

READING SHADOW HEALTH & WELLBEING BOARD MINUTES - 15 MARCH 2013

Present:

Councillor Lovelock (Chair)	Leader of the Council, Reading Borough Council (RBC)
Elizabeth Johnston	Chair, South Reading Clinical Commissioning Group (CCG)
Lise Llewellyn	Berkshire Director of Public Health
David Shepherd	Board Member, Reading LINK
Councillor Tickner	Lead Councillor for Health & Wellbeing, RBC
Ian Wardle	Managing Director, RBC
Avril Wilson	Director of Education, Social Services and Housing, RBC

Also in attendance:

Stephen Barber	Independent Chair, Reading Local Safeguarding Children Board
Helen Clanchy	Director of Commissioning, Thames Valley Area Team, NHS Commissioning Board
Zoë Hanim	Head of Policy, Performance & Community, RBC
Maureen McCartney	Operations Director, North & West Reading CCG
Eleanor Mitchell	Director of Operations, South Reading CCG
Rob Poole	Head of Finance & Resources, Housing & Community Care, RBC
Nicky Simpson	Committee Services, RBC
Councillor Stanford- Beale	RBC
Sara Whittaker	Assistant Director of Quality, NHS Berkshire West
Cathy Winfield	Chief Officer, Berkshire West CCG Federation

Apologies:

Councillor Ballsdon	RBC
George Boulos	North & West Reading CCG
Catherine Kelly	North & West Reading CCG
Karen Reeve	Head of Children's Social Care, RBC
Rod Smith	North & West Reading CCG
Sylvia Stone	Independent Chair, West of Berkshire Safeguarding Adults Partnership Board

1. MINUTES

The Minutes of the meeting held on 25 January 2013 were confirmed as a correct record and signed by the Chair.

2. HEALTH MANAGEMENT & STRATEGY DEVELOPMENT PROGRAMME PLAN

Zoë Hanim submitted the latest version of the Health Management and Strategy Development Programme Plan for 2012-13, which gave details of the different work streams involved in health transition, setting out leads, activities, timescales, RAG status, progress and risks/issues for each work stream.

AGREED: That the Plan be noted.

3. TRANSFER OF PUBLIC HEALTH - JOINT ARRANGEMENT

Zoë Hanim submitted a copy of a report which would be considered by Cabinet on 18 March 2013 seeking authority for the Council to enter into an agreement with the other Berkshire Unitaries for a joint arrangement concerning the Public Health function which would transfer to local authorities from the NHS on 1 April 2013. The proposed arrangement would cover:-

- (a) the provision of a “core service” by Bracknell Forest Council to the Berkshire Authorities, and
- (b) the vesting in Bracknell Forest Council of “cross-boundary” NHS contracts and the management and administration of those contracts by the Council on behalf of the other Berkshire Unitary Authorities.

The report also covered:

- (c) the appointment of a Director of Public health and the delegation of functions to her, and to the Consultant for Public Health in Reading; and
- (d) the designation of a responsible person, and a complaints officer, for handling complaints about the public health service for which the Council would become responsible.

The report stated that there would be a report to full Council on 26 March 2013 to establish the Health & Wellbeing Board for Reading, as a committee of full Council (see Minute 7 below).

The report explained that the Health and Social Care Act 2012 (“the 2012 Act”) provided for the transfer of public health functions from the NHS to local authorities. The relevant statutory provisions would come into effect on 1 April 2013. The 2012 Act required the Council to establish a Health and Well Being Board (“the Board”) and to appoint a Director of Public Health.

