

SHADOW HEALTH AND WELLBEING BOARD AGENDA



10TH October 2011

at 2.00 p.m.

in Committee Room 'B'

MEMBERS: SHADOW HEALTH AND WELLBEING BOARD

1. **APOLOGIES FOR ABSENCE**

2. **TO RECEIVE ANY DECLARATIONS OF INTEREST**

3. **MINUTES**

None

4. **ITEMS REQUIRING DECISION**

4.1 Terms of Reference (*Assistant Director of Public Health*).

5. **ITEMS FOR DISCUSSION/INFORMATION**

5.1 Governance and Reporting Arrangements – Outcome of LSP Review ,
Children's Trust Board Discussions and Safer Hartlepool Partnership
(*Assistant Chief Executive*)

5.2 Presentations by Partner's Organisation Update and Priorities:

- Local Authority
- Clinical Commissioning Group
- Public Health
- NHS Providers
- Health Watch (Briefing Note attached)

- 5.3 Presentation by Joint Strategic Needs Assessment
- 5.4 Proposed process for developing Health and Well Being Strategy – *Speciality Registrar in Public Health, NHS Tees*
- 5.5 Work Programme for the Board - Discussion
- 5.6 Board Members Development Plan - Discussion
- 5.7 Schedule of Future Meetings - Discussion
- 5.8 Future items for discussion:
 - Stakeholder engagement

6. ANY OTHER BUSINESS

SHADOW HEALTH AND WELL BEING BOARD REPORT



Report of: Assistant Director of Health Improvement

Subject: TERMS OF REFERENCE

1. PURPOSE OF REPORT

- 1.1 To consider and agree the proposed Terms of Reference for the Shadow Health and Wellbeing Board.

2. BACKGROUND

- 2.1 The introduction of the Shadow Health & Wellbeing Board was agreed by Cabinet on 15th August 2011. In order to outline the structure, remit, membership and operation of the Board a Terms of Reference have been prepared and are included as appendix 1.

3. ISSUES FOR CONSIDERATION

- 3.1 The Shadow Health & Wellbeing Board is asked to consider the Terms of Reference as outlined in appendix 1.

4. RECOMMENDATIONS

- 4.1 The Board is requested to consider and agree the Terms of Reference as set out in appendix 1.

5. REASONS FOR RECOMMENDATIONS

- 5.1 In order to ensure appropriate governance arrangements are in place the Shadow Health & Wellbeing Board are requested to agree a Terms of Reference.

6. BACKGROUND PAPERS

- Item 6.4 from Cabinet on 15th August 2011.
- Minutes from Cabinet on 15th August 2011.

7. CONTACT OFFICER

Louise Wallace
Assistant Director of Health Improvement
Hartlepool Borough Council / North Tees Primary Care Trust
Tel: 01429 284030
Email: louise.wallace@northteespct.nhs.uk

Shadow Health & Wellbeing Board Terms of Reference

Version 1.0

October 2011

Contents

- 1.0 Purpose and functions of the Shadow Health & Wellbeing Board
- 2.0 Role and responsibility of Board Members
 - 2.1 Standards of behaviour
- 3.0 Membership
 - 3.1 Chairing of the Shadow Health & Wellbeing Board
- 4.0 Principles
- 5.0 Performance management
 - 5.1 Information, advice and support
- 6.0 Developing capacity and capability
- 7.0 Engaging with stakeholders
- 8.0 Operation of the Shadow Health & Wellbeing Board
 - 8.1 Attendance at meetings
 - 8.2 Declaration of Interests
 - 8.3 Meeting procedures
 - 8.4 Freedom of Information Act
 - 8.5 Public access to the Shadow Health & Wellbeing Board
 - 8.6 Secretarial support arrangements
 - 8.7 Sub groups
 - 8.8 Updating the Terms of Reference

1.0 Purpose and functions of the Shadow Health & Wellbeing Board

The following objectives will form the basis of the annual work programme of the Shadow Board:-

- To ensure the development and use of comprehensive evidence based Joint Strategic Needs Assessment (JSNA) in informing commissioning priorities and investment in health, social care and well being services.
- To jointly plan, develop and implement a Health and Wellbeing Strategy that will deliver the vision of the Board, based on the JSNA and focused on the wider determinants of health and wellbeing.
- To ensure consistency between the Health and Wellbeing Strategy and the commissioning plans of the Clinical Commissioning Group.
- To promote and ensure integration and joint commissioning across health and social care particularly for those services being commissioned and provided to the most vulnerable people.
- Participate in the formal authorisation of the Clinical Commissioning Group.
- To actively maximise the opportunities and mechanisms for involving local people in the processes to develop the JSNA; Health and Wellbeing Strategy and subsequent service provision.
- To frequently monitor performance against the Health and Wellbeing Strategy with an agreed set of health outcome measures to maximise resources and secure new resources into the town such as through the proposed 'health premium'.

2.0 Roles & Responsibility of Board Members

The main role of all members of the Shadow Health & Wellbeing Board will be to take a Borough wide perspective and develop consensus in the best interests of the residents of Hartlepool. Members will bring their own perspectives and also represent their organisation, interest group or area. They will be recognised for their valuable contribution bringing ideas, knowledge and expertise to the process. Where

practicable members should have the authority to take decisions and make commitments. Individual partners will remain responsible and accountable for decisions on their services and the use of their resources. The Board recognises that each partner has different mechanisms for their own decision making. In some cases decisions may be endorsed by the bodies or organisations from which the members are drawn.

2.1 Standards of behaviour

As a member of the Shadow Health & Wellbeing Board, whether in meetings or working on behalf of the Board, the following guidelines outline what is expected of members.

Accountability: to work openly and honestly and to report back their work on the Board to their organisation or sector.

Commitment: to attend shadow board meetings, participate in occasional task group meetings and one-off events. To be properly prepared for meetings by reading the paperwork beforehand. To be prepared to learn from others and from good practice elsewhere and to further develop the breadth of their knowledge of their sector's role within the borough.

