

## HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 26 January 2012.

**PRESENT:** Councillor Dryden (Chair); Councillors Davison, Harvey and Mrs H Pearson.

**OFFICERS:** J Bennington, J Ord, M Robinson and K Warnock.

**\*\* PRESENT BY INVITATION:** Councillor Brunton (Chair of Overview and Scrutiny Board)  
S Perkin, Health Improvement Partnership Manager, NHS  
Middlesbrough  
E Kunonga, Interim Director of Public Health.

**\*\* APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Cole, Junier,  
Lancaster, Mawston and Purvis.

### **\*\* DECLARATIONS OF INTEREST**

There were no declarations of interest made at this point of the meeting.

### **\*\* MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 5 January 2012 were submitted and approved as a correct record.

## HEALTH TRANSFORMATION UPDATE

The Scrutiny Support Officer submitted a report the purpose of which was to introduce senior representation from Middlesbrough Council and NHS Middlesbrough to provide an update on the local implementation of Health Reforms. In order to assist deliberations a series of questions had previously been forwarded to the representatives on the likely areas for discussion at the meeting as outlined in the report submitted.

The Director of Adult Social Care and Environment presented a report which provided an update on the public health transition plan for managing the transfer of public health statutory responsibilities from NHS Middlesbrough to Middlesbrough Council.

It was reported that in December 2011 a series of fact sheets describing public health in local government and the operating model for Public Health England had been published. Further guidance on public health ring fenced budgets and the health premium, the public health outcomes framework was still awaited and recently received in relation to human resources and the workforce strategy all of which would inform the local transition plan.

In order to ensure the smooth transition of the responsibility from NHS Middlesbrough to Middlesbrough Council a local public health (PH) transition group had been established with membership from the PCT, Council and Clinical Commissioning Group which met every four weeks. The Group reported to the Middlesbrough Health Transformation Programme, the Middlesbrough Shadow Health and Wellbeing Board and the NHS Tees PCT Board.

The Strategic Health Authority had established a Regional Public Health Transition Board with Middlesbrough being represented by the Chief Executive and the Interim Director of Public Health.

The Panel's attention was drawn to the draft Middlesbrough Public Health Transition Plan as outlined at Appendix 1 of the report submitted which was subject to consultation with a wide range of agencies and had the following themes:-

- vision and strategy for public health in Middlesbrough;
- designing the new local public health system;
- maintaining the public health services and programmes throughout the transition year;

- ensuring robust governance arrangements for the new local public health system covering corporate governance, clinical governance, performance and accountability, risk and resilience;
- enabling infrastructure;
- workforce and human resource management – capacity and capability;
- finances, contracts and procurement;
- accommodation, IT and assets;
- communication and engagement.

Reference was made to the risk register for the Transition Plan which was being developed by the Transition Group and RAG rated which demonstrated that those actions shown Red represented actions where national guidance was yet to be published, Amber identified work in progress and Green where actions were progressing and on track or had been completed.

The Panel was advised of the key milestones for the public health transition as highlighted in a recent letter from the Regional Director of Public Health for the North of England as follows:-

- (a) draft transition plans to be submitted to the RDPH by 23 January 2012 and the final plans, signed off by local authorities, should be submitted by 31 March 2012;
- (b) by the end of October 2012 it was expected the substantial majority of PCTs with local authority agreement would have transferred public health duties to local authorities with robust governance in place for the remainder of 2012/2013;
- (c) by the end of December 2012 all remaining duties would be transferred;
- (d) by the end of March 2013 all PCTs must have completed the formal handover of public health responsibilities to local authorities.

Following an exercise some six months ago by all PCTs an indicative figure of approximately £14 million had been identified for public health spend in relation to Middlesbrough.

It was acknowledged that it was a challenging timetable and without knowing the allocated public health ring fenced budget and the health premium it was very difficult to determine what and how to shape public health services.

Members referred to the potential implications of the likelihood of having two Clinical Commissioning Groups of South Tees and North Tees with particular regard to commissioning plans and key areas of two Joint Strategic Needs Assessments. The importance of examining the opportunities of what could be achieved together was highlighted.

It was confirmed that the data being compiled in relation to the asset registers would be completed by February 2012 and a plan defined the following month for securing suitable accommodation.

The Panel discussed the potential composition, remit and role of the Health and Wellbeing Board. Issues still to be determined included whether or not it would be a committee of the Council of Executive; its remit and powers; membership outside of the statutory requirements in particular the balance of elected councillors, officers, and representatives of local health organisations.

Reference was made to one proposal in the Health and Social Care Bill to have local Health Watch representatives on the Board as well as service delivery groups. It was recognised that achieving the correct balance and composition on the Board presented a major challenge.

The Panel was advised that the current Shadow Health and Wellbeing Board included representatives from key agencies such as the PCT, STHFT, TEWV, NEAS and the Local

Authority. The Council's Chief Executive was currently the Chair of the Board. An indication was given of initial work undertaken by the Board in relation to urgent care and reducing emergency admissions. It was confirmed that further information would be presented to the Panel regarding the structure of the Board.

In general terms Members reiterated the importance of having measures in place to ensure meaningful consultation throughout the process.

**AGREED** as follows:-

1. That the Council Officers and NHS Middlesbrough representatives be thanked for the information provided which was noted.
2. That the Panel continues to receive updates on the local implementation of Health Reforms.