The transfer of public health functions in Berkshire would involve the abolition of the two Primary Care Trusts (PCTs) covering the county - for East Berkshire, and the West of Berkshire - and the transfer of relevant functions to the six Unitary Authorities. This process had been planned and coordinated by a Transition Board made up of officers from the six Unitary Authorities, and overseen by the Berkshire Chief Executives and Berkshire Leaders’ Groups, which had agreed, in consultation with the Department of Health:

- there would be one Strategic Director of Public Health for Berkshire, appointed jointly with the Department of Health and employed by a host authority;
- each Unitary authority would have a Consultant in Public Health, accountable professionally to the Director;
- Bracknell Forest Council would be the host authority for the Berkshire-wide public health service, and the employer of the Director of Public Health, and would provide a “core” public health service to all the Berkshire Unitary Authorities;

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- These arrangements would be the subject of a joint agreement between the six Berkshire Unitary Authorities, and in March 2015 authorities could choose to review arrangements and give a year's notice to withdraw. The arrangement was not time limited but any authority would have the ability to withdraw from the arrangement after two years giving a year's notice.

The terms of the joint arrangement included the arrangements for the transfer of existing PCT contracts to the Berkshire local authorities as successor authorities. Unless these were specific to an individual authority, they would transfer to Bracknell Forest as host authority who would manage them on behalf of the successor authorities under the terms of the joint agreement (including payment).

The joint arrangement would be overseen by a Joint Advisory Board which would report through the Berkshire Chief Executives to the Berkshire Leaders, and would comprise the Director of Public Health, a Berkshire Chief Executive, and a senior officer from each authority.

The report recommended to Cabinet:

- (1) That a joint agreement be entered into with the other Berkshire Unitary Authorities for the provision of public health services in Berkshire, as described in Paragraph 4 of the report, from 1 April 2013;
- (2) That the Head of Legal & Democratic Services be authorised to enter into the joint agreement on behalf of the Borough Council;
- (3) That the Director of Education, Social Services & Housing (or in her absence the Head of Policy, Performance & Community) be appointed to represent the Borough Council on the Public Health Joint Advisory Board and, in consultation with the Leader and Lead Councillor for Health & Wellbeing, be delegated authority to take action to implement decisions taken on the recommendation of the Board insofar as they required the exercise of functions by the Borough Council, and subject to the decisions and actions being published in the Decision Book;
- (4) That the appointment by Bracknell Forest Council and the Department of Health of Dr Lise Llewellyn as the Director of Public Health for Berkshire be noted, and the authority enter into an arrangement with Bracknell Forest Council under Section 113 of the Local Government Act 1972 by which Bracknell would place the Director of Public Health, as their employee, at the disposal of Reading Borough Council for the purposes of the authority's public health functions;
- (5) That the appointment of Asmat Nisa as the Consultant in Public Health for Reading Borough Council be noted; and that she be the Director of Public Health's named substitute on the Health & Wellbeing Board;
- (6) That the Scheme of Delegation to officers be amended to include and provide that both the Director of Public Health and the Consultant in Public Health be given delegated authority for those matters for which they were required to be responsible under the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) as specified below:

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- the duty imposed upon the Council to “take such steps as it considers appropriate for improving the health of the people in its area”;
 - any public health functions of the Secretary of State which required local authorities to discharge on his/her behalf;
 - dental health functions of the Council;
 - the duty to co-operate with the prison service to secure and maintain the health of prisoners;
 - the Council’s duties set out in Schedule 1 of the National Health Act 2006, which included medical inspection of pupils, the weighing and measuring of children and sexual health services;
 - arrangements for assessing the risks posed by violent and sexual offenders.
- (7) That the Managing Director (Ian Wardle), as head of paid service, be designated as the authority’s responsible person to ensure compliance with the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trust, Public Health and Local Healthwatch) Regulations 2012; and the Complaints Manager (Nayana George) be designated as the complaints manager under these Regulations.

AGREED: That the the report be noted.

4. BERKSHIRE PCT CLUSTER QUALITY HANDOVER DOCUMENT

Sara Whittaker submitted a report which presented the draft Berkshire PCT Cluster Quality Handover Document “Maintaining and improving quality during transition”. The document provided an overview of healthcare services in Berkshire and set out for successor organisations the key risks, challenges, achievements and ambitions for quality and patient safety in Berkshire, in preparation for handover from the Berkshire PCT Cluster on 31 March 2013.

