

MIDDLESBROUGH COUNCIL

EXECUTIVE REPORT

Report Title: Middlesbrough Shadow Health and Well Being Board – Governance Structure and Establishing a Joint Health & Well Being Strategy

Executive Member for Public Health and Sport

Director of Adult Social Care and Environment

Date 19 June 2012

PURPOSE OF THE REPORT

1. The purpose of this report is to seek Executive approval to implement the final governance structure and terms of reference and agree the proposed framework and timetable to progress the Joint Health and Well Being Strategy, a statutory requirement of the Health and Well Being Board.

SUMMARY OF RECOMMENDATIONS

2. **The Executive are recommended to:**
 - Endorse the governance structure and terms of reference
 - Endorse the key findings of the Joint Strategic Needs Assessment
 - Agree to implement the proposed framework and timetable to progress the Joint Health and Well Being Strategy.

IF THIS IS A KEY DECISION WHICH KEY DECISION TEST APPLIES?

3. It is over the financial threshold (£75,000)
It has a significant impact on 2 or more wards
Non Key

DECISION IMPLEMENTATION DEADLINE

4. For the purposes of the scrutiny call in procedure this report is

Non-urgent
Urgent report

If urgent please give full reasons

Middlesbrough Shadow Health and Well Being Board – Governance Structure

BACKGROUND

5. As set out in the Health and Social Care Bill, Health and Well Being Boards will have the primary aim of promoting integration and partnership working between the NHS, social care, public health and other local services.
6. The key statutory functions of the board are:
 - Local democratic accountability
 - Advice, assistance and support relating to the provision of health services
 - Joint working between commissioners and providers
 - Assessing the needs of the local population – JSNA
 - Establishing a Joint Health and Well Being Strategy
7. A report was presented to Executive on 27 March 2012 outlining a proposed governance structure for the Shadow Health and Well Being Board and its supporting structure. The governance structure and terms of reference are attached as Appendix 1 and 2.
8. This report sets out the final governance structure for the Shadow Health and Well Being Board, which incorporates feedback from Executive, Scrutiny and other stakeholders.
9. The inaugural meeting of the Shadow Health and Well Being Board took place 6th June 2012.

Membership

10. The membership and voting rights for both the Shadow Board and the Executive are set out below.

Health and Well Being Board – Voting Members:

- Ray Mallon, Elected Mayor, Middlesbrough Council (Chair)
- Cllr David Budd, Deputy Mayor and Executive Member for Resources, Middlesbrough Council
- Cllr Brenda Thompson, Executive Member for Public Health and Sport, Middlesbrough Council
- Cllr Mike Carr, Executive Member for Children, Families and Learning, Middlesbrough Council
- Cllr Barry Coppinger, Executive Member for Social Care, Middlesbrough Council
- Mike Robinson, Director Adult Social Care, Middlesbrough Council
- Gill Rollings, Director Children, Families and Learning, Middlesbrough Council
- Edward Kunonga, Director of Public Health, Middlesbrough Council / NHS Tees
- Carol Hodgson, Non-Executive Director, NHS Tees
- Deborah Jenkins, Chair, South Tees Hospitals NHS Foundation Trust
- John Robinson, Non-Executive Director, Tees, Esk and Wear Valley NHS Trust
- Henry Waters, Chair, Clinical Commissioning Group

- Catherine Haigh, Chair, Middlesbrough Local Involvement Network (**prior to the establishment of HealthWatch**)
- To be confirmed - Voluntary and Community Sector representative
- To be advised – NHS Commissioning Board representative

Health and Well Being Board – Supporting Officers (no voting powers):

- Ian Parker, Chief Executive, Middlesbrough Council
- Chris Willis, Chief Executive, NHS Tees
- Simon Pleydell, Chief Executive, South Tees Hospitals NHS Foundation Trust
- David Brown, Operations Director, Tees, Esk and Wear Valley NHS Trust

Health and Well Being Executive Members:

- Ian Parker, Chief Executive, Middlesbrough Council
- Mike Robinson, Director Adult Social Care, Middlesbrough Council
- Gill Rollings, Director Children, Families and Learning, Middlesbrough Council
- Edward Kunonga, Director of Public Health, Middlesbrough Council / NHS Tees
- Chris Willis, Chief Executive, NHS Tees
- Simon Pleydell, Chief Executive, South Tees Hospitals NHS Foundation Trust
- David Brown, Operations Director, Tees, Esk and Wear Valley NHS Trust
- Amanda Hume, Interim Chief Officer, Clinical Commissioning Group
- Gill Collinson / Vince Connolly, Emergency Admissions Lead Officers, South Tees Hospitals NHS Foundation Trust
- To be confirmed - Voluntary and Community Sector representative
- To be advised – NHS Commissioning Board representative

11. As outlined in the previous report, it remains uncertain whether the Health and Well Being board is to be a Committee of the Council or a Committee of the Executive and further clarity is required at a national level. The outcome of this will have implications on the governance of the board in terms of voting rights and political balance. The terms of reference outlined in this report, however, allow these arrangements to be reviewed and amended as necessary, once the position has been clarified.
12. A further report will be brought to Executive in February 2013 to confirm finalised arrangements for the statutory Health and Well Being Board.

