

## **Tees Valley Health Scrutiny Joint Committee – 26 March 2012**

### **Middlesbrough Council**

### **Health and Well Being Board**

**Report presented by: Ian Parker, Chief Executive, Middlesbrough Council**

#### **Purpose**

1. The purpose of the report is to brief the Tees Valley Health Scrutiny Joint Committee on the progress towards establishing a Health and Well Being Board in Middlesbrough.

#### **Middlesbrough – Progress to date**

2. An interim shadow Health and Well Being Board have been meeting monthly since August 2011 with statutory membership and key providers.
3. The purpose of implementing an interim shadow board was to allow time to establish an appropriate mechanism for guiding health transition, to allow new relationships to develop and establish new partnerships rather than building on existing ones. From an early stage, board agendas have been split between items needed to develop the board and starting to make a difference on identified key issues.
4. To date, the interim board has met 8 times and undertaken significant work to begin to establish the structures needed and to develop new relationships.
5. This has included two externally facilitated development days to enable the key deliverers in the health and well being field 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 execution arrangements for the Health and Well Being Board going forward.

#### **Building key relationships**

6. The interim board has member representation from key organisations best placed to make strategic decisions on how healthcare and health improvement are delivered locally. This includes; Middlesbrough Council, Middlesbrough Primary Care Trust, NHS Tees, Clinical Commissioning Group, Tees, Esk and Wear Valley Trust and South Tees Hospitals NHS Foundation Trust.

7. The Health and Well Being Board is central to the wider health transformation programme in Middlesbrough and a range of sub-groups have been established to develop and deliver specific workstreams relating to the NHS reforms, including Public Health Transition and HealthWatch. These groups are meeting regularly and feedback to the board. A range of organisations and areas of expertise are represented on these groups seeing new multi-agency partnerships being formed.
8. Members of the Health and Well Being Board have very much been a part of the development process through regular consultation and opportunities for in depth discussion and feedback, including the development sessions. This has been key to ensuring partners remain engaged in the process and has provided invaluable input into the future plans for the board.
9. The vision for the Health and Well Being Board in Middlesbrough is to achieve a different way of working in partnership. The focus shall be:
  - **Shared business** – JSNA, Health and Well Being Strategy – high level performance management
  - **Shared priorities** – focus on a small number of key priorities to address health inequalities in Middlesbrough
  - **Shared approach** – ensuring system alignment e.g. commissioning

## **Priorities**

10. Work has begun to identify key priorities in Middlesbrough and begin focussing agenda items around these. At an early meeting, Emergency Admissions was identified by several represented organisations, as presenting a major problem in Middlesbrough and this was adopted by the board as a key workstream and remains a standing agenda item.
11. A first draft and outline of the refreshed Joint Strategic Needs Assessment (JSNA) was presented at the March meeting and this will provide further options for key priorities to be focussed on. A Task and Finish Group will be established to oversee the development of a health and wellbeing strategy in line with the JSNA findings, recommendations from the Marmot Review, IDeA and NST visits. The strategy will form the basis for a forward work plan for the Health and Well Being Board.
12. As part of the development discussions, it has been agreed that the board will focus on a small number of priorities at a time to drive them forward to encourage real change. The role of the Executive within the proposed structure will be ensure that budget plans and commissioning arrangements are appropriately focused and joined up and capable of delivering the outcomes desired by the board.
13. In order to function effectively, the Board and Executive will require a support structure to take responsibility for assigned tasks and to bring appropriate people together to begin tackling key issues identified by the board. This may include tasking existing officer expertise / groups or by establishing specialist task and finish groups.
14. All priorities identified by the board will be synonymous with all relevant strategic plans i.e. CCG plans and organisational commissioning intentions.

