

EXECUTIVE

Report title	South Tees Health and Wellbeing Board	
Executive Member*	Mayor of Middlesbrough - Cllr David Budd	
Chief Executive or Director	Edward Kunonga – Director of Public Health	
Date	20 March 2018	
Purpose of the report	To recommend the establishment of a single health and well-being board between Middlesbrough Borough Council and Redcar & Cleveland Borough Council.	
Summary of the report	The report sets out the work undertaken and the advantages to establishing a single health and wellbeing Board with Redcar & Cleveland Council. The report proposes a shared vision and priorities along with governance and supporting structure for a single Board.	
If this is a key decision, which key decision test applies?*	Over the financial threshold (£150,000)	
	Amends the Council's policy framework	
	Affects two or more wards	x
	Non-key	
For the purposes of scrutiny call in procedure this report is*	Exempt under s.12a Local Government Act 1972	
	Urgent (NB this must be approved by the Chair of OSB)	
	Non-urgent	
If this is a confidential report, which category of exemption(s) from the Schedule 12a of the Local Government Act 1972 applies?	N/A	
Decision(s) asked for	It is recommended that Executive a) Endorses the establishment of a single health and well-being board with Redcar & Cleveland Council, and remits the matter to Council for approval	

Impact of decision(s)	The single health and well-being board will deliver improved outcomes across the borough. It will enable effective and efficient joint working with partners on commissioning and delivering health and well-being services.
Contact:	Edward Kunonga, Director of Public Health

1. What is the purpose of this report?

- 1.1. To recommend the establishment of a single health and well-being board between Middlesbrough Borough Council and Redcar & Cleveland Borough Council..

2. Why is this report necessary?

- 2.1. The Mayors Vision 2025 - Fairer, Safer, Stronger A Fairer Middlesbrough -sets out the vision, values, priorities and commitments for the Local Authority.
- 2.2. The Vision also provides a good overarching framework for the Health and Wellbeing Board as all priorities within the plan relate in part to improving people’s health and wellbeing.
- 2.3. To deliver the priorities within the Plan requires true partnership working and the need to shape key areas of activity across partners to determine priorities and challenge plans. The partnership approach will also support the delivery of key “wicked issues” that can only be resolved by working collaboratively across organisations.
- 2.4. Health and Wellbeing boards were established in April 2013 as part of the health and Social Care Act 2012. Since then health and well-being boards have taken on additional responsibilities such as the Better Care Fund (BCF), Improved Better Care Fund (iBCF) including the requirement to develop an integrated vision on integration of health and social care and Sustainability and Transformation Partnerships (STPs).
- 2.5. There are increasing expectations for the health and wellbeing boards to sign off and receive updates on health and social care plans, to be consulted on service changes and improvements and sign up to charters and pledges. This has led to concerns nationally on the effectiveness of health and well-being boards as their agendas are dominated by NHS, health and adult social care issues and less focus on well-being or children and young people’s issues.
- 2.6. The LGA has published reports on the effectiveness of health and well-being boards and identified the following success factors:
 - **A focus on place**, as the most effective HWBs act as “anchors of place”,

- **Committed leadership**, exerting influence across the council, place and health and care system,
- **Collaborative plumbing**, to underpin the leadership of place and influence,
- **A geography that works**, or the capacity to make the geography work.

2.7. Redcar and Cleveland Council and Middlesbrough Council have been working jointly to develop a single health and well-being board. There has been a series of development sessions between Redcar & Cleveland Health and Wellbeing Board and Middlesbrough Health and Wellbeing Board to explore opportunities for joint working building on a number of programmes and services that are already in place. The sessions were held on the following dates:

- a) First development session held on the 26th of September 2016 and the key recommendation was for more joined up work on physical activity. Following the session a physical activity conference was held in December 2016 attracting a wide representation from the two local authority areas. Recently the two local authorities, together with local partners were successful in a joint bid to become a Local Delivery Pilot for the Sports England £130 million investment.
- b) The second development session was held on the 24th of May 2017 and focused on developing a vision for health and social care integration. This is in line with the requirement from the improved Better Care Fund (iBCF) to have by 2020 a wider integration vision with links to wider health and local government strategies including housing and planning.
- c) The third session was held on the 14th of December 2017 and focused on the establishment of a single Health and Wellbeing Board across Middlesbrough and Redcar & Cleveland. The outcome of this session was a draft vision, priorities and key principles including further work that needed to be carried out to establish a single health and well-being board.

