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**SHADOW DUDLEY HEALTH AND WELL-BEING BOARD**

**23<sup>rd</sup> JULY 2012**

**Joint Report of the Director of Adult, Community and Housing Services, Acting Director of Children's Services, Director of the Urban Environment, the Director of Public Health and the Interim Senior Responsible Officer of the Clinical Commissioning Group**

**NEXT STEPS FOR THE SHADOW HEALTH AND WELL-BEING BOARD 2012/13**

**Purpose of Report**

1. For the Shadow Dudley Health and Well-Being Board to consider a range of matters in preparation for formal arrangements commencing in April 2013.

**Background**

2. This Report covers a range of matters relating to the purpose and conduct of the Shadow Board for the 2012/13 municipal year as it prepares to take on its full responsibilities in April 2013. It addresses the following issues:
  - Joint Health and Well-Being Strategy development and the Joint Strategic Needs Assessment;
  - Public engagement up-date
  - Draft Shadow Board Development Session 12/13 Plan
  - Draft Work Programme 2012/13
  - Governance
3. **Joint Health and Well-Being Strategy and Joint Strategic Needs Assessment**
  - 3.1 The production of a Joint Health and Well Being Strategy is a key activity of the Shadow Health and Well Being Board. The work associated with such a Strategy supports the duty on Local Authorities and Clinical Commissioning Groups to improve health and the quality of health services.
  - 3.2 Through its Development Sessions, the Shadow Health and Well Being Board has begun to give shape to its initial direction for a Joint Health and Well Being Strategy. Key considerations have included:
    - the need to address the needs of all people “from cradle-to-grave,” across the whole life-course including an initial suggestion of the “Top Ten” Key Facts from our Joint Strategic Needs Assessment;
    - focus on important principles such as closing the health inequalities and care gap through health improvement and improvement in quality of health services;
    - next steps in improving our approach to integrated commissioning and provision between the Council and the Clinical Commissioning Group so that people using services have better pathways to care;

- responding to the content of the discussion by the Shadow Health and Well-Being Board at both its public meetings and Development Sessions to date e.g. what a definition of “Well Being” has meant to the Shadow Board Members;
- that the Strategy should be concise and produced to meet the needs of a range of audiences; and
- that the public should be engaged in the development of the Strategy.

3.3A Planning / Editorial Group was formed on behalf of the Shadow Board (Brendan Clifford, Sue Holmyard, Ian McGuff, Karen Jackson, Dennis Hodson, and Neill Bucktin) and a First Draft Joint Health and Well Being Strategy was emailed to the Shadow Board on 6<sup>th</sup> June 2012 for comment. This version was the basis for consultation with the public at the Shadow Board’s Engagement Event of 5<sup>th</sup> July 2012 and is attached as **Appendix 1** for any comment or direction that the Shadow Board may wish to give at this stage.

3.4 Continual development of the Dudley Joint Strategic Needs Assessment is underway. Work on up-dating the Dudley Joint Strategic Needs Assessment has continued. A Work Group with refreshed membership from across the Council, Clinical Commissioning Group and other partner agencies has been formed chaired by the Director of Public Health. A work-plan has been established to take into account the expanded scope of the work previously agreed with the Board with an updated synthesis document available by November 2012. The work-plan specifically considers:

- Mapping and incorporation of community assets
- Inclusion of data relating to usage and demand of services
- A focus on the life-course approach and segmentation analysis for key ‘at risk’ and excluded groups
- A public engagement process to ensure current JSNA data (the 10 key facts) are triangulated with community views
- Revision of the range of media used for communication and dissemination of the Joint Strategic Needs Assessment
- Upgrading the technical infrastructure

#### 4. Public Engagement

4.1 The Shadow Board supported an approach to public engagement to focus on two areas of engagement. These were engagement with regard to the development of :

- a Joint Health and Well Being Strategy
- the process for establishing Healthwatch in Dudley

Connected but targeted arrangements have been made to meet the needs of children and young people for engagement on these two themes.

The Board also has available to it, the outcomes of a separate but connected engagement event organised by the Clinical Commissioning Group in June 2012 on connected issues linked to their Authorisation Timetable. Prior to the July Engagement Event, the Clinical Commissioning Group also held their public Board Meeting *at The Venue* which added to the aim of increasing transparency and relevant links amongst partners through this process.

