE - 20 JANUARY 2011 - MINUTES

going these reforms. It was explained how staff departures did make maintaining statutory functions difficult at times

Members enquired about the GP commissioning focus and the need for strong GP leads within West Berkshire. Members also described concerns about losing services e.g. sexual health clinics. Mrs Searle confirmed that there were no plans to change existing services at the moment but that there was a general focus on providing services in a community setting wherever possible, but this did not constitute a withdrawal of a service.

Concerns were expressed about the risk of losing core staff from within the PCTs. Mrs Searle explained there was a risk during such times of transition but that patient safety was still critical along with the monitoring of quality and meeting financial targets. The Strategic Health Authorities still maintained a role in ensuring that all statutory and non-statutory functions were maintained.

Mrs Teresa Bell (Corporate Director for Community Services) explained that in future Health and Well Being Boards would be established to monitor activity. This included locally responsive outcome measures and included the monitoring of performance. Work to establish the board would begin now with a target of them being in place by the end of 2011/12.

**RESOLVED** that the update regarding the changing NHS policy landscape be noted.

### 27. Health Performance Indicators

Mr Jeremy Speed (Public Health Locality Lead, NHS Berkshire West) presented an update report in relation to the health performance indicators for West Berkshire (Agenda Item 5).

He described the 3 main priorities for health as listed in the former Local Area Agreement (LAA) targets. These were around circulatory diseases (NI 121), alcohol related hospital admission (NI 39) and obesity in primary school children in year 6 (NI 56). He explained how although the LAA was no longer in existence these public health issues remained key concerns.

Mr Speed described the significant reduction in people dying from cardiovascular disease and how numbers had more than halved in a 15 year period. This was attributable to advances in technology and public health interventions such as a reduction in smoking rates and adult obesity.

He described the cardiac rehabilitation programme for those who had a diagnosed heart condition. He also mentioned the exercise referral scheme "Activity for Health" which offered primary prevention to people at risk of diabetes or hypertension as well as the important links with the Council's Trading Standards Service to restrict young peoples' access to tobacco.

Mr Speed outlined the numbers of hospital admissions as a consequence of alcohol related harm. He described how there was an upward trajectory since 2002 and an LAA target had been set inline with this. The latest figures had shown a reduction in the anticipated number of cases.

## HEALTHIER SELECT COMMITTEE - 20 JANUARY 2011 - MINUTES

Members felt it would have been helpful to have the data broken down by age to understand more about young people's drinking. Mrs Bev Searle confirmed that the admissions figures for young people in relation to alcohol related harm were low but it was possible that higher numbers of attendances at Accident & Emergency Departments might be seen.

Members raised the issue that there might be a correlation between changes to the alcohol licensing laws in 2003 and the increasing trend of alcohol related hospital admissions.

Mr Speed explained the early screenings for hazardous and harmful drinking through opportunistic interventions at GP surgeries and in other health settings. The numbers screened were significantly higher during Q1 and Q2 of 2010/11 than the previous figures for the whole of 2009/10. This was seen as a positive in terms of people being identified and treated sooner. This equally applied to Tier 2 alcohol services and where Turning Point, were reported as achieving good results locally.

The need for early intervention was identified several years ago and Members were pleased to see greater GP awareness and how this process had been better systematised and embedded.

Childhood obesity figures had changed little from 2005 to 2010. In order to achieve a more marked difference targeted interventions would be required with specific individuals and communities. The current interventions had a focus on encouraging fitness and healthy living as well as greater education for primary school children around cooking healthy meals.

Members discussed the branding issues of intervention programmes to avoid any stigma associated with being from a low income family.

Members also asked for reasons as to why the rates of obesity were static and whether this was a reflection that interventions had been unsuccessful or the lack of availability of places on schemes. Mr Speed responded by explaining how uptake of the schemes was low in the first few years but this had now improved.

Mrs Searle explained that childhood obesity rates might continue to increase in the next few years. She stressed that importance of childhood patterns in influencing adult behaviour. Starting interventions with very young children was necessary in order to see long-term change in the adult population.

Members welcomed the work underway at the Children's Centres to promote healthy eating with children from the age of 3 and their parents.

**RESOLVED that the update on performance against health related targets in West Berkshire be noted.**

**28. Update from the Royal Berkshire Hospital on Maternity Services and 'Choose and Book'**

Members received an update from the Royal Berkshire Hospital (Agenda Item 6) in relation to Maternity Services and 'Choose and Book'. This provided the latest position on two issues listed as part of the Select Committee's work programme.

Significant changes to the maternity services at the Royal Berkshire Hospital were being made to include a midwife led unit and a high dependency unit as part of the service.

Members were surprised that the birth rate was now steady over the last two years, when previously the pressure on the service resulted in women being diverted to other hospitals. Members remained concerned about future incidents of diverting women to alternative hospitals. Other Members accepted that demand would fluctuate and the unit was unlikely to be able to operate and be financial viable with excess capacity.

Member discussed whether a midwife led service at the West Berkshire Community Hospital (WBCH) might be considered. Mrs Searle clarified that there were not any immediate plans for this. The new midwife unit at the Royal Berkshire Hospital was provided alongside obstetricians, available for the more complicated deliveries, and this model provided the best option in relation to mother and baby safety.

