HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 6 October 2014.

PRESENT: Councillor Dryden (Chair), Councillor Biswas (Vice Chair); Councillors Davison, Junier, M Thompson and N Walker (substitute for Councillor Hussain).

OFFICERS: J Dixon, E Kunonga, E Pout and K Warnock.

ALSO IN ATTENDANCE: D Lane – MVDA
N Judge, Healthwatch Tees Manager
T McHale, Participation Co-ordinator, Middlesbrough Healthwatch
M Wright, S Pew, H Dirahu – HealthWatch Executive Board Members.
Professor T Hart – Chief Executive, South Tees Hospitals NHS Foundation Trust
A Hume – Chief Officer, South Tees Clinical Commissioning Group

APOLOGIES FOR ABSENCE were submitted on behalf of Councillors Cole, Hubbard, Hussain and Mrs H Pearson OBE.

**** DECLARATIONS OF MEMBERS' INTERESTS**
There were no Declarations of Interest made by Members at this point in the meeting.

**** MINUTES**
The Minutes of the Health Scrutiny Panel meeting held on 15 September 2014 were submitted and approved as a correct record.

WORKING TOGETHER FOR BETTER OUTCOMES

The Scrutiny Support Officer submitted a report to explore how Middlesbrough's Health Scrutiny Panel, local Health and Wellbeing Boards and Healthwatch could work together to help provide better health outcomes for people in Middlesbrough.

Healthwatch and local Health and Wellbeing Boards had been in place since April 2013 and it was considered timely that those organisations, together with Health Scrutiny, met to discuss their respective roles and responsibilities and to gain a better understanding of each other's roles and how they could complement each other.

A document entitled 'Local Healthwatch, health and wellbeing boards and health scrutiny – roles, relationships and adding value', produced by the Centre for Public Scrutiny was attached at Appendix 1. The document aimed to help local leaders to understand the independent, complementary roles and responsibilities and could be used as a basis for discussion about new and existing bodies working together and building on local agreements and legislative requirements. The document outlined a number of fundamental principles which included developing relationships and good communication.

The Scrutiny Support Officer introduced a presentation from each of the three organisations and opened by stating that effective Health Scrutiny required clarity at a local level about respective roles between the Health Scrutiny function, the NHS, the local authority Health and Wellbeing Board and Healthwatch.

The shared goal was to improve health, social care and wellbeing outcomes for communities and how the organisations interacted would have a direct influence on improving outcomes for communities and service users. Sharing information and expertise was one example of adding value at different points through the cycle.

The fundamental principles were outlined as follows:-

- Improved health and social care were a common goal.

- Early discussions were vital to ensure no-one was excluded.
- Everyone had a responsibility to develop relationships, not just to engage formally.
- Good relationships led to good communication, identifying where value could be added.

Health Scrutiny

The Scrutiny Support Officer outlined the Panel's key roles and responsibilities as follows:-

- Middlesbrough's Health Scrutiny Panel, comprising of nine elected Members, had statutory powers under the Health and Social Care Act 2012, to hold NHS bodies to account.
- Alongside Middlesbrough's Health Scrutiny Panel, the following Panels also existed:-
  - South Tees Health Scrutiny Panel - comprising of Elected Members from Middlesbrough and Redcar Councils.
  - Tees Valley Joint Health Scrutiny Panel - comprising of Elected Members from the Tees Valley local authorities.
  - North East Regional Scrutiny Network – comprising of representatives of the 12 North East local authorities.
- The Centre for Public Scrutiny document stated that working together should be a bridge between professionals and people who use services.
- To improve the health of local people and commission development of health services.
- To provide local Councillors with the opportunity to have a voice for their constituents.
- Promoting integration.
- Challenging information from providers.
- Planning health services that should be consulted on by NHS Trusts – the Panel had the power to refer to Secretary of State if considered not to be in the interests of the people of Middlesbrough.
- Ability to initiate reviews on any topic affecting the health and wellbeing of local residents.
- The NHS was under a duty to respond to the Panel but not bound to accept any recommendations made by the Panel.
- The Panel did not have rights of access to NHS properties.
- Jointly commissioned services with local authorities and NHS to provide local health services.
- Links to public health.

