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**DEVELOPMENT OF DARLINGTON'S SHADOW  
HEALTH & WELL BEING BOARD**

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**Responsible Cabinet Member – Councillor Bill Dixon, Leader**

**Responsible Director – Ada Burns, Chief Executive**

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**SUMMARY REPORT**

**Purpose of the Report**

1. To approve the development of a Shadow Health & Well Being Board (HWBB) for Darlington in line with the requirements outlined in the 2012 Health and Social Care Act.

**Summary**

2. This report outlines a proposed model for Darlington's Shadow Health & Well Being Board for Members to consider. The report provides both the national and local context for the development of such a partnership board.

**Recommendation**

3. It is recommended that Cabinet:
  - (a) notes the Council's role in carrying out the statutory functions of a Health and Well Being Board, as outlined in Paragraph 5 of this report.
  - (b) approves the membership of Darlington Shadow Health and Well Being Board, as outlined in Paragraph 26 of this report.
  - (c) approves the chairing and invitation arrangements as outlined in Paragraphs 27 and 29 of this report.

**Reasons**

4. The recommendations are supported by the following reasons :-
  - (a) The Health & Well Being Board is a statutory function legislated by the 2012 Health & Social Care Act.
  - (b) The recommendation is supported to facilitate compliance with the Partnership Toolkit and the Council's risk management strategy.

**Ada Burns**  
**Chief Executive**

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## Background Papers

None

Melanie Brown Extension 2219

S17 Crime and Disorder	This will have no negative impact on Crime and Disorder.
Health and Well Being	This proposal will have a positive impact on health and well being by ensuring close partnership working on the policy area.
Carbon Impact	No Carbon implications are noted at this time.
Diversity	This project will improve access to services for vulnerable and at risk groups.
Wards Affected	All the wards in Darlington.
Groups Affected	All groups in Darlington.
Budget and Policy Framework	This report does not recommend a change to the Council's budget or policy framework.
Key Decision	No
Urgent Decision	No
One Darlington: Perfectly Placed	This will contribute strongly towards delivering Darlington's Sustainable Community Strategy - One Darlington: Perfectly Placed
Efficiency	The proposals outlined will increase efficiency by greater and closer collaboration between health and social care.

## MAIN REPORT

### Background

### National Context

### Health & Well Being Boards

5. The statutory functions of Health & Well Being Boards are to ensure that each area:-
    - (a) Develops comprehensive Joint Strategic Needs Assessments (SNA).
    - (b) Develops robust Joint HWB strategies.
    - (c) In preparing the Joint HWB strategy the responsible authority and each of its partner Clinical Commissioning Groups (CCGs) must consider the extent to which needs could be met more effectively by undertaking Section 75 of the NHS Act arrangements (joint commissioning).
    - (d) Encourage providers of Health & Social Care services to work in an integrated manner for the purpose of advancing the health and well being of the population.
    - (e) Undertakes the Public Involvement functions that were previously outlined in the 2007 Health Act.
  6. There are also provisions in the Act for a local authority to delegate any local authority functions that 'are exercisable by the authority.'
  7. In the Health & Social Care Act 2012 the following statutory membership has been outlined for the Health & Well Being Board:-
    - (a) At least one councillor of the local authority
    - (b) Director of Public Health for the local authority.
    - (c) Director of Adult Social Services for the local authority.
    - (d) Director of Children's Services for the local authority.
    - (e) Representative of CCG.
    - (f) Representative of the Local HealthWatch organisation.
  8. In addition to this statutory membership, the Board can appoint additional members to the HWBB. Each HWBB needs to consider its membership based on local needs and priorities. Subject to the minimum mandatory members, the final membership is up to each local Board.
  9. The NHS Commissioning Board must also appoint a representative to join the HWBB, though it is not anticipated this member would be attending every Board meeting but would be required to attend for 'the purpose of participating in the preparation of the Joint SNA or the strategy'.
  10. The Health & Social Care Bill received Royal Assent on 27 March 2012. The Act outlines that the HWBB is a committee of the local authority which established it and is to be treated as if it were a committee appointed by the LA under section 102 of the Local Government Act. However, paragraph 194 (12) (a) does appear to offer an alternative model and the exact wording of the Act on this is: "But regulations may provide that any enactment
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relating to a committee appointed under section 102 of that Act in 1972 does not apply in relation to a HWBB”.

11. The Regulations that support the Health & Social Care Act 2012 have at this stage not been published and once they have been, more information may be available.
12. It is clear from guidance published by the Department of Health that every locality will have local discretion about how to undertake and implement their statutory functions for their HWBB. Darlington will want to shape this to ensure that this meets the needs of Darlington population but also reflects the recent review of Darlington Partnership which has been implemented since February 2012.