Joint Health and Well Being Strategy

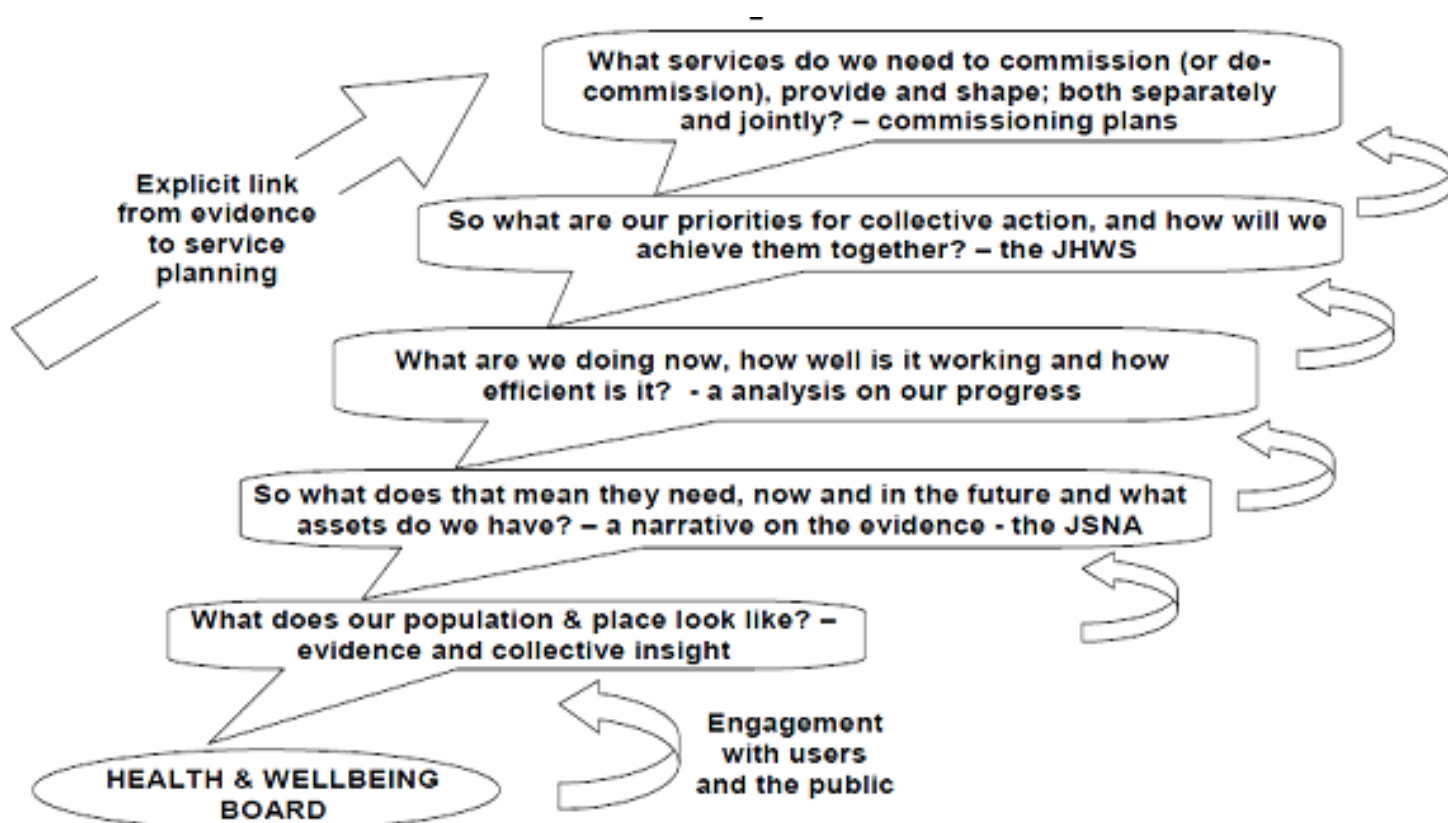
BACKGROUND

13. The Health and Social Care Bill 2011, sets out Health and Well Being Boards statutory responsibilities which include a duty to prepare a Joint Health and Well Being Strategy which will set collective, jointly agreed and locally determined health priorities on which to base commissioning decisions going forward.
14. In addition, the strategy is expected to:
 - Address local needs identified in the Joint Strategic Needs Assessment
 - Support and promote partnership working between key agencies
 - Act as a key level to connect NHS and local government activity
 - Involve local people
 - Ensure the final strategy is built into all partner commissioning plans

Joint Strategic Needs Assessment

15. The requirement for Primary Care Trusts and upper tier local authorities to develop a Joint Strategic Needs Assessment (JSNA) for local populations will transfer to local authorities and Clinical Commissioning Groups. The JSNA will provide the health and well being board with a detailed analysis of the needs of the local population, informs the development of the Joint Health and Well Being Strategy as well as the commissioning of health and well being services in Middlesbrough, going forward.
16. Middlesbrough's Executive Summary and key findings of the JSNA is attached as Appendix 1.

Joint Health and Well Being Strategy process



Work to Date

17. Middlesbrough Interim Shadow Health and Well Being Board have hosted a number of development sessions to explore in further detail, priorities to be included in a long term health vision for the town. The feedback and discussion points from these sessions will be used to inform the strategy.
18. Following instruction from the Board, a Task and Finish Group has been established to progress the JSNA and the strategy and is meeting six-weekly.
19. A mapping exercise of existing strategies and partner priorities has been undertaken to identify any crossover and potential gaps and a Communication and Engagement Plan has been produced.
20. Based on the discussions and work undertaken to date, draft guiding principles and outcomes have been produced which will form the basis of further consultation.

Draft Guiding Principles and Outcomes

Vision: 'Improve the health and well being of our local population and reducing health inequalities'

Priority Outcomes:

- Ensure children and young people have the best health and life opportunities
- Reduce the number of preventable deaths especially in high risk, disadvantaged or vulnerable groups
- People and communities are supported to take responsibility for their own health with more focus on high risk, disadvantaged and vulnerable groups
- Equitable access to high quality, safe, sustainable and joined up health, social care and well being services
- Tackling the underlying causes of poor health and well being.

Principles:

- Achieving the best outcomes for Middlesbrough in an efficient, effective and sustainable way – public purse
- Strategic focus on prevention and early intervention
- Systematic, targeted and industrial scale interventions to improve the health and well being of the poorest and disadvantaged groups fastest
- Strategic planning for future demands on health and well being services such as ageing population, burden of long term conditions, mental health and dementia and impact of welfare reforms
- Commissioning and delivery of high quality, safe and integrated health and well being services across the whole system
- Not commission or deliver services in a way which has an adverse impact on partner organisations without agreement
- Engaging with local communities, patients, service users, carers and the public in the commissioning and delivery of health and well being services
- Making health and well being everyone's business through cross sector capacity building
- Equality and health equity in all policies

21. The Middlesbrough Shadow Health and Well Being have agreed the following timetable for progressing the Joint Health and Well Being Strategy.