High Quality Debate: to remain focussed and strategic and to contribute positively to discussions and work with other members to achieve consensus and take important decisions regarding the strategic development of the borough.

Honesty and Integrity: to act with honesty, objectivity and integrity in achieving consensus through debate. To respect the confidentiality of the information provided.

Objectivity: to consider what is in the best interests for the common good of Hartlepool and to weigh this along with the interests of their organisation, their sector and themselves when making decisions.

Representative: to effectively reflect the interests of their sector, to raise areas of concern and contribute their experience and expertise to discussions and decisions to achieve good workable solutions.

Respect for others: to respect and to take into account the views of other members regardless of their gender, race, age, ethnicity, disability, religion, sexual orientation or any other status.

3.0 Membership

There are two types of member on the Shadow Health and Wellbeing Board; a voting and a non voting member. Those members who are exclusively providers of services will be non-voting members due to the fact that there is the potential for conflict of interest or vested interest in commissioning decisions. Those organisations that are both commissioner and providers will be voting members on the Shadow Board with a commissioner perspective and not as a provider.

Voting Members (statutory members)
<ul style="list-style-type: none">• Directly Elected Mayor• Executive Members of the Local Authority• Chief Executive of Local Authority• Representative of Clinical Commissioning Group• Chief Executive / Director of the PCT (transitional arrangement until 2013)• Director of Public Health• Director of Child and Adult Social Services• HealthWatch Board Member• Participation of the NHS commissioning Board• Patient representative (s)

Non-voting Members (non-statutory members)
<ul style="list-style-type: none">• Director of Regeneration and Neighbourhoods• North Tees and Hartlepool NHS Foundation Trust• Tees Esk and Wear Valley NHS Trust• Voluntary Sector Representative (s)• North East Ambulance NHS Trust

There is the potential for co-opting members onto the Shadow Board to undertake specific pieces of work or for specialist knowledge and skills as agreed by the majority of voting board members.

3.1 Chairing of the Shadow Health & Wellbeing Board

The Chair in the first instance will be the Directly Elected Mayor of the Local Authority and will hold office for one year. Should the position of chair fall vacant during the year the Vice Chair will assume the role of Chair for the remainder of the year, until the annual nomination and election of a new chair.

The Vice-Chair will also be elected at the first meeting of the Shadow Board by being proposed by another member and a simple majority vote of all voting members. The Vice-Chair will hold office for one year and will be a representative of a different organisation than the Chair.

4.0 Principles

All members of the Shadow Health & Wellbeing Board will strive to apply the following nine principles as established in the Community Strategy:

- Effective decision making and communication
- Effective partnership working
- Efficient partnership working
- Acting with integrity
- Ensure widest possible involvement and inclusion
- Demonstrating leadership and influence
- Effective performance management
- Developing skills and knowledge
- Contributing to sustainable development

5.0 Performance management

The Shadow Board is responsible for delivering the Health & Wellbeing theme of the Community Strategy of which the Partnership Plan is the action plan. The Board will receive regular updates on progress towards achieving targets. Where performance is not on track they will take action to address this.

The Shadow Board will also be responsible for monitoring the development and delivery of the Health and Wellbeing Strategy.

5.1 Information, advice and support

All information, advice and support will be fit for purpose and tailored to the functions of the Shadow Board. The Shadow Board will ensure that all information is directly relevant to the decisions being taken and is:

- relevant
- accurate
- timely
- objective
- clear and concise
- reliable

The Shadow Board will call on professional advice and support when deemed necessary, particularly when the outcome of decision has a significant legal or financial implication.

6.0 Developing capacity and capability

The Shadow Board is aware of the importance of ensuring members have the right skills, knowledge and experience to play an effective part in delivering the strategic aims of the Shadow Board. It aims to involve individuals who reflect the community they represent. It will balance the need for stability which comes from continuity of knowledge and relationships with the need for new ideas and new thinking.

Through a Shadow Board development process all members will be given the opportunity to further develop their skills and update their knowledge throughout their period of membership. This will aim to maximise the skills, capacity and resources of all members.

7.0 Engaging with stakeholders

The Shadow Board will take the lead in forming and maintaining relationships and representation with other partnerships and stakeholders on a local, regional and sub regional level which will directly effect and/or influence its success.

The Shadow Board will strive to meet the codes of practice and terms of engagement as set out in Hartlepool's COMPACT.

8.0 Operation of the Shadow Health & Wellbeing Board

8.1 Attendance at meetings

Members will endeavour to attend all meetings however if they are unable to attend any meeting then they should submit their apologies in advance of the meeting.

As flexibility and continuity is essential to partnership working, each Member may identify a named substitute who may attend on their behalf when necessary.

Substitutes should be suitable senior representatives who are able to speak on behalf of their organisation.

8.2 Declaration of Interests

Each member of the Shadow Health and Wellbeing Board is required to declare any personal or pecuniary interest (direct or indirect) in any agenda items and shall take no part in the discussion or decision making about that item. All such declarations must be included in the minutes of the meeting.

8.3 Meeting Procedures

The Shadow Board will meet on a six weekly basis initially to establish work programme and ensure momentum until the board is formally in place by 2013.

There will be an annual review meeting to reflect on the performance of the Shadow Board and proactively plan for the forthcoming year.

8.4 Freedom of Information Act

The Freedom of Information Act gives everyone the right to access information that is held by public authorities. Hartlepool Borough Council has developed guidance to help staff comply with the act. The Shadow Health & Wellbeing Board will work within this policy when giving out information to partners and the public.

8.5 Public access to the Shadow Health & Wellbeing Board

Meetings of the Shadow Health & Wellbeing Board will be open to the public and press unless in exceptional circumstances they are excluded by a vote for reasons that shall be recorded. Specially designated seating will be provided for observers. Observers will not be allowed to comment or address the Shadow Board unless asked to do so by the Chair. They do not have the right to vote on any issue.

