

Health and Wellbeing Board Development Stockton on Tees

1. Introduction

This paper outlines the progress that has been made in establishing the Health and Wellbeing Board (HWB) and associated structures in Stockton. It will describe the development of the Board, the work around the oversight of its key priorities including the Joint Strategic Needs Assessment and the emerging work around the Joint Health and Wellbeing Strategy and next steps.

2. Health and Wellbeing Board Development

Initial plans for Health and Wellbeing were presented to a range of stakeholders, some of which had been part of the previous health partnership arrangements back in March/ April 2011. They were consulted on the proposed terms of reference and encouraged to feedback on the detail.

Following the consultation the arrangements were agreed by Cabinet in May 2011. As part of the development a distinction was made around the model which did not include providers from the actual Board.

Membership of the Health and Wellbeing Board is a narrower group which includes:

- GP consortia representatives
- Chief Executive of SBC (as part of the transitional arrangements)
- Director of Children, Education and Social Care
- Executive Director of Public Health
- Assistant Director of Health Improvement
- Local HealthWatch representative (to be identified from existing LINKS)
- Cabinet lead for Children and Young People
- Cabinet lead for Health and Social Care
- NHS Commissioning Board representative (to be identified)
- PCT CEO

The chair is the Chief Executive of SBC.

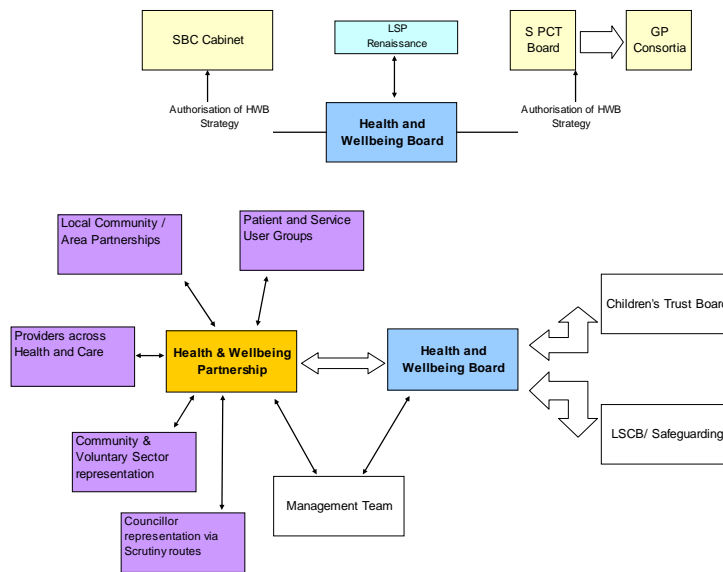
The aligned structure of the Health and Wellbeing Partnership involves and engages a wider stakeholder group including the following representation:

- Assistant Director of Health Improvement
- Partnership Manager
- Representatives from GP Commissioning Consortia
- Representatives from PCT Commissioning Team
- Scrutiny Committee Councillor representation
- 2 representing the Voluntary sector (Catalyst and Health and Wellbeing Consortium Representative)
- 4 Chairs/ representatives of the Area partnerships
- 1 Director from Tees Esk and Wear Valley NHS Trust

- 1 Director from North Tees and Hartlepool NHS Trust
- 1 Director from North East Ambulance Trust
- 1 District Commander of Fire Brigade
- 1 District Commander of Police – Stockton District
- 1 representing LINKS/ HealthWatch
- 1 representing Job Centre Plus
- 1 NED from PCT (interim)
- 1 Children’s Trust Board representative (to be sought from CTB)
- Additional representation from Provider organisations (e.g. South Tees Foundation Trust, Durham and Darlington Foundation Trust, Nuffield) will be sought
- 1 representing Prisons
- 1 representing Primary and Secondary heads

The Chair is the CEO of North Tees and Hartlepool NHS Trust and Vice Chair is District Commander of Police – Stockton District.

The structures are outlined below:



Various substructures to be developed based on workplan
Interface with other LSP structures will develop to ensure the wider ownership of the Health agenda

Both structures have now met a number of times and are progressing their agendas. A Forward Plan has been developed which outlines the key decisions and actions that each structure will undertake aligned to the Terms of Reference. Both Groups meet bi annually to review and agree the Joint Strategic Needs Assessment (JSNA) and sign off the Joint Health and Wellbeing Strategy (JHWS).

An induction plan is in place and a proposed timetable for the year has been agreed to bring all stakeholders up to speed on the Locality, key stakeholder overviews, and familiarise themselves with the Health and Wellbeing challenges.

Representatives from the Council also sit on the Clinical Commissioning Group (CCG) Board which enables connectivity of local health plans. The Corporate Director of Children, Education and Social Care and the Assistant Director of Health Improvement have a voting role within the current CCG infrastructure.

As part of the development of the new structures it is proposed that the Children's Trust Board will be disbanded by September 2012 and the Health and Wellbeing Arrangements will be tasked to ensure due regard and focus on children and young people. Some changes to the current membership are expected to ensure the appropriate balance of representation across the life course. In parallel the local reporting arrangements and structures are being revisited to ensure they have the right reporting, accountability and focus.

An independent review of the arrangements is planned for the end of Summer 2012. Potential modifications to the current structures may emerge following this review.

3. Work Plan

The Health and Wellbeing Arrangements have each undertaken some visioning to try to explore how the structures will operate and the value that could be achieved from the new model. All partners have signed up to a locally agreed Vision, Values and Principles paper which sets out the behaviours and expectations of representatives/ organisations in contributing to Health and Wellbeing.

Recognising that there is considerable change in current NHS structures there has been review of the North Tees Clinical Commissioning Groups' Clear and Credible Plan and Stockton's Public Health Transition Plan. The JSNA has been a focus in;

- Raising awareness of the role of the JSNA
- Engaging partners and stakeholders in the process
- Considering emerging issues and priorities
- Reviewing how the JSNA will translate into the Joint Health and Wellbeing Strategy.

The emerging priorities from the visioning and engagement work have focused around:

- emergency admissions/ prevention
- child focus/ early intervention
- understanding the impact of Welfare Reform.

However, the JSNA will help inform more fully these emerging priorities which is due to be completed by April 2012. The JHWS is planned to be completed in draft by the end of July and there will be a consultation period over the

Summer months for wider sign off in September 2012. This is expected to help inform local commissioning plans across health and local authority structures and beyond.

4. Addressing the Planning and Strategic Role

The development of the local structures for Health and Wellbeing has been an iterative process building on existing good working relationships with partners. There remain some challenges due to the current uncertainty for NHS structures and in particular the inability for the HWB to appoint a specific representative from the NHS Commissioning Board. In addition it is recognised that there may be some issues that have a focus beyond Stockton and there needs to be the ability to connect HWBs across the Tees Valley or wider if necessary.

There is an acknowledgement of the breadth of expectations around the HWB during a period of unprecedented organisational change in the public sector but there is a sense that the HWB and its local arrangements can help “make sense” of these changes and refocus on the key tasks and priorities for Stockton.

The planned review may make further recommendations for change to ensure that the HWB is addressing the key aims and objectives at a strategic level.

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