Members view was that this issue was of significant concern to the community and that a progress update should be received in 12 months time.

The Chairman provided an update on the 'Choose and Book' online booking system for making appointments. He stressed the importance of password access to be able to enter the system and alter any bookings. The system gave patients a better understanding of appointment waiting times and comparisons of the quality of services. Technical issues in terms of online availability of the site appeared to be resolved.

**RESOLVED that the 'Choose and Book' update be noted and that the maternity services progress report be received in 12 months time.**

**29. Work Programme**

Members considered the Work Programme (Agenda Item 7) and discussed which items should remain on the work programme. Several items were altered or removed from the work programme, including LAA health performance indicators, review of the Council's eligibility criteria for accessing social care and the 'Choose and Book' online booking system.

It was agreed the issue of delayed transfers of care from hospital would remain on the work programme, maternity services would be considered in 12 months time and child poverty would be considered at the April meeting.

**RESOLVED that the work programme be amended as agreed.**



**30. Exclusion of Press and Public**

**RESOLVED that** members of the press and public be excluded from the meeting for the under-mentioned item of business on the grounds that it involves the likely disclosure of exempt information as contained in Paragraphs 3 of Part 1 of Schedule 12A of the Local Government Act 1972, as amended by the [Local Government \(Access to Information\)\(Variation\) Order 2006](#). [Rule 9.10.4 of the Constitution also refers](#).

**31. Community Services Update**

Mrs Teresa Bell (Corporate Director) provided a verbal update to Members on this Council's Community Services function (Agenda Item 9). This covered the background to the current pressures on services provided by this Council and those at the Royal Berkshire Hospital and the West Berkshire Community Hospital. The age profile and demographics of the West Berkshire population significantly contributed to the huge demand on services. Actions to ameliorate the problem were being put into effect.

**RESOLVED that Members noted the update.**

*(The meeting commenced at 6.35 pm and closed at 8.25 pm)*

**CHAIRMAN** .....

**Date of Signature** .....

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<b>Title of Report:</b>	<b>Delayed Transfers of Care from the Royal Berkshire Hospital</b>	<b>Item 4</b>
<b>Report to be considered by:</b>	Healthier Select Committee	
<b>Date of Meeting:</b>	7 April 2011	

**Purpose of Report:** To consider the latest figures in relation to Delayed Transfers of Care from the Royal Berkshire Hospital.

**Recommended Action:** To note the briefing and consider what remedial action, if any, is required.

Healthier Select Committee Chairman	
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## Supporting Information

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### 1. Introduction – Delay Transfers of Care (social care related)

- 1.1 This Council is committed to working in partnership with the NHS in the provision of high quality health and social care, to prevent unnecessary hospital admissions as well as preventing delayed transfers.
- 1.2 When the Community Care Act 2003 was implemented, the Council worked with partners across the local health and social care economy on a protocol to agree how we would work across our respective organisations to prevent delays occurring. There was recognition by the partners that pressure in one part of the system should not be regarded in isolation and that it was in everyone's interests to work in a spirit of co-operation. As such, this Council invested associated grant monies in a joint intermediate care team and in NHS posts on the basis that fines should not be imposed and has continued to seek to work in close co-operation with the NHS, with a clearly expressed aim towards further integration, leading on the development of a whole systems approach on behalf of Berkshire West. As a result of that earlier work a joint protocol was agreed between all parties.
- 1.3 West Berkshire Council has been experiencing a very high level of demand in comparison with our near neighbours for the past year and this has been evidenced in a report presented to the Committee in January 2011.
- 1.4 This increase in demand has coincided with other adverse impacts on Council budgets, the most significant being the local NHS led review of Continuing Health Care Funding which resulted in a £850k additional costs to the Council. This, along with the unexpected early closure of a care home, placed budgets under significant pressure.
- 1.5 Following discussions with NHS partners regarding these local pressures, the PCT provided £1m additional resources in year to social care across Berkshire West, of which this Council has used £360k in order to purchase additional care beds to reduce delayed transfers. The PCT originally funded 20 beds although this has now fallen to 18. This funding ceases on March 31<sup>st</sup> 2011 at which point the costs going forward will fall on the Council. These pressures have been accounted for in the revenue budget build process for 2011/12.
- 1.6 In addition, national changes are being implemented to NHS funding which recognise the pressures on adult social care as a consequence of the strategic move from acute to community based services.
- 1.7 As a result of the in-year additional investment, we have been able to reduce the number of delayed transfers of care in the Royal Berkshire Hospital to a level comparable with neighbouring authorities. We are now involved in joint planning for use of the new DH revenue monies for 2011/12.
- 1.8 For 2010/11 the DOH announced monies to assist social care to manage the winter demand. WBC received an allocation of £326,000 which has been used to offset some of the overspend in adult social care. Additionally it announced reablement monies for improving hospital discharge and avoiding admission. This has been

used to place a social worker on site at RBH and additional funding for the Crisis service to prevent admissions

- 1.9 For 2011/12, funding of £1.3m for social care support has gone into the Council's budget build. A further allocation to the PCT for reablement services of £1.1m is to be spent across Berkshire West to enhance community services

## **2. Recommendation**

- 2.1 To note the briefing and consider what remedial action, if any, is required.

