


Agenda Item 9

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Richard Wills, the Director Responsible for Democratic Services

Report to	Health Scrutiny Committee for Lincolnshire
Date:	11 February 2015
Subject:	Work Programme

Summary:

This item invites the Committee to consider and comment on its work programme.

The report also invites the Committee to consider the arrangements for the scrutiny of the Joint Health and Wellbeing Strategy and asks the Committee to identify its preferred way forward.

Actions Required:

- (1) To consider and comment on the content of the work programme.
- (2) To consider how to progress the scrutiny of the Joint Health and Wellbeing Strategy, in the light of the options presented in this report.

1. The Committee's Work Programme

The work programme for the Committee's meetings over the next few months is attached at Appendix A to this report, which includes a list of items to be programmed.

Set out below are the definitions used to describe the types of scrutiny, relating to the proposed items in the work programme:

Budget Scrutiny - The Committee is scrutinising the previous year's budget, the current year's budget or proposals for the future year's budget.

Pre-Decision Scrutiny - The Committee is scrutinising a proposal, prior to a decision on the proposal by the Executive, the Executive Councillor or a senior officer.

Performance Scrutiny - The Committee is scrutinising periodic performance, issue specific performance or external inspection reports.

Policy Development - The Committee is involved in the development of policy, usually at an early stage, where a range of options are being considered.

Consultation - The Committee is responding to (or making arrangements to respond to) a consultation, either formally or informally. This includes pre-consultation engagement.

Status Report - The Committee is considering a topic for the first time where a specific issue has been raised or members wish to gain a greater understanding.

Update Report - The Committee is scrutinising an item following earlier consideration.

Scrutiny Review Activity - This includes discussion on possible scrutiny review items; finalising the scoping for the review; monitoring or interim reports; approval of the final report; and the response to the report.

In considering items for inclusion in the Committee's work programme, Members of the Committee are advised that it is not the Committee's role to investigate individual complaints or each matter of local concern.

2. Joint Health and Wellbeing Strategy

Inclusion of the Five Themes of the Health and Wellbeing Strategy in the Committee's Work Programme

On 20 November 2013, it was agreed that "the five themes in the Health and Wellbeing Strategy 2013-2018 be considered by the Committee at future meetings." On 19 February 2014, the Committee included the five themes in its draft annual work programme, with an intention that each theme would be considered as a single item between May 2014 and April 2015, beginning with Theme 1 in July 2014.

However, at this stage it was considered that the Committee required an overview of the Strategy, before consideration of each theme in detail. As the Health and Wellbeing Board was due to consider an item entitled *Joint Health and Wellbeing Strategy – Performance Assurance Framework* on 30 September 2014, this item was also listed in the Committee's work programme in July 2014 for consideration on 22 October 2014.

The *Joint Health and Wellbeing Strategy – Performance Assurance Framework* item was duly considered by the Health Scrutiny Committee on 22 October 2014. As stated above, this item had also been considered by the Health and Wellbeing Board on 30 September 2014. The item included a number of indicators for each theme as well as a brief overview of the activities undertaken to support each theme.

As reported the Health Scrutiny Committee on 22 October 2014, the Health and Wellbeing Board had agreed on 30 September 2014 that the suite of indicators supporting each theme would be reviewed, to monitor the outcomes and priorities to ensure that they are appropriate, and to identify additional actions that could be taken. The Health and Wellbeing Board also agreed that the current Health and Wellbeing Board sponsor roles and support mechanisms would be reviewed.

On 22 October 2014, the Health Scrutiny Committee indicated that it would like to consider the five themes in detail in the Strategy at subsequent meetings.

What Does the Joint Health and Wellbeing Strategy Contain?

There are five themes in the Joint Health and Wellbeing Strategy. Each theme contains a number of priorities which are listed below under each theme:

- Theme 1: Promoting Healthier Lifestyles – five priorities:
 - Reduce the number of people who smoke by supporting those who want to quit, discouraging people from taking up smoking and normalising smoke free environments.
 - Reduce the number of adults who are overweight or obese.
 - Support people to be more active more often.
 - Support people to drink alcohol sensibly.
 - Improve people's sense of mental wellbeing.

- Theme 2: Improve the Health and Wellbeing of Older People – three priorities:
 - Spend a greater proportion of our money on helping older people to stay safe and well at home.
 - Develop a network of services to help older people lead a more healthy and active life and cope with frailty.
 - Increase respect and support for older people within their communities.