### **Local Context**

13. Darlington Partnership began a review in January 2011, following significant policy changes from Government and the removal of some central government requirements. Locally, partners are very keen to continue with the vision and priorities for the Darlington Partnership, as outlined in *One Darlington: Perfectly Placed*. Annual Action Priorities will be agreed for the Partnership, providing activity in key areas which require partnership focus and can be operationally delivered within 12 months.
14. New sector-led groupings have been agreed, along with a suggestion of a ‘pledge’ from each sector in relation to what they will achieve in that year. As a part of these arrangements, public sector organisations are meeting at officer level with a Chief Executive’s collaborative group, and a planning and commissioning group.
15. It has been agreed both at Darlington Partnership Board and through Local Authority Cabinet that existing theme groups will no longer exist and that officers will streamline current partnership arrangements. This was agreed for two reasons. The first reason is that there was a view from members of the Darlington Partnership that the existing theme groups were not enabling partners to maximise impact on outcomes and had the beginnings of an unhelpful silo approach. The second reason is that organisations are simply no longer able to field people for partnership meetings nor to undertake the servicing of the partnership meetings in the way they had been able to previously.
16. Darlington already has underway a significant work programme in terms of Health & Social Care joint commissioning including a joint Council and PCT post (Head of Health Partnerships and Strategic Commissioning). The travel of direction for Darlington is developing more integrated arrangements, and indeed this direction of travel appears in the CCG’s Clear and Credible Plan. Whilst no formal decisions have been taken about the shape of such integration, there will be a need to develop decision making structures to facilitate this development. It is difficult to see what added value there would be from having decision making about integration taking place through one forum, whilst joint commissioning and planning takes place somewhere else. Therefore, the logic is that those arrangements for developing more integrated approaches between the Council and the CCG and those arrangements relating to HWBB functions are undertaken together.
17. Whatever option and final arrangements are decided, the link between the HWBB and the Darlington Partnership will be an important one. The relationship between the HWBB and the Council’s Cabinet will be crucial in terms of streamlining decision making. The key to

each will be to ensure that decisions are taken at the appropriate level, with as little bureaucracy as possible, and in a manner that ensures effective involvement from those statutory partners.

18. Darlington has a strong ethos and reputation for transformational partnership working and when considering the remit of Darlington's HWBB the opportunity to consider the well being of our population in the broadest sense would support the business model the Council adopted in 2009.

### **Local Development**

19. On 20 March 2012, Darlington hosted a development session to discuss plans for Darlington's shadow HWBB.
20. The development session included all of the statutory Members of the HWBB, Chair and Vice Chair of Darlington's Health & Partnership Scrutiny Committee, Elected Members of Darlington's Cabinet and the Leader of the Opposition.
21. The development session's key outcomes included:-
  - (a) Considering the functions of Darlington's HWBB and specifically what Darlington would like to achieve from the HWBB.
  - (b) Discussions commenced about developing a vision for health and well being in Darlington .
  - (c) Considering opportunities and challenges that Darlington's HWBB may encounter.
  - (d) Identify the key work programme for Darlington's HWBB.
  - (e) The delegates developed a stakeholder mapping activity by considering which stakeholders the HWBB needed to engage with and who needed to influence and work with the HWBB to ensure Darlington transforms the health and well being agenda locally.

### **Next Steps**

22. Darlington now needs to develop an appropriate model for Darlington's shadow HWBB. The model progressed will need to be in line with the design principles for partnership working that the Darlington Partnership has signed up to and will of course need to meet Darlington's local needs. The key design principles for partnership working in Darlington which were agreed at a recent Darlington Partnership workshop are outlined below:
  - (a) Inclusive
  - (b) Democratic accountability
  - (c) Light footed
  - (d) Productive and Effective
  - (e) Action focused - Not a talking shop!

### **Proposed Model Darlington's shadow HWBB**

23. The proposal is that Darlington develops its shadow HWBB function on a model that focuses on joint integration arrangements between the Council and the CCG. This includes

integration in its widest sense, and would include the following:

- (a) Joint developments to improve the well being of the population
- (b) Integrated decision-making on health and social care issues
- (c) Joint commissioning of pathways and services
- (d) Integrated strategic and service planning
- (e) Potential development of a single organisation commissioning for health and social care.

24. This proposal would maximize use of Member and chief officer time from streamlining partnership arrangements, along with maximising the potential opportunity of the health reforms to improve whole population health and social care pathways.