Health and Wellbeing Board

K Warnock, Principal Development Officer, was in attendance at the meeting to provide Members with an overview of the role of Middlesbrough's Health and Wellbeing Board.

- Under the Health and Social Care Act 2012, all local authorities were required to establish a Health and Wellbeing Board. Such Boards were committees of councils with social care responsibilities, made up of local councillors, directors of public health, adult and children's social services, clinical commissioning groups and local Healthwatch.
- Key functions of the Board included preparation of the Joint Strategic Needs Assessment (led by the Council's Director of Public Health) and preparation of the Joint Health and Wellbeing Strategy which was adopted in December 2012.
- The Board's strategy aimed to encourage and build relationships between commissioners of health and social care and other local services, such as housing and employment.
- Middlesbrough's Health and Wellbeing Board aimed to do the following:-
  - Tackling the social causes of poor health.
  - Reducing the preventable illnesses.
  - Ensuring children and young people had the best health and wellbeing possible.
  - Ensuring high quality, sustainable, joined up health services.
- The Board met four times a year and was chaired by the Mayor. Each meeting considered one 'big ticket' agenda item (for example, welfare reform, integrated health and social care, premature deaths).
- In addition to the Health and Wellbeing Board, four delivery partnerships had also been established – Wellbeing in Middlesbrough Partnership, Children/Young People's Delivery

Partnership, Public Health Delivery Partnership and the Health and Social Care Delivery Partnership.

During the course of discussion in relation to the information provided regarding the Health and Wellbeing Board, the following issues were raised:-

- In response to a query, the Panel was advised that, in accordance with legislative requirements, the Board's membership must comprise of: one local elected representative, a representative of local Healthwatch organisation, a representative of each local clinical commissioning group, the local authority director for adult social services, the local authority director for children's services and the director of public health for the local authority. In Middlesbrough's case, following consultation with the Health Scrutiny Panel and the Overview and Scrutiny Board, the membership had been expanded to include five Elected Members. The consultation also highlighted a need for voluntary representation and this was picked up by the MVDA.
- In terms of changes achieved through the work of the Health and Wellbeing Board, it was highlighted that dialogue between partners had enabled commissioning intensions to be shaped.
- In response to a query, it was highlighted that the Health and Wellbeing Board had helped to facilitate joint and integrated working and improve discussion between stakeholders.
- In response to concerns regarding representation of the community and older people on the Board, Members were advised that Healthwatch represented the voice of the public on the Board and ensured that the appropriate mechanisms were in place for all sectors of the community to have an input.

Healthwatch

T McHale, Participation Co-ordinator, Middlesbrough Healthwatch, was in attendance at the meeting to provide Members with an overview of the role of Middlesbrough Healthwatch.

- Local Healthwatches were established across England to create a strong, independent consumer champion whose aim was to strengthen the collective voice of citizens and communities in influencing local health and social care services to better meet their needs and to support people to find the right health and social care services for them by providing appropriate information, advice and signposting.
- Healthwatch Middlesbrough, replaced the previous Link organisation, and worked with local people, patients, service users, carers, community groups, organisations, service providers and commissioners to get the best out of local health and social care services. This included influencing and shaping services to meet the needs of local communities.
- Healthwatch was a statutory representative on the Health and Wellbeing Board which enabled it to present information for the Joint Strategic Needs Assessment and discuss the Joint Health and Wellbeing Strategy.
- Healthwatch's main role was to speak to as many people as possible, through a variety of routes, to gather the views of local people, patients, service users, carers and interested groups on their health and social care services and to make their views known.
- Middlesbrough Healthwatch had established membership networks and volunteers to ensure the views of local people were obtained and to identify the key issues across the town which informed the development of the Organisation's work programme.
- Once the work programme had been established, engagement with the relevant groups would take place to ensure everyone's views were represented.