8.6 Secretarial Support arrangements

The Shadow Health and Well Being Board will receive secretarial support through the Local Authority Democratic Services Team. The Board will also be supported by a virtual multi-agency commissioning team.

8.7 Sub Groups

Occasionally a Sub Group of the Shadow Health & Wellbeing Board may need to be established to expedite a particular matter, which requires focussed activity or where a more specialist membership is required. The membership of these sub groups would be decided by the Shadow Board and the group would normally have a specific remit and period of operation to oversee or undertake a specific task, reporting directly to the Shadow Health & Wellbeing Board.

8.8 Updating the Terms of Reference

This Terms of Reference can be amended or updated by obtaining a two thirds majority agreement by the Shadow Board. The proposed change should be set out in a report as a published agenda item.

SHADOW HEALTH AND WELL BEING BOARD REPORT



Report of: Assistant Chief Executive

Subject: GOVERNANCE AND REPORTING
ARRANGEMENTS – OUTCOME OF LSP REVIEW,
CHILDREN'S TRUST BOARD DISCUSSIONS AND
SAFER HARTLEPOOL PARTNERSHIP

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to summarise the recently agreed changes to Partnership arrangements in Hartlepool and outline the links to the Shadow Health & Wellbeing Board.

2. BACKGROUND

- 2.1 A review of partnership arrangements was initiated by Hartlepool Borough Council's Cabinet following approval of the budget for 2011/12. Following wide consultation a new approach was agreed by Cabinet in July 2011 and this has seen a number of significant changes to the Partnership structure. The new partnership structure is included as appendix 1 but in summary they agreed:
- To introduce a Strategic Partners Group, disbanding the previous Hartlepool Partnership Board;
 - To introduce Face the Public Events 4 times per year;
 - To merge the Skills Partnership & Economic Forum;
 - To end the Culture, Leisure & Community Learning and Environment Partnerships;
 - That membership of theme groups should include 1 Voluntary & Community Sector (VCS) representative and 1 Neighbourhood Voice (with the exception of the Health & Wellbeing Board which is expected to have its representation prescribed in statutory guidance as Healthwatch).
- 2.2 Cabinet also agreed a number of changes to Council functions:
- To reduce Neighbourhood Consultative Forums to quarterly during 2011/12.;
 - To end the Police & Community Safety and Parish Liaison Forums;

- To introduce meetings between the Mayor and the Chairs of Town & Parish Councils twice per year and include local Ward Councillors and Neighbourhood Managers;
- To reduce to 1 Borough-wide Neighbourhood Issues Forum from May 2012. It will be chaired by the Chairman of the Council and with a backbench councillor as Vice Chair and will meet every 10 weeks;
- To disband the role of Resident Representative from April 2012;
- To introduce the role of 'Neighbourhood Voice' from May 2012. There will be one per ward and they will be representative of Resident's Associations that have been established for over 1 year;
- To refocus NAPs onto 5% most disadvantaged with a further report on how this could be delivered to be brought to Cabinet.

3. STRATEGIC PARTNERS GROUP

- 3.1 The Strategic Partners Group will be small and strategically focused bringing together the key public sector agencies along with representation from the Voluntary and Community Sector (VCS) and the Chairs of the theme groups. The Group will be responsible for coordinating the strategic direction for the Borough by working alongside the Council to develop agreed priorities (at present this is through the Community Strategy and Neighbourhood Renewal Strategy).
- 3.2 The Strategic Partners Group will not be a decision-making body as individual partners will remain responsible and accountable for decisions on their services and the use of their resources. It is recognised that each partner will have a different mechanism for their own decision making and therefore it is understood that partners will retain their statutory responsibility and the lines of accountability will remain with them.
- 3.4 The membership of the group (please note that this is currently 'in principle') will be:
- Mayor (Chair)
 - Cabinet Members
 - Hartlepool Borough Council Chief Executive
 - The Chairs of the Theme Groups (Vice Chairs)
 - Cleveland Police Authority
 - Cleveland Fire Authority
 - Hartlepool PCT / NHS Hartlepool (until dissolved)
 - Hartlepool GP Commissioning Consortia
 - Director of Public Health (local representative of Public Health England)
 - Job Centre Plus
 - Skills Funding Agency
 - A representative of the Voluntary & Community Sector (VCS) in Hartlepool elected as per the Compact Code of Practice on Representation

4. FACE THE PUBLIC EVENTS

- 4.1 Face the Public Events will provide the opportunity for Councillors, Neighbourhood Voices, representatives of special interest groups, VCS organisations and the general public to engage with the Strategic Partners Group and theme groups. The events will be held 4 times per year and will enable attendees to feed in their priorities and discuss their concerns. The events will also provide the opportunity for consultation on key strategies and plans for the Borough. Each theme area will be discussed at least once a year at a Face the Public Event. The events will be chaired either by the Mayor as Chair of the Strategic Partners Group or the Chair of the theme group that is the subject of the event.

5. THEME GROUPS

- 5.1 Going forward there will be 4 theme groups operating within the Hartlepool Partnership structure. These include the statutory Safer Hartlepool Partnership, the Shadow Health & Wellbeing Board (which will become statutory) and the non-statutory Housing Partnership and Economic Regeneration Forum (the merged Economic Forum and Skills Partnership).
- 5.2 The Safer Hartlepool Partnership (SHP) has recently restructured with the Business Group and Neighbourhood Management Board being merged into a Neighbourhood Leadership Board. The Partnership is currently developing its Team around the Household approach.
- 5.3 Following the decision to merge the Economic Forum and Skills Partnership work has been ongoing to identify the membership and terms of reference for the new Forum. The key focus for the Forum will be delivering the new Economic Regeneration Strategy and therefore the new Forum will be named the 'Economic Regeneration Forum'. The first draft of the Economic Regeneration Strategy is currently being prepared and will be circulated in the near future. The first meeting of the new Forum will be held in November 2011.
- 5.4 At their meeting on 31st August 2011 the Housing Partnership agreed to review its role, remit and membership in light of the changes to the LSP and the development of the new Housing Strategy. It is expected that the outcome of the review will be reported to the next meeting of the Housing Partnership in November 2011.
- 5.5 Although no longer statutory the Children's Partnership will continue but will be subsumed within the supporting arrangements for the Shadow Health & Wellbeing Board.

