

Report for ACTION by the Health & Wellbeing Board

Item Number:



Contains Confidential or Exempt Information	NO – Part I
Title	Amendments to the Terms of Reference of the Shadow Health and Wellbeing Board
Responsible Officer(s)	Christabel Shawcross, Strategic Director of Adult and Community Services
Contact officer, job title and phone number	Catherine Mullins, NHS Changes Project Manager 01628 68 3664
Member reporting	Cllr Simon Dudley
For Consideration By	Shadow Health and Wellbeing Board
Date to be Considered	3 February 2012
Implementation Date if Not Called In	immediately
Affected Wards	All
Keywords/Index	Shadow Health and Wellbeing Board, Terms of Reference, Governance

Report Summary

Complete each of the following statements in as few words as possible, adding n/a where appropriate:

1. This report deals with amendments to the Terms of Reference of the Shadow Health and Wellbeing Board (HWB) in advance of official confirmation of the functions of the HWB
2. It recommends that the amendments are accepted in advance of the passing of the Health and Social Care Bill and any further guidance, with a commitment for a more thorough review of the Terms of Reference and Governance process once the statutory functions of the HWB are established
3. These recommendations are being made because, if agreed, the recommendations will support the current role of the HWB in exercising benefits to residents
4. If adopted, the key financial implications for the Council are – N/A
5. An additional point to note is – N/A

If recommendations are adopted, how will residents benefit?	
Benefits to residents and reasons why they will benefit	Dates by which residents can expect to notice a difference
Residents will benefit by having a more effective working shadow HWB	Immediately
Alignment and joint development of health and social care priorities to achieve outcomes for all residents	Immediately

1. Details of Recommendations

1.1 – The Shadow Health and Wellbeing Board permit substitutes for the core members, where the core member has identified an appropriate substitute who will have the delegated authority to act on the core members' behalf.

1.2 – The Shadow Health and Wellbeing Board agree to delegate the development of a working protocol for the HWB and the Bracknell and Ascot Clinical Commissioning Group (BA CCG) to the Strategic Director of Adult and Community Services. If this is accepted at the meeting of the HWB, it will be reflected in the Terms of Reference, when they are reviewed in the context of the Health and Social Care Bill reaching Royal Assent.

1.3 – Nominate to increase the number of elected members onto the Health and Wellbeing Board to include The Deputy Lead Member for Health

2. Reason for Recommendation(s) and Options Considered

The reason for the recommendations is to have an effective meeting of the Health and Wellbeing Board in advance of the final guidance from the Department of Health so that the role of being an Early Implementer is being fulfilled.

Option	Comments
Not accept the recommendations	<p>Recommendation 1 - This is likely to create difficulties with the effective operation of the meeting due to the potential of not reaching a quorum and therefore delaying decision making processes</p> <p>Recommendation 2 – may lead to uncoordinated services for the people resident in Ascot and conflicting priorities that lead to differential treatment across the Borough.</p> <p>Recommendation 3 – the publicly elected Cllr with a responsibility for Health is not able to participate on the HWB as equal member of the HWB</p>
Accept the recommendations	<p>Recommendation 1 – by accepting substitutes nominated by the core members the meetings will be effective should a core member not be able to attend the HWB meeting for any reason</p> <p>Recommendation 2 – coordinated and equal treatment for all residents in RBWM possible economies of scale for the commissioning of joint or shared services</p> <p>Recommendation 3 – enhance the knowledge base of the HWB for the residents views through the elected member with the deputy lead for Health</p>

3. Key Implications

What does success look like, how is it measured, what are the stretch targets

Defined Outcomes	Unmet	Met	Exceeded	Significantly Exceeded	Date they should be delivered by
Substitute members are effectively able to support the HWB fulfil obligations	Subs are not nominated or do not have sufficient authority to participate in meetings in place of core members	Subs attend in the place of core members	Subs attend and actively participate in the discussions	Subs are able to support the work of the HWB including additional meetings and special projects if required	As and when required
A formally agreed protocol is developed for RBWM HWB and BA CCG for the benefit of residents	Protocol is ineffectual and does not stand up to being used	Protocol sets out framework for actions between the HWB and the BA CCG	Protocol is followed leading to coordinated services and improved outcomes for Ascot residents	Protocol creates effective partnership working, shared processes, economies of scale, seamless working and improved outcomes for all RBWM residents	As soon as protocol is agreed by the Chair of the HWB and the BA CCG Chair
The Deputy Lead Member for Health is accepted onto the HWB to participate as a core member	The Deputy Lead Member for Health is not able to participate as a member of the HWB	Member for Health is on the HWB to represent residents of RBWM	Public views for the Health services are fully and clearly represented in a way that contributes to priorities and outcomes	Residents are very confident that their views are supported through the enhanced expertise on the HWB and outcomes are exceeded	By the next meeting of the HWB

