

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 12 July 2012.

PRESENT: Councillor Dryden (Chair), Councillors Biswas, Kerr (as substitute for Councillor Harvey), S Khan and G Purvis (as substitute for Councillor P Purvis).

PRESENT BY INVITATION: Councillor Brunton, Chair of Overview and Scrutiny Board.

ALSO IN ATTENDANCE: Prof. C Bamba, Professor of Public Health Policy and Director of the Wolfson Research Institute for Health and Wellbeing, Durham University
Prof. P Kelly, NHS North East Regional Director of Public Health
S. Bowman, Acting Consultant Public Health, NHS Tees
A Pickstock, Acting Director of Finance, NHS Tees
C Willis, Chief Executive, NHS Tees
E Kunonga, Director of Public Health, Middlesbrough Council.

OFFICERS: J Bennington, J Ord and K Warnock.

APOLOGIES FOR ABSENCE were submitted on behalf of Councillors Cole, Harvey, Junier, Mawston, Mrs H Pearson and P Purvis.

DECLARATIONS OF INTERESTS

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

1 APPOINTMENT OF VICE-CHAIR OF THE HEALTH SCRUTINY PANEL 2012/2013

The Chair sought nominations for Vice-Chair of the Health Scrutiny Panel for the Municipal Year 2012/2013.

ORDERED that Councillor Junier be appointed as Vice-Chair of the Health Scrutiny Panel for the Municipal Year 2012/2013.

2 MINUTES -HEALTH SCRUTINY PANEL -10 MAY 2012

The minutes of the meeting of the Health Scrutiny Panel held on 10 May 2012 were submitted and approved as a correct record.

3 HEALTH FUNDING POLICY - EVIDENCE FROM UNIVERSITY OF DURHAM

The Scrutiny Support Officer submitted a report the purpose of which was to introduce Professor Clare Bamba from Durham University and senior representation from the local NHS in order to address the Panel with regard to research undertaken around health care funding allocation policy and its possible implications for populations and local health services.

The Chair welcomed Professor Bamba and the local NHS representatives to the meeting who highlighted the key issues of recent research around health funding formulae which had recently received significant media attention.

As part of the research the 2011/2012 NHS resource allocation had been recalculated on the basis of English strategic health authorities which demonstrated that if an age only allocation approach had been taken there would have been a 14.9% and 12.0% loss of resource in the poorer North East and North West regions (£265 and £209 per head). Research showed that the more affluent areas of the South East Coast and South Central areas would gain increases of 12.6% and 15.8% (£188 and £220 per head).

Statistical data was provided which demonstrated that as a local authority, Middlesbrough in 2010/2011 spend per head was shown as £99.29 and the estimated budget per head based on the proposed formula would be £58.49, a reduction of £40.80.

Professor Bambra indicated that the data suggested that age only NHS resource allocation which ignored the important link between deprivation and health would disproportionately benefit areas of England that were the most healthy and most affluent.

The Panel was advised of current arrangements for NHS funding whereby funds were allocated to primary care trusts by a complex formula that took into account age distribution of population, deprivation, socioeconomic characteristics, population health need status and the geographical variations in the local cost of providing care.

Andrew Lansley, Health Secretary had stated that age was the principal determinant of healthcare need and could drive the allocation of funding to Clinical Commissioning Groups. He had also indicated that the current approach treated age as the primary factor, but it penalised regions with many older people but a low level of deprivation such as the Fylde coast around Blackpool and Eastbourne. The Secretary of State had asked an independent body of experts for advice on how best to achieve that funding was given to areas that needed it most.

An indication was given of the draft proposals for Public Health funding which included:

- 4.0 % of total health expenditure promised to be spent on public health
- current NHS funding to improve public health was based on local consultation and prioritisation
- above had resulted in much higher levels of spending in poorer areas where the health needs were greatest
- new 'proposed' formula would be based on SMRs under age 75 (pre-mature mortality) with no additional deprivation weighting.

The local NHS representatives referred to current funding arrangements with particular regard to the pace of change policy in those circumstances whereby growth was not as the same rate as other local authorities. It was reaffirmed that no decision had yet been made by the Department of Health of changes to the public health funding and that much depended on the weighting that was given to the poorest and more affluent areas in terms of the percentage funding based on SMR. The Panel acknowledged the extent to which Professor Bambra's research had raised awareness to the potential impact of such changes on local health services.

It was noted that formal responses on the proposed public health formulae needed to be submitted to the Department of Health by 14 August 2012 and that amongst a number of other organisations the Association of Councils would be preparing and submitting a response.

Members suggested that a report should be formulated and brought to the attention of local Members of Parliament and the matter considered further by the Tees Valley Health Scrutiny Committee prior to submission to the Overview and Scrutiny Board and the Executive. The Panel also agreed the importance of the involvement of the Health and Wellbeing Boards both locally and at a regional level in this matter.