6. ISSUES FOR CONSIDERATION

6.1 The Shadow Health & Wellbeing Board need to consider:

- Its role within the Strategic Partners Group and the opportunity it presents for the discussion of strategic and cross-cutting issues that are important to the Borough.
- How the Board will utilise its Face the Public Event to engage with Ward Councillors, Neighbourhood Voices, members of special interest groups, the general public and the Voluntary and Community Sector.
- The links the Board needs to make and maintain with the other theme groups particularly on the SHP Team around the Household approach.
- The role of groups supporting the Board including the Children's Partnership.

7. RECOMMENDATIONS

7.1 The Shadow Health & Wellbeing Board is requested to note the report and consider the issues outlined in section 6.

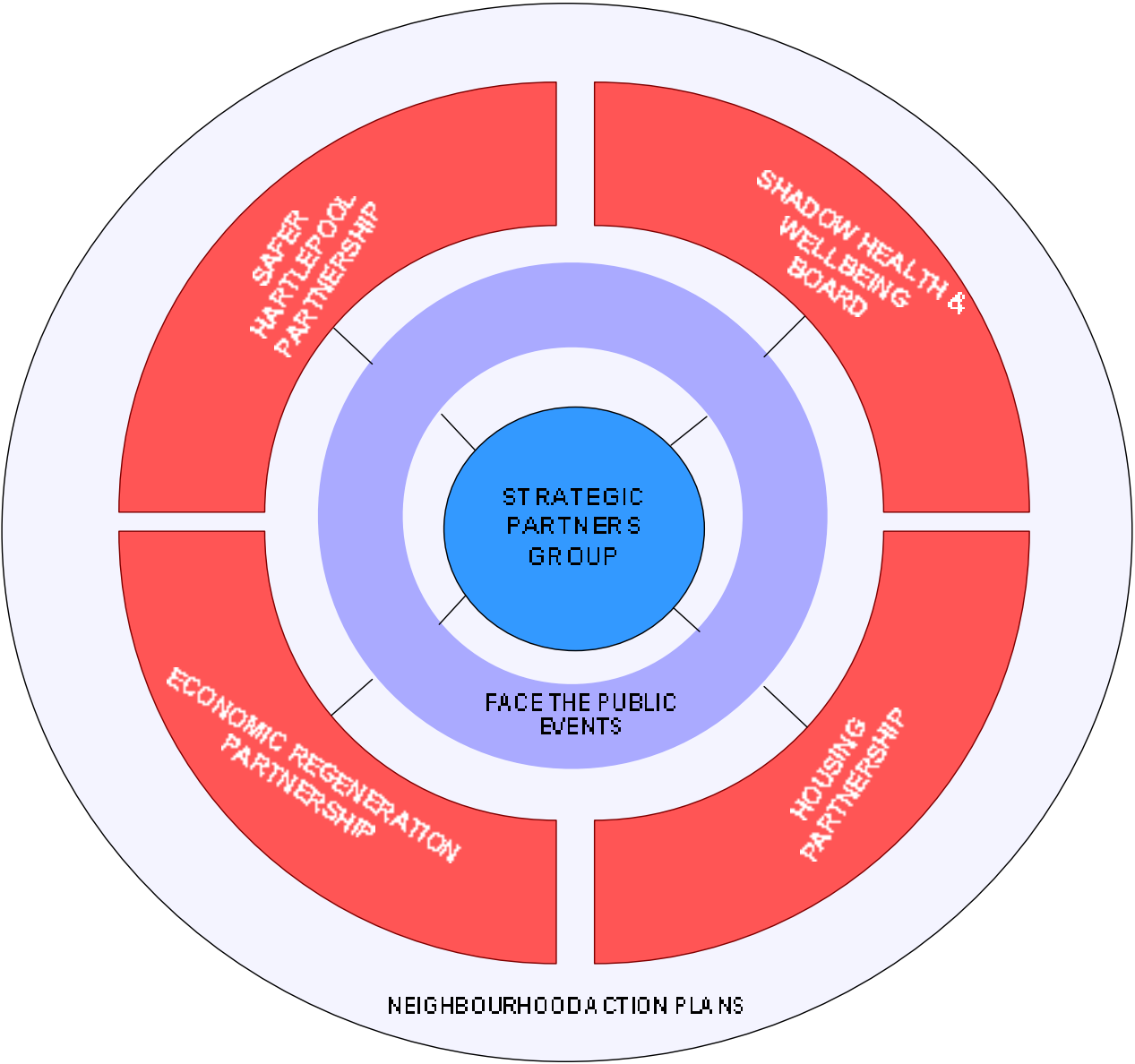
8. BACKGROUND PAPERS

- Item 5.1 from Cabinet on 18th July 2011.
- Minutes from Cabinet on 18th July 2011.

9. CONTACT OFFICER

Catherine Frank – Partnership Manager
Chief Executive's Department – Corporate Strategy
Hartlepool Borough Council
Tel: 01429 284322
Email: Catherine.frank@hartlepool.gov.uk

APPENDIX 1 - HARTLEPOOL PARTNERSHIP STRUCTURE 2011



Hartlepool Shadow Health and Well being Board 10th October 2011



1. PURPOSE OF REPORT

- 1.1. To outline the proposals by government to replace the Local Involvement Network (LiNK) with a local HealthWatch, which will have increased responsibilities and statutory duties.