4.2 The Shadow Board’s Planning Group organised the Engagement Event with these two themes in mind. Nearly 150 people attended from the public, partner

agencies and other stakeholders in a single late afternoon session. A rich volume of material was gained through the Event.

4.3 Participants were invited on arrival to respond to the question; “What does Well Being mean to me?” from which a “Word Cloud” has been generated to add to the Shadow Board’s own use of this exercise. The Shadow Board’s “Word Cloud” helps show the importance of family, health and well-being to the Board members.

4.4 Participants were then invited to consider the main facts arising from the Joint Strategic Needs Assessment as included in the Draft Strategy. Some “headline” responses to the Draft Joint Health and Well Being Strategy which will be used to inform the current Draft included:

- *“better engagement with communities need to allow time to explain and for life experiences to be shared to distil views” ... “need to get representative structure right”*
- *Start with child as that is the future*
- *“better focus/greater understanding of mental health problems and the impact this can have on communities (particularly dementia)*
- *“need to have clear links with other local strategies ie. child poverty strategy”*
- *“promote walking groups, activities”*
- *“divide in Dudley – look at poor areas what are the problems – can the better areas help the other areas?”*
- *“pressure on young people, body image”*
- *“smoking/drinking – bigger than Dudley, can create local opportunities but issue wider than here”*
- *“poverty an issue but middle class/ Mr & Mrs Average are actually struggling”*
- *“issues are around pathways of care and lack of communication”*
- *“sandwich people in 50’s and 60’s age groups caring for young children and elderly parents... stressed unable to work – how do we help them taking on bigger –loads”*
- *“doesn’t address unseen needs – people who don’t access healthcare for whatever reasons”*
- *“people with learning difficulties living with older carers – more support to individuals to allow cares to have a break”*
- *“need to give change a chance”*
- *“Missing – is anything about building personal resilience to tackle what life throws at you”*
- *“the doctors appointments do not come through quickly*
- *“changing attitudes and mindsets of users to help themselves e.g. people wait hours for a prescription for aspirin*

4.5A second main purpose of the 5<sup>th</sup> July Event was to engage with the public, stakeholders and potential providers in connection with the issues about establishing a Healthwatch in Dudley. There was a specific session with potential providers but also with the public about what they regarded as important in establishing a Healthwatch in Dudley. Responses received included the following:

- *“needs to be run more professionally”*
- *“being proactive in engaging all areas of communities – not just waiting to be contacted*

- *Network of networks doesn't mean a lot – but ensuring that they engage as wide as possible is key*
- *Finding that more GPs are engaging but it is still down to each GP*
- *“being accountable to the Health and Well Being Board will help”*
- *“should be independent of Local Authority”*
- *There still appears to be a lack of “bottom-up” approach and more “top down”*
- *“not to duplicate existing services.. concern over extent of remit”*
- *“it's about being rooted here – knowing the Dudley people (we are one of a kind)*
- *“need to get language right, ‘user feedback’ not good phrase*
- *“people need to see feedback from consultation*
- *“What influence will Healthwatch have on the development of CCGs?”*
- *“someone with mandate from local population who can share their views”*
- *“don't want single issue anti-everything organisation”*
- *“needs to take a strategic view of Dudley”*
- *“pick up volunteers as this is not specified”*
- *“creativity is a missing word”*
- *“immediate reaction is that's a lot to do – to much??”*

As a result of this engagement, the specification for the local Healthwatch can be developed further taking into account these issues. The practical arrangements from this point onwards are to attain final agreement on the specification from the Shadow Health and Wellbeing Board. The formal aspect of the procurement exercise will subsequently commence leading to the establishment of Healthwatch Dudley by April 2013.

4.6 As follow-up to this Engagement Event, the Planning Group believe that a further Event should be held in mid-September so that engagement is as wide and as strong as possible in the development of this Strategy. It has been recognised that there is much to learn from the process that has been undertaken for this first Joint Health and Well Being Strategy and that we can learn from this with a view to producing an even more developed product during 2013/14. This process has also provided learning for next year which will be incorporated into the Board's engagement strategy / arrangements.

