

Notice of Meeting

Special Health and Wellbeing Board

Thursday, 8 January, 2015 at 2.00pm
in the Council Chamber Council Offices
Market Street Newbury

Date of despatch of Agenda: Friday, 2 January 2015

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
e-mail: jbailiss@westberks.gov.uk

Further information and Minutes are also available on the Council's website at
www.westberks.gov.uk



Agenda - Health and Wellbeing Board to be held on Thursday, 8 January 2015 (continued)

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 (Portfolio Holder for Health and Well Being), Dr Lise Llewellyn (Public Health), Councillor Gordon Lundie (Leader of Council & Conservative Group Leader), Councillor Gwen Mason (Shadow Health and Wellbeing Portfolio Holder), Councillor Irene Neill (Portfolio Holder for Children and Young People), Matthew Tait (NHS Commissioning Board), Rachael Wardell (WBC - Community Services), Cathy Winfield (Berkshire West CCGs), Nikki Luffingham (NHS England Thames Valley) and Councillor Keith Chopping (Portfolio Holder for Community Care)

Also to: Jessica Bailiss (WBC - Executive Support), Nick Carter (WBC - Chief Executive), Andy Day (WBC - Strategic Support), Lesley Wyman (WBC - Public Health & Wellbeing), Tandra Forster (WBC - Adult Social Care) and Shairoz Claridge (Newbury and District CCG)

Agenda

Part I

Page No.

- 1 **Apologies for Absence**
To receive apologies for inability to attend the meeting (if any).
- 2 **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](#).

Items for discussion

- 3 **Better Care Fund** Verbal Report
Purpose: To provide an update on the Better Care Fund.
- 4 **Health and Wellbeing Board Representation at Commissioning Committee Meetings** 5 - 12
Purpose: To discuss and if appropriate appoint a representative(s) of the Health and Wellbeing Board to attend Clinical Commissioning Group Commissioning Meetings.

Andy Day
Head of Strategic Support



West Berkshire
C O U N C I L

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



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Title of Report:	Health and Wellbeing Board Representation at Commissioning Committee Meetings
Report to be considered by:	Health and Wellbeing Board
Date of Meeting:	8 January 2015

Purpose of Report:	To discuss and if appropriate appoint a representative(s) of the Health and Wellbeing Board to attend Clinical Commissioning Group Commissioning Meetings.
Recommended Action:	To appoint a named representative and substitute to attend Clinical Commissioning Group Commissioning Meetings for the North and West Reading Clinical Commissioning Group and the Newbury and District Clinical Commissioning Group.
Reason for decision to be taken:	CCGs are obliged to consult with the Health and Wellbeing Board on the preparation of their commissioning plans.
Other options considered:	Not to appoint a representative
Key background documentation:	None

Contact Officer Details	
Name:	Jessica Bailiss
Job Title:	Policy Officer
Tel. No.:	01635 503124
E-mail Address:	jbailiss@westberks.gov.uk

Implications

Policy:	No amendments to policy
Financial:	Expenses associated with attending meetings will be funded from existing budgets.
Personnel:	None
Legal/Procurement:	None
Property:	None
Risk Management:	None

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?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Is it a major policy, significantly affecting how functions are delivered?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Will the policy have a significant impact on how other organisations operate in terms of equality?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Does the policy relate to functions that engagement has identified as being important to people with particular protected characteristics?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Does the policy relate to an area with known inequalities?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>
Not relevant to equality		<input type="checkbox"/>	<input checked="" type="checkbox"/>

Executive Report

1. Introduction

- 1.1 Ian Dodge the National Director (Commissioning Strategy) for NHS England wrote to the Council's Chief Executive and the Chairman of the Health and Wellbeing Board on the 18 December 2014.
- 1.2 The letter sought to encourage Health and Wellbeing Boards to work more closely with their local commissioners of primary care. As part of this initiative they encouraged Clinical Commissioning Groups (CCGs) to 'issue a standing invitation to the local Health and Wellbeing Board to appoint representatives to attend commissioning committee meetings'.
- 1.3 The representatives would not form part of the committee and as such would not have any voting rights. They would however be able to remain in the meetings during confidential discussions even if members of the public were excluded from the meeting.

