

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 8 March 2012.

PRESENT: Councillor Dryden (Chair); Councillors Cole, Harvey and Purvis.

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

****PRESENT BY INVITATION:** Councillor Brunton (Chair of Overview and Scrutiny Board).

**** 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 14 February 2012 were submitted and approved as a correct record.

SHADOW HEALTH AND WELLBEING BOARD

The Executive Director of Adult Social Care and Environment submitted a report which outlined the emerging governance structure and engagement methods proposed for the Middlesbrough Shadow Health and Wellbeing Board (HWBB). In the report it was stated that HWBBs would assume statutory responsibilities from April 2013 and their primary aim was promoting integration and partnership working between the NHS, social care, public health and other local services to improve democratic accountability. In August 2011 the Middlesbrough interim Shadow HWBB had been established and had met on six occasions.

The report outlined the proposed overall governance structure which included a Health and Wellbeing Delivery Group and a Health and Wellbeing Executive both of which were officer groups underneath the HWBB. The role and remit of such groups were outlined in the report submitted.

By way of introduction a DVD was also presented which gave an indication of progress made across the North East region and the different approaches which were being pursued in relation to HWBBs. The focus of attention of the interviews with different representatives which included those from local authorities, acute trusts, GPs and the voluntary sector had been on the opportunities and the challenges facing such organisations with the development of HWBBs with particular regard to issues around time, capacity, pace and ever changing national health reforms, need to align to a common agenda and coping with the current difficult financial climate.

The Panel was advised of work undertaken by the Middlesbrough Shadow HWBB which had included two development days to enable the interim Board members together with key deliverer's in the Health and Wellbeing field the opportunity to-

- explore how they need to work together to deliver the Board's agenda;
- develop their understanding of individual and collective concerns and accountabilities;
- consider possible governance structures and implementation arrangements for the HWBB going forward.

Following consideration of the outcome of the development days it was intended for the Council's Executive to consider a formal proposal regarding the HWBB at its meeting to be held on 27 March 2012.

With regard to the legislative background it was confirmed that the Health and Social Care Bill stated that membership of a HWBB should consist of at least one councillor of a local authority nominated by the elected Mayor. Other statutory attendees included the Director of Adult Social Services, Director of Children's Services, Director of Public Health and a representative from the Clinical Commissioning Group. It was also pointed out that another key area which required further clarification at a national level was whether or not the Board would be a Committee of the

Council or an Executive Committee. If the HWBB was regarded as a committee of the Council the Board would be subject to the requirements of the Local Government Act 1972 but if an Executive committee the Board would not need to be politically balanced but consideration would need to be given to membership and voting rights.

Members referred to the current guidance in relation to the composition of HWBBs and to the views expressed at the recent development days with particular reference to the number of elected Members on the Board. It was currently proposed for the HWBB to have 13 representatives plus elected Members. It was acknowledged that the future elected Member representation for the Shadow Board and chairing arrangements required further consideration. Given the original concept of the health reforms around the need to increase transparency and to strengthen democratic accountability Members questioned the view expressed at the development days for only two elected Members to be on the Board.

Given the high level of representation on the HWBB Members sought clarification as to how the various community based groups could influence future direction and commissioning plans. The Panel was advised of the current representation from Middlesbrough LINK prior to the establishment of HealthWatch and reference made to the continuing role of scrutiny. The Panel emphasised that remedies to health inequalities were not necessarily all clinical solutions and often involved matters around lifestyle factors, poverty, unemployment, housing and educational attainment.

It was acknowledged that there was no consistent model of HWBBs across the UK but that whatever model was adopted it was important to ensure that there was effective working between local authorities and health partners and opportunities for greater joint working across the Tees Valley. Members had concerns as to how this could be achieved with particular regard to broader health provision such as the Tees wide Cancer Strategy. Whilst there was recognition of the role of Public Health England Members had a concern that there were no current proposals to develop a framework or establish an accountable/regulatory body on a Tees Valley basis. From a local authority perspective it was emphasised that there was still an opportunity for the Scrutiny function to continue its role and provide an element of accountability. The Panel agreed that further clarification was required as to how HWBBs would work with each other on a regional basis and how it would fit in the overall framework with the National Commissioning Board and Public Health England.

Members specifically referred to a health campaign which was undertaken some years ago to increase the take up of flu vaccines following which support had to be gained from the Public Health Network to remedy the resulting shortage of vaccines. If similar circumstances reoccurred Members questioned as to how it would be tackled without the existence of such a clinical network. In response it was acknowledged that there was an apparent gap in the current structures currently identified although it was considered that some mechanism would be put in place to cover such cross boundary issues. Reference was made to the role of Public Health England and the supporting structures underneath which were envisaged further details and guidance on which was awaited. An indication was also given of structures in place underneath the Middlesbrough HWBB.

Although a strong relationship between the Council's Social Care Department and Acute Trusts had been established for some time it was considered that the wider range of organisations and health partners involved with the HWBB and structures underneath strengthened the existing relationships and provided greater opportunity for such arrangements as the pooling of budgets where appropriate on shared priorities. Given the extent of representatives on the HWBB Members commented on the potential for conflicts of interest in its role of reviewing the priorities within the Joint Strategic Needs Assessment and Joint Health Well Being Strategy and influencing subsequent commissioning plans.

The proposed remit of the HWBB included the setting of the strategy for the year's activity, monitoring progress against strategic actions, meeting statutory requirements and signing off the JSNA. The Panel was advised of the current review of the JSNA and the intention to produce a more concise document focussing specifically on approximately six of the top priorities. Members indicated that there might be an element of risk if there was insufficient data and evidence and also an increased likelihood of such areas being more open to interpretation. The Panel also

referred to the more understated health services but nevertheless important areas such as those which had been the subject of recent scrutiny reviews by Middlesbrough Health Scrutiny Panel and on a regional basis which were considered more likely to be overlooked as part of the proposed process. In response it was stated that whilst there was an intention to focus on a few top priorities in the JSNA this would not preclude others from being undertaken.

In commenting on the proposal for the HWBB to meet quarterly or bi-annually reference was made to the work of the Health and Wellbeing Executive and other project groups. An indication was given of projects currently being undertaken such as that in relation to community services. In terms of the HWBB Members expressed a concern at the depth of detail and investigation that the Board would undertake given the proposed frequency of meetings and what mechanisms would be in place to influence the wider determinants of health policy. In response to Members' questions it was indicated that the HWBB was not likely to be in a position to be a direct commissioner.

Although concerns had previously been expressed about the level of political input on the HWBB Members emphasised the importance of ensuring that the operational elements were the most apt to carry out its functions in particular developing strategies and having strategic influence over commissioning plans. In response, the JSNA was referred to as being key in this regard and the intention following the current review to identify and focus on approximately six of the top priorities. It was reiterated that unlike other previous structures the HWBB provided an opportunity for a wider range of local health representatives to meet together and drive a more integrated local commissioning of health care, social care and public health services.

AGREED as follows:-

1. That the information provided be noted.
2. That a draft response on the proposed development of a Middlesbrough Health and Wellbeing Board be compiled covering the points raised by the Health Scrutiny Panel as outlined and circulated to Members prior to submission to the Executive.