June 2012	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012
<p>6th June: Health & Well Being Board Agree outline structure and way forward</p> <p>6th June: LSP Board Present outline paper</p> <p>19th June: Council Executive: Present outline paper</p>	<p>26th July: Development Session Priority setting</p> <p>Date TBC: Health Scrutiny Panel Present outline paper</p>	<p>Date TBC: LSP Engagement Event Consultation and information session</p>	<p>Date TBC: Health Scrutiny Panel Present final draft strategy</p> <p>11th Sept: Council Executive Present final draft</p> <p>Date TBC: LSP Board Present final draft</p>	<p>24th October: Health & Well Being Board Final approval and sign-off</p>	<p>26 Nov: Council Executive Present final strategy</p> <p>28 Nov: Full Council Present final strategy</p>	<p>Date TBC: Final Strategy published</p>
<p>Development of Health & Well Being Strategy Consultation document</p>		<p>Public and Stakeholder Consultation</p>		<p>Strategy aligned to 2013/14 commissioning cycle</p>		
		<p>Equality Impact Assessment undertaken to support Health and Well Being Strategy</p>	<p>Final Health and Well Being Strategy produced</p>			

Next Steps

22. A development session has been planned for July to bring together members of the Health and Well Being Board and its supporting Executive, and wider stakeholders to explore in further detail the content of the strategy and how the information gathered for the JSNA will translate into the strategy. In particular, the development session will seek to agree the following:
 - Vision
 - Scope of the strategy – health and social care / wider determinants of health
 - Relationship with existing plans and strategies
 - Process for agreeing priorities for inclusion
 - Timing of strategy – short / medium / long-term
 - Accountability
23. Following the development session, a draft strategy will be developed and formal consultation with a wide range of partners will commence. A final draft strategy will be presented to Executive in September and it is anticipated that the final strategy will be presented in December 2012.

EQUALITY IMPACT ASSESSMENT

24. The overall approach to implementing the health and social care transformation programme in Middlesbrough has been impact assessed and presented to the board. As this report relates to individual actions within this process, the original assessment still applies. However, an equality impact assessment will be carried out which relates specifically to the Joint Health and Well Being Strategy, once drafted.

FINANCIAL, LEGAL AND WARD IMPLICATIONS

25. **Financial** - Financial arrangements to support the development of proposals outlined in the Health White Paper and the Legislative framework have not yet been confirmed by Government. However implementing the governance structure and establishing a Joint Health and Well Being Strategy will have no direct financial costs, other than officer time.
26. **Ward Implications** - There are no direct implications to any wards, however the purpose of the Board and the Joint Health and Well Being Strategy will be to ensure that activity is targeted to those wards where health inequalities exist.
27. **Legal Implications** – This report is in response to the proposals outlined in the Health and Social Care Bill and associated government papers – ‘Liberating the NHS: Legislative framework and next steps’, Department of Health White Paper – Equity and Excellence: Liberating the NHS 2010 and the public health strategy, Healthy Lives, Healthy People’.

SCRUTINY CONSULTATION

28. The development of the Health and Well Being Board was discussed at the Health Scrutiny Panel on 8 March 2012. The Joint Health and Well Being Strategy will be formally presented to the Health Scrutiny Panel. Panel dates to be confirmed.

RECOMMENDATIONS

29. The Executive are recommended to approve the proposals set out in this report and agree to:
- Endorse the finalised governance structure, terms of reference and membership
 - Endorse the key findings of the JSNA
 - Agree next steps and timetable for developing the Joint Health and Well Being Strategy.

REASONS

30. The process outlined will ensure that Middlesbrough is responding to the proposals set out in the Health and Social Care Bill and ensures the statutory responsibilities of the Health and Well Being Board are fulfilled.

