
DARLINGTON'S HEALTH & WELL BEING BOARD

SUMMARY REPORT

Purpose of the Report

1. This is a briefing paper to update members of the Scrutiny Committee of Darlington's progress in developing a Health and Well Being Board.

Summary

2. The Health and Well Being Board for Darlington will commence in June 2013 and membership for the board is outlined in paragraph thirteen of this report.

Recommendation

3. Health & Partnerships Scrutiny Committee Members are asked to:-
 - (a) Note the contents of this report.
 - (b) Consider at a future meeting an update about the progress of the Health and Social Care Delivery Plan 2013-2016.

**Murray Rose,
Director of People**

Background Papers

None

Mel Brown : Extension: 2219

S17 Crime and Disorder	N/A
Health and Well Being	The Health and Well Being Board key objective is to positively impact on the health and well-being of Darlington residents. See paragraphs 4-5 of the report.
Carbon Impact	N/A
Diversity	N/A
Wards Affected	ALL
Groups Affected	ALL
Budget and Policy Framework	N/A
Key Decision	No
Urgent Decision	No
One Darlington: Perfectly Placed	The work programme of the Health and Well Being Board contributes to One Darlington priority for the Sustainable Community Strategy.
Efficiency	N/A

MAIN REPORT

National Context

4. The Health and Social Care Act 2012 requires that each local authority establishes a Health and Well Being Board. The statutory functions of Health and Well Being Boards are to ensure that each area:-
 - (a) Encourages 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.
 - (b) Undertakes the public involvement functions that were previously outlined in the 2007 Health Act.
5. In addition to the above the Local Authority and Clinical Commissioning Group are required to:-
 - (a) Develop a comprehensive Joint Strategic Needs Assessments (JSNA).
 - (b) Develop robust Joint Health and Well Being Strategy.
 - (c) In preparing the Joint Health and Well Being 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).
6. There are also provisions in the Health and Social Care Act 2012 for a local authority to delegate any local authority functions that 'are exercisable by the authority'. Darlington has not delegated any further functions than those outlined in statute. The focus of board activity will be the delivery of those responsibilities outlined above.
7. The Health and Social Care Act 2012 outlines the following statutory membership for Health and Well Being Boards:-
 - (a) At least one councillor of the local authority (all councillors who are members will have voting rights)
 - (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 (the Director of People will have one vote)
 - (e) Representative of Clinical Commissioning Groups (CCG)
 - (f) Representative of the local Healthwatch organisation

8. In addition to this statutory membership, the board can appoint additional members to the Health and Well Being Boards. Each board 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.
9. NHS England must also appoint a representative to join the board and this representative is required to attend for 'the purpose of participating in the preparation of the JSNA or the strategy'. The representative for NHS England will be Beverley Reilly.
10. Health and Well Being Boards are outlined in the Act as a committee of Council. However some flexibilities are available within the Act that apply to the board for this committee. Health and Well Being Boards can choose not to apply section 102 of the 1972 Local Government Act.

Local Context

11. Members have approved through Council in March 2013 to establish Darlington's Health and Well Being Board as a Council Committee. This means that the Committee is established by full Council as opposed to the Executive and carries out powers as non-executive functions. The Health and Well Being Board will not carry out any executive (Cabinet) functions of the local authority. However, the board can continue to call for, and receive, reports on the wider determinants of health.
12. As a Council Committee, the board will be required to follow all the usual Access to Information requirements of a Committee and adhere in its procedures to the Council's Procedure Rules, save where its own Terms of Reference take precedence.
13. It has been agreed to invite the following Board membership from April 2013:-
 - (a) Leader of the Council
 - (b) Chair of Darlington CCG
 - (c) Chief Executive, DBC
 - (d) Chief Officer, CCG
 - (e) Director of Services for People, DBC
 - (f) Director of Public Health
 - (g) Deputy Lead Clinician, CCG
 - (h) Assistant Chief Officer, CCG
 - (i) Chair, Darlington Healthwatch
 - (j) NHS National Commissioning Board Local Area Team
 - (k) Cabinet Member Health & Partnerships
 - (l) Cabinet Member Children and Young People
 - (m) Cabinet Member Adults and Housing
 - (n) Police and Crime Commissioner
 - (o) Chief Executive, County Durham and Darlington Foundation Trust
 - (p) Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust
 - (q) Chief Executive, Probation Service
 - (r) Leader of the Opposition Groups on Darlington Borough Council
 - (s) Faculty Lead for Health and Social Care, Teesside University

- (t) Representative of the CCG Community Council
- (u) Representative from the voluntary sector
- (v) Chair of Health and Partnerships Scrutiny Committee

14. Darlington's Health and Well Being Board membership is broader than the statutory membership outlined within the Health and Social Care Act 2012. It has been agreed to invite additional board members such as Police and Crime Commissioner and the Probation Service. Both of these areas have the ability to contribute significant resources to this agenda in Darlington.
15. In improving Health and Social Care outcomes for Darlington it will be important to look at innovative approaches. In a recently developed Department of Health Good Practise Guidance document for Health and Well Being Boards, Darlington has been highlighted as a good example for extended membership and specifically for including the Police and Crime Commissioner on the Shadow Board.
16. Health and Well Being Board meetings will be held quarterly and the time for these meetings will increase from one hour to two hour meetings. These meetings will be held in public and the papers for the board will be available to the public prior to board meetings. The next meeting of the board will be in June 2013.

Development of the Board

17. Health and Well Being Board members participated in a variety of development activities between November and February 2013 and this free support was delivered through Local Government Association.
18. Furthermore the Local Government Association hosted a simulation event on 28 February 2013 which all boards in the North East were invited to attend. Darlington attended with four board representatives including Councillor Heather Scott and Miriam Davidson. Board members had the opportunity to reflect on ways of working for the board and a series of ideas were generated which will be captured in a development plan for the board.
19. A work programme for the Health and Well Being Board is under development and this will be shared with members once this has been finalised. The work programme includes at this stage Public Health Protection, Francis Report, Darlington's Single Needs Assessment, Darlington Healthwatch and progress of the Health and Social Care Delivery Plan. A draft work programme will be considered by the Health and Well Being Board in June 2013 and if approved by board members will be implemented immediately.
20. The key area of work that the Health and Well Being Board will be progressing will be the actions outlined in the Health and Social Care delivery plan.
21. The health and social care delivery plan outlines the shared priorities for health, social care and public health for 2013-2016. The plan sits underneath Darlington's Health and Well Being Strategy and its purpose is to focus collective action on improvement of health and social care outcomes and narrowing the gap in outcomes within Darlington and between Darlington and the rest of England. There are three priority actions within the delivery plan.

22. **Action 1 – To focus resources in areas of highest need**
To develop a pathfinder model in a community which enables services and support to be delivered with a scale and intensity that reflects the level of need within the community (this is known as proportionate universalism). The model would rely on the realignment of existing resources with a specific community which would be selected using health needs data as well as community engagement. When developed this model of delivery and resource alignment could be rolled out across the borough.
23. **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, quality improvement programmes in health and social care and early intervention and prevention.
24. The ethos behind **Action 2** is to:-
- (a) To create a sustainable health and social care economy in Darlington
 - (b) To ensure that value for money is achieved across the Health and Social Care system
 - (c) To ‘test’ joint methodologies across health and the local authority to ensure that in future planning we can focus capacity and resources in a robust, agreed approach
25. **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.