The document had been drawn up to meet the quality and patient safety needs of the receiving organisations and provided information that was needed by other organisations, such as in relation to public health. The document covered:

- The context of transition
- The organisation of the local healthcare system
- Key personnel
- Governance arrangements
- Provider Quality Profiles
- Patient Experience
- Risk Register
- Communication of plan

The report summarised the key quality areas that had been identified in the document in relation to the three key providers, Royal Berkshire NHS Foundation Trust, Heatherwood & Wexham Park NHS Foundation Trust and Berkshire Healthcare NHS Foundation Trust.

The document would be approved by the PCT Cluster Board before the final handover to receiving organisations. Sara reported at the meeting that there was now a fuller section on the roles and destinations of key staff members.

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The meeting discussed a possible joint project to provide an “SOS Bus” in Reading, to reduce admissions to Accident & Emergency, which had been discussed at the Local Strategic Partnership and Commissioning for Quality and Innovation (CQUIN) meetings and it was noted that officers needed to discuss this further.

The meeting noted that the report focused on quality in the specific sectors which had been monitored by the PCT. The HWB Board would need to consider the role it would play in quality monitoring in the future, using a whole system approach, and how partners would work jointly on quality issues. It was reported that there was a seat for an officer level HWB Board representative on the Quality Surveillance Group, and an officer representative needed to be arranged.

AGREED:

- (1) That the report be noted;
- (2) That officers discuss further outside the meeting possible proposals for providing an SOS bus for Reading and arranging an officer HWB Board representative for the Quality Surveillance Group;
- (3) That, when the Management Group were looking at forward planning for the HWB Board, they include the Board’s role in quality monitoring.

5. DRAFT NORTH & WEST READING AND SOUTH READING CCG COMMISSIONING PLANS 2013/14

Further to Minute 6 of the last meeting, Maureen McCartney and Elizabeth Johnston submitted the latest drafts of the 2013/14 North & West Reading and South Reading CCG Commissioning Plans respectively. Copies of an amended North & West Reading CCG Commissioning Group “Plan on a Page” were tabled at the meeting. Maureen and Elizabeth said that they would welcome any further comments, so that the Plans could be finalised over the next few weeks.

The Plans detailed the CCGs’ proposals for local healthcare services to meet the needs of the local population and to drive improvement in health and health services. They had been developed using the findings of the Joint Strategic Needs Assessment, the Health and Wellbeing Strategy and from feedback received from patients and the public on local services. The Plans included the CCGs’ visions, strategic aims and objectives and set out specific commissioning plans to meet these.

David Shepherd noted that the South Reading CCG plan on a page contained a reference to patient and public involvement, but the North & West Reading CCG plan on a page did not. Maureen McCartney said that this could be amended.

Elizabeth Johnston reported that the South Reading CCG website was due to go live in April 2013 and that the CCG was looking at long term conditions, in order to provide a resource for the whole community. There would also be a series of public workshops to find out what patients would like for their long term conditions, especially in relation to self-care and access to information.

It was noted that the focus on the websites tended to be on long term conditions and it was suggested that it might be useful also to provide information on the websites

giving people advice on how to stay well, in order to prevent them becoming patients.

Helen Clanchy noted that a number of initial NHS Commissioning Board plans on a page for their commissioning plans had also been circulated separately to members of the Board.

AGREED:

- (1) That the latest draft Commissioning Plans be noted;
- (2) That Maureen McCartney add in a reference to patient and public involvement in the North & West Reading CCG plan on a page;
- (3) That any further comments on the draft plans be submitted to the appropriate CCGs as soon as possible.

6. PROGRESS REPORT ON HEALTHWATCH

David Shepherd submitted a report which gave details of the progress in establishing Healthwatch Reading.

