

**OVERVIEW AND SCRUTINY BOARD**

A meeting of the Overview and Scrutiny Board was held on 10 December 2013.

**PRESENT:** Councillors Brunton (Chair), Arundale, Cole, Kerr, Mawston, P Purvis, J A Walker and Williams.

**ALSO IN ATTENDANCE:** Craig Blair, Head of Commissioning and Delivery, South Tees Clinical Commissioning Group.

**OFFICERS:** J Bennington, G Brown, S Brown, P Clark, A Crawford, E Pout and K Warnock.

**APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Dryden and C Hobson.

**DECLARATIONS OF INTERESTS**

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

**MINUTES - OVERVIEW AND SCRUTINY BOARD 4, 7 AND 12 NOVEMBER 2013**

The minutes of the meetings of the Overview and Scrutiny Board held on 4, 7 and 12 November 2013 were submitted and approved as a correct record.

**EXECUTIVE FORWARD WORK PROGRAMME**

As part of the Board's remit in terms of holding the Executive to account a report of the Executive Office Manager was submitted which identified the forthcoming issues to be considered by the Executive as outlined in Appendix A of the report submitted.

**NOTED****PARTNERSHIP LANDSCAPE IN MIDDLESBROUGH**

A report of the Executive Director of Wellbeing, Care and Learning was presented which outlined the partnership landscape which had been reviewed to reflect emerging Government policy direction.

The Board noted that primarily the changes around Health were having the greatest impact, with the establishment of the Health and Wellbeing Board (H&WBB) which became a formal committee of the Council in April 2013 and was now the only statutory and overarching strategic partnership in Middlesbrough.

The H&WBB had adopted its Joint Health and Wellbeing Strategy (JH&WBS) in October 2012 the four aims of which were reported as follows:-

- Aim 1 - Tackle the social causes of poor health
- Aim 2 - Ensure children and young people have the best health and wellbeing
- Aim 3 - Reducing preventable illness and early deaths
- Aim 4 - Ensuring high quality, sustainable and joined up health, social care and wellbeing service.

In addition to the H&WBB's statutory duty to promote the health and wellbeing of Middlesbrough's communities to secure the best possible health outcomes for all residents the Health and Social Care Act 2012 also required other specific statutory functions which included:-

- to assess the needs of their local population through a Joint Strategic Needs Assessment (JSNA);
- to set how such needs would be addressed through a JSNA that would offer a

- strategic framework in which Clinical Commissioning Groups, local authorities and NHS England could make their own commissioning decisions;
- to promote greater integration and partnership, including joint commissioning, integrated provision and pooled budgets.

Members were advised of the intention to establish a Strategic Leaders Forum comprising Chief Executives or equivalent from key public and voluntary sectors to meet and agree what the key issues are in Middlesbrough that needed to be tackled collectively to improve outcomes for local people and use key public sector budgets more effectively.

The report detailed the current position of the following four delivery partnerships which were either a review of an existing partnership or new partnership, and had responsibility for ensuring the delivery of each of the four JH&WBS Aims as follows:-

Aim 1 - Wellbeing in Middlesbrough Partnership

Aim 2 - Children and Young People Delivery Partnership

Aim 3 - Public Health Delivery Partnership

Aim 4 - Health and Social Care Delivery Partnership.

Ongoing work to review and rationalise Council plans and strategies and align to each of the J&H&WB Strategies aims was noted.

It was acknowledged that whilst the streamlining of the partnership landscape was supported there was a need to ensure that there were appropriate mechanisms to involve and engage groups and organisations in strategic processes. The Board was advised of the intention to retain the Middlesbrough Partnership Forums as Stakeholder Forums to assist in this regard. It was also noted that the H&WBB had established a Health and Wellbeing Communication and Engagement Strategic Co-ordination Group to provide a clear, strategic co-ordination of communication and engagement activity across Middlesbrough.

Specific reference was made to the need for relationship between H&WBB, Scrutiny Committees, Local Healthwatch and Local Safeguarding Boards. The Board's attention was drawn to work undertaken nationally with the Centre for Public Scrutiny which set out possible ways in which H&WBB, Healthwatch and Scrutiny could work together and add value to each other's work.

Members discussed the involvement of scrutiny with regard to the H&WBB and as the remit was wider than health indicated that the methods of accountability should go beyond that of the Health Scrutiny Panel to possibly the Overview and Scrutiny Board.

**ORDERED** that the information provided be noted.

## **HEALTH LANDSCAPE UPDATE**

In a report of the Scrutiny Support Officer Members were advised that the Chair of the Board and the Executive Member for Adult Social Care and Public Health had agreed that it would be beneficial for the Board to receive a presentation on the current Health Landscape in Middlesbrough owing to a number of recent changes since April 2014.

A diagram showing the current health and care system at April 2013 was provided at Appendix 1 of the report submitted.