- Theme 3: Delivering High Quality Systematic Care for Major Causes of Ill Health and Disability – six priorities
 - Improve the diagnosis and care for people with Diabetes.
 - Reduce unplanned hospital admissions and mortality for people with Chronic Obstructive Pulmonary Disease.
 - Reduce mortality rates from Coronary Heart Disease and improve treatment for patients following a heart attack.
 - Improve the speed and effectiveness of care provided to people who suffer a Stroke.
 - Reduce mortality rates from Cancer and improve take up of screening programmes.
 - Minimise the impact of long term health conditions on people's mental health.

- Theme 4 - Improve Health and Social Outcomes for Children and Reduce Inequalities – three priorities:
 - Ensure all children have the best start in life by: Improving educational attainment for all children and Improving parenting confidence and ability to support their child's healthy development through access to a defined early help offer
 - Reduce childhood obesity
 - Ensure children and young people feel happy, stay safe from harm and make good choices about their lives, particularly children who are vulnerable or disadvantaged

- Theme 5 - Tackling the Social Determinants of Health
 - Support more vulnerable people in good quality work (such as young people, carers and people with learning disabilities, mental health and long term health conditions).
 - Ensure public sector policies on getting value for money include clear reference and judgement criteria about local social impact, with particular reference to protection and promotion of work opportunities and investment in workforce health and wellbeing.
 - Ensure that people have access to good quality, energy efficient housing that is both affordable and meets their needs.

It should be noted that the Health Scrutiny Committee performs an overarching role in relation to scrutiny of health, so it would be appropriate for the Committee to have an overview of the Strategy. However, other scrutiny committees might be more appropriate to consider some of the priorities within each theme. For example, the priority under Theme 2 on *Spending a Greater Proportion of our Money on Helping Older People to Stay Safe and Well at Home* might be a matter for the Adults Scrutiny Committee. Similarly, the priority *Ensuring Children and Young People Feel Happy, Stay Safe from Harm and Make Good Choices about their Lives, particularly children who are vulnerable or disadvantaged* might be a topic for the Children and Young People Scrutiny Committee. The Community and Public Safety Committee as the home committee for public health might also be the correct forum for the consideration of several priorities within the Strategy.

Scrutiny of the Health and Wellbeing Board and the Joint Health and Wellbeing Strategy

One of the key requirements of the Health Scrutiny Committee, and any other scrutiny committee for that matter, is to scrutinise those with the responsibility for either the commissioning or the provision of the service. In this regard it is important to note that the statutory duty of the Health and Wellbeing Board is to prepare and publish a Joint Health and Wellbeing Strategy to meet the needs of the Joint Strategic Needs Assessment.

Commissioners such as the County Council, NHS England and the Clinical Commissioning Groups in exercising any of their functions must have regard to the Strategy. Thus the role of the Health and Wellbeing Board is to prepare the Strategy, which sets the overall strategic direction to the commissioners, who are obliged to have regard to the Strategy. The Health and Wellbeing Board is not directly responsible for the performance management or performance monitoring of the indicators in the Strategy and has no direct legal powers in this regard.

Furthermore, the Health and Wellbeing Board does not hold any budgets with which to make direct commissioning decisions to implement the Strategy. However, the Health and Wellbeing Board has the following powers and duties, which it may choose to use to influence the commissioners of services: -

- (1) The Health and Wellbeing Board may give the County Council its opinion on whether the Council is discharging its duty to have regard to the Joint Health and Wellbeing Strategy.
- (2) Each Clinical Commissioning Group is required to consult the Health and Wellbeing Board on its draft commissioning plan and the Health and Wellbeing Board must give its opinion whether the draft commissioning plan takes proper account of the Joint Health and Wellbeing Strategy. The Health and Wellbeing Board's opinion must be included in the final version of each Clinical Commissioning Group's commissioning plan.
- (3) Each Clinical Commissioning Group may also give its opinion on the final version of each Clinical Commissioning Group's commissioning plan in terms of whether it takes proper account of the Joint Health and Wellbeing Strategy.

It is entirely appropriate for the Health Scrutiny Committee to hold the Health and Wellbeing Board to account. However, the Board can only be held to account for those activities, for which it has responsibility. So it could be argued that the following areas or questions may be more suitable, in the scrutiny of the Board's role in the Joint Health and Wellbeing Strategy:-

- Has the Health and Wellbeing Board prepared and published a Joint Health and Wellbeing Strategy, which takes due account of the Joint Strategic Needs Assessment?
- Did the Health and Wellbeing Board take due account of Government guidance in the preparation of the Joint Health and Wellbeing Strategy?
- Does the Health and Wellbeing Board need to use its legal powers to ensure that commissioners take account of the Joint Health and Wellbeing Strategy in their planning activities?

