

**HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE  
17 APRIL 2012**

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**DARLINGTON'S PROGRESS WITH DEVELOPING A HEALTH AND WELL BEING  
BOARD**

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**SUMMARY REPORT**

**Purpose of the Report**

1. To present to Members the progress to date on establishing Darlington Health and Well Being Board.

**Summary**

2. The Tees Valley Health Scrutiny Joint Committee invited senior representatives from the five Tees Valley Local Authorities to outline the progress made in establishing a Local Health and Well Being Board (HWB).
3. This meeting was held on Monday, 26<sup>th</sup> March 2012 and was attended by Ada Burns, Chief Executive, Darlington Borough Council, to present Darlington's position.
4. In light of this it was agreed to have the same presentation to this Committee to enable all Members of the Committee to understand and scrutinise the progress being made.
5. The reports submitted to the Joint Committee from the other four Tees Valley Local Authorities can be found on the Council's website  
<http://www.darlington.gov.uk/Democracy/Democracy/democraticinvolvement/Scrutiny/Social+Affairs+and+Health/Health+and+Partnerships+Scrutiny+Committee.htm>
6. Each Local Authority was asked to specifically address the following themes:
  - (a) The progress has been made so far on establishing a HWB.
  - (b) How the HWB has gone about starting to build its key relationships
  - (c) How the HWB is beginning to set priorities and what they are
  - (d) The HWB's early thoughts on how it will ensure it has access to appropriate expertise to fulfil its intended planning and strategic role.

**Recommendations**

7. It is recommended that Members note the current position.

**Ada Burns, Chief Executive**

Melanie Brown : Ext 2219

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|----------------------------------|---|
| S17 Crime and Disorder           | This report has no implications for Crime and Disorder.   |
| Health and Well Being            | This report has implications to the address Health and Well Being of residents of Darlington, through scrutinising the services provided by the NHS Trusts.   |
| Carbon Emissions                 | This report has no implications for Carbon Emissions.   |
| Diversity                        | There are no issues relating to Diversity which this report needs to address.   |
| Wards Affected                   | The impact of the report on any individual Ward is considered to be minimal.  |
| Groups Affected                  | The impact of the report on any Group is considered to be minimal.  |
| Budget and Policy Framework      | This report does not represent a change to the budget and policy framework.   |
| Key Decision                     | This is not a key decision.   |
| Urgent Decision                  | This is not an urgent decision.   |
| One Darlington: Perfectly Placed | The report contributes to the delivery of the objectives of the Community Strategy in a number of ways through the involvement of local elected Members contributing to the Healthy Darlington Theme Group. |
| Efficiency                       | There are no issues relating to Efficiency which this report needs to address.  |

## MAIN REPORT

### Progress to date on establishing Darlington's Health and Well Being Board – Local Development

8. In Darlington, a development group began meeting in February 2011 in order to begin to develop relationships between the Council, Public Health and local General Practitioners (GPs). This group became a Formative Health and Well Being Board, and over the last 12 months focused on developing mutual understanding of one another's challenges, as well as a more general understanding of the corporate strategies of the main provider organisations. The Darlington group committed to becoming a Shadow HWBB by 1 April 2012, and it has met that commitment. Such early development of relationships is likely to prove crucial to future developments and provides a sound basis for close partnership working.
9. The current membership of the Formative Health and Well Being Board is:
  - (a) Cllr Bill Dixon – Leader of Darlington Borough Council (DBC)
  - (b) Ada Burns - Chief Executive, DBC (Chair of the meeting)
  - (c) Harry Byrne - Chair of the CCG
  - (d) Joanne Evans - Clinical Commissioning Project Lead, Darlington Shadow CCG
  - (e) Pat Keane - Interim Chief Operating Officer, Darlington Shadow CCG
  - (f) Miriam Davidson - Director of Public Health (Vice Chair)
  - (g) Chris Sivers - Assistant Director of Development and Commissioning, DBC
  - (h) Murray Rose - Director of Services for People, DBC (both DCS and DASS)
  - (i) Elaine O'Brien - Head of Strategic Commissioning and Health Partnerships - Joint Primary Care Trust/DBC Post
  - (j) Richard Alty - Director of Services for Place, DBC
  - (k) Mary Hall - Voluntary and Community Engagement Manager, DBC
  - (l) Mel Brown - Programme Manager for Health Transformation, DBC
10. Given the changing agenda, the group has been keen not to rush into a decision that may not be right for Darlington, but instead wait until the full picture on local flexibility is known. Over the last 12 months the Formative Health and Well Being Board have overseen a programme of activity that has included the following:
  - (a) FHWBB has met with local providers to consider their Strategic Business Plans
  - (b) FHWBB has considered the transition of the Public Health functions to the Local Authority
  - (c) FHWBB has considered the Clinical Commissioning Group Clear and Credible Plan
  - (d) HealthWatch Arrangements are monitored by the FHWBB
  - (e) FHWBB has organised joint community engagement events to update the community in Darlington together about the changes to Health and Social Care and the development of Darlington's Clinical Commissioning Group
  - (f) Produced Darlington's Single Needs Assessment (JSNA)
  - (g) Undertaken practical development work and focussed on some quick wins too
  - (h) Undertaken joint engagement work with LA, Public Health and the Clinical Commissioning Group

