

## **Meeting of the Council – 28<sup>th</sup> February, 2011**

### **Report of the Cabinet**

#### **Establishment of a Shadow Dudley Health and Well-Being Board**

##### **Purpose of Report**

1. To consider the establishment of a Shadow Dudley Health and Well-Being Board (DHWBB) as a new Council Committee.

##### **Background**

2. On 27<sup>th</sup> October, 2010 the Cabinet considered a Report on the Government's NHS White Paper '*Equity and excellence in health, liberating the NHS,*' (published July 2010) and its implications for Dudley, one of which was that Health and Well-Being Boards would be established within Local Authorities.
3. The intention of the Government in wishing to see Health and Well-Being Boards established has taken shape through their response to the consultation on the NHS White Paper and other documents published by the Department of Health (DH) such as *A Vision for Adult Social Care – Capable Communities and Active Citizens* (November 2010). The Public Health White Paper, *Healthy Lives, Healthy People* (December 2010) also takes forward the aim for Local Authorities to take on responsibility for public health.
4. The Government has taken steps to begin implementation of aspects of the NHS White Paper. In particular, for the purposes of this Report, the successful application of the Dudley GP Consortium to be a "Pathfinder" with effect from 2011 is important. This means that GP's in Dudley have made arrangements with the Primary Care Trust (PCT) to begin to take on earlier responsibility for decision-making on commissioning health care services. To make this effective, the GP Consortium has been established as a formal sub-committee of NHS Dudley (formerly Dudley Primary Care Trust) so that the Consortium has practical means to take on responsibility for commissioning.
5. A Health and Social Care Bill has been laid before Parliament, which will make the establishment of Health and Well-Being Boards a statutory requirement. With that end in view and the fact of the Dudley GP Consortium being confirmed as a "Pathfinder," this report recommends the establishment of a Shadow Dudley Health and Well-Being Board (DHWBB) as a new Committee within Dudley Council with effect from the beginning of the new Municipal Year, 2011/12.

6. Subject to legislation, the need for a DHWBB will become a statutory requirement. It is envisaged that establishing a DHWBB in shadow form will enable the Council and its partners to shape first steps. These first steps will include recognising the health and care needs of the Dudley Borough population as a whole and what they mean for all partners working to meet those needs. It will also include consideration in due course about the structures through which health and social care service delivery - including wider determinants of health - for the whole population of Dudley “from cradle to grave” are structured.

### **Purpose of a Shadow DHWBB**

7. Overall, from a Local Authority perspective, through the DHWBB, the Council will have a role to encourage coherent commissioning strategies across the NHS, social care, public health and other partners. Two key aspects of this role are:
  - a. responsibility by both the Local Authority and the GP Consortia for the Joint Strategic Needs Assessment (JSNA) and the Pharmaceutical Needs Assessment (PNA); and
  - b. to develop a Joint Health and Wellbeing Strategy (JHWS) as a concise, high-level and overarching framework, which does not duplicate other plans and considers how pooled budgets and joint commissioning arrangements can be used to deliver the strategy.
8. Details on the minimum requirements for local decisions are set out in documents issued by the Department of Health. Overall, some main features of the requirements are that Boards are expected to be more than “commentators and critics” and that they will develop “deep and productive Partnerships” with local healthcare commissioners and all concerned. They are seen as “open-ended vehicles” which may wish to consider wider determinants of health such as housing and leisure. They will have responsibility to engage with all services which impact on health including specifically those focussed on children’s and adults.

### **Governance**

9. Subject to approval, effective Governance arrangements for the DHWBB will need to be secured. Work has begun on this in the Council, and with partners, which will need to be completed in due course. Items for consideration include:
  - a. the need for approval by full Council of the establishment of the DHWBB as a new Council Committee including need for amendment of the Constitution;
  - b. application of all relevant Council procedural rules such as access to information, membership and co-option, voting rights, structures / timetables for reports, use of the Council's Code of Conduct and conflict of interests;
  - c. establishment of Terms of Reference that show clear reporting lines to other Council committees and key roles;
  - d. work on the assumption that business would be conducted in public with arrangements for issues where restrictions might apply.