AGREED as follows:-

1. That Professor Bambra and the local NHS representatives be thanked for attending the meeting, the information provided and contribution to subsequent deliberations.
2. That a report be compiled as outlined and submitted to the Health Scrutiny Panel and Overview and Scrutiny Board.

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MIDDLESBROUGH SHADOW HEALTH AND WELL BEING BOARD

Further to the meeting of the Panel held on 8 March 2012 the Director of Public Health and the Principal Corporate Development Officer presented a report which outlined the final

governance structure, terms of reference and the proposed framework and timetable to progress the Joint Health and Well Being Strategy, a statutory requirement of the Health and Well Being Board.

The report outlined the membership, requirements of the Joint Health and Well Being Strategy, and work to date by the Shadow Health and Well Being Board which held its inaugural meeting on 6 June 2012.

The Panel noted that there was still uncertainty as to whether the Health and Well Being Board would be a Committee of the Council or the Executive and that further clarification was awaited at a national level.

In terms of the next steps it was proposed to have a development session in July 2012 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 Joint Strategic Needs Assessment and how such information would translate into the strategy. It was intended that approval would be sought at the development session on 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.

Following the development session it was proposed that a draft strategy be developed and formal consultation with a wide range of partners commence. It was intended that a final draft strategy would be presented to the Health Scrutiny Panel at its meeting to be held on 13 September 2012 and it was anticipated that the final strategy would be published in December 2012.

In commenting on the overall governance arrangements Members referred to previous discussion about the need for an appropriate number of elected Members on the Board and noted that such representation had increased to five Members.

Although the supporting structure of the Board was noted and that further guidance was awaited which might impact on current arrangements Members questioned whether or not the proposal for the Board to meet quarterly would be sufficient to conduct the envisaged business within its areas of responsibility. Whilst the Panel noted the intention for the Health and Well Being Executive to meet more frequently on a six weekly basis Members stressed the importance of ensuring transparency and that of the Board given that they were accountable bodies.

In terms of joint working an indication was given of work which had already commenced involving a Tees Valley Strategy Forum, NHS/Local Authority Forum and with Redcar and Cleveland HWB. The Panel reaffirmed the importance of developing collaborative working to strengthen the joint position across the Tees Valley on current and arising matters on health policies and practices.

As previously indicated the Panel referred to the role of the North East Ambulance Service not just in relation to blue light services but the importance of their involvement when appropriate in other related services.

In commenting on the development of the Joint Health and Wellbeing Strategy Members suggested that where necessary it should be explicit in identifying any social and economic factors as wider determinants of health.

AGREED as follows:-

1. That the information provided be noted.

2. That the comments of the Panel as outlined be formulated into a response to the report submitted on current progress and proposals on the health and wellbeing framework.

5 **EXPERIENCE OF VULNERABLE OLDER PEOPLE IN HEALTHCARE SETTINGS**

A copy of the draft Final Report into the Experience of Vulnerable Older People in Healthcare settings which outlined the evidence received so far had been circulated to the Panel.

AGREED that the Chair and Vice-Chair together with the Scrutiny Support Officer identify the conclusions and recommendations for possible inclusion in the Final report for consideration by the Health Scrutiny Panel prior to submission to the Overview and Scrutiny Board.

6 **HEALTH SCRUTINY PANEL WORK PROGRAMME 2012/2013**

The Scrutiny Support Officer submitted a report regarding potential topics for future scrutiny investigation by the Panel.

Specific reference was made to some topics which had previously been identified by the Panel which included:-

Possible development of Private Patient Units at James Cook University Hospital
Possible changes to national formulae to establish levels of health funding
To receive updates on the progress in implementing the Health Reforms
To receive updates on the progress of the Middlesbrough Health and Wellbeing Board.

Members also referred to an item which had been raised at a recent meeting of the Tees Valley Health Scrutiny Joint Committee regarding the establishment of Virtual Wards. It was suggested that the Panel receives further information on the criteria for establishing such a service and how it would operate in Middlesbrough.

AGREED that the items outlined above form the basis of the scrutiny work programme for the Health Scrutiny Panel 2012/2013 and that further consideration is given at a later stage to the items listed in the report submitted.

7 **ANY OTHER BUSINESS - REGULATIONS GOVERNING LOCAL AUTHORITY HEALTH SCRUTINY - CONSULTATION**

Given the timescales involved the Chair referred to a consultation document recently received from the Department of Health on regulations governing local authority health scrutiny.

AGREED that the Scrutiny Support Officer in consultation with the Chair and Vice-Chair prepare a report for consideration at the next meeting of the Panel.