## **Appendices**

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Appendix A – Graphs of delayed transfers of care for Quarter 3 & 4.

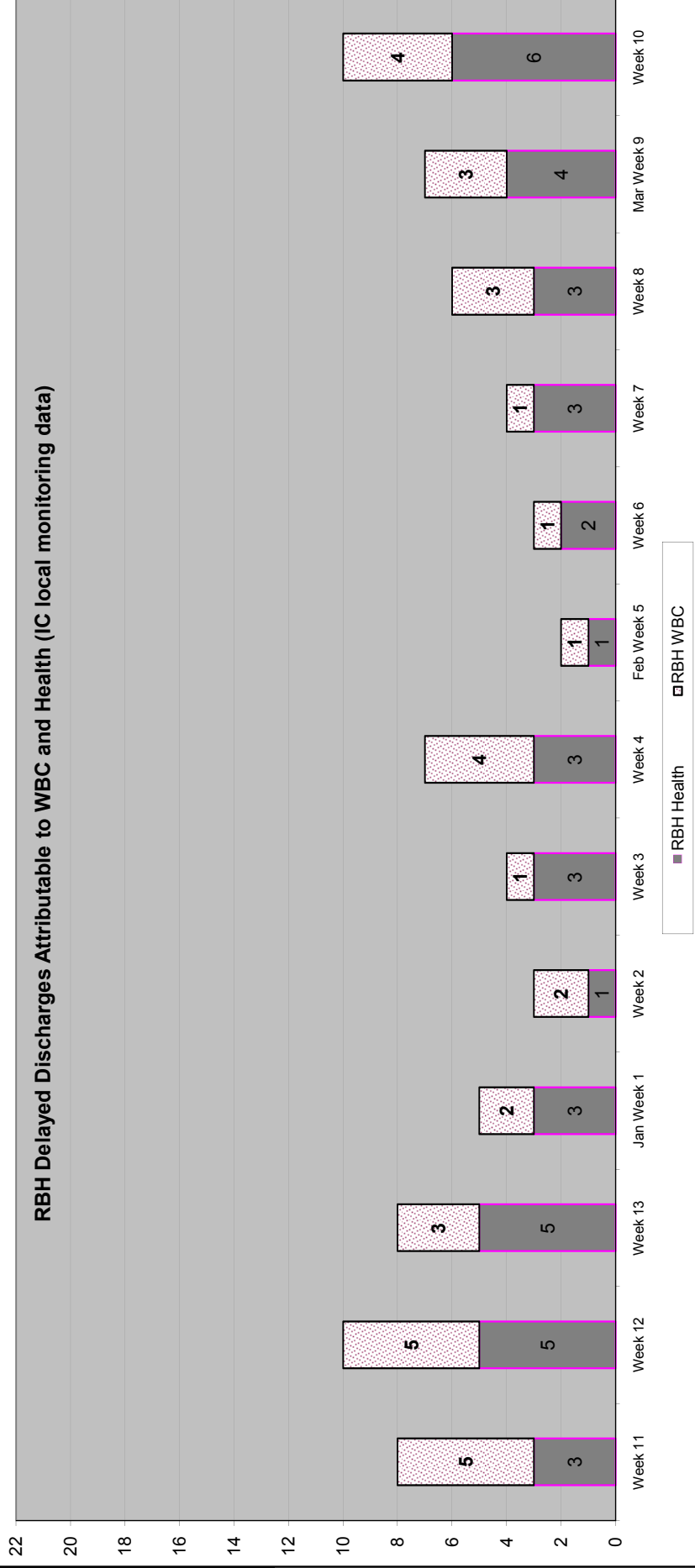
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**OUTCOME 1: Improved Health & Well-Being**

Delayed Transfers of Care: RBH (IC local monitoring)

Q3 and Q4 (Weeks 11 - 13 Q3 2010 and Weeks 1 - 10 Q4 2011)

	Week 11	Week 12	Week 13	Jan Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
RBH Health	3	5	3	3	1	3	3	1	2	3	3	4	0
RBH WBC	5	5	3	2	2	1	4	1	1	1	3	3	4
<b>TOTAL RBH</b>	<b>8</b>	<b>10</b>	<b>6</b>	<b>5</b>	<b>3</b>	<b>4</b>	<b>7</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>6</b>	<b>7</b>	<b>10</b>