2. BACKGROUND

- 2.1. The Government's NHS White paper describes a system where:
 - Patients are at the heart of everything the NHS does
 - Health care outcomes in England are among the best in the world
 - Clinicians are empowered to deliver results
- 2.2. As part of this system, HealthWatch will be established as a new independent consumer champion.
- 2.3. Local Involvement Networks (LiNKs) were established in 2008. LiNKs aimed to give citizens a stronger voice in how their health and social care services were delivered. The aim was that the LiNK would be run by local individuals and groups and independently supported by a host organisation that would be commissioned by the local authority. The role of the LiNK was to find out what people wanted, monitor local services and use their powers to hold services to account.
- 2.4. The introduction of LiNKs was seen as part of a wider process to help the community have a stronger local voice. The LiNKs role was to:
 - Ask local people what they think about local health care services and provide a chance to suggest ideas to improve services
 - Investigate specific issues of concern to the community
 - Use its powers to hold services to account and get results
 - Ask for information and get an answer in a specified amount of time
 - Be able to carry out spot-checks to see if services are working well
 - Make reports and recommendations and receive a response
 - Refer issues to the local 'Overview and Scrutiny Committee'
- 2.5. In 2008 the Local Authority commissioned Hartlepool Voluntary Development Agency (HVDA) to act as the host for the Hartlepool

LINK. The host has employed a LINK Co-ordinator and Development Officer who have taken the work of the LINK forward.

- 2.6. LINKs functions need to continue under the duties set out in the Local Government and Public Involvement in Health Act 2007 during 2011-12. Funding for the local LINK is £87,000 for 2011/12, the contract value being maintained at 2010/11 levels.

3. HEALTHWATCH

- 3.1. The Health and Social Care Bill that was going through Parliament makes provisions for the establishment of HealthWatch. Because of the legislative pause and the 'listening exercise' being undertaken, it is anticipated, subject to Parliamentary approval, that both the national HealthWatch (to be known as HealthWatch England) and local HealthWatch will now not be introduced until July 2012.
- 3.2. The Government's health and social care reforms are centred around the principal that patients and the public must be at the heart of everything that health and care services do. HealthWatch is to be the champion of patients, people using services, carers and the wider public. At a national and local level, all people will have the chance to have their say and know that it counts.
- 3.3. The Government argues that patient and public voices will be strengthened through the implementation of HealthWatch as a consumer champion at both local and national levels. The Government will establish HealthWatch England and LINKs will become local HealthWatch organisations.

4. THE VISION FOR HEALTHWATCH

- 4.1. *Equity and Excellence: Liberating the NHS* set out a vision, strategy and proposals for the NHS. It describes a system where patients and the public are at the heart of everything the NHS does. In the reformed NHS, people will have:
 - Access to more information about healthcare and their condition
 - Ways to rate and record their experience
 - Greater control of their medical records
 - Greater choice of provider, of consultant-led team, of general practitioner, and of how they access services; and
 - Choice of treatment and support options
- 4.1. HealthWatch will help make this happen by contributing to the collective voice of patients, users of care services and the public.
- 4.3. The Government's vision for adult social care has a strong emphasis on more personalised services. The 'Vision for Adult Social Care' and the 'Update of the Carers Strategy' make clear that there should be 'no

decision about me without me' and that citizens not service providers should have choice and control over how their care and support are provided. Social care service users and carers should be supported to help shape and develop local services.

- 4.4. The White Paper *Healthy Lives, Healthy People* describes a new era for public health. Local Authorities will have a new role in improving the health and wellbeing of their population as part of a new system. Each Local Authority will introduce local Health and Wellbeing Boards which bring together the key players to facilitate strategic and integrated commissioning across the health, social care and public health systems and support better working. Local HealthWatch will be a statutory member of the board and will have a role in maximising local engagement by bringing the community and patient voice to the commissioning process.

5. LOCAL HEALTHWATCH

- 5.1. HealthWatch will give local communities a bigger say in how health and social care services are planned, commissioned, delivered and monitored to meet the health and wellbeing of local people and groups, and address health inequalities. HealthWatch will strengthen the voice of local people and groups, helping them to challenge poor quality services.
- 5.2. HealthWatch will have an important role in supporting everyone in the community, particularly those who are vulnerable or often unheard. HealthWatch will provide information about health and care services and the choices people can make. From April 2013 it will provide support for people to complain about the quality of NHS services.
- 5.3. The Department of Health are proposing that:
 - The role of LINKs will evolve to become local HealthWatch which will have an expanded range of duties.
 - Local HealthWatch will be statutory organisations
 - Local authorities will commission local HealthWatch with freedom to decide how to do this
 - The Department of Health will make additional funding available to local authorities to support local HealthWatch (details of funding have not been confirmed)
 - Local HealthWatch will have a seat on the local authority health and wellbeing board, to ensure that the consumer voice is integral to decision-making
 - From April 2013, local authorities will commission NHS complaints advocacy from any suitable provider, including HealthWatch, and the service will be accessed through the local HealthWatch.
- 5.4. Local authorities will be commissioners and funders of local HealthWatch organisations, and will also be subject to scrutiny from them in respect of their adult social care services. Local authorities

and local HealthWatch will be partners on Health and Wellbeing Boards.