## 5. Shadow Board Development Session 12/13 - Plan

5.1 The first planned Development Session was held on 23<sup>rd</sup> May 2012. This covered a range of issues including learning from other and next steps in developing the Joint Health and Well Being Strategy for 2012/13. At that session, the Shadow Board:

- gave some initial consideration at that session of ideas which they wished to explore further for the remainder of the year
- confirmed their agreement to continuing to use three more half-day sessions for development
- confirmed the continued use of external support to assist our learning during 2012/13

5.2 The Planning Group have developed the suggestions made and propose the following draft plan for Shadow Board Development for 2012/13.

<b>SHADOW HEALTH &amp; WELL BEING BOARD DEVELOPMENT SESSIONS PLAN 12/13</b>				
<b>Session</b>	<b>Date</b>	<b>Time</b>	<b>Theme</b>	<b>Comment</b>
1	23/05/12	13.30	<i>Learning from Others &amp; Next Steps for JHWBS</i>	Aim: to learn from others and prepare for next steps 12/13  Support: LGA Support c/o Liam Hughes
2	20/09/12	13.30	<i>Inclusion , Equality and Diversity</i>	Aim: to broaden understanding and leadership on these issues  Support: Shapiro Consulting
3	06/12/12	09:00	<i>Engagement – working with the public and working with Scrutiny</i>	Aim: to state what our engagement arrangements will be & how we can make most efficient approach to engagement to support needs of all partners  Support – to be confirmed
4	13/02/13	13:30	<i>The “How?” transitions to going “live”</i>	Aim – to finalise understandings and direction for leadership post April 2013 and ensure the remit/role of the Board maximises its impact on Health and Well-being. Support – to be confirmed

## 6. Work programme 2012/13

6.1 The Shadow Health and Well-Being Board has adopted a learning-by-doing methodology since its inception in 2011/12. In developing a Work Programme, the Shadow Board will be mindful of the issues which inform its purpose which include

- The development of a Dudley Joint Strategic Needs Assessment
- The development of a Dudley Joint Health and WellBeing Strategy
- An explicit approach to engagement with the public in Dudley including the establishment of Healthwatch and strong engagement with local providers
- Leadership of Dudley health, care and wider sectors which affect the improvement of people’s health and health services and addressing health inequalities
- The safeguarding of vulnerable adults and children
- Integrated commissioning and provision in local health and care services including “sign-off” of the Clinical Commissioning Group’s Commissioning Plans

- The transition of public health to the Local Authority
- local commitment to wider well-being issues and need to address wider determinants of health

6.2 With these issues in mind, a draft Work Plan for the remaining public meetings is suggested as set out below. In suggesting this Draft Work Plan, it is recognised that during the year, there will be development of the Work and new items may arise as the Board develops its Agenda. The Board will want to retain some flexibility in ensuring that items are addressed in as timely a manner as possible.

DATE	AGENDA ITEMS
01/10/12	<ul style="list-style-type: none"> <li>• Joint Health and Well Being Strategy – Final Version</li> <li>• Establishing the Dudley Healthwatch – up-date</li> <li>• Children’s’ Annual Safeguarding Board Report</li> <li>• LD Commissioning Portfolio</li> <li>• Public Health Transition</li> <li>• NHS Provider Presentation / Discussion (?DGH)</li> <li>• Adult Social Care – Draft Local Account</li> <li>• Governance – Protocol for Conflict Resolution</li> <li>• Good Practice Item - Adult Learning &amp; Good Health</li> </ul>
21/01/13	<ul style="list-style-type: none"> <li>• Obesity Strategy</li> <li>• CCG Commissioning Intentions 2013 / 14</li> <li>• Governance – Protocol for Working with the Health and Adult Social Care Select Committee</li> <li>• Annual Reports from HWBB partnership Groups</li> <li>• NHS Provider Presentation / Discussion (?DWMHT)</li> <li>• Good Practice Item – First Outcome re Regulatory Services – SH</li> </ul>
29/04/13	<p><i>NB. Board “live” from April 2013</i></p> <ul style="list-style-type: none"> <li>• Annual Adults Safeguarding Board Report</li> <li>• CCG Commissioning Plan 2013/14</li> <li>• Local Healthwatch up-date</li> <li>• NHS Provider Presentation / Discussion (?BCP)</li> <li>• Good Practice Item – TBC</li> </ul>

## 7. Governance

7.1 Terms of Reference – the Shadow Board will wish to note the Terms of Reference which were agreed at its first Shadow Board meeting of 25<sup>th</sup> July 2011. Amendments have been made to take account of changes. Up-dated Terms of Reference are attached as Appendix 2. Two specific items are drawn to the Shadow Board’s attention as follows.