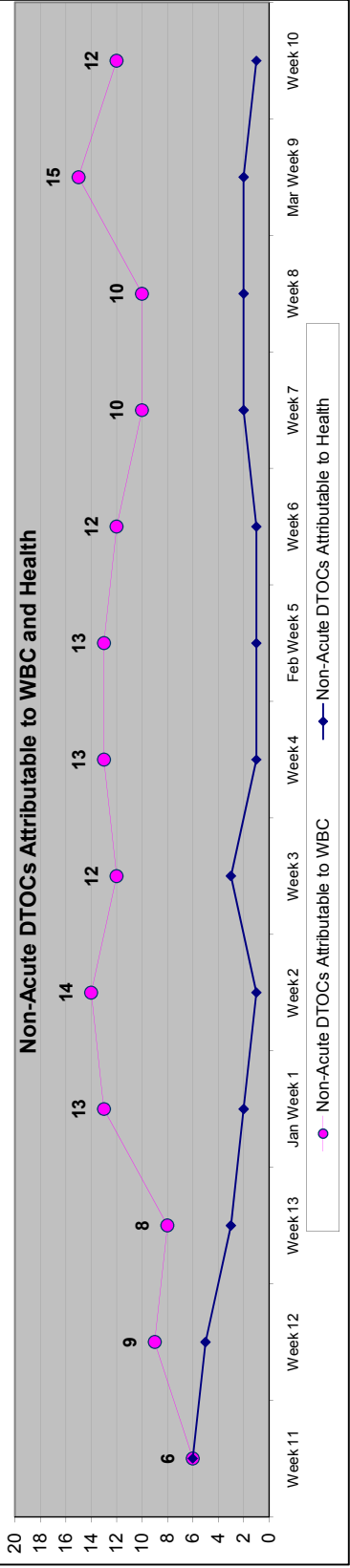
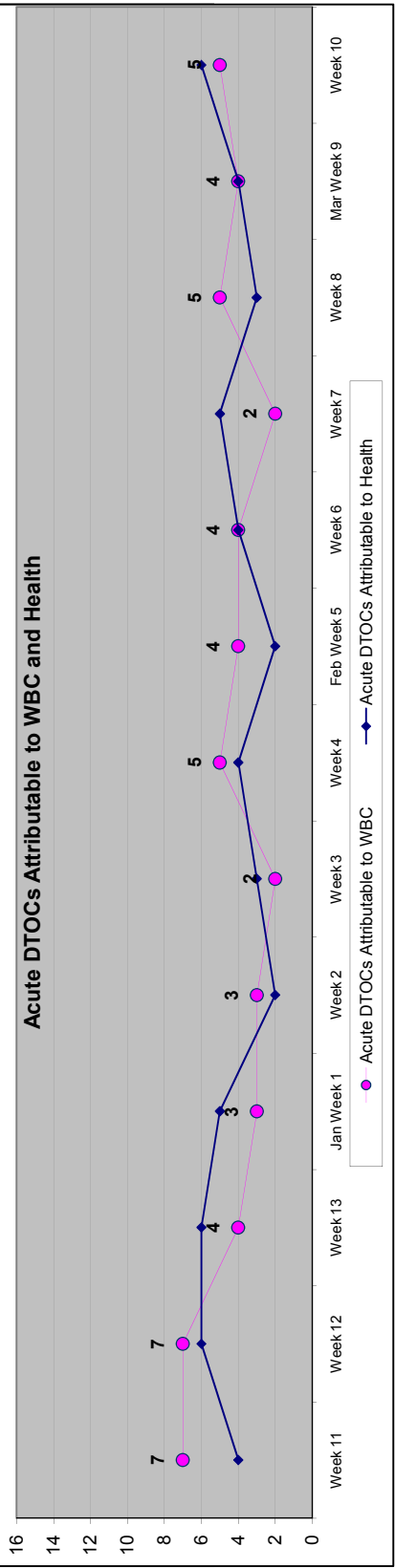
**Comments:** Numbers relate to current DTOCs in that week i.e. if patient x is logged in Week 1 and is still bed blocking in Week 2, the patient is counted as a DTOC in Week 1 and in Week 2. Measures the impact of hospital services and community-based care in facilitating timely and appropriate discharge from all hospitals for all adults. Information is sourced from local monitoring of DTOCs from acute and non-acute hospitals (community hospitals). Currently, we are only fined for delayed discharges from acute hospitals that are attributable to WBC. The above figures are for RBH only from Intermediate Care local monitoring which started in October 2010.

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**OUTCOME 1: Improved Health & Well-Being**  
 Delayed Transfers of Care: Weekly Acute and Non-Acute  
 Q3 and Q4 (Weeks 11 - 13 Q3 2010 and Weeks 1 - 10 Q4 2011)

	Week 11	Week 12	Week 13	Jan Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
<b>ACUTE</b>	11	13	10	8	5	5	9	6	8	7	7	8	11
Attrib To WBC	7	7	4	3	2	2	5	4	4	2	2	5	4
Attrib To Health	4	6	6	5	3	3	4	2	4	5	5	3	7
<b>NON-ACUTE</b>	12	14	11	15	15	15	14	14	13	12	12	12	13
Attrib To WBC	6	9	8	13	14	12	13	13	12	10	10	10	15
Attrib To Health	6	5	3	2	1	3	1	1	1	2	2	2	7
<b>Total DTOCs</b>	<b>23</b>	<b>27</b>	<b>21</b>	<b>23</b>	<b>20</b>	<b>20</b>	<b>23</b>	<b>20</b>	<b>21</b>	<b>19</b>	<b>19</b>	<b>20</b>	<b>24</b>