BACKGROUND PAPERS

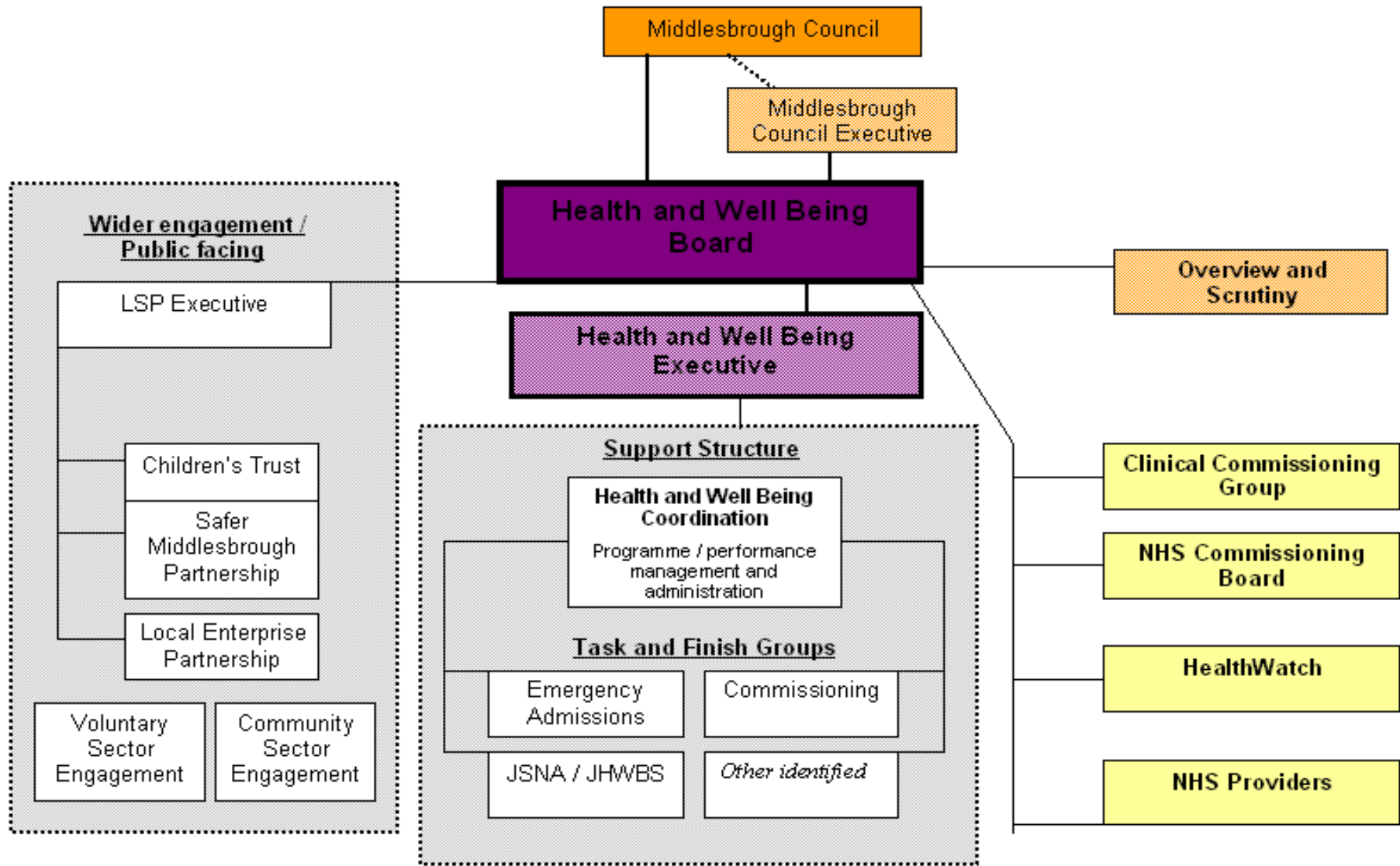
31. The following background papers were used in the preparation of this report:
- Health and Social Care Bill, January 2011.

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Appendix 1 – Health and Well Being Board Governance Structure



Appendix 2 – Terms of Reference

Health and Well Being Board	
Principles	Role
<ul style="list-style-type: none"> • Shared business / priorities / approach • Genuine influencing role • Collaborative working • Be representative of the public / patient voice • Decisions will be made on evidence – data sharing key • Terms of Reference and membership subject to regular review as the board evolves 	<ul style="list-style-type: none"> • Provide strategic direction • Ensure all statutory duties are met • Provide assurance / sign off key documents • Review progress against priorities • Develop a forward work programme • Link with neighbouring authorities • Influence joint working between commissioners and providers
Governance	
<ul style="list-style-type: none"> • Board will meet three times in 2012/13 • Substitutions will not be allowed, however, each member will be asked to nominate a deputy • Shadow Board meetings will be public • Decisions will be reached through a majority vote with the chair having casting vote • A quorum of the meeting will be at least 50% member attendance 	