4. Financial Details

a) Financial impact on the budget (mandatory)

Accepting the recommendations will not have a foreseeable impact on the budget of the Council

The approved (revenue or capital) budget – N/A

Example	Year1 (<i>state year</i>)	Year2 (<i>state year</i>)	Year3 (<i>state year</i>)
	Capital £000	Capital £000	Capital £000
Addition			
Reduction			

Example	Year1 (<i>state year</i>)	Year2 (<i>state year</i>)	Year3 (<i>state year</i>)
	* Revenue £000	Revenue £000	Revenue £000
Addition			
Reduction			

b) Financial Background (optional)

The acceptance of the recommendation for a protocol has been proposed as of the five Ascot GP practices that are all geographically located in RBWM, three of the practices (covering approximately 20,000 patients) are part of the Bracknell and Ascot CCG. This means that people who are resident of Ascot within the RBWM boundaries will have their health services commissioned by B&A CCG. However the Public Health Function and Healthwatch remain the responsibility of RBWM, as the local authority.

This means the RBWM Health & Wellbeing Board will want to assure itself that BA CCG is appropriately commissioning for the needs of the RBWM residents in Ascot, and based on the findings in the JSNA. The agreement of a protocol that sets out the working relationships of the two CCG's and the HWB will be able to develop services in a complimentary way for the benefit of residents

5. Legal Implications

The recommendations are based on the Health and Social Care Bill reaching Royal Assent.

6. Value For Money - N / A

7. Sustainability Impact Appraisal - N / A

8. Risk Management

Risks	Uncontrolled Risk	Controls	Controlled Risk
Risk of inefficient meetings and not achieving the best outcomes for residents to reduce health inequalities	If agreement is not reached for the way the CCGs and the HWB interact there could be a detrimental effect on the wellbeing of residents	Formal protocol agreed for interactions to build relations and future ways of working	Protocol will manage the ways of working and ensure that the views of RBWM HWB are taken into account for BA CCG planning

9. Links to Strategic Objectives

All of the recommendations are complimentary to the strategic objectives of RBWM

Our Strategic Objectives are:

Residents First

- Support Children and Young People
- Encourage Healthy People and Lifestyles
- Improve the Environment, Economy and Transport
- Work for safer and stronger communities

Value for Money

- Deliver Economic Services
- Improve the use of technology
- Increase non-Council Tax Revenue
- Invest in the future

Delivering Together

- Enhanced Customer Services
- Deliver Effective Services
- Strengthen Partnerships

Equipping Ourselves for the Future

- Equipping Our Workforce
- Developing Our systems and Structures
- Changing Our Culture

10. Equalities, Human Rights and Community Cohesion

Please see attached EQIA in relation to recommendation number 2; the other recommendations do not require an EQIA

11. Staffing/Workforce and Accommodation implications - None

12. Property and Assets - None

13. Any other implications -None

14. Consultation

There has not been a public consultation on the recommendations contained in this report due to the specific nature of the recommendations.

15. Timetable for Implementation

The timescales for the implementation is dependant on the passing of the Health and Social Care Bill and the publication of guidance from the Department of Health, which will be based on the Action Learning Set. The Action Learning Set is due to complete their activities by the end of March 2012. Therefore it is expected that further information will be available in the spring of 2012

16. Appendices - None

17. Background Information

17.1 Nationally, as an Early Implementer for Health and Wellbeing Boards, RBWM has designed the Terms of Reference (TOR) for the shadow HWB in advance of official guidance or the passing of the Health and Social Care Bill. This has been a part of a shared learning with the Health and Social Care Partnerships for the development of HWB.

17.2 Due to the delays of the Bill and guidance the comprehensive review of the TOR would be most appropriate once these are known; originally this was expected to be December 2011, which would have allowed the in-depth review to have taken place already. However in the meantime, as an established shadow HWB it would be appropriate to implement the recommendations to the current governance and structures of the HWB, so that the HWB can be as effective as possible on a local level.

17.3 Once the full statutory expectations of the Health and Wellbeing Board are clear on a national level, the TOR will need to be updated with a comprehensive review so that the HWB is able to fulfil the statutory functions and also bring in the local element to the functions of the HWB.