2.8. Redcar & Cleveland Health and Wellbeing Board and Middlesbrough Health and Wellbeing Board met 22nd February to consider the proposed arrangements for a single health and wellbeing board as detailed in this paper. Both boards are fully supportive of a single board and are recommending to Middlesbrough and Redcar & Cleveland Councils the establishment of a single Health and Wellbeing Board.

2.9. Benefits of a Single Health and Wellbeing Board

2.9.1. At the meeting, 14 December, it was agreed that establishing a single board would provide a single strategic forum and would provide a number of opportunities.

2.9.2. Integration of health and social care services is a key consideration for both local authorities and work is being undertaken in conjunction with NHS partners, facilitated through the South Tees Integrated Executive Group, which jointly oversees the design and implementation of the Better Care Fund Plans for both local authorities.

2.9.3. The establishment of a single Health & wellbeing Board will provide an

opportunity to provide strategic direction to a programme of activities aimed at more integrated and joined up approach in service planning and delivery in health and care within and across both boroughs and to maximise use of resources and deliver better outcomes for service users.

2.9.4. Both areas have similar challenges such as: poor health outcomes, an ageing population, levels of deprivation, health inequalities, gaps in life expectancy and financial challenges. These challenges and the complexity of the health and social care system both locally and nationally necessitate working together. By coming together as a single Health and wellbeing board will ensure that there is oversight and assurance of the whole health and social care system and ensure joined up approaches and plans.

2.9.5. Health and social care policy updates and signing local plans dominate the agendas for both health and well-being boards crowding out the broader well-being and prevention discussions. Health and Wellbeing boards were set up to take as strategic view across the whole of a local health and care economy. A single board will provide an opportunity to develop beyond their health and social care focus to create space on their agenda to discuss other important determinants of poor health and well-being – e.g. DV, isolation, fuel poverty, Crime etc

2.9.6. There are a number of health and social care national directives, initiatives and policies being imposed on the health and social care system with limited geographical co-terminosity and local authority engagement. A single Health and Wellbeing board will provide a stronger voice across the region for advocacy, challenge and holding to account a number of agencies and programmes that span more than one geographical area.

2.9.7. There are Opportunities to build on a number of successes and joint work already underway between the two areas such the

- establishment of a joint public health service,
- Single Point of Access,
- Joint arrangement for managing the Better Care Fund,
- Integration Executive and the agreed work streams.
- Better Care Fund
- Sports England Bid

2.9.8. A single Health and Wellbeing Board will enable partnerships to be streamlined thereby improving the effectiveness and efficiency of partnership working and greater collaboration. There are a number of agencies that work across both the two local authority areas and a single Health and Wellbeing Board will increase attendance at partnership meetings.

2.10. Scope and remit of the Single Health and Wellbeing Board

2.10.1. Vision and priorities

At the last joint Health and Wellbeing development session in December

2017, the members from the two Health and Wellbeing Boards agreed a shared vision, principles and priorities. The vision for the single Health and Wellbeing board is to: Empower the citizens of South Tees to live longer and healthier lives. With a focus on the following areas key themes

- a) Inequalities - Addressing the underlying causes of inequalities across the local communities,
- b) Integration and Collaboration - across planning, commissioning and service delivery,
- c) Information and Data – data sharing, shared evidence, community information, and information given to people.