Health and Well Being Executive	
Principles	Role
<ul style="list-style-type: none"> • Support the board to ensure the best possible outcomes for all residents • Encourage collaborative working • Be representative of the public / patient voice • Decisions will be made on evidence – data sharing key • Terms of Reference and membership subject to regular review as the board evolves 	<ul style="list-style-type: none"> • Progress the JSNA • Ensure JSNA priorities are linked to all future work • Progress the Health and Well Being Strategy • Support the transfer of public health responsibilities for the local authority • Consider options for HealthWatch • Consider options for joint commissioning for children and adults • Provide direction and advice to the Shadow Board • Identify and sign up to the resolution of common problems • Ensure budget plans and commissioning arrangements are appropriately focussed • Agree the agenda for the Shadow Board
Governance	
<ul style="list-style-type: none"> • Executive will meet six-weekly • Substitutions will not be allowed, however, each member will be asked to nominate a deputy • Executive meetings will be private • Decisions will be reached through a majority vote with the chair having casting vote • A quorum of the meeting will be at least 50% member attendance 	

Appendix 3 – Middlesbrough JSNA Key Findings

Population Changes		Inequalities in life expectancy	Inequalities in illness and death across Middlesbrough
<p>Current population</p> <ul style="list-style-type: none"> • 142 000 population estimate 2010 <p>By 2030, significantly increased:</p> <ul style="list-style-type: none"> • Number of older people • Number of people with long term conditions • People aged over 65 with dementia • People aged over 65 with learning disability 		<ul style="list-style-type: none"> • Life expectancy continues to improve for birth males and females although it remains below the regional and national averages • Latest figures (2008 – 2010) show that, Middlesbrough's male life expectancy is 76.1 years (and female life expectancy is 80.2 years. • The life expectancy gap in Middlesbrough between the most deprived and least deprived wards is widening (14.8 years for males and 11.3 years for females) 	<ul style="list-style-type: none"> • The latest figures show that there were 4155 deaths (all age and all causes) in Middlesbrough between 2008 and 2010. • Cardiovascular disease, cancer mortality and respiratory disease are the largest contributors to premature death • Suicide continues to contribute to the reduction in life expectancy especially for men. • Health outcomes for babies remain in bottom quartile nationally • Vulnerable groups experience poorer health outcomes compared to the general population.
Inequalities in access to health services		Inequalities in lifestyle risk factors	
<ul style="list-style-type: none"> • High emergency admissions and attendance at A&E mirroring the pattern of deprivation across the town • A significant number of people with undiagnosed long term conditions • Uptake of screening programmes (cancer, CVD, diabetes) is lower for people from less deprived areas across the town. • There is a mismatch between provision and demand indicates poor access to mental health services for children and young people • 75% of people aged over 65 known to social care have a physical disability • Chaotic and dysfunctional families causing excessive pressure on health , social care and children's services 		<ul style="list-style-type: none"> • Smoking remains single preventable cause of premature deaths locally • 30% of pregnant women continue to smoke • Obesity rates in Middlesbrough higher than national average • Childhood obesity rates more than double between reception and Year 6 and remain above national average • Binge drinking higher than regional and national averages • 4th highest rate of alcohol related hospital admissions in the country • Number of opiate or crack users higher than national average • Teenage pregnancy rates remain higher than regional and national average 	
Social causes and wider determinants of health			
Deprivation & Poverty	<ul style="list-style-type: none"> • Increase in risk to health and well being due to economic downturn and significant financial exclusion issues • Middlesbrough has high numbers of deprived wards with 13 amongst the 10% most deprived wards in the country • 34% of children in Middlesbrough live in poverty (21% national average) • Number of children living in unemployed / low income households is increasing due to economic situation 		
Education / Employment	<ul style="list-style-type: none"> • Levels of educational attainment are generally poor and fewer people are economically active compared to average • Adult literacy and health literacy are lower in deprived compared to affluent wards with significant implications on health and wellbeing of individuals and families • Benefit rates are high and number of NEETs remain higher than average 		
Crime	<ul style="list-style-type: none"> • 25% of all crime and disorder across the town is in Middlehaven and Gresham. • Domestic Violence remains a significant issue with reported levels double the national average 		
Housing	<ul style="list-style-type: none"> • Number of fuel poor households is increasing and homes in disrepair are occupied by some of the most vulnerable households • Domestic violence accounts for 59% of homelessness in Middlesbrough 		
Transport	<ul style="list-style-type: none"> • Children in the 10% most deprived wards more than 3 times as likely to be pedestrian casualties than those in other areas • It is estimated only 11.4% of adults in Middlesbrough achieve the recommended levels of physical activity 		