During the course of discussion in relation to the information provided regarding Middlesbrough Healthwatch, the following issues were raised:-

- Reference was made to the importance of ensuring that the right people were consulted in relation to specific issues, for example, when projects were being developed for specialist groups – such as reducing type 2 diabetes within the BME community – it was important to engage with those groups of people to ensure that there were no cultural barriers to participation. When the project had initially been launched around three years ago, only two

people had participated. However, following improved consultation and engagement that addressed cultural issues, a re-launch of the project had seen a 90% uptake, with more than 150 people participating.

- It was highlighted that Healthwatch provided information and signposting about health/care services to ensure local people were supported in making choices about their care and support. This included where to find a local doctor or dentist.

Panel Members and invitees discussed how all three bodies had a role to play in the way local services were planned and delivered and how best they could interact with each other to influence improving outcomes for service users and communities. The following issues were highlighted:-

- Importance of not duplicating work but working together to achieve better outcomes.
- Signposting – whether sufficient work was being done in relation to promotion of what was happening, particularly on each organisation's websites. It was queried whether all three organisations could improve signposting and that this should be a common link across all commissioning services.
- It was considered that there was an opportunity for James Cook Hospital to be a health-promoting hospital.
- It was considered essential to ensure that the key challenges faced by the town fitted in with the work programme of Healthwatch. Whilst it was good to have community engagement, there also needed to be a message asking whether Healthwatch could help with some of the issues being faced on the agendas of the other bodies.
- It was highlighted that people often did not access support available to them as they were not aware of it, therefore, greater promotion of support services was required. An example was when a patient had been discharged from hospital, a compilation of how to access relevant support was needed and this also needed to be available to healthcare professionals so that they were able to signpost people using resources effectively. This also tied in with improved signposting.
- It was also considered important to increase services to reduce the risk of illness. For example, corporate working towards making Middlesbrough a dementia-friendly town by ensuring shop workers and taxi drivers had an awareness and understanding of people who might be affected in the community.
- In relation to the volunteers working for Healthwatch, it was confirmed that all volunteers had received training in relation to information gathering in the community as well as dementia awareness and safeguarding. The volunteers were in regular contact with Healthwatch on a six-weekly basis.

Finally, as set out in the Centre for Public Scrutiny document, the following questions were asked:-

1. How do we ensure that we complement, not duplicated, each other's work?
2. How can we best use our roles to add value so that together we improve outcomes?
3. Are we taking the right steps to build effective relationships and understanding of parnters' roles and responsibilities? (Consider barriers to effective partnership working too).
4. How will we make sure we work together in a transparent, inclusive and accountable ways?
5. How are we providing leadership?
6. What is working well or not so well?

It was noted that the Health Scrutiny Panel consulted with all of the invitees when compiling its work programme for the year. The Healthwatch work programme should be forwarded to the Scrutiny Support Officer to enable the Panel to consult with Healthwatch and feed into a review that they might be undertaking.

It was also considered important for the Scrutiny Support Officer to establish and maintain regular contact with all of the bodies in attendance at the meeting.

In terms of providing leadership, the Panel considered it was not the Panel's role to provide leadership but the role of the Health and Wellbeing Board.

AGREED as follows:-

1. That all of the invitees be thanked for their attendance at the meeting and the information provided.
2. That the Scrutiny Support Officer gather together all of the work programmes from each of the three organisations and that those work programmes be shared between the three organisations.
3. That the Scrutiny Support Officer forms links with health colleagues, CCG, Trusts to keep informed as to what was on their agendas.
4. To hold an annual meeting between the three organisations to reflect on the previous year's work and achievements, etc.
5. That the Scrutiny Support Officer establish and maintain dialogue between appropriate contacts within the organisations and to also include TEWV and the Mental Health Trust.

DATE AND TIME OF NEXT MEETING

The next meeting of the Health Scrutiny Panel was scheduled for Tuesday, 28 October 2014 at 4.00pm.