7.2 Best practice for partnership groups suggests the need for an appropriate Protocol to support any issues of “Conflict Resolution” in the future. This would be for the Board’s internal use and is aimed to address any potential difference of view

about direction begin taken by the Board as a whole or by individual agencies. It is proposed that a draft is developed and submitted to the Shadow Board for consideration in due course.

- 7.3 One area for further development within the wider arrangements for democratic leadership and accountability within Dudley is the relationship of the Shadow Board to local health scrutiny arrangements. There has been recognition of the need for effective working relationships and it is suggested that a Protocol is developed to support the management of the relationship. This would be drawn up in consultation with the Shadow Board and the Health and Adult Social Care Select Committee and it is proposed that a draft is drawn up and shared with both the Shadow Board and the Committee for consideration over time before being agreed by all concerned.
- 7.4 Arising from Annual Council on 17th May, a number of minor consequential changes also need to be made to the Protocols of the Board. It is recommended that the changes be made by way of the existing delegation to the Director of Corporate Resources and that the delegation be extended to also include the Cabinet Member for Health and Wellbeing.
- 7.5 *Shadow Board Membership* – Primary Care Trust representation will cease from April 2013. An up-dated list to take account of required statutory roles and local determination is attached at Appendix 3 for consideration. It is proposed that Membership of the Shadow Board be reviewed in due course to ensure that the Board is strengthened for its purposes

### **Finance**

8. Any financial implications arising from the content of this Report will be met from within existing budgets between the agencies.

### **Law**

9. The background to the development of Health and Well Being Boards and the production of Joint Health and Well-Being Strategies lies in the guidance issued to date leading up to the enactment of the Health and Social Care Act 2012.

### **Equality Impact**

10. The establishment of a Shadow Dudley Health and Well-Being Board provides an opportunity to extend the influence of the Council in working more closely with partners, particularly GP and Clinical Commissioners, to consider equality issues through the work of the Board including the development of a Joint Health and Well Being Strategy. This Strategy will need to be informed by other strategies and principally the Health Inequalities Strategy.
11. It is proposed that an Equality Impact Assessment be undertaken in respect of the developing Joint Health and Well Being Strategy.

### **Recommendation**

12. That the Shadow Dudley Health and Well-Being Board: -

- Comment and direct the current content of the draft Joint Health and Well-Being Strategy as well as any issue connected to engagement
- Equality Impact Assessment – that an Equality Impact Assessment be undertaken to support the developing Joint Health and Well Being Strategy before the end of September 2012
- Agree to a further Engagement Event and other associated activity to meet the engagement needs of all people including children and young people in the Borough to participate as fully as possible in the process
- Development Sessions – that the Board comment on and approve the proposed content and process for Shadow Board Development in 2012/13
- Work Programme – that the Board comment on and approve the proposed draft Work Programme
- Governance –
  - Terms of Reference: that the proposed amendments be noted and work continued for Shadow Board consideration
  - Membership: that membership of the Board be reviewed in the light of relevant best practice and wider evidence

**Andrea Pope- Smith**  
**Director – DACHS**

**Valerie Little**  
**Director of Public Health**

**Jane Porter**  
**Acting Director – DCS**

**John Millar**  
**Director – DUE**

**Kimara Sharpe**  
**Interim Senior Responsible Officer**  
**Dudley Clinical Commissioning Group**

Contact Officers:

Brendan Clifford  
 Assistant Director – DMBC DACHS

Ian McGuff  
 Assistant Director – DMBC DCS

Sue Holmyard

Neill Bucktin



Assistant Director – DMBC DUE

Associate Director –Dudley CCG

Josef Jablonski  
Principal Officer – DMBC CRD

Karen Jackson  
Public Health Consultant

Shobha Asar-Paul  
Head of Policy & Performance - DMBC DACHS

# the **Healthy Debate**

## **Dudley Shadow Health and Well Being Board**

### **Draft Joint Health and Well Being Strategy**



**Dudley Clinical  
Commissioning Group**



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on the local HealthWatch and Dudley's first health & wellbeing strategy

# Dudley Shadow Health and Well Being Board

## Draft Joint Health and Well Being Strategy

### Introduction

Health and wellbeing boards are at the heart of the Government's plans to transform health and care and achieve better health and wellbeing for local people.