10. Establishing a Shadow DHWBB as a new Council Committee gives the opportunity to “learn by doing” and embrace the opportunity of local leadership for health in Dudley. As a new Council Committee, it would nevertheless be affected by issues connected to the time of transition. With regard to membership, for instance, five main sources of membership are mentioned specifically in the guidance as:
- a. Council Elected Members and Directors (NB. Specific mention is made of the need to ensure that there are strong links with the Safeguarding Boards for Children and Adults so that this issue is top priority for the DHWBB and membership of the Safeguarding Board Chairs is also recommended);
  - b. GP consortia;
  - c. local Health Watch (which will be the successor body to the Local Involvement Networks – LINKs);
  - d. voluntary and community groups; and
  - e. as needed and where appropriate the NHS Commissioning Board (NHSCB) may attend e.g. to discuss wider Black Country issues as well as other local NHS providers and clinicians can also have membership extended to them.

In this context, a proposed membership is attached as Appendix 1 to this Report.

### **Models of Statutory Committees**

11. There are other models for statutory Committees in the Council such as the Select Committee on Children’s Services where relevant colleagues are co-opted to work with Elected Members as part of the Committee. These models show that the Local Authority can lead with partners in a Council setting and develop the work of a Committee. To support this development, a draft Terms of Reference is attached as Appendix 2 to this report where there will be room for the delegation of functions by the Local Authority to the Board as needed.

### **Health Scrutiny**

12. It should be noted that an early suggestion in the Government Consultation on the NHS White Paper that HWBB’s would have a scrutiny function will not be carried through. It is understood that Local Authorities will have freedom to discharge this function, which will be conferred directly on the local authority, in a way they deem suitable and more guidance is expected on this. It is envisaged, therefore, that current arrangements for Health Scrutiny in Dudley will continue.

### **Current Partnership arrangements**

13. As part of the Dudley Community Partnership (DCP) structure a Dudley Health and Well-Being Partnership (DHWP) and a Children’s Trust (CT) has been in place for some years. These are not Committees of the Local Authority but have been intrinsic to Dudley’s partnership working infrastructure. The DHWP aims to improve people’s health through partnership working and includes responsibilities for the legal “Section 75” (Health Act 2006) pooled budget arrangements in a number of areas e.g. learning disability, falls prevention and children’s disability. The current requirement for a Children’s Trust has been removed.

However, all the partners in Dudley agree that we should continue with a streamlined Children and Young People's Partnership. Therefore the DHWBB will maintain partnership arrangements for both adults and children in the short- to medium-term so that a clear reporting structure is continued. In this way, the Board will be able to develop its way of working over time and exercise its leadership through appropriate actions.

### **Summary Conclusion**

14. The establishment of a Shadow DHWBB is a fresh opportunity for the Local Authority to influence issues and services connected to health, care and the wider determinants of health for the whole population, across all the stages of life. The transfer of responsibility for public health to the Local Authorities will broaden the access that the Council has to intelligence, which will support it in this new task.
15. At its meeting on 9<sup>th</sup> February, 2011, the Cabinet considered the contents of this report and recommended the Council to approve the proposals set out in paragraphs 20 and 21 below.

### **Finance**

16. Any financial implications arising from addressing the areas for improvement will be met from within existing budgets and budget planning.
17. Value for Money will be taken into account in the commissioning of health and social care services.

### **Law**

18. The Health and Social Care Bill 2011, which will create the statutory basis of Health and Well-Being Boards is currently being considered by Parliament. The Department of Health Guidance informing this report was noted in paragraphs 2 and 3.