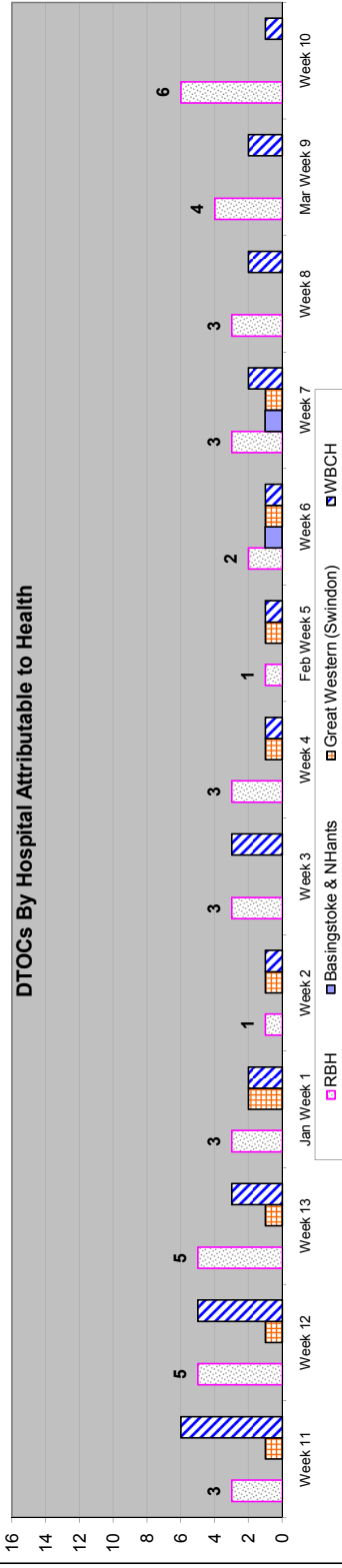
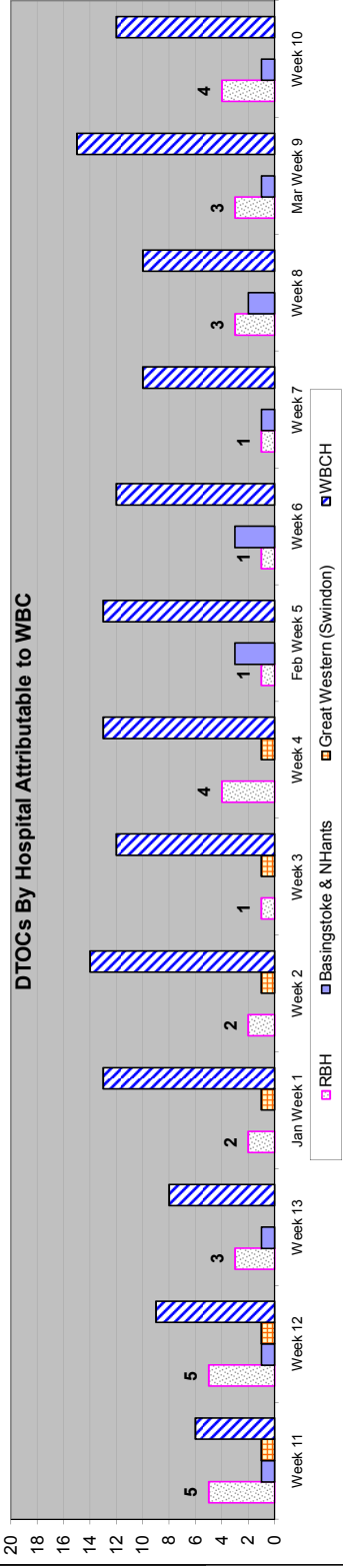


**Comments:** Numbers relate to current DTOCs in that week i.e. if patient x is logged in Week 1 and is still bed blocking in Week 2, the patient is counted as a DTOC in Week 1 and in Week 2. Measures the impact of hospital services and community-based care in facilitating timely and appropriate discharge from all hospitals for all adults. Information is sourced from local monitoring of DTOCs from acute and non-acute hospitals (community hospitals). Currently, we are only lined for delayed discharges from acute hospitals that are attributable to WBC. All hospital delays are monitored from November 2010 onwards.

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**OUTCOME 1: Improved Health & Well-Being**  
 Delayed Transfers of Care (Acute and Non-Acute): Weekly By Hospital  
 Q3 and Q4 (Weeks 11 - 13 Q3 2010 and Weeks 1 - 10 Q4 2011)

	Week 11	Week 12	Week 13	Jan Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
<b>Attrib to HEALTH</b>													
RBH	3	5	5	3	1	3	3	1	2	3	3	4	6
Bas & NHants													
Great Western	1	1	1	2	1	1	1	1	1	1	1	1	1
WBCH	6	5	3	2	1	3	1	1	1	2	2	2	1
<b>Attrib to WBC</b>													
RBH	5	5	3	2	2	1	4	1	1	1	3	3	4
Bas & NHants	1	1	1	1	1	1	3	3	1	2	1	1	1
Great Western	1	1	1	1	1	1	1	1	1	1	1	1	1
WBCH	6	9	8	13	14	12	13	13	12	10	10	15	12
<b>Total DTOCs</b>	<b>23</b>	<b>27</b>	<b>21</b>	<b>23</b>	<b>20</b>	<b>20</b>	<b>23</b>	<b>20</b>	<b>21</b>	<b>19</b>	<b>20</b>	<b>25</b>	<b>24</b>