Two core responsibilities of the Boards are:

- Developing a Joint Strategic Needs Assessments
- A joint Health and Wellbeing Strategy.

Today's consultation centres on the joint Health and Wellbeing strategy.

### Question 1 . What should the strategy be called?

The contents of the strategy will always be of the greatest relevance but it's title is also of importance in terms of identification with its purpose. We would therefore appreciate your thoughts as to what the strategy should be called.

What should the strategy be called?

### Background

Dudley has benefited from and is building upon a strong history of joint working between the public, private and third sectors. This has been managed in the past under the auspices of the Dudley Community Partnership – the Local Strategic Partnership for Dudley.

Dudley was one of the first health and social care economies in the country to produce its Joint Strategic Needs Assessment in 2007. This informed Dudley's Health and Social Care Commissioning Framework 2008/13, "Seeing The Bigger Picture".

A number of partnership bodies operate locally, developing, owning and implementing a series of joint strategies. Details of these joint strategies are set out in Appendix 1.

Terms of Reference for a Dudley Health and Wellbeing Board were first discussed in November 2010 and the Health and Wellbeing Board was established in shadow format as a committee of Dudley MBC in April 2011. Since that time the Shadow Health and Wellbeing Board has met on 4 occasions and has also held separate development sessions on, inter alia, the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS). Dudley CCG has participated in this process throughout and has been represented on the shadow H&WB from the outset.

This Joint Health and Wellbeing Strategy builds on the work which has already taken place in Dudley in recent times. It has been drawn up in the light of discussions which have taken place within the Health and Wellbeing Board.

## What do you think ?

A stakeholder engagement event will take place on Thursday 5 July 2012 where we will begin the process of sharing the rationale behind this strategy with patients, carers, members of the public and other key stakeholders.

We want to know what you think and a number of questions feature in this document.

Please let us have your comments either to [nick.perks@dudley.gov.uk](mailto:nick.perks@dudley.gov.uk) or by freepost to:

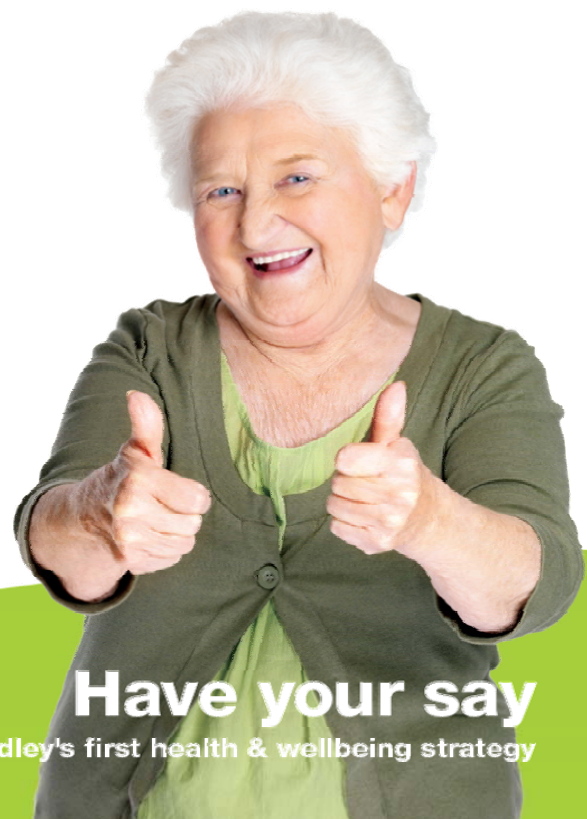
Draft Health & Wellbeing Strategy  
Communications  
Dudley Council  
FREEPOST MID223Q8  
DY1 1BR

or hand in at the event on July 5th.

We will arrange another event in September 2012 to obtain further feedback on our priority actions, the strategy will

then be  
approved  
by the  
Shadow  
Health and  
Wellbeing

Board in  
October  
2012.