6. DEVELOPING A HEALTHWATCH PATHFINDER

- 6.1. The Department of Health has invited local authorities in partnership with their LINK and host organisation to develop HealthWatch pathfinders. HealthWatch pathfinders are seen as a crucial part of the work to prepare for the establishment of HealthWatch from April 2012 and applications for pathfinder status are due by 12 May 2011.
- 6.2. Following meetings with the LINK Co-ordinator and consultation with the LINK Executive, an application for pathfinder status (Appendix 1) has been submitted focused on the following strands identified by the Department of Health as needing development in HealthWatch models:
 - Relationships with new bodies such as GP commissioning consortia and the local authorities health and well being board
 - The role of HealthWatch in respect of public health issues
 - Understanding the role of the HealthWatch and being able to present it to partners, stakeholders and the local community.
 - The role of HealthWatch in provision of support to access information and exercise choice
 - Explore the feasibility of HealthWatch delivering a complaints advocacy service from 2013.
- 6.3. The strands identified build on the strong governance model already developed by the LINK, connect to the applications that have been made and approved for pathfinder status for the local health and wellbeing board and GP consortium as well as building on the skills in the LINK membership and developing greater awareness of HealthWatch in the local community.
- 6.4. It should be noted that the Department of Health have not yet committed any additional resources to those LINKs awarded Pathfinder status. We have therefore, included in the application a reference to the fact that some of the actions would not be possible without additional resources so the final action plan cannot be confirmed until the outcome of decisions relating to funding are confirmed.

7. RECOMMENDATIONS

- 7.1. That the contents of the report are noted.
- 7.2. Further information will be reported as more details of HealthWatch emerge.

8. CONTACT OFFICER

Geraldine Martin, Head of Service,
Child and Adult Services
Tel: 07776210099
Email: geraldine.martin@hartlepool.gov.uk

Appendix I

April 2011

Child and Adult Services, Hartlepool Borough Council, Hartlepool Voluntary Development Agency (HVDA) (host) and Hartlepool Local Involvement Network (LINK).

Local HealthWatch Pathfinder Application - DRAFT

1. Introduction

This paper outlines our proposals to build on the work carried out by the LINK in Hartlepool to develop as a HealthWatch pathfinder. The application has the support of the LINK executive, Child and Adult Services department in Hartlepool Borough Council and Hartlepool Voluntary Development Agency (HVDA), the LINK host.

The pathfinder will focus on building relationships with new bodies such as the GP commissioning consortia and the Local Authority Health and Wellbeing Board. This will ensure that the LINK will be able to understand, test and develop robust strategies to deliver key targets as outlined in the HealthWatch Transition Plan (Department of Health, March 2011) in particular the move from an influencing role to a partnership decision making body.

2. Hartlepool – the town and its people

Hartlepool is located on the North East coast at the eastern end of the Tees Valley. Hartlepool is compact and densely populated. In 2005 the population was 90,000 of which 1.2% are from black and minority ethnic communities and almost a fifth are at or above retirement age. Hartlepool is relatively isolated from the national transport infrastructure and main markets.

In 2007, Hartlepool was ranked 23 most deprived out of 354 Local Authorities. In 2007 there were 7936 wards in Britain; Hartlepool has 17 wards, seven of which fall into the top ten per cent of most deprived wards in Britain. Five wards fall into the top three per cent most deprived in Britain, with one being in the top one per cent most deprived.

The health of Hartlepool residents is improving; on average they are living healthier and longer lives. However, they still suffer from more ill health and disability, higher death rates from diseases such as cancer, heart disease and respiratory disease and live shorter lives than in most other parts of the country. There is evidence to indicate that this 'health gap' is widening. There are also inequalities in the 'health experience' of communities within Hartlepool; the most deprived communities suffering significantly poorer health than the more affluent areas.

3. The Hartlepool LINK

Hartlepool Voluntary Development Agency (HVDA) was commissioned as host organisation for the Hartlepool LINK in July 2008.

A LINKs coordinator and development officer were appointed who have developed a governance structure (Appendix A) and extended membership. Through consultation with members, work has focused on the following areas:

- Engagement activities
- Publicity
- Development
- Enter and View
- 50+ Forum

The annual review of the provision of the LINKs host (November 2010) identified a number of areas of good practice:

- All activities (e.g. conferences, enter and view visits, host activity, executive meetings, themed group meetings, public engagement, public meetings, training etc) take place in accessible venues and documentation is available in a number of formats for example easy read and Braille.
- 24 LINK members have undertaken training to exercise powers of 'Enter and View'.
- A number of enter and view visits have taken place in care homes, pharmacies, hospital wards and GP surgeries. All enter and view reports are published on the LINK website. Reports are forwarded to the local provider of acute hospital and community services (North Tees and Hartlepool NHS Foundation Trust), NHS Hartlepool, Overview and Scrutiny, Care Quality Commission and Tees Esk & Wear Valley NHS Foundation Trust (provider of mental health and learning disability services). This is in addition to primary care visit reports being issued to the relevant provider.
- The host has made use of the DH National Benchmarking Guidance (Essence of Care 2010) as a structure for the evaluation of the standards that should be achieved and also provides guidance about what recommendations should be. The guidance has helped the host with the development of a suitable enter and view interview pro-forma for the 'enter and view' team to use.
- The LINK executive committee feeds back findings from their ambitious work plans and the views of LINKs members to the Health and Wellbeing Partnership, Health Scrutiny Forum and the NHS Hartlepool Board (the Primary Care Trust).
- The host advertises and promotes the work of the LINK and actively encourages participation from the general public, utilising host bulletins

and partner organisations as a vehicle to do this within the community. Membership of the LINK as at November 2010 was 307 with 89 people being active members of the themed groups.

- LINK members have participated in and led on a number of consultations including the previous Government's Green Paper "Shaping the Future of Care Together", local transitions pathways, access to hospital transport and the development of a core themed group "Positive Living" to address any Health and/or Social care problems affecting residents with Physical Disabilities, Learning Disabilities, Carers or Life Long Conditions. More recently Hartlepool LINK led the sub regional consultation and subsequent Government response on the White Paper "Equity and Excellence: Liberating the NHS" and a solely Hartlepool response to the Government White Paper Liberating the NHS: "Local Democratic Legitimacy in Health".
- The Hartlepool LINK has been recognised nationally in the Department of Health's leaflet "Promoting Local Involvement Networks" identifying the LINKs work with NHS Tees on re commissioning the 'Out of Hours' services as a case study in the Department of Health's publication "Engaging and Responding to Communities".
- A satisfaction survey was conducted with LINK members in 2010. Some 30 out of 300 questionnaires were returned with high levels of satisfaction in the LINKs performance being reported.