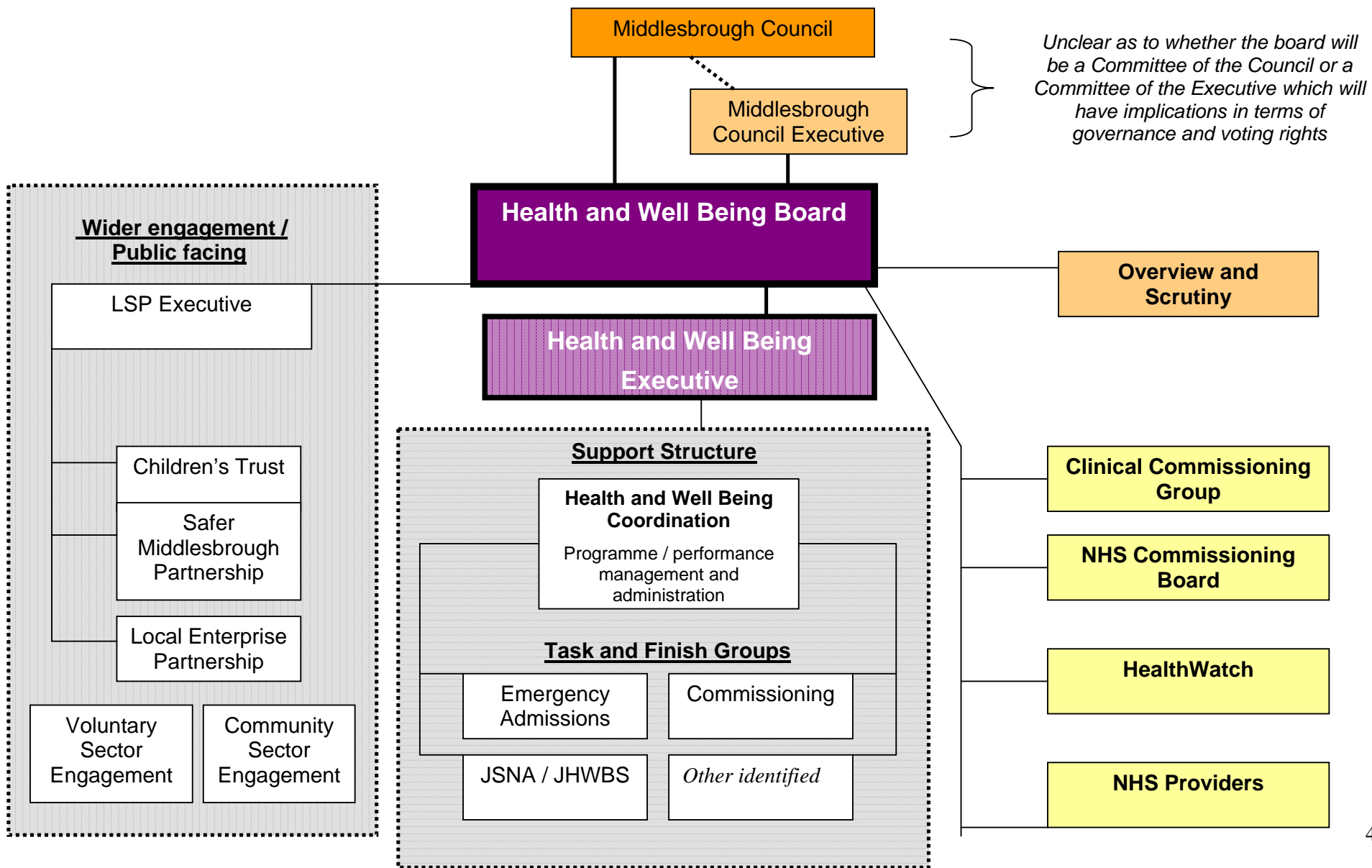
## **Expertise**

15. A key role for the Director of Public Health will be to provide advice to the board on health issues and will be best placed to call upon any clinical expertise as required and draw in relevant clinical specialist knowledge from clinical networks.
16. For example, when the shadow board were considering Emergency Admissions as a key priority, the Chief of Service for Acute Medicine at James Cook University Hospital, a national expert on preventing emergency admissions, was invited to attend the board to provide further insight and advice on tackling this issue. His proposals are now being considered as part of an informed action plan to take this forward.

## **Proposed Governance Structure**

17. Using feedback and information gathered at the development sessions a governance structure for Middlesbrough has been proposed. The proposals are detailed at Appendix 1.
18. This structure will form the Shadow Health and Well Being Board in the transition year 2012/13, whereupon there will be a review of current arrangements in order to ensure a fit-for-purpose model for the statutory board in April 2013.