## **How have we gone about starting to build key relationships?**

11. It's worth noting that at a number of levels, there is a base of joint working, shared and integrated commissioning and planning taking place.
  - (a) The Leader of the Council and the CEO have met to develop next steps for joint working with the Joint Chair of the Clinical Commissioning Group. This led to a joint Clinical Commissioning Group and Cabinet Session which took place in October 2011. In this session Cabinet members and Darlington's Clinical Commissioning Group have met to understand each other's challenges and identify shared agendas
  - (b) The Joint Chair of the Clinical Commissioning Group and Darlington's Cabinet member for Health and Partnerships have regular briefings
  - (c) The Joint Chair of the Clinical Commissioning Group frequently attends Health and Partnerships Scrutiny Committee to update re the Clinical Commissioning Group Clear and Credible Plan, their local development plan and presented an update on the developing Clinical Commissioning Group
  - (d) The Clinical Commissioning Group and the LA have agreed to a joint approach for Public Patient Involvement and Engagement and this has led to joint community events such as a public event with the community held in September 2011 to update re the Health and Social Care Changes and the development of the Clinical Commissioning Group. A further focus group will be held in March 2012 jointly run by CCG/LA which is engaging service users with COPD and Type 2 Diabetes to gather information about how they would shape the commissioning for these conditions.
  - (e) Darlington jointly commissioned a Feasibility study with the Clinical Commissioning Group to explore the appetite for developing an Integrated Commissioning Organisation between the CCG and the LA. This work took place between May-October 2011. Workshops and interviews with key stakeholders shaped this feasibility study and concluded with a report to the FHWBB which indicates that there is support for this approach in the long term
  - (f) The Joint Chair if the CCG now sits on the Local Strategic Partnership Board.

## **Next Steps for Darlington Health and Well Being Board**

12. On 20 March Darlington held a development session which considered the following areas:
  - (a) The appropriate model for Darlington's Health and Well Being Board
  - (b) Functions of Darlington's Health and Well Being Board and specifically what Darlington would like to achieve from the Health and Well Being Board
  - (c) Membership of Darlington's Health and Well Being Board
  - (d) Consider Opportunities and Challenges that Darlington's Health and Well Being Board may encounter
  - (e) Identify the key work programme for Darlington's Health and Well Being Board
13. The session was facilitated by Rachel Harris who was recommended by the Local Government Association. The development session included all of the statutory members of the Health and Well Being Board, Chair and Vice Chair of Darlington's Health and Partnership Scrutiny Committee, Darlington's Cabinet and the Leader of the Opposition.

## **How is the HWB beginning to set priorities?**

- (a) Darlington have agreed at the FHWBB the process for developing our HWB Strategy.
- (b) Darlington are developing this with a broad approach –this provides an opportunity to develop an Area Wide Strategy which will encompass the functions of the CYPP, Community Safety Plan and the HWB Strategy.
- (c) Four workshops will take place April- May 2012 to ensure broad stakeholder participation in the development of our collective priorities for Darlington.
- (d) Area Wide Strategy will be drafted for June 2012 and taken to the Scrutiny Committee for consideration at this stage.

**How will we ensure we have access to appropriate expertise?**

- (a) Darlington has a strong experience of partnership relationships to date and we will build on the expertise of these relationships
- (b) Through the collective expertise from the Shadow Health and Well Being Board membership
- (c) Darlington will look at Health and Well Being in its widest sense and will access expertise via a number of other existing partnerships and relationship arrangements for example through the LEP and Darlington Partnership
- (d) Through the expertise within all of our organisations
- (e) Ensuring Providers are involved in key discussions when their input is appropriate
- (f) Ensuring the expertise within our Elected Members is fully utilised
- (g) Ensuring that the expertise of the community of Darlington is also captured through HealthWatch and a joint approach to PPIE with our CCG

**Conclusion**

- 14. Darlington has implemented the steps to develop a Shadow Health and Well Being Board for April 2012. However, in Darlington we see this as an opportunity for transformational change and are looking at exciting opportunities in the long term to develop an Integrated Commissioning Organisation with Darlington's CCG.