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DARLINGTON'S SHADOW HEALTH AND WELL-BEING BOARD

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**SUMMARY REPORT**

**Purpose of the Report**

1. To update members of the work of the Shadow Health and Well-Being Board.

**Summary**

2. The Shadow Health and Well-Being Board has been in place since June 2012 and the following report provides an update to members of the progress of the board and the review process that is currently underway of the board's arrangements.

**Recommendation**

3. It is recommended that Members note the contents of the report.

**Murray Rose, Director of People**

**Background Papers**

No background papers were used in the preparation of this report.

Melanie Brown : Extension 2219

S17 Crime and Disorder	N/A
Health and Well Being	The SHWB impacts positively on population of Darlington
Carbon Impact	N/A
Diversity	N/A
Wards Affected	ALL
Groups Affected	ALL
Budget and Policy Framework	N/A
Key Decision	N/A
Urgent Decision	N/A
One Darlington: Perfectly Placed	The SHWB impacts positively on population of Darlington and the priorities of OD:PP
Efficiency	N/A

## MAIN REPORT

### National Context

#### Health and Well Being Boards

4. The statutory functions of Health and 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 and 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.
5. There are also provisions in the Act for a local authority to delegate any local authority functions that 'are exercisable by the authority.'
6. In the Health and Social Care Act 2012 the following statutory membership has been outlined for a Health and 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.
7. In addition to this statutory membership, the Board can appoint additional members to the HWBB. Each HWBB can consider its membership based on local needs and priorities. Subject to the minimum mandatory members, the final membership is up to each local Board.
8. The NHS Commissioning Board must also appoint a representative to join the HWBB, there are required to attend for 'the purpose of participating in the preparation of the Joint SNA or the strategy'.
9. The Health and 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 relating to a committee appointed under section 102 of that Act in 1972 does not apply in relation to a HWBB”.

### **Local Context**

10. On 20 March 2012, Darlington hosted a development session to discuss plans for Darlington’s Shadow Health and Well-Being Board.
11. The development session included all of the statutory members of the HWBB, Chair and Vice Chair of Darlington’s Health and Partnership Scrutiny Committee, Elected Members of Darlington’s Cabinet and the Leader of the Opposition.
12. 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) Identifying the key work programme for Darlington’s HWBB.

### **Current Model of Darlington’s Shadow Health and Well-Being Board**

13. In June 2012 Darlington developed its Shadow Health and Well-Being Board with a model that focuses on joint integration arrangements between the Council and Darlington Clinical Commissioning Group. The board’s purpose is to ensure that collectively we consider:
  - (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.
14. The Shadow Health and Well-Being Board includes the following members:-
  - (a) All Members of Cabinet
  - (b) Chair of Darlington 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 member
  - (i) Police and Crime Commissioner

15. In addition to the formal members, it is recognised that it is important to involve a wider range of stakeholders in the work of the board and therefore other invitees are involved in board meetings or in implementing actions on behalf of the board and these include:
  - (a) Voluntary Sector representative
  - (b) Representative of the Opposition parties, DBC
  - (c) Faculty Lead for Health and Social Care, Teesside University
  - (d) Key Health and Social Care Providers (who are supporting the delivery of actions identified as priorities for the board)
16. The Chair of the shadow HWBB is the Leader of the Council and the Vice Chair is the Chair of Darlington CCG.

### **Progress to Date**

17. The board has been meeting in public and has held six board meetings since it commenced in June 2012.
18. The board has developed a Health and Well-Being Strategy and a Health and Social Care delivery plan and these outline the priorities collectively of partners of the board.
19. The key areas that the board will progress between 2013-2016 are:
  - (a) **Action 1. To focus resources in areas of highest need**  
To develop a model in a pilot community or client group which enables services and support to be delivered with a scale and intensity that reflects the level of need within the community.
  - (b) **Action 2. To create a sustainable health and social care economy**  
This will include a number of sub actions across the health and social care economy including; the commissioning for resilience programme (outlined in figure 1), quality improvement programmes in health and social care and early intervention and prevention.
  - (c) **Action 3. To improve the management of long term conditions**  
This will include public health measures to prevent the onset of long term conditions across the population and the delivery of a collaborative improvement project across health and social care.
20. The plan delivers on the requirement for the Health and Well-Being Strategy to promote integrated commissioning and provision between health, public health and social care and to encourage integrated working between the commissioners of health and social care services. These priorities for action therefore focus on opportunities to integrate health and social care services, to pool funds and to jointly commission provision where this makes sense.
21. The key actions that the board are progressing are aligned to the domains outlined in the NHS Outcomes Framework. The board will develop more detailed action

plans for each key area of work and the SHWB have agreed that these will be developed between January and July 2013.

22. The board's current membership meets the statutory requirements outlined in the Health and Social Care Act 2012 and in a recent communication from Department of Health DBC have been alerted that our addition on non-statutory partners will be highlighted as good practice in support documentation for the new regulations for Health and Well-Being Board's.

### **Conclusion**

23. The Shadow Health and Well-Being Board are currently reviewing the board's model through support that the local authority was offered from a commission delivered by Local Government Association. Darlington has been offered five days support and this review will be completed by end February 2013.
24. The Shadow Health and Well-Being Board will consider the conclusion of this review and the proposed changes to the board at their March board meeting following this review.
25. Members can be kept informed of the outcome of this review at a future scrutiny committee meeting.