**Appendix 1 – Proposed Governance Structure - Middlesbrough**



## Proposed Governance Structure - Middlesbrough

<b>Health and Well Being Board</b> To provide strategic direction and meet statutory requirements	<b>Health and Well Being Executive</b> To agree solutions and provide direction to the board's priorities
<p><b>Role:</b></p> <ul style="list-style-type: none"> <li>• Statutory duty to promote health and well being of Middlesbrough's communities to secure positive health outcomes</li> <li>• Provide local democratic accountability</li> <li>• Holds formal decision making powers as committee of council</li> <li>• Champion and promote new ways of working</li> <li>• Hold a genuine influencing role</li> </ul>	<p><b>Role:</b></p> <ul style="list-style-type: none"> <li>• Culture setting, leading, producing urgency, marshalling resources</li> <li>• Encourage joint working</li> <li>• Provide assistance and advice relating to provision of health services</li> <li>• Influence and guide key documents – JSNA / HWBS</li> <li>• Performance management</li> <li>• Explore options for joint working across Tees</li> </ul>
<p><b>Responsibilities:</b></p> <ul style="list-style-type: none"> <li>• Instigate and approve key strategic documents – JSNA / Health &amp; Well Being Strategy</li> <li>• Identify key strategic priorities</li> <li>• Listen to and engage with local communities and be representative of the public / patient voice</li> <li>• Encourage input into wider functions of the local authority to promote a cohesive health improvement strategy across departments</li> <li>• Establish a mechanism to inform and guide health transition</li> <li>• Present an annual work programme to scrutiny to ensure strategic objectives are being met</li> <li>• Implement a Communications and Engagement Strategy</li> <li>• Consider options for the development of HealthWatch</li> <li>• Review overall progress of the board and its sub-groups</li> </ul>	<p><b>Responsibilities:</b></p> <ul style="list-style-type: none"> <li>• Manage and delegate key priorities set by the board</li> <li>• Ensure budget plans and commissioning arrangements are appropriately focussed / joined up and capable of delivering the desired outcomes</li> <li>• Agree agenda for the board</li> <li>• Ensure sufficient resources are committed to delivering real results i.e. overcoming staffing pressures</li> <li>• Prepare annual report for scrutiny</li> <li>• Develop a Communication and Engagement Strategy</li> <li>• Support the transfer of public health responsibilities to the Local Authority</li> <li>• Support the development and implementation of HealthWatch</li> </ul>
<p><b>Membership:</b></p> <ul style="list-style-type: none"> <li>• <b>Middlesbrough Council</b> – Elected Members / Chief Executive / Directors of Adult and Children's Services</li> <li>• <b>NHS Tees</b> – Director of Public Health / Non-Executive Member / Chief Executive</li> <li>• <b>Clinical Commissioning Group</b> – Chair</li> <li>• <b>TEWV Trust</b> – Non-Executive Member / Chief Executive</li> <li>• <b>South Tees Hospitals NHS Foundation Trust</b> – Non-Executive Member / Chief Executive</li> <li>• <b>HealthWatch</b> – Representative from Middlesbrough LINK prior to establishment of HealthWatch</li> <li>• <b>Voluntary Sector</b> – Nominated by MVDA</li> <li>• <b>NHS Commissioning Board</b> – Nominated Officer</li> </ul>	<p><b>Membership:</b></p> <ul style="list-style-type: none"> <li>• <b>Middlesbrough Council</b> – Chief Executive / Directors of Adult and Children's Services</li> <li>• <b>NHS Tees</b> – Director of Public Health / Chief Executive / Lead Officer</li> <li>• <b>Clinical Commissioning Group</b> – Chair / Nominated Officer</li> <li>• <b>TEWV Trust</b> – Non-Executive Member / Chief Executive</li> <li>• <b>South Tees Hospitals NHS Foundation Trust</b> – Chief Executive / Lead Officer</li> <li>• <b>HealthWatch</b> – Representative from Middlesbrough LINK prior to establishment of HealthWatch</li> <li>• <b>Voluntary Sector</b> – Nominated by MVDA</li> <li>• <b>NHS Commissioning Board</b> – Nominated Officer</li> </ul>
<b>Meeting Frequency:</b> 3-4 times per year	<b>Meeting Frequency</b> – Quarterly / 6-weekly