**Have your say**

on the local HealthWatch and Dudley's first health & wellbeing strategy

JHWSs are intended to be high level and strategic:

**“..... we would encourage organisations to develop a JHWS that provides a concise summary of how they will address the health and wellbeing needs of a community and help reduce inequalities in health – rather than a large, technical document. The strategy should provide the overarching framework within which commissioning plans for the NHS, social care, public health and other services... are developed”.**

**(Liberating the NHS: Legislative framework and next stages; 2011, p.96)**

We want our Joint Health and Wellbeing Strategy to be short and snappy and as easy to read as possible. Because the Strategy will highlight in an overarching way how we will reduce inequalities in health, much of the detail will be contained in other documents (see Appendix 1).

The priorities set out below will form the main focus for the work of the Health and Well Being Board starting from the development of policy through to implementation and managing performance.

### Wellbeing – What is it?

As a first step in developing this strategy, we have discussed the notion of wellbeing and what it means. In 2008, an organisation called the New Economics Foundation (NEF) was commissioned by the Government to understand measure and influence wellbeing.

It was found that despite the exceptional economic prosperity of the last 35 years, individuals and communities did not necessarily feel better. After a certain level of income and material stability, having more money does not have an improved impact on the quality of our lives.

NEF identified five evidence based actions that lead to wellbeing as follows:

- Connect
- Be active
- Take notice
- Keep learning
- Give

NEF Action for Children have undertaken research which shows that the UK currently spends billions attempting to deal with the social problems produced by unhappy and deprived childhoods, such as drug abuse, family breakdown, obesity, mental ill health and crime. NEF has argued that resources can be saved and well being improved by changing to a more preventative system of care services for children and young people.





## Question 2. What does Well Being mean to you ?

### The Life Course approach

Professor Sir Michael Marmot conducted a review of health inequalities in England and published a report “Fair Society, Healthy Lives”, in February 2010.

This report showed the link between economic status, health and wellbeing. Socio-economic status is an important determinant for health outcomes. Marmot has previously argued that being in control of one’s life is related to your socio-economic position and that society can be made more participatory and inclusive in order to increase overall public health.

In this sense, examining issues across the “life course” or different life stages is important. The role of public policy should be to intervene at appropriate points in order to create the type of individual autonomy required to deliver a better outcome.

The Dudley approach to life course is illustrated in the diagram below

## Life Course Approach



This strategy will take a “life course” approach to health and wellbeing. In this context, early intervention will be an important principle in tackling inequalities across the generations.

## Joint Strategic Needs Assessment

The Dudley JSNA is a live web based compendium of data and documentation which can be accessed at [www.dudleypsp.org/jsna/](http://www.dudleypsp.org/jsna/)

It reports on the needs of local people.

The Shadow Health and Wellbeing Board has considered this and identified ‘10 key facts’.

In addition, it has identified other areas (in italics below) it believes to be worthy of further attention and space is provided for your comments about these areas:-

## Health Inequality Issues

### Inequality of Outcome

1. Though life expectancy has increased in Dudley, men from the most deprived areas still live 9 years less than those from the most affluent fifth.

### Lifestyles

2. Excessive consumption of alcohol. 65,000 adult heavy drinkers with 1 in 20 14 to 15 year olds drinking 15 units last week.
3. Obesity- 55,000 obese adults and 763 year 6 children are obese.
4. Smoking: 45,000 adults in Dudley smoke and 1 in 7 fifteen year olds smoke

### Detection of ill Health

5. Blood pressure. Currently 1/3 of people with high blood pressure remain undetected.

## Mental Health and Emotional Wellbeing

6. 1 in 4 people will experience a mental health problem at some point in their life; 1 in 6 adults have a mental health problem at any one time; and 1 in 10 children between 5-16 years of age have a mental health problem which will most probably continue into adulthood.
7. Suicide rates reflect the mental health of the of the community a whole.



## Trends in Premature Deaths

8. Cardiovascular disease (CVD) and cancer remains the biggest killer.
9. Whilst premature mortality is decreasing for CVD and cancer, it is increasing for accidents and respiratory diseases probably continue into adulthood.

## Social Determinants

10. Unemployment: This has impacted on all age groups but has hit 16 –24 year olds the hardest

Question 3. These are the needs we think are important.

Do you agree?

Have we missed any?

## Priorities for action

On the basis of these key facts, the Shadow Health and Wellbeing Board will identify priority areas for action.