2.10.2. The following shared priorities were agreed for each theme

a. Inequalities - Addressing the underlying causes of inequalities across the local communities, through a coordinated approach to;

- Tackling worklessness and underlying health issues,
- Tackling poverty, financial inclusion and welfare reforms,
- Tackling fuel poverty,
- Violence prevention,
- Promoting good mental health and emotional wellbeing,
- Maximising the benefits of economic development for all communities,
- Promoting healthy lifestyles,
- Developing resilient communities.

b. Integration and collaboration

- Joint decision making – single Health and Wellbeing Board and streamlined partnerships,
- Further develop approaches for joint commissioning of health and social care for adults and children as well as joint working with other commissioning organisations to address the wider health and well-being challenges,
- Develop new models of service delivery models that integrate health, social care, housing, VCS, police and fire service.

c. Information and Data

- Develop joint understanding of the local challenges through better use of information and intelligence,
- Improved use of intelligence to drive planning and service improvements,
- Improved arrangements for data sharing and integrated data systems,
- Ensuring the local narrative, community information and qualitative information is also considered,
- Joined up approaches for sharing information with residents.

2.10.3. Once established the Single Health and Wellbeing Board will develop an annual work programme to focus on key issues that address the priority areas. The Board will also monitor and receive update reports on progress against the work programme. The work programme will be reviewed annually as part of the planning and commissioning cycle.

2.11. Proposed governance arrangements for the single Health and Wellbeing Board

Board Membership

2.11.1. The Health and Social Care Act 2012 sets out the core membership for Health and Wellbeing Boards. They should consist of:

- at least one nominated councillor of the local authority
- the director of adult social services for the local authority
- the director of children's services for the local authority
- the director of public health for the local authority
- a representative of clinical commissioning group
- a representative of the local HealthWatch organisation

2.11.2. The broad remit of health and wellbeing boards means they will need to engage with a wide range of stakeholders as well as local people and communities. It is therefore proposed to have a core membership of senior leaders for the Single Health and Wellbeing Board and co-opt additional members as the agenda directs. The membership will be reviewed after 12 months with a view to streamlining membership once wider Health and Wellbeing Board engagement is developed.

2.11.3. It is proposed that the initial single Health and Wellbeing Board membership is as follows:

- Leader of Redcar & Cleveland Council,
- Mayor of Middlesbrough Council,
- Chief Executive Middlesbrough Council,
- Chief Executive Redcar & Cleveland Council,
- 3 Cabinet Members from Redcar & Cleveland Council,
- 3 Executive Members from Middlesbrough Council,
- Nominated Elected Member from Middlesbrough Council,
- Nominated Elected Member from Redcar & Cleveland Council,
- Chair of NHS South Tees Clinical Commissioning Group (STCCG),
- Chief Officer NHS South Tees Clinical Commissioning Group (STCCG),
- Director Adult Social Care and Health Integration for Middlesbrough,
- Corporate Director for Adults and Communities for Redcar & Cleveland,
- Executive Director of Children's Services for Middlesbrough,
- Corporate Director of Children's Services for Redcar & Cleveland,
- Director of Public Health for Middlesbrough and Redcar & Cleveland,
- Senior representative of the local HealthWatch,
- Chief Executive of South Tees Hospitals NHS Foundation Trust (STHFT),
- Chief Executive of Tees, Esk and Wear Valley NHS Foundation Trust (TEWV),
- Senior representative on behalf of Middlesbrough Voluntary Development Agency,
- Senior representative on behalf of Redcar Voluntary Development Agency,
- Senior leader on behalf of Coast & Country Housing and Thirteen Housing

- Group,
- Chief Constable Cleveland Police,
- Chief Fire Officer Cleveland Fire Service

2.11.4. The two Health and Wellbeing Boards will be exercising their functions jointly. The Chair and Vice Chair of the single Board will be rotated between the current Chairs of the existing Health and Wellbeing Boards for each meeting.