**Comments:** Numbers relate to current DTOCs in that week i.e. if patient x is logged in Week 1 and is still bed blocking in Week 2, the patient is counted as a DTOC in Week 1 and in Week 2. Measures the impact of hospital services and community-based care in facilitating timely and appropriate discharge from all hospitals for all adults. Information is sourced from IC local monitoring of DTOCs from acute and non-acute hospitals (community hospitals) which started in October 2010. Currently, we are only fined for delayed discharges from acute hospitals that are attributable to WBC. October figures only relate to RBH delays and a few WBCH delays, but from November 2010 onwards all hospitals are monitored locally.

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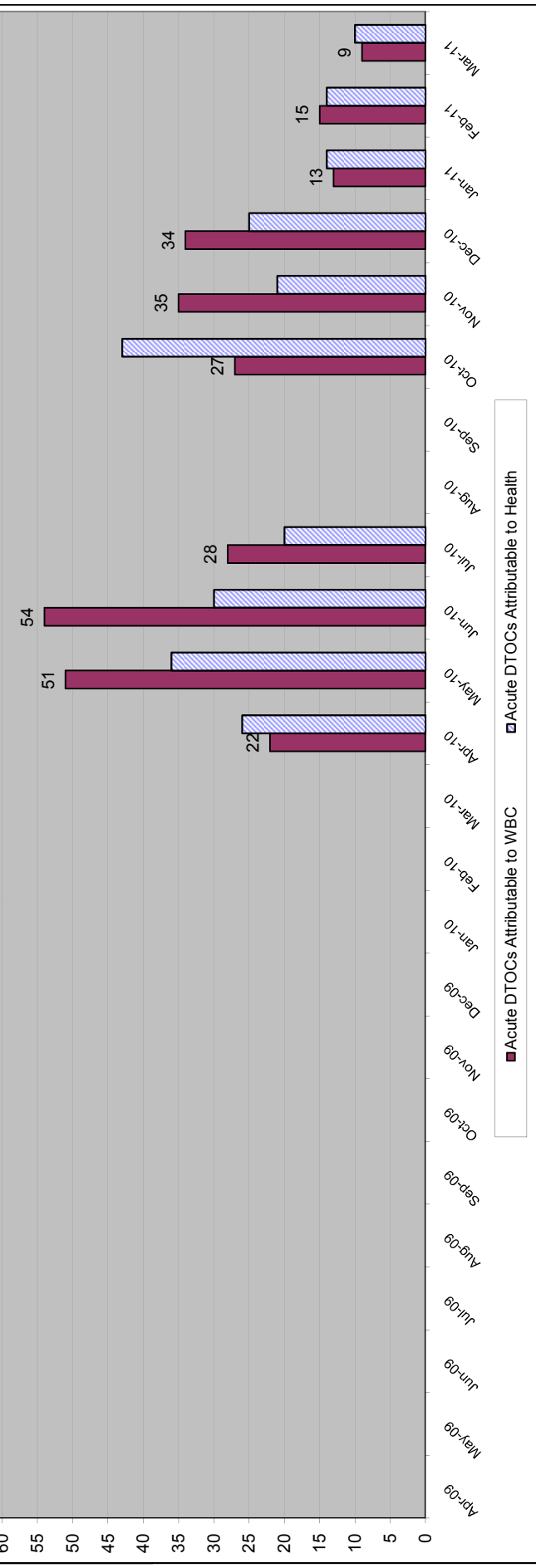
**OUTCOME 1: Improved Health & Well-Being**

Delayed Transfers of Care: Monthly

up to week 70 Q4 March 2011

	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Acute, of which	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	N/A	70	56	59	27	29	19
Attrib to WBC	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	27	35	34	13	15	9	9
Attrib to Health	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	43	21	25	14	14	10	10
Non-Acute	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	##	N/A	9	25	60	59	51	30
Total DTOCs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	135	130	N/A	79	81	119	86	80	49	

Acute Delayed Transfers of Care Per Month



**Comments:** Measures the impact of hospital services and community-based care in facilitating timely and appropriate discharge from all hospitals for all adults. This is an indicator of the effectiveness of the interface between health and social care. Monthly reporting of DTOCs on SITREPs via Unity2 was introduced in August 2010 and this meant we do not have any data for August to September. Local monitoring started in October 2010 with RBH delays only but all hospital delays are reported from November 2010. WBC is fined for acute DTOCs attributable to WBC and only acute DTOCs are shown above.

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<b>Title of Report:</b>	<b>Healthier Select Committee Work Programme &amp; Recommendations for the Future</b>	<b>Item 5</b>
<b>Report to be considered by:</b>	Healthier Select Committee	
<b>Date of Meeting:</b>	7 April 2011	

<b>Purpose of Report:</b>	To consider the remaining items on the work programme and recommend whether it is appropriate to carry this work forward.
<b>Recommended Action:</b>	To identify if any uncompleted work should be carried forward into the new scrutiny arrangements and how this might best be done.