25. This group could assume immediate responsibility for all of the statutory functions of a HWBB, and over time its remit would expand as the CCG goes through full authorisation and the full impact of the health reforms becomes clearer. This model would also give flexibility to take on the executive function from Council at some point in the future if Cabinet and Council wish to do so.

26. It is proposed that this Board would include the following members:-

- (a) All Members of Cabinet
- (b) Chair of CCG, plus an additional three CCG members
- (c) Chief Executive, DBC
- (d) Director of Services for People, DBC
- (e) Director of Services for Place, DBC
- (f) Director of Public Health
- (g) Healthwatch representative (a representative from LINK until Darlington Healthwatch is established)
- (h) NHS National Commissioning Board

27. In addition to the formal members, it is recognised that it will be important to involve a wider range of stakeholders, and therefore it is proposed that the following are invitees to the shadow HWBB:-

- (a) Voluntary Sector representative
- (b) Representative of the Opposition parties, DBC
- (c) Faculty Lead for Health and Social Care, Teesside University

28. This would mean that the HWBB attendance is 21, which is large, but manageable. The membership proposed meets the statutory requirements. It is proposed that this group meets bi-monthly initially, and begins immediately.

29. It is proposed that the Chair of the shadow HWBB will be the Leader of the Council and the Vice Chair is the Chair of Darlington CCG.

30. The rationale for selecting this model is as follows:-

- (a) It builds in integration at the start of the HWBB, rather than needing to establish separate arrangements at some point in the future.

- (b) This model that would ensure that public accountability and transparency is clear.
  - (c) This model would have real ‘teeth’, with high level commitment.
  - (d) It could make use of existing joint commissioning arrangements to drive operational delivery.
  - (e) Enables future development of a model where formal decision making can be done in one place, rather than having to go to separate decision making forums.
  - (f) There would be broader input from Darlington CCG as more places will be available for them through this model.
  - (g) The opportunity for all Cabinet Members to be on this Board will ensure that Darlington considers the broadest sense of health and well being through the expertise of all of Cabinet.
31. It is important to recognize that the work of the shadow HWBB will extend wider than solely those members listed. In establishing a new group such as this, there is often an assumption that unless there is a place on the Board itself, wider voices are not valued or heard. This is not the case for Darlington. There are well established routes for involvement and engagement; wider involvement in the health and well being agenda will be done through the Darlington Partnership and its mechanisms. In addition, the Council and CCG will jointly agree a programme of patient and public involvement to ensure their voices are heard.
32. It is important to recognise the role of health providers in determining strategy and improvements to health and well being in Darlington. Whilst the Board recognise that we need provider involvement in making improvements and developing strategy, it is not proposed that they are included on this shadow Board. The health economy for Darlington is complex, and further work is taking place to develop a Tees Valley and Durham approach to clinical strategy, ensuring effective clinical practice across the area, both in the short term, but also the longer term. The group driving this piece of work will include health care providers from across Durham, Darlington and the Tees Valley, as well as commissioners from the area. This is where the future clinical strategy is intended to be developed.
33. In terms of operational work in Darlington, providers are also members of the Public Sector Planning and Commissioning Group as well as the Public Sector Chief Executives Group, and therefore have voice and input on operational and planning developments. The focus in the short to medium term for Darlington’s shadow HWBB will be on integration between the Council and the CCG, and therefore it is appropriate that providers are involved through other mechanisms.

## **Conclusion**

34. Darlington has undertaken a significant review of our previous partnership arrangements and the design principles of partnership working outlined in paragraph 19 will need to be at the forefront of the model developed for Darlington’s shadow HWBB.
35. There is some flexibility in the shadow year (2012-2013) to ‘test’ a model that we feel may work for Darlington with the opportunity to tweak these arrangements as the HWBB becomes a statutory requirement from April 2013. It is proposed that the Board meets in “shadow” form as outlined in this paper until December 2012, after which a further review is undertaken that takes into account the Regulations of the Health and Social Care Act when they are published, as well as enables consideration of how it is working and potential

implementation issues (such as any appropriate delegations from Council). This flexibility will ensure that appropriate consideration is given towards the regulations that are published for the Health and Social Care Act and that appropriate arrangements are implemented in Darlington to adhere to the requirements of the new legislation.

36. Darlington Partnership will continue to provide the mechanism for wider engagement and consultation from key partners for the HWBB. The Assembly approach taken to progress the One Darlington: Perfectly Placed Delivery Strategy will be adopted by Darlington's shadow HWBB for key stakeholder consultation and engagement activity.