2.12. *Terms of reference*

2.12.1. In order to ensure robust governance arrangements are in place a draft terms of reference, work plan and performance framework have been developed for the single Health and Wellbeing Board between the two councils. The governance arrangements have been developed in consultation with the legal departments for Middlesbrough Borough Council and Redcar and Cleveland Borough Council. These will be finalised and agreed by both Councils before the first formal meeting of the Single Health and Wellbeing Board to be held in June 2018.

2.13. ***Wider engagement***

2.13.1. Political engagement

Health and Wellbeing Boards are not typical of local authority committees as they were established under separate legislation. In establishing the single Health and Wellbeing Board there are opportunities for improving the broader political engagement on health and wellbeing through the Redcar & Cleveland Cabinet and Middlesbrough Executive; scrutiny and local political engagement arrangements for each of the Councils The single Health and Wellbeing Board will report to the Redcar & Cleveland Cabinet and Middlesbrough Executive on the work programme and progress.

2.13.2. Multi-agency engagement

In establishing the single Health and Wellbeing Board it is recognised that board effectiveness will require engagement outside of the formal board meetings. The Board will develop an engagement plan as part of its work programme and this will range from issue specific engagement to establishing task and finish groups to undertake specific pieces of work. These will ensure that the right stakeholders are brought together to develop action plans for specific issues.

2.13.3. Local community engagement

All stakeholders recognise that the Health and Wellbeing Board has a role in connecting with the local communities. The single Board will make use of existing local arrangements, for engaging with communities and seek additional engagement routes to ensure local views inform plans and the work of the Board.

3. What decision(s) are being asked for?

3.1. It is recommended that Executive

- Approves the establishment of a single health and well-being board with Redcar & Cleveland Council

4. Why is this being recommended?

4.1. The establishment of a single Health and Wellbeing board is the recommended option as it will deliver the benefits as outlined above.

4.2. The development of the proposal for a single Health and Wellbeing Board has included consultation with the members of both Middlesbrough Health and Wellbeing Board and Redcar & Cleveland Health and Wellbeing Board this includes

- elected members,
- key local government officers
- NHS South Tees Clinical Commissioning Group,
- the two Voluntary Development agencies for Redcar and Middlesbrough.
- Foundation Trusts
- Housing Providers
- Fire Service
- Cleveland Police
- Healthwatch

4.3. Both Middlesbrough and Redcar Health and Wellbeing Boards met 22 February to consider the proposal set out in this paper and are fully supportive of the recommendation.

4.4. Middlesbrough Health Scrutiny Panel has also been consulted.

4.5. This identified the opportunity to establish a single Board as well as ensuring the proposed model is fit for purpose.

5. Other potential decisions and why these have not been recommended

5.1. The option for the health and well-being arrangement is to maintain two separate health and well-being boards with further consideration on how joint working could be achieved to drive forward common priorities.

6. Impact(s) of recommended decision(s)

6.1. Legal

Health and Social care Act 2012

6.1.1. The Health and Social Care Act 2012 sets out the duties and powers of Health and Wellbeing Boards. Health and wellbeing boards are a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health and local government. Health and well-being boards have a statutory duty, with clinical commissioning groups (CCGs), to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population.

6.1.2. The Act allows for joint working between the two health and well-being boards either as a fully joint Health and Well-being Board, or establishing a joint subcommittee reporting to the two boards. The Act states that: *Two or more Health and Wellbeing Boards may make arrangements for—*

- *any of their functions to be exercisable jointly;*
- *any of their functions to be exercisable by a joint sub-committee of the Boards;*
- *a joint sub-committee of the Boards to advise them on any matter related to the exercise of their functions.*

Local Government Act 1972

6.1.3. The Local Government Act 1972 makes provision with respect to local government and the functions of local authorities. The Act states that

6.1.4. *Two or more local authorities may discharge any of their functions jointly and, where arrangements are in force for them to do so,—*

(a) they may also arrange for the discharge of those functions by a joint committee of theirs or by an officer of one of them and subsection (2) above shall apply in relation to those functions as it applies in relation to the functions of the individual authorities; and

(b) any enactment relating to those functions or the authorities by whom or the areas in respect of which they are to be discharged shall have effect subject to all necessary modifications in its application in relation to those functions and the authorities by whom and the areas in respect of which (whether in pursuance of the arrangements or otherwise) they are to be discharged.