The CCG is committed to ensuring that these priorities are reflected in its Commissioning Plan and Intentions.



**Have your say**

on the local HealthWatch and Dudley's first health & wellbeing strategy

## Question 4. What do you think should be our 'priorities for action'?

## Integration

The local health and social care economy already makes use of mechanisms to promote integration across health and social care. In particular, Agreements under Section 75 of the Health Act 2006 exist for:-

- lead commissioning arrangements for learning disability services
- pooled budget for Falls Service
- pooled budget for Acquired Brain Injury Service
- pooled budget for Community Equipment Service
- pooled budget for the placement of children under 17 with disabilities outside Dudley

Our approach to integration will be outcome driven as follows:-

- we will identify those pathways where we believe a more integrated approach can deliver a better outcome;
- we will agree a revised pathway;
- we will identify the resources from commissioners supporting the pathways
- we will examine how resources may be better utilised – through pooled budgets, joint teams, joint posts.

## Final thoughts

If you have any further thoughts about the strategy which you have not been able to record in the boxes above, please add them here: -

## APPENDIX 2

### **SHADOW DUDLEY HEALTH AND WELLBEING BOARD** **TERMS OF REFERENCE AND PROTOCOLS**

#### **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.

#### **Role**

1. To provide leadership and democratic accountability to improve health and well-being 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 (eg Children's Centres and Schools)
3. To assess the needs of the local population and approve the Joint Strategic Needs Assessment (JSNA) as prepared by the Dudley MBC & 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, Safeguarding Boards for Children's and Adults, Dudley Children's Partnership, 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.
- 9 A Protocol for Conflict Resolution has been developed and is attached to the Terms of Reference
- 10 The Shadow Board values the work of the Health Scrutiny as an important element supporting the local democratic legitimacy of health services in Dudley. A protocol is to be developed to support effective liaison between the Shadow Board and the Health and Adult Social Care Scrutiny Committee.

## **Protocols**

The Board shall comprise 4 Elected Members, in proportion to the overall political balance of the Council, a voting non-elected representative (the Chair of Dudley GP Commissioning Consortium) and non-voting non-elected representatives. Officers will attend in an advisory capacity. Elected Members serving on the Board cannot serve on the relevant Scrutiny Committee.

Substitution of Members of the Board is allowed and must be notified to Democratic Services at least 24 hours prior to the meeting.

Each Elected Member representative shall serve for a term of twelve months commencing and ending with the Annual Meeting of the Council in May of each year.

The voting non-elected and non-voting non-elected representatives shall serve for such period as they continue to be nominated by the appropriate body.

The Director of Corporate Resources, in consultation with the Leader of the Council and the Cabinet Members for Health and Wellbeing and Adult and Community Services be authorised to amend the membership in accordance with wishes expressed by the Board.

Elected Members of the Council are required to observe the provisions of the Members' Code of Conduct. The voting non-elected representative will also be required to sign up to the provisions of the Code and will not be eligible to sit on the Board unless he does so. Either of the two Consortium Board Members can become the voting Member in the absence of the Chair of the Commissioning Consortium and so must also sign up to the Members Code of Conduct.

A general dispensation to Elected Members and the voting non-elected representative from requirements relating to interests set out in the Members' Code of Conduct will be sought given the nature of the business to be transacted at meetings. However, Members and the voting non-elected representative are required to disclose any interests that may be so significant that they would be likely to prejudice their judgement of the public interest (eg:

if they or a family member/close associate have a direct financial interest on any item). In such circumstances, the voting Member would be required to withdraw from the meeting.

### **Chair and Vice-Chair**

At its first meeting in each municipal year, the Elected Members of the Board will elect a Chair, and appoint a Vice-Chair, in accordance with Section 38 of the Consultation Document – Liberating the NHS: Local Democratic Legitimacy in Health. The Chair and Vice-Chair will be elected Members of the Council. In the absence of the Chair and Vice-Chair one of the remaining elected members present at the meeting shall chair the meeting.

### **Meetings of the Board**

The Board shall meet quarterly, dependant on there being business to transact, in accordance with a draft schedule of dates to be considered at the first meeting of the Board in each municipal year. However, in the initial stages there may be a need to meet more frequently on a formal or informal basis.

Meetings shall commence at 3.00pm and be held at the Council House, Dudley.