The Chair welcomed Craig Blair, Head of Commissioning and Delivery at the South Tees Clinical Commissioning Group who gave a PowerPoint presentation which summarised the key changes in 2013 within the context of prevailing legislation and current economic constraints.

A DVD was played, entitled, 'An alternative guide to the 'new' NHS' from the King's Fund aimed at wider audiences which provided an insight into how the new organisations worked and fitted together. Members considered that it demonstrated the complexities of current arrangements.

Members were reminded of the rationale for reform from clinical leadership to drive improved outcomes and efficiency and resulting White Papers and legislation. The new system had become fully operational on 1 April 2013.

NHS England with regional and local presence through Area Teams had taken on many responsibilities previously undertaken by PCTs particularly in relation to primary care services, specialised commissioning and emergency planning. NHS England played a key role in the Government's vision to modernise the NHS and secure the best possible outcomes for patients. The aims of NHS England would enable patients and the public to have more choice and control over their care and services; clinicians to have greater freedom to innovate to shape services around the needs and choices of patients; and the promotion of equality and the reduction of inequality in access to healthcare.

Reference was made to the Durham, Darlington and Tees Area Team which was the local arm of NHS England the core functions of which were clinical based estate strategies; CCG development and assurance; emergency planning, resilience and response; quality and safety partnerships; and configuration/system oversight.

Clinical Commissioning Groups became statutory bodies on 1 April 2013 and took on responsibilities from primary care trusts for commissioning mainly hospital-based and other non-primary care health services for their local populations. The CCG comprised of local groups of doctors (49 GP practices across Middlesbrough, Redcar and Cleveland). The CCGs were responsible for around 80% (£60 bn) of NHS funds with the South Tees CCG budget around £380m.

Public Health England was established as an Executive Agency of the Department of Health and included the remit of the former Health Protection Agency.

Members were keen to receive information if the required level of savings in overall terms had been achieved and if the perceived benefits and reinvestment had been realised. From the STCCG's perspective it was indicated that it was very difficult to determine as the CCG was given a disaggregate budget to manage although Members were advised that further information on the requested information would be sought.

Following Members' questions regarding the main challenges it was indicated that apart from the initial understanding of the health reforms and what the CCG was accountable for the other key challenge was finance as with many other organisations. Confirmation was given of ongoing discussions with the Local Authority on making best use of available resources and pursuing joint opportunities in relation to public health, promotions and current focus on urgent care.

With reference to current monitoring processes confirmation was given of the CCG's own assurance process together with others such as the Care Quality Commission.

Taking into account the complexities of the changes Members sought assurances regarding the measures in place for the patient's voice and engaging with the public. An assurance was given of the CCG's intention to embrace the opportunity to engage with the public. The Board's attention was drawn to the current clinically led workstreams comprising of GPs, managers, local authority representatives, stakeholders and patient groups and of links to Healthwatch. There was recognition that there had previously been significant gaps in terms of pursuing the opportunities of engaging with the public. Specific reference was made to a Public Engagement Event by the CCG to be held on 11 December 2013 to consider some of the current challenges in relation to an ageing population with long term and complex needs, financial pressures, illnesses associated with smoking and alcohol, and managing hospital admissions and demand within primary care services.

In terms of progress, specific reference was made to improved arrangements with social workers and benefits of GP Practices opening for longer hours, such as 8.00 a.m. to 8.00 p.m. and the availability of walk-in facilities.

**ORDERED** that Craig Blair be thanked for the information provided which was noted.

#### **COUNCIL PERFORMANCE AND RISK UPDATE QUARTER TWO 2013/2104**

A report of the Director of Transformation was presented which provided an overview of the Council's performance and its corporate risk register at Quarter Two 2013/2014.

The report summarised the Council's performance against the 2013/2014 KPIs within the Strategic Plan which outlined the Council's targeted outcomes and provided a broad overview of high-level improvement activity in the short to medium term.

The Board's attention was drawn to the figures off target as detailed in the report submitted.

Although Members noted that the number of Looked After Children was below the end of year 2012/2013 and the number of Child Protection Plans had reduced significantly at the end of Quarter Two resulting in the lowest rate in the last two years, the Board was mindful that such figures were local targets and not national and there was a need for continued improvement.

It was confirmed that the total number of corporate risks was 26, two more than at Quarter One. Of the two new risks, one related to the pace of change having a negative impact on industrial relations and employee engagement (high) and the other was in respect of the Trade Unions position with regard to changes to staff terms and conditions (medium).

**NOTED**

#### **SCRUTINY PANELS - PROGRESS REPORTS**

A report of the Chair of each Scrutiny Panel was submitted which outlined progress on current activities.

**NOTED**

#### **CALL-IN**

It was confirmed that no requests had been received to call-in a decision.

**NOTED**