6.2. Financial

6.2.1. In order to effectively support the single Health and Wellbeing Board and its Executive there needs to be coordination of the various work streams, programmes and partnerships. It is proposed for this coordination and oversight to be managed by the South Tees Integration Programme Manager, supported

by the Programme Coordinator. This arrangement is already funded via the two local authorities, South Tees CCG and the 2 NHS Foundation trusts. This fits in with the requirement for local areas to have an agreed vision for health and social care integration to 2020 and enables the single Health and Wellbeing Board to shift its emphasis from being a “Better Care Fund programme” to a more ambitious range of work which reflects our comprehensive integration agenda of which the BCF is one mechanism for delivery.

6.2.2. Given the wider remit of the single Health and Wellbeing Board and the need to ensure that there is effective coordination and management of all programmes and work streams it is proposed that an additional Programme Coordinator/ Governance Officer is appointed funded via the Better Care Fund Programmes. Administrative support for the Single Health and Wellbeing Board meetings will be rotated between the committee officers of the constituent boroughs.

7. *The Mayor’s Vision for Middlesbrough*

7.1. The joint service will deliver the Council’s priorities set out in the Mayor’s Vision - Middlesbrough 2025. In order to ensure a focus on the delivery of local priorities for each Council the board will prepare an annual plan taking account local priorities and areas for improvement. The plan will specify the commissioning intentions, performance outcomes and targets to be achieved.

7.2. The single health and well-being board will deliver improved outcomes across the borough. It will enable effective and efficient joint working with partners on commissioning and delivering health and well-being services. The key benefits from the joint service are summarised in above.

8. *Policy Framework*

8.1. This decision is not part of the policy framework

9. *Wards*

9.1. This decision will affect all wards

10. *Equality and Diversity*

10.1. One of the priorities for the board is to reduce health inequalities and improving outcomes. This will have a positive impact on equality and diversity across the borough

11. *Risk*

11.1. A risk register has been developed for the project and the following key risks (described in detail in section 2 above) have been identified:

12. Actions to be taken to implement the decision(s)

12.1. The table below sets out the timeline to establish the Single Health and Wellbeing Board

29 January 2018	Redcar & Cleveland EMT	To consider the proposals for an establishment of a single H&WBB between Middlesbrough and Redcar & Cleveland
1 February 2018	Middlesbrough LMT	
1 February 2018	Briefing - Chairs of HWBB	To brief on the proposals to establish a single H&WBB Vision, Priorities , Areas of Focus, membership and supporting governance
22 February 2018	Meeting in Common between Middlesbrough HWBB Redcar & Cleveland HWBB	Joint meeting between the two board to agree the establishment of a single H&WBB Vision, Priorities , Areas of Focus, membership and supporting governance
26 February 2018	Redcar & Cleveland EMT	To endorse the final proposals
27 February	Middlesbrough Health Scrutiny Panel	TO consult on proposals
28 February 2018	Middlesbrough LMT	To endorse the final proposals
20 March 2018	Redcar & Cleveland Cabinet	To consider the proposals for the establishment of a single Health & Wellbeing Board for South Tees and make recommendations to respect Full Councils
20 March 2018	Middlesbrough Executive	
28 March 2018	Middlesbrough Council Meeting	To agree the establishment of the Single Health and Well Being Board

19 April 2018	Redcar & Cleveland Borough Council Meeting	
Xx May 2018	Middlesbrough Council AGM	To formally adopt the new Single Committee in the new municipal year and agree Elected member nominations
17 May 2018	Redcar & Cleveland Council AGM	
June 2018	First Formal Meeting of Single Health & Wellbeing Board	

13. Appendices

13.1. There are no appendices to this report

14. Background papers

14.1. No Background Papers were used in the preparation of this report

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