The meetings shall be deemed to be quorate when at least one representative from the elected Members of Dudley MBC and one representative from the Dudley PCT - Dudley GP Commissioning Consortium is present.

Business will usually be determined on the basis of consensus. However, in the event of a vote being required, only the four Elected Members and the Chair of the Dudley GP Commissioning Consortium (or his substitute ,if appropriate) will be entitled to vote.

The role of Officers is to act as advisors to the Board and they do not have voting rights.

The Board shall be entitled to make recommendations to any relevant decision maker on matters falling within its terms of reference. The minutes of meetings of the Board shall be included in the 'White Book' to facilitate questions being asked at meetings of the full Council.

Reports to be submitted to Board meetings will be produced in the Council's committee report format and only items specified on the agenda will be considered.

The Access to Information procedure rules, as contained in the Council's Constitution, with particular regard to the Notice of Meetings and consideration of exempt matters, will apply to meetings of the Board. Unless specified on the agenda for meetings of the Board, Members of the public may attend all meetings. The public agenda, minutes and reports shall be published on the Council's Website.

The Board may set up such working groups, on an informal basis, as it considers appropriate to consider particular issues for report back to future meetings of the Board.

### **Administration**

Prior to each meeting of the Board, the Chair and Vice-Chair of the Board, the Lead Officer, together with Democratic Services and such other Officers as appropriate, will meet to discuss agenda items.

At the first meeting in each municipal year a Work Programme for the forthcoming municipal year will be submitted for consideration by the Board.

No expenses incurred as a result of attending meetings of the Board will be paid by the Council.

### **Amendments to the Terms of Reference**

That the Director of Corporate Resources, in consultation with the Leader of the Council and the Cabinet Members for Health and Wellbeing and for Adult and Community Services be authorised to amend the Terms of Reference of the Board in accordance with wishes expressed by the Board.

### **Conflict Resolution**

*A Protocol for Conflict Resolution has been developed and is attached to the Terms of Reference (TO BE INSERTED WHEN AGREED)*

### **Shadow Health and Well Being Board /and Health Scrutiny Committee liaison**

*The Shadow Board values the work of the Health Scrutiny as an important element supporting the local democratic legitimacy of health services in Dudley.*

*A Protocol is to be developed to support effective liaison between the Shadow Board and the Health Scrutiny Committee. [TO BE INSERTED WHEN AGREED]*

## APPENDIX 3

### **SHADOW DUDLEY HEALTH AND WELLBEING BOARD MEMBERSHIP**

#### **1.0 DUDLEY MBC**

##### **Elected Members:**

Cabinet Member for Health and Well-Being	Cllr Zafar Islam
Cabinet Member for Adult and Community Services Waltho	Cllr Steve
Cabinet Member for Integrated Children's Services Crumpton	Cllr Tim
Opposition Group representative	Cllr Peter Miller

##### **Officers:**

Director of Adult, Community and Housing Services Smith	Andrea Pope
Assistant Director – Adult, Community and Housing	Brendan Clifford
Acting Director of Children's Services	Jane Porter
Assistant Director - Children's Services	Ian McGuff
Assistant Director - Children's Services	Pauline Sharratt
Assistant Director - Urban Environment	Sue Holmyard

#### **2.0 DUDLEY CLINICAL COMMISSIONING CONSORTIUM / NHS DUDLEY - NHS COMMISSIONING BOARD**

##### **Dudley Clinical Commissioning Consortium**

Chair Hegarty	Dr David
CCG Lead - Partnerships Interim Responsible Officer Head of Partnerships	Dr Nick Plant Kimara Sharp Neil Bucktin

##### **Dudley PCT (until abolished):**

Chair	Gill Cooper
Director of Public Health (due for transition to LA 01/13)	Valerie Little

##### **Black Country PCT Cluster**

Director of Operations

Les Williams  
Dr Steve

Cartwright

### **3.0 VOLUNTARY / COMMUNITY SECTOR AND PATIENT REPRESENTATIVE**

Local Involvement Network (until superseded by Healthwatch) Angela Hill  
Dudley CVS Chief Executive Andy Grey  
Dudley Community Partnership Director Dennis Hodson

**NOTE:** 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.

Other partners who contribute to the Health and Well Being agenda may be invited as requested by the Board.