2. Proposals

- 2.1 In order to support alignment in decision making across the local health and social care system it is proposed that the Health and Wellbeing Board nominate a named representative and a named substitute to attend Clinical Commissioning Group Commissioning Meetings for the North and West Reading Clinical Commissioning Group and the Newbury and District Clinical Commissioning Group.
- 2.2 These nominations to be included in the Council's Outside Bodies scheme and therefore the representatives be appointed for a four year period after each district election.

3. Equalities Impact Assessment Outcomes

- 3.1 This item is not relevant to equality.

Appendices

Appendix A - Letter from National Director: Commissioning Strategy NHS England

Consultees

Local Stakeholders: None

Officers Consulted: None

Trade Union: None

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primary letter appended

Gateway reference: 02776

Commissioning Strategy Directorate
NHS England
Quarry House
Quarry Hill
Leeds
LS2 7UE

E-mail: england.co-commissioning@nhs.net

18 December 2014

To Local Authority CEOs and Health and Wellbeing Board Chairs
cc. CCG Clinical Leads

RE: Update on primary care co-commissioning

A. Background and context

NHS England recently invited clinical commissioning groups (CCGs) to take on an increased role in the commissioning of primary care services. The intention is to empower and enable CCGs to improve primary care services locally for the benefit of patients and local communities.

On 10 November 2014, we published [Next steps towards primary care co-commissioning](#). This document sets out three possible models for primary care co-commissioning (greater involvement, joint commissioning and delegated commissioning) and the next steps towards implementation. The approach has been developed by the joint CCG and NHS England primary care co-commissioning programme oversight group, which includes two local authority representatives: Ged Curran (Chief Executive, Merton Council) and Merran McRae (Chief Executive, Calderdale Council). The group is co-chaired by Dr Amanda Doyle, Co-chair of NHS Clinical Commissioners and Chief Clinical Officer of NHS Blackpool CCG, and Ian Dodge, National Director: Commissioning Strategy, NHS England.

We want to encourage Health and Wellbeing Boards to have a conversation with their local commissioners of primary care, both CCGs and NHS England - and we have made the same recommendation to NHS commissioners. The

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effectiveness of co-commissioning arrangements will be reliant upon the development of strong local relationships and effective approaches to collaborative working.

In this context, CCGs have an obligation to consult with each relevant Health and Wellbeing Board in preparing or revising their commissioning plan, as set out in annex A.

B. Invitation to participate in joint and delegated commissioning committees

In both joint and delegated commissioning arrangements, CCGs must issue a standing invitation to the local Health and Wellbeing Board to appoint representatives to attend commissioning committee meetings, including, where appropriate, for items where the public is excluded from a particular item or meeting for reasons of confidentiality. These representatives would not form part of the membership of the committee.

Where there is more than one local Health and Wellbeing Board for a CCG's area, the CCG should agree with them which should be invited to attend the committee.

Health and Wellbeing Boards are under no obligation to nominate a representative, but we believe there would be significant mutual benefits from their involvement. For example, it would support alignment in decision making across the local health and social care system.

If you have any queries or would like to find out more about the primary care co-commissioning programme, please email: england.co-commissioning@nhs.net

With best wishes,



Ian Dodge
National Director: Commissioning Strategy
NHS England



Dr Amanda Doyle
Chief Clinical Officer
NHS Blackpool CCG

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Annex A: CCG statutory requirements in relation to CCG commissioning plans and Health and Wellbeing Boards

Under the National Health Service Act 2006 (as amended by the Health and Social Act 2012):

- CCGs must give each relevant Health and Wellbeing Board a draft of the plan and consult each such Board on whether the draft takes proper account of each joint health and wellbeing strategy published by it, which relates to the period that the plan relates to (section 14Z13(4)).
- Where a Health and Wellbeing Board is consulted, it must give the CCG its opinion on whether the plan takes proper account of each relevant joint health and wellbeing strategy.
- CCGs must include a statement of the final opinion of each relevant Health and Wellbeing Board consulted in relation to the commissioning plan in the final plan as published (section 14Z13(8)).
- Where a significant revision is made to an existing commissioning plan, CCGs must consult with the Health and Wellbeing Board as per section 14Z13, before finalising the revised plan (section 14Z12). They must also give a copy of the document to each relevant Health and Wellbeing Board.