The evidence suggests that the Hartlepool LINK complies with all of the common principles identified about how LINKs should undertake their roles. Hartlepool LINK is:

- Open and inclusive
- Is accessible to all people
- Reaches out to all communities, collecting a range of views and making sure those views are known by the appropriate bodies
- Recognises that addressing the wider determinants of health and social care is central to their role
- Successful in demonstrating a commitment to communication
- Committed to feeding back responses and outcomes to a wider community

4. Pathfinder proposal

The Hartlepool LINK has been successful in a number of areas and is well placed for the transition to HealthWatch. LINK members are already connected to the local GPs and the local authority Health and Wellbeing Themed partnership of the Local Strategic Partnership. With both the proposed GP consortium and health and wellbeing board being accepted as pathfinders, it will be an excellent opportunity for the LINK to work closely to develop and extend these relationships and explore effective ways of working together. We recognise the LINKs transition year needs to address the two key challenges of operating at their optimum level whilst achieving a smooth transition to Local HealthWatch.

The aim of the Hartlepool HealthWatch pathfinder will be to focus on 5 key areas:

- The relationship with new bodies such as the GP commissioning consortium and the local authority Health and Wellbeing Board
- The role of HealthWatch in respect of public health issues particularly in relation to a review of the Joint Strategic Needs Assessment
- The role of HealthWatch in provision of support to access information and exercise choice
- Understanding the role of the HealthWatch and being able to present it to partners, stakeholders and the local community
- Explore the feasibility of HealthWatch delivering a complaints advocacy service from 2013.

Our pathfinder application is not prescriptive. Rather we are keen to use the opportunity of the lead in time to the establishment of a Local HealthWatch to explore what works well and best meets the needs of people in Hartlepool. Our aim for the pathfinder is to:

- Further promote effective partnerships, public engagement and involvement including some collaborative working with User Led Organisations.
- Ensure a smooth transition to HealthWatch whilst continuing to deliver the ambitious work program, key aims and objectives of the LINK
- Support the development and implementation of the JSNA

We have identified a number of specific actions that we would like to explore which are outlined below. However, we would note that some of the actions may not be possible without additional funding to give the current workers extra capacity. We would like to explore a number of actions which would include but not be limited to:

- Creating a model which robustly delivers the outcomes set out in the Health Bill to put the people who use services at the heart of care by strengthening the voice of both individuals and the public. We want to instil a culture of active responsibility where everyone, including local HealthWatch, is empowered to ask, challenge and intervene. This will help ensure that resources are used effectively to deliver better health and social care.
- Establish a constructive relationship with the GP consortia who themselves will have a duty to involve patients and the public in decisions and will need to engage them in both the commissioning and delivery of services. Local HealthWatch will help with this engagement by providing evidence about what local people need and want.
- Putting greater emphasis on more personalised services in order to achieve the best outcomes for service users AND their carers in relation to Social Care. Enact the vision and the 'Update of the Carers Strategy' by making clear that there will be 'No Decision about me without me!'

- Consider Utilising social media such as Facebook and Twitter to engage with the public to compliment our engagement activity
- Work with the emerging health and wellbeing board and GP consortia to ensure we avoid duplication of resources and decision making is underpinned by the JSNA, balanced between partners and achieves optimum customer confidence.
- Work with the emerging health and wellbeing board and GP consortia to ensure that service user/consumer voices are represented in the review and co-production of the JSNA and design, delivery and commissioning of services.
- Explore the feasibility of HealthWatch delivering a complaints advocacy service from 2013.

Activities as part of the pathfinder will be evaluated and learning shared as part of the Department of Health programme.

SHADOW HEALTH AND WELL BEING BOARD REPORT



Report of: Sarah Bowman (Specialty Registrar in Public Health, NHS Tees)

Subject: PROPOSED PROCESS FOR DEVELOPING THE JOINT HEALTH AND WELLBEING STRATEGY

1. PURPOSE OF REPORT

- 1.1 This paper proposes the process for developing the Hartlepool Joint Health and Wellbeing Strategy, to inform discussion at the first meeting of the shadow Health and Wellbeing Board on 10th October 2011.

2. BACKGROUND

- 2.1 The Health and Social Care Bill (2011) currently establishes Health and Wellbeing Boards ('Boards') as statutory bodies responsible for encouraging integrated working and developing a Joint Strategic Needs Assessment¹ and Health and Wellbeing Strategy for their area.
- 2.2 Boards will increase the opportunity for democratic accountability on joint health and social care issues and will have the following main functions:
- Assess the needs of the local population and lead the statutory JSNA
 - Promote integration and partnership across areas, including through promoting joined up commissioning plans across the NHS, social care and public health
 - Support joint commissioning and pooled budget arrangements, where all parties agree this makes sense
 - Undertake a scrutiny role in relation to major service design
- 2.3 The Joint Strategic Needs Assessment (JSNA) analyses the health needs of the population to inform and guide commissioning of health, wellbeing and social care services. The JSNA will underpin the Joint Health and Wellbeing Strategy (JHWS) and together they will provide a foundation for strategic, evidence-based, outcomes-focused commissioning and planning.

3. ISSUES FOR CONSIDERATION

3.1 The Joint Health and Wellbeing Strategy

3.1.1 The JHWS will be a high-level summary, spanning the NHS, social care and public health and could potentially consider wider determinants e.g. housing and education. It is intended to outline how organisations will address health and wellbeing needs of a community and help reduce health inequalities. It is not intended to be a detailed technical document or to replicate existing action plans to implement specific actions.