Healthier Select Committee Chairman	
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## **Supporting Information**

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### **1. Introduction**

- 1.1 The current version of the work programme is attached at Appendix A for the Select Committee's information.
- 1.2 Any outstanding items remaining on this work programme may be requested for consideration in the new health scrutiny arrangements for the new Municipal Year.

## **Appendices**

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Appendix A – Healthier Select Committee Work Programme



# HEALTHIER SELECT COMMITTEE WORK PROGRAMME

Reference (a)	Subject/purpose (b)	Methodology (c)	Expected outcome (d)	Review Body (e)	Dates (f)	Lead Officer(s)/ Service Area (g)	Portfolio Holder(s) (h)	Comments (h)
OSMC/09/17	Capacity of maternity services at the Royal Berkshire Foundation Hospital. Fact finding report to establish the current capacity to meet demand for services.	In meeting review with information supplied by, and questioning of, lead officers.	Monitoring item	HSC	Start: 17/11/10 End:	Chief Executive and Chairman of the Royal Berkshire Hospital. Royal Berkshire Hospital Foundation Trust	Councillor Joe Mooney	Investigation of the reported pressures on the maternity unit.
OSMC/	Delayed discharges from hospital To determine the causes of delayed discharges from hospitals affecting West Berkshire residents.	In meeting review with information supplied by, and questioning of, lead officers.	Investigate ways to improve the current system, and improve patient experience.	HSC	Start: TBC End:	Chief Executive of the Royal Berkshire NHS Trust and Bev Searle - NHS Berkshire West. Royal Berkshire NHS Trust & NHS Berkshire West	Councillor Joe Mooney	
OSMC/10/85	Investigation deprivation and child poverty in the ten most deprived wards in the District. To investigate what work is being done to tackle deprivation and how this can be applied to improve the quality of life across the District's most deprived wards.	In meeting review with information supplied by, and questioning of, lead officers.	Investigate ways to improve outcomes, and make recommendations to partner agencies.	HSC	Start: 12/10/10 End:	Julia Waldman Children & Young People	Councillor Gordon Lundie	

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# Agenda Item 6.

<b>Title of Report:</b>	<b>Health &amp; Wellbeing Boards</b>	<b>Item 6</b>
<b>Report to be considered by:</b>	Healthier Select Committee	
<b>Date of Meeting:</b>	7 April 2011	

**Purpose of Report:** To discuss, and make recommendations as appropriate, for the introduction of Government-directed 'Health & Wellbeing Boards'.

**Recommended Action:** To consider and make recommendations as appropriate.

Healthier Select Committee Chairman	
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## Supporting Information

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### 1. Introduction

- 1.1 The NHS and Public Health white papers together provide local authorities with an enhanced role in supporting the delivery of health and social care services. Local authorities will take on the major responsibility for improving the health and life chances of local populations they serve, and will lead others to work together to improve health and wellbeing.
- 1.2 The Health and Social Care Bill 2011, currently working its way through Parliament, will legislate for how the reforms set out in the white papers will be put into practice to achieve better health and wellbeing outcomes for local populations through high quality local leadership.
- 1.3 Each local authority with responsibility for social services, will be required to establish a Health and Wellbeing Board (HWB) as a statutory committee of the local authority by April 2013. Although the boards will only fully assume their powers and duties as of 2013 there is an expectation that boards will exist in shadow form from April 2012.

### 2. Membership

- 2.1 The HWB will bring together elected representatives and key NHS, public health and social care leaders along with representatives of the patient population to work in partnership. This will be with an overarching aim to ensure that services are joined up around the needs of the people who are using them, and that resources are used to improve outcomes.
- 2.2 To achieve the most effective integration and joint action, core members of the board must include GP consortia, the director of adult services, the director of children's services, the director of public health and a representative of the local HealthWatch. There must be a minimum of at least one locally elected representative.
- 2.3 Local authorities can decide to invite and include others who can bring in particular skills and perspectives, such as the voluntary sector.

### 3. Purpose

- 3.1 Core purpose of the board is to join up commissioning across the NHS, social care, public health, children's services and any other services the board agrees have an impact on the wider determinants of health, such as housing and leisure.

### 4. Joint Strategic Need Analysis and Joint Health and Well being Strategy

- 4.1 Through the core membership of the HWB there will be a requirement to develop the understanding of local need through the Joint Strategic Needs Assessment (JSNA) and to oversee the development and implementation of a Joint Health and Wellbeing Strategy (JHWS).