The report stated that Reading Voluntary Action (RVA), in conjunction with Reading LINK (and on behalf of Healthwatch Reading), had been successful in a £20,000 bid to the Primary Care Trust's Partnership Development Fund to establish and improve patient and public engagement in the GP practices located in North and West and South Reading CCGs. This funding, available from 1 April 2013, would be invaluable in helping to improve awareness of health and social care issues in the area and would show how patients and the public could influence the extent and quality of services provided. Reading Link had also been invited to provide observers to both CCG Board meetings.

The budget and funding for transition to Healthwatch Reading had now been agreed and RVA was taking steps to obtain new accommodation for Healthwatch in the centre of Reading. In addition, staffing was being reviewed so that Healthwatch Reading would be up and running from 1 April 2013.

In order to further engage with the local voluntary and community sector and incorporate their voices fully into Healthwatch Reading, Reading LINK would be establishing a forum for the local voluntary and community sector called 'Healthwatch Voices'. This would act as a platform for dialogue with the sector to raise concerns and gather issues and priorities for their services users. This was intended to be a quarterly meeting, with the first meeting taking place at the launch of Healthwatch Reading on 17 April 2013.

RVA had established a charity which would be the vehicle to receive funding from the Local Authority and the payment of expenses incurred. The application for the Healthwatch Reading charity was with the Charity Commission and David reported at the meeting that the Commission seemed to be happy with what was proposed and final approval was now awaited, hopefully in time for 1 April 2013.

Steps were also being taken to establish a LINK Legacy document in accordance with advice supplied by the Local Government Association and the Department of Health,

to identify all the work achieved over the last four years so that Healthwatch Reading had a sound basis on which to take its work forward.

AGREED: That the report be noted.

7. TRANSFER OF PUBLIC HEALTH - HEALTH & WELLBEING BOARD

Further to Minute 8 of the last meeting, Zoë Hanim submitted a draft report for submission to Council on 26 March 2013 setting out the changes required as a consequence of the transfer of public health functions to the Council which would take effect on 1 April 2013 (see Minute 3 above); and proposing the establishment of the Health and Wellbeing Board as a committee of the Council, for the remainder of the current Municipal Year.

The Health and Social Care Act 2012 (“the 2012 Act”) provided for the transfer of public health functions from the NHS to local authorities. The relevant statutory provisions would come into effect on 1 April 2013. The 2012 Act required the Council to establish a Health and Well Being Board (“the Board”) as a committee and to appoint a Director of Public Health. The statutory functions of Health & Wellbeing Boards were set out in Sections 195-196 of the 2012 Act, and paragraph 8.5 of the report.

The report stated that, in anticipation of these changes, the authority had had a shadow Health and Wellbeing Board for the past two years. Its current terms of reference and operating arrangements were set out in Appendix A to the report.

The report explained that there were a number of problems in terms of local government administrative law caused by the following statutory membership of the Board as a committee specified in the 2012 Act:

- At least one Councillor
- The Directors of Adult Social Services and Children’s Services
- The Director of Public Health
- A Local Healthwatch representative
- A representative of each relevant Clinical Commissioning Group (CCGs)
- Other co-opted members as the local authority thought fit

The report also explained how regulations issued in February 2013 had disapplied parts of the relevant Local Government Acts to deal with these problems, as follows:

- Members of the Board who were not Councillors would be able to vote, unless the authority directed otherwise (which it could only do after consultation with the Board)
- The statutory rules on political proportionality would not apply, and whether or not political proportionality would apply to the Councillor members of Boards would be left to local determination
- The law relating to disqualification for membership had been modified to allow officers of the Council to be members of the Board (and therefore with voting rights unless the authority directed otherwise as above)
- The Access to Information rules would apply

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The report noted that the shadow Board had acted as a partnership body, operating on a more informal basis than a formal committee, and that appeared to be the underlying intention of the 2012 Act. It therefore recommended:

- (1) That the Council constitute the Health and Well Being Board as a committee of the Council under Section 102 of the Local Government Act 1972, for the remainder of the Municipal Year 2012/13, with the terms of reference and operating arrangements as set out in Appendix A and with membership that replicated the current composition of the shadow Health & Wellbeing Board, as follows:
 - The Leader of the Council;
 - The elected portfolio holders for Health, Community Care and Children's Social Care;
 - The Managing Director;
 - The Director of Education, Social Services and Housing;
 - Director of Public Health for the Local Authority (or the Reading Consultant in Public Health as the Director's named substitute);
 - A representative from each of the commissioning consortia;
 - A representative from the Local Healthwatch organisation.
- (2) That the named membership, terms of reference and operating arrangements of the Board be reviewed and updated to reflect its new statutory role and functions, at the Annual Council Meeting in May 2013.

The report noted that the 2012 Act required the NHS Commissioning Board to appoint a representative to join the Board for the purpose of participating in its preparation of the local Joint Strategic Needs Assessment and local Health & Wellbeing Strategy.

Zoë explained that this was the opportunity for the Board to be consulted on those matters where the authority could only direct regarding voting by members of the Board if it had consulted with the Board. She said that it was proposed that officers were not given voting rights on the Board, even if they were statutory members of the Board, and that the only members of the Board to have voting rights should be:

- The Leader of the Council;
- The three elected portfolio holders for Health, Community Care and Children's Social Care;
- The two representatives from the CCGs;
- The representative from the Local Healthwatch organisation.

The meeting noted that it was hoped that the Board would continue to run as a collaborative partnership meeting, without the need to bring issues to a vote, but that it was best to be clear on voting in case a matter required a vote. It was also proposed that the voting members on the Board should be named representatives, with named substitutes. Zoë noted that the Member Code of Conduct would apply to all voting members of the Board and they would have to complete a register of interests form and declare any pecuniary interests at Board meetings, as set out in the report.

Councillor Lovelock said that applying political proportionality to the committee would make it unmanageable in terms of the number of Councillors required, and

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operating as a partnership more difficult, hence the proposal to retain the existing Councillor membership instead, but that it was intended to continue to extend invitations to opposition spokespersons to attend Board meetings as observers with speaking rights.

It was noted that officers from the health organisations as well the Council would be able to attend to give advice and contribute to meetings, but would not have a vote.

AGREED:

- (1) That the report be noted;
- (2) That the Board recommend to the Council that at the Annual Council Meeting in May 2013 it agree:
 - (a) That the following named members of the Health & Wellbeing Board (or their named substitutes) be given voting rights:
 - The Leader of the Council;
 - The three elected portfolio holders for Health, Community Care and Children's Social Care;
 - The two representatives from the CCGs;
 - The representative from the Local Healthwatch organisation.
 - (b) That the following members of the Health & Wellbeing Board not be given voting rights:
 - The Managing Director;
 - The Director of Education, Social Services and Housing;
 - Director of Public Health for the Local Authority (or the Reading Consultant in Public Health as the Director's named substitute).
 - (c) That Opposition Group Spokespersons and officers continue to be invited to attend Health & Wellbeing Board meetings and speak but not vote.

8. READING'S HEALTH & WELLBEING STRATEGY

Further to Minute 9 of the last meeting, Lise Llewellyn submitted a report by Asmat Nisa, Consultant in Public Health - Reading, presenting the final draft of Reading's Health & Wellbeing Strategy 2013-16 in preparation for sign off by Council on 26 March 2013, outlining the next steps for developing a delivery plan and explaining how the strategy would be reviewed and refreshed. The report had appended:

Appendix 1 - Final Draft of Reading's Health & Wellbeing Strategy
Appendix 2 - Consultation Feedback Incorporation Document
Appendix 3 - Strategy Questions and Answers

The report stated that, as a result of the consultation exercise carried out with key stakeholders and partners, changes had been made to the draft Health and Wellbeing Strategy and Appendix 2 explained where changes had been made. A number of questions had also been submitted as a result of the consultation and discussions with

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officers and those had been pulled into a question and answer document attached at Appendix 3.