3.1.2 Local authorities and Clinical Commissioning Groups are under a statutory duty to prepare the JHWS. There will be no statutory guidance on its nature but the JHWS will be a public document and the Board has a duty to pay regard to the NHS Commissioning Board mandate in their preparation.

3.1.3 In order to address the health and wellbeing needs of the population and tackle health inequalities, the JHWS should encompass and be embedded in the three 'domains' of Public Health practice²:

- Health Protection

Examples: Local authorities will need to provide assurance that robust local emergency planning arrangements are in place (Public Health England will provide central Health Protection expertise). Local authorities will also need expertise in contributing to local management of communicable disease outbreaks e.g. measles outbreak associated with a school.

- Health Services

Examples: Ensuring a strategic overview of the quality of health services to be commissioned for the population will be important for Health and Wellbeing Boards. An understanding of the funding flows for existing health services and the link to local authority services which address the wider determinants of health will be central to the Strategy.

- Health Improvement

Examples: The Strategy will need to reflect the wide range of health, social care and other relevant services that impact on health, wellbeing and health inequalities. It will need to prioritise investment for the health improvement services that will address the main needs identified.

3.1.4 As it is not itself a commissioning body, the Health and Wellbeing Board will consider whether commissioning arrangements developed by local authorities and CCGs are in line with the JHWS and will write to the NHS Commissioning Board / CCGs / local authority if this is not the case. On submitting commissioning plans to the NHS Commissioning Board, CCGs must state whether the Board agrees their plans have due regard to the

JHWS. The JHWS should consider how all relevant commissioners can work together³.

3.1.5 The JHWS will be developed in a shifting environment. In summary, the Board will need to be mindful of the following factors in developing the JHWS:

- JSNA
- NHS Commissioning Board mandate
- Local emerging commissioning plans
- Public health outcomes framework
- Emerging shadow budget allocations
- Emerging Commissioning Support Units, further guidance and ongoing organisational change

3.2 Timescales

3.2.1 The Board will need to carry out the JSNA, develop the JHWS and link these to commissioning plans in advance of CCGs and local authorities obtaining NHS commissioning and public health allocations from April 2013.

3.2.2 CCGs are charged with developing and submitting their commissioning plans by December 2011. JSNAs are currently under development, with a deadline of March 2012 for JSNAs in all Tees locality. Therefore, the JHWS will be developed in parallel with the JSNA and CCG plans but should also evolve to incorporate the findings of these parallel processes.

3.3 Developing the strategy: Suggested process and rationale

3.3.1 The Strategy will need to be developed in the context of the four main functions of Boards, outlined on page 1. The process of Strategy development will need to be considered by the Board, including identifying:

- Strategy coordinator / author
- Key partners and communication channels
- Responsibility and process for high-level action planning, delivery, monitoring and Strategy launch, review / refresh

3.3.2 It may also be helpful to review other strategies in early implementer sites and learn from their approach. The following basic framework may be helpful in considering the process of strategy development:

Stage 1: Where are we now?
Stage 2: Where do we want to get to?
Stage 3: How are we going to get there?
Stage 4: How will we know when we've got there?



Throughout:

- JSNA
- Communication
- Stakeholder involvement
- Partnership-working

3.3.3 Each stage is considered in more detail as follows:

Stage 1: Where are we now?

Analysing and briefly describing the **current health and wellbeing picture in Hartlepool**, drawing on the JSNA and other key documents. The picture is to include current strategic groups and arrangements and the headline information we have about population needs and existing services.

This section could refer to e.g. the JSNA and highlight key facts rather than repeating the detail. Developing a shared understanding of the current position among partners can help define a vision for the future. If useful, a number of tools are available to support this stage, including: situation analysis, audit, stakeholder analysis, SWOT analysis and benchmarking.

Stage 2: Where do we want to get to?

Setting the vision for the future, in the context of existing knowledge and expertise, the current position and an understanding of the Strategy audience. This includes defining the (high-level) scope and timeframe of the Strategy and links to measurement of success (see Stage 4).

Stage 3: How are we going to get there?

Outlining **strategic aims** and **approach**, rather than detailing specific actions. The following stages are a suggested approach:

- Decide the NHS, social care, public health and other services to be covered
- Agree process and principles for strategic prioritisation¹
- Prioritise based on need
- Define aims and priority key actions for each service / priority / area of need
- Clarify responsibility for leadership, action planning, funding, partnerships / communication channels, capacity and data / info needed
- Set out governance and accountability arrangements, risk management strategy, approach to monitoring and review
- Consolidate as strategic statements of intent

Stage 4: How will we know when we've got there?

Embed and **monitor** the Strategy – outcomes, understanding of the 'must-dos' and key performance indicators according to all relevant stakeholders.

Monitoring should be built in from the beginning of the process to consider systems and data needed.

4. RECOMMENDATIONS

- 4.1 The shadow Health and Wellbeing Board is asked to consider the suggested approach outlined above for developing the Joint Health and Wellbeing Strategy for Hartlepool.
- 4.2 The Board is also asked to discuss appointing a small team to author the Strategy.

5. REASONS FOR RECOMMENDATIONS

- 5.1 An agreed, structured approach with dedicated support will be helpful in developing the Strategy in a timely manner and ensuring all links are made with relevant partners and parallel processes.

6. BACKGROUND PAPERS

- 1. Local Government Improvement and Development (April 2011) Joint Strategic Needs Assessment: A springboard for action. Available from: <http://www.idea.gov.uk/idk/core/page.do?pageId=26995274>
- 2. Faculty of Public Health: www.fph.org.uk
- 3. Department of Health (2010) Healthy Lives, Healthy People: Our strategy for public health in England. Available from: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121941

7. CONTACT OFFICER

Sarah Bowman (Specialty Registrar in Public Health, NHS Tees)
Tel: (01642) 745 171
Email: sarah.bowman@northteespct.nhs.uk

Louise Wallace (Assistant Director of Health Improvement, NHS Hartlepool / Hartlepool Borough Council)