### **Equality Impact**

19. The establishment of a Shadow DHWBB provides an opportunity to extend the influence of the Council in working more closely with partners, particularly GP Commissioners, to consider equality issues through the work of the Board. The Cabinet recently approved a Health Inequalities Strategy, which fundamentally seeks to address all equality issues. The Shadow DHWBB will want to "own" this strategy as an important document to influence debate and decisions over time for every equality dimension including gender, age, disability, ethnicity or sexuality. Subject to approval by the Council, consideration will be given to how Equality Impact Assessments link to the establishment and work of the Shadow DHWBB.

## **Recommendations**

20. That a Shadow Dudley Health and Well-Being Board be appointed with Membership and Terms of Reference as set out in Appendices 1 and 2.
21. That the Director of Corporate Resources, in consultation with the Leader and the Cabinet Member for Adult and Community Services, be authorised to amend the Membership and Terms of Reference of the Board in accordance with any recommendations made by the Shadow Board.



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**Leader of the Council**

**Shadow Dudley Health and Wellbeing Board - Membership**

**1.0 DUDLEY MBC**

**Elected Members:** Cabinet Member for Adult and Community Services; Cabinet Member for Children's Services; one member from the Opposition Group

**Officers:** Director of Adult, Community and Housing Services; Director of Children's Services; Director of the Urban Environment (or their nominees)

**Safeguarding Board:** Chairs (2)

**2.0 DUDLEY GP COMMISSIONING CONSORTIUM / NHS DUDLEY**

**Dudley GP Commissioning Consortium:** Chair; 2 GP Consortium Board Members.

**Dudley PCT (until abolished):** Chair; Chief Executive; Director of Public Health (will form part of DMBC representation upon disestablishment of the PCT)

**3.0 VOLUNTARY / COMMUNITY SECTOR AND PATIENT REPRESENTATIVE:**  
LINKs (until abolished); Dudley CVS Chief Executive; Dudley Community Partnership Director

**NOTE:**

The NHS Commissioning Board may be invited as required.

Representation from other NHS providers, which include the Dudley Group of Hospitals NHS Foundation Trust; the Dudley and Walsall Mental Health Partnership NHS Trust; the Sandwell Mental Health and Social Care Foundation NHS Trust or any others may also be invited as appropriate.

**Draft Terms of Reference - Shadow Dudley Health and Wellbeing Board**

**Purpose**

- To promote integration and partnership working between the NHS, social care, public health and other local services and improve democratic accountability.
- To deliver better health and wellbeing outcomes for children and adults, quality of care and value for money, reduce service overlaps or gaps in provision and facilitate services working together.
- To agree priorities for the benefit of patients and taxpayers, informed by local people and neighbourhood needs.

**Terms of Reference**

1. To provide leadership and democratic accountability to improve health and wellbeing and reduce inequalities.
2. To promote integration and partnership working, through the encouragement of coherent commissioning strategies between the NHS, social care, public health and other local services.
3. To assess the needs of the local population and approve the Joint Strategic Needs Assessment (JSNA) as prepared by the Dudley MBC and the GP Commissioning Consortium.
4. To develop, in the light of the JSNA, a joint health and wellbeing strategy, setting out how the health and wellbeing needs of the community will be addressed, as the concise, high level, overarching framework within which specific commissioning plans for the NHS, social care, public health and other services, which the board agrees to consider, are developed.
5. To make recommendations to the Dudley Community Partnership and other bodies, pertaining to the improvement of health and wellbeing, as appropriate.
6. To support joint commissioning and pooled budget arrangements as a means of delivering service priorities and receive regular reports on the operation of such arrangements.
7. To receive reports from other partnership bodies, including Mental Health, Older People's, Learning Disabilities, Children's, Safeguarding Boards for Children's and Adults, GP Commissioning Consortium and other bodies or services that may be established to promote partnership working.
8. To determine appropriate partnership structures required to deliver the Board's responsibilities.