The strategy had been branded and would be submitted for full sign-off at Council on 26 March 2013 and would then be published. A review within the first year was suggested, once the public health function within the authority had had a chance to embed. Lise explained that she would be working on the refresh of the Joint Strategic Needs Assessment which would produce information for the review of the strategy.

The report noted that it was essential that a robust delivery plan was put in place to take the strategy forward. Officers were mapping out existing work within the Council that contributed to the delivery of the strategy, and a specific Health and Wellbeing delivery plan would be developed with partners over the coming months.

It was noted that the draft strategy still had the old NHS Berkshire logo on its front page, instead of the CCG logos.

AGREED:

- (1) That the report be noted;
- (2) That the logo used on the front of the strategy be updated from NHS Berkshire to the appropriate CCG logos;
- (3) That, subject to (2) above, the final draft Health & Wellbeing Strategy 2013-16 be endorsed for submission to Council on 26 March 2013, and the arrangements for review of the Strategy and development of a delivery plan be endorsed.

9. COMMUNICATIONS ACTION PLAN

Zoë Hanim submitted a report by the Head of Communications which set out a Communications Action Plan to support the Health and Wellbeing Communications Strategy agreed at the meeting on 2 November 2012 (Minute 9 refers).

The Action Plan was appended at Annex A and set out proposals for Phase 1 of a two-phase communications strategy. The first phase was aimed at educating local people about the changes taking place in Public Health. The second phase, which would need to commence when the Health and Wellbeing Board assumed its formal 'live' status in April 2013, would be designed to communicate the work of the Board and demonstrate its role in co-ordinating health and wellbeing across the Borough. An Action Plan for Phase 2 would be developed for discussion at the next Board meeting.

AGREED: That the report be noted and the Communications Action Plan set out at Annex A be agreed.

10. HEALTH & WELLBEING BRIEFING PACK

Zoë Hanim reported that officers were working on producing a health information pack for Councillors and other stakeholders to include explaining the roles and accountability for the management and delivery of Health and Wellbeing services in

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Reading from 1 April 2013. Once the briefing pack had been drafted, it would be circulated to partners for comments before its distribution.

AGREED: That the position be noted.

11. OTHER BUSINESS

a) Health & Wellbeing Board Development - Offer of Bespoke Support from the LGA

Further to Minute 12 (b) of the last meeting, Zoë Hanim reported that officers were still discussing with the Local Government Association consultants the best format for a workshop to help the Board focus on the HWB Strategy and its objectives and to plan its next steps. The DoH funding would run out at the end of April 2013, so it was now proposed that a workshop be held in April 2013, and Zoë suggested five possible dates.

AGREED:

That a workshop for the Health & Wellbeing Board be held at 9.30am-12.30pm on Friday 12 April 2013.

b) Summary of Board meetings

It was queried whether a summary for the public of the output of Board meetings could be produced after each meeting.

AGREED:

That the Head of Communications be asked whether it was feasible to produce a summary of the output of Board meetings for the public after each meeting.

12. DATES AND TIMES OF FUTURE MEETINGS

AGREED:

That the meetings of the Health & Wellbeing Board for 2013/14 be held at 2.00pm on the following dates:

- Friday 21 June 2013 (Kennet Room, Civic Offices)
- Friday 20 September 2013 (Conference Room G29/30, 57-59 Bath Rd)
- Friday 13 December 2013 (Conference Room G29/30, 57-59 Bath Rd)
- Friday 21 March 2014 (Kennet Room, Civic Offices)

(The meeting started at 12.30pm and closed at 1.53pm)