## **5. Commissioning**

- 5.1 Local authorities and GP consortia will have an equal responsibility to develop the JHWS which will span the NHS, social care, public health and other health determinants as appropriate. The strategy will agree at a high level how the health and wellbeing needs of the local population will be addressed and provide an overarching framework for the development of the business plans and commissioning strategies of the core membership.
- 5.2 The Health and Social Care Bill places a legal obligation on the NHS and local authorities to have regard to the JHWS in exercising their commissioning functions. The HWB will have a role in ensuring that this is the case, and the right to challenge if there is evidence to the contrary.
- 5.3 HWBs will look at the totality of resources available to support local people. The bill intends that the boards though the implementation of the JHWS support and promote the use of the flexibilities already available in the system to pool budgets and enter into joint/lead commissioning arrangements to provide a more integrated commissioning function across the sector.

## **6. Other responsibilities**

- 6.1 Equally the HWB as an open ended vehicle has the potential to take on additional functions to support the improvements for the local population, for example housing, with the aim of providing better more integrated and cost effective services. It will also provide opportunities to enter into arrangements across the board to provide services, for example commissioning support to the consortia could be provided by the local authority.

## **7. Scrutiny**

- 7.1 HWBs will not have a health scrutiny function as this will continue to rest with the local authority to make local arrangement for how to exercise this duty.
- 7.2 There is a proposal to establish a shadow local Health and Wellbeing Board in West Berkshire from May 2011, in advance of the Bill becoming law; to recommend its terms of reference and membership; and to establish the basis on which the Board will proceed.

## **8. Establishing a health and Wellbeing Board in West Berkshire**

- 8.1 Subject to parliamentary approval HWBs become a statutory committee of the local authority as of April 2013. Although boards only fully assume powers and duties at this time, the new arrangements are likely to take some time to establish therefore local authorities need to start work now on building new working relationships and structures.
- 8.2 The scope that is given within the bill for flexibility in deciding the local arrangements for coverage also necessitates early discussions and decisions about the local frameworks under which the boards will be developed.

- 8.3 In January this year a group of social care leaders met to consider options for the setup of Health and Wellbeing Boards in the west of Berkshire. The group consisted of directors from social care and Berkshire West PCT, the Director of Public Health, GP Consortia reps and lead elected Members from West Berkshire, Reading and Wokingham.
- 8.4 Given the flexibilities within the bill to determine local arrangements a number of options for how HWBs could be setup in the west of Berkshire were presented and discussed. Options included an overarching Board for the area currently covered by the Berkshire West PCT, and a number of permutations of individualised local authority area arrangements.

## **9. Proposal**

- 9.1 On balance, it was felt that as the essence of the proposed legislation is to determine local need and put in place appropriate services to respond, that a Berkshire West arrangement could not practically provide for this. Therefore it was agreed that a HWB should be set up in each of the unitary areas and that the local arrangements for each of boards will sit with the respective local authority leads.
- 9.2 To mitigate the risk of losing the broader more strategic opportunity to address shared issues, particularly when in negotiation with the larger NHS providers, it was agreed that the Joint Commissioning Partnership (JCP) should remain in place and be used to develop an overarching level of governance and support for the west of Berkshire HWBs. This was a direct recognition of the strength of the JCP and that it has delivered some very good outcomes over time.

## **10. Early Implementer**

- 10.1 In February this year West Berkshire wrote to the Department of Health to express an interest in joining a network of early implementers of HBDs. Confirmation of a place for West Berkshire in this network was received in March.
- 10.2 The purpose of the network is to support councils to prepare for their new role by working with representative national groups to share learning, build connections and provide practical support.
- 10.3 Work at the national level will cover overarching issues such as the development of JSNAs and JHWS, implementation of local HealthWatch and the role of elected Members.
- 10.4 Aside from the national work support is being offered locally to assist in the setup of the boards, discussions will be taking place in the next few weeks regarding the nature and type of support required.

## **11. Setup of the Board**

- 11.1 Meetings have taken place with representatives of the local GP consortia, the NHS and the Director of Public health as part of the development of the local framework for the setup of the board.
- 11.2 A further exploratory meeting of the proposed core membership is to take place in April to determine in more detail the shape of the work of the board and to agree an approach to the setup of the shadow board. It is expected that this will be followed by a further meeting during the course of May as a formal first meeting of the shadow board, at which full membership, terms of reference, work programme and a process for reviewing the shadow board arrangements ahead of 2013, will be agreed.

## **12. Health Watch**

12.1 A steering group is in place to oversee the development of the complimentary arrangements for the setup of HealthWatch. This group consist of elements of the LiNK, the ULO and other interested parties and has had two meetings to date, with a further planned to feedback the outcome of some developmental work that the group has been taking forward with regard to the positioning of HealthWatch in West Berkshire.

## **13. GP Consortia**

13.1 Working to the same timeframes for the set up of HWBs, GPs are establishing their new arrangements as commissioners of NHS services. Discussions with the lead GPs for this work has shown that they are keen for the local authority as partners to move forward with arrangements for the HWBs as soon as possible and is a direct reflection of their status as 'early adopters'.

13.2 Given that WBC will need to work across both Newbury and Reading North consortia, it is essential that robust arrangements are in place as soon as possible for taking forward discussions with the consortia. This is a situation that will need close monitoring to understand the impact and implications of the boundary issues.

## **14. Recommendation**

14.1 To note the briefing and consider what action, if any, is required.

## **Appendices**

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There are no appendices to this report.

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