Options for the Scrutiny of the Joint Health and Wellbeing Strategy

There are three options for the Committee to consider: -

- (1) *Theme by Theme Consideration* – This involves consideration of each theme as a single item and was the original intention as set out in the work programme for 2014-2015, as approved by the Committee in February 2014. This has the benefit of covering all the themes in the Strategy. However, there is a practical issue in ensuring that the

appropriate organisations are called to present before the Committee to deliver the required information on the detail of each theme. There is also a risk that this approach would imbalance the Committee's work programme, and possibly prevent the Committee from the consideration of other matters.

- (2) *Selective Approach - Particular Theme or Particular Priority* – This would involve a selective approach, choosing particular themes or priorities. For example, in relation to Theme 3, the Committee might wish to look at the priority on *Improving the Diagnosis and Care for People with Diabetes*. The Committee could look at what the commissioners are doing in relation to diabetes; what GPs are doing; and how providers are delivering services. This could involve the lead CCG, for example.

As there are 20 priorities across the five themes, the key element in this approach would be the Committee's selection of the most appropriate priorities. The Health and Wellbeing Board could be asked to suggest a particular theme or priority, into which the Committee could look.

- (3) *Using the Strategy as a Theme in the Consideration of Other Items* – When a commissioner or provider presents at the Committee, it might be appropriate to pose a question on the relevant priority. For example, at this meeting Lincolnshire Partnership NHS Foundation is presenting its clinical strategy. The Trust could be asked: *How does your clinical strategy take account of the priority: Improving People's Sense of Mental Wellbeing? Does it support any other priorities within the Joint Health and Wellbeing Strategy?* As another example, on 14 January 2014, the Committee could have asked South West Lincolnshire Clinical Commissioning Group, how its improvements and initiatives were supporting the delivery of the Strategy.

This approach has the benefit of integrating the Joint Health and Wellbeing Strategy into most of the Committee's activities. Clearly it would not be appropriate for all Committee items. For example, the Committee's consideration of the Burton Road GP Surgery would not necessarily warrant a question on the Joint Health and Wellbeing Strategy.

Option (3) could be used alongside both options (1) and (2). In addition to support any of the above approaches, a workshop meeting might also be appropriate to enable the Committee members to get more information and become more familiar on the priorities and themes within the Strategy.

3. Conclusion

The Committee is invited to consider and comment on the content of the work programme and consider the arrangements for the scrutiny of the Joint Health and Wellbeing Strategy.

4. Consultation

There is no consultation required as part of this item.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Health Scrutiny Committee Work Programme

6. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, who can be contacted on 01522 553607 or simon.evans@lincolnshire.gov.uk

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE

Chairman: Councillor Mrs Christine Talbot

Vice Chairman: Councillor Chris Brewis

11 February 2015		
Item	Contributor	Purpose
Lincolnshire Partnership NHS Foundation Trust – Update on Clinical Strategy	Jane Marshall, Director of Strategy and Performance, Lincolnshire Partnership NHS Foundation Trust	Update
Stamford and Rutland Hospital Redevelopment Proposals	Polly Grimmett, Project Lead for the Stamford Hospital Redevelopment and John Randall, Medical Director, Peterborough and Stamford Hospitals NHS Foundation Trust	Update
Quality Accounts 2015 – Arrangements	Simon Evans, Health Scrutiny Officer	Consultation
Working Protocol Between Health Scrutiny Committee for Lincolnshire and NHs England Central Midlands	Simon Evans	Consultation

11 March 2015		
Item	Contributor	Purpose
United Lincolnshire Hospitals NHS Trust – General Update	Jane Lewington, Chief Executive, United Lincolnshire Hospitals NHS Trust	Update
Annual Report of the Director of Public Health	Tony McGinty, Consultant, Public Health - Children's, Lincolnshire County Council	Status Report
Process for Updating the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy	Chris Weston, Consultant in Public Health, Lincolnshire County Council	Status Report
Winter Pressures 2014-2015	Gary James, Accountable Officer, and Sarah Furley, Urgent Care Programme Director, Lincolnshire East Clinical Commissioning Group	Update

20 May 2015		
Item	Contributor	Purpose
Health Visiting and School Nursing Service	Sue Cousland, Chief Operating Officer, Lincolnshire Community Services NHS Trust	Status Report
Burton Road GP Surgery, Outcome of Procurement Exercise	To be confirmed.	Update

Items to be Programmed

- Outline of Mental Health Services
- Accessibility to Dialysis Services
- Health Education East Midlands – Lincolnshire Workforce Strategy
- Obesity in Adults and Children
- St Barnabas Hospice
- Boston West Hospital

For more information about the work of the Health Scrutiny Committee for Lincolnshire please contact Simon Evans, Scrutiny Officer, on 01522 553607 or by e-mail at simon.evans@lincolnshire.gov.uk

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