18. Consultation (Mandatory)

Name of consultee	Post held and Department	Date sent	Date received	See comments in paragraph:
Internal				
Christabel Shawcross	Strategic Director of Adult and Community Services			
Cllr Simon Dudley	Lead Member for Adult Services			

Report History

Decision type:	Urgency item
Decision making – on forward plan since July 2011	No

Full name of report author	Job title	Full contact no:
Catherine Mullins	NHS Changes Project Manager	01628 68 3664

Schedule for writing and reviewing report

It is important that enough time is allowed for each stage of the writing and review process. To help ensure the report is started in time and no stage is rushed, please write in the date for the final stage of your report in the appropriate box below. Then, working backwards, add dates to the remaining boxes, allowing up to five working days for each stage.

Stages in the life of the report -	Date to complete
1. Officer writes report (in consultation with Lead Member)	
2. Report goes for review to head of service or DMT	
3. To specialist departments: eg, legal, finance, HR (in parallel)	
4. To lead member	
5. To SMT or CMT	
6. To the leader	
7. To overview or scrutiny, if a cabinet report	
8. To cabinet	

Royal Borough of Windsor and Maidenhead Equality Impact Assessment Form

Section one – Screening

Name of strategy, policy or project (please write):

Protocol for the effective working of the RBWM Health and Wellbeing Board and the Bracknell and Ascot Clinical Commissioning Group

Officer completing assessment (please write):

Catherine Mullins, NHS Changes Project Manager for RBWM

Telephone (please write):

01628 68 3664

1. What is the main purpose of the strategy / project / policy? (Please write):

The purpose is to have an agreed understanding on the way that the Shadow Health and Wellbeing Board will work with Bracknell and Ascot Clinical Commissioning Group through a formally agreed protocol

2. List the main activities of the project / policy? (For strategies list the main policy areas) (Please write):

The activities involve the commissioning of health services for the residents in Ascot who are geographically resident in RBWM Borders, but are patients of GP practices who have joined Bracknell and Ascot CCG. Therefore the commissioners for the health service of the residents will be the responsibility of BA CCG, but with the social care and public health function still being the responsibility of RBWM as the accountable local authority

3. Who will be the main beneficiaries of the strategy / project / policy? (Please write):

Main beneficiaries will be residents of Ascot

4. Use the table overleaf to tick:

- a. where you think that the strategy / project / policy could have a negative impact on any of the equality target groups i.e. it could disadvantage them.
- b. where you think that the strategy / project / policy could have a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups

Please mark the appropriate boxes with an X.

		Positive impact – it could benefit	Negative impact – it could disadvantage	Nil impact	Reason
gender	Women	X			
	Men	X			
race	Asian or Asian British people	X			
	Black or black British people	X			
	Chinese people and other people	X			
	People of mixed race	X			
	White people (including Irish people)	X			
	Disabled people	X			
	Lesbians, gay men and bisexuals	X			
age	Older people (60+)	X			
	Younger people (17-25) and children	X			
	Faith groups	X			
	Equal opportunities and / or improved relations / access	X			

Notes:

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the Race section are those used in the 2001 census. Consideration should be given to the needs of specific communities within the broad categories such as Bangladeshi people and to the needs of other communities such as Turkish / Turkish Cypriot, Greek / Greek Cypriot, Italian and Polish that do not appear as separate categories in the census.

5. If you have indicated there is a negative impact on any group, is that impact:

N / A

a. legal (i.e. it is not discriminatory under anti-discriminatory legislation)? Please write yes or no:

b. intended? Please write yes or no:

c. what is the level of impact? Please write high or low:

If the negative impact is possibly discriminatory and not intended and / or of high impact you must complete section two of this form. If not, complete the rest of section one below and consider if completing section two would be helpful in making a thorough assessment.

6. Could you:

a. minimise or remove any negative impact that is of low significance? Please write yes or no and, if yes, write how:

b. improve the strategy, project or policy's positive impact? Please write yes or no and, if yes, write how:

N / A

(you may wish to use the action plan for this)

7. If there is no evidence that the strategy, policy or project promotes equality, equal opportunities or improved relations – could it be adapted so that it does? Please write yes or no and, if yes, write how:

N/A

Please sign and date this form, keep one copy in the project file and publish within the EQIA folder on hyperwave under your Directorate. If you are using 'work together' you should publish a copy in your 'set up docs' folder.

It is good practice to highlight the outcomes of the assessment with management such as DMT or the project board.

Signed:

Please print name: Catherine Mullins, NHS Changes Project Manager

Date: 17th January 2012