
SHADOW DUDLEY HEALTH AND WELL-BEING BOARD

25TH July 2011

Joint Report of the Director of Adult, Community and Housing Services, Interim Director of Children's Services and Director of the Urban Environment.

SHADOW DUDLEY HEALTH AND WELL-BEING BOARD – FIRST STEPS FOR DUDLEY.

Purpose of Report

1. For the Shadow Dudley Health and Well-Being Board (DHWBB) to take the first steps in establishing its work as a new Council Committee in Dudley.

Background

2. The establishment of a Shadow DHWBB was agreed through a report to the Council's Cabinet of 9th February 2011.
3. That report identified the purposes of the Shadow DHWBB which included:
 - the Council having a role to encourage coherent commissioning strategies across the NHS, social care, public health and other partners;
 - responsibility by both the Local Authority and the GP Consortia for the Joint Strategic Needs Assessment and the Pharmaceutical Needs Assessment; and
 - to develop a Joint Health and Wellbeing Strategy 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
4. Details on the minimum requirements for local decisions are set out in the Department of Health documents listed in the Background Papers at the end of this report. Since the Cabinet agreed to establish a Shadow HWBB, the Government initiated a listening exercise which resulted in feedback from Dr Steve Field's "NHS Future Forum" on 13th June 2011. A formal response for the Department of Health on 14th June 2011 approved the direction recommended by Dr Field and specifically for HWBB's it includes a "*stronger role in promoting joint commissioning and integrated provision between health, public health and social care*" (p.6.) In this way, "*deep and productive Partnerships*" with local healthcare commissioners and all concerned are envisaged with Shadow HWBB's being seen as "*open-ended vehicles*" which may consider wider health determinants of health such as housing and leisure. A duty to involve users of all ages and the public will also be given to HWBB's in its responsibilities which encompass the twin issues of, firstly, commissioning services across for the life-course ("cradle-to-grave") as

well as secondly, the wider determinants of health. The Shadow DHWBB may wish to consider the implications of this for the coming year. Local accountability is secured through the leadership of Elected Members on the Committee and arrangements are in place for the inclusion of the local Healthwatch which will replace the current Local Involvement Network (LINK.)

5. Other key changes likely to develop include:

- Clinical Commissioning – GP Commissioning Consortia will be re-designated as “Clinical Commissioning Groups”. They will:-
 - have a duty to promote integrated health and social care around the needs of users
 - be established following a process which includes seeking the views of the HWBB
 - include two lay members on their Board - one to be chair or deputy chair
 - include a registered nurse and a secondary care specialist (as long as they are not employed by a local provider)
 - meet in public and be governed in accordance with Nolan principles”
- Wider determinants of health / Public Health – the Joint Strategic Needs Assessment will inform the Joint Health and Well-Being Strategy key priorities for delivery. These are likely to include areas such as economic regeneration, planning, housing, leisure, education and environmental health together with wider access to services. These issues will come to the fore as essential to the prevention of ill health and promoting wider wellbeing.
- Workforce – both Dr Field’s Future Forum, Department of Health Guidance on adults and children’s social care and the regulation of the public health workforce all take into account the centrality of the workforce in carrying forward the wider agenda of improving people’s health. The Shadow DHWBB will want to keep this focus and commitment in view and act accordingly as it develops its work programme.

6. It is accepted that at this stage of development, being a “Shadow” Board, implies a “learning-by-doing” approach. Refinements will be made as the Board gathers experience and determines its direction. In terms of benchmarking, other Authorities have taken broadly similar approaches including the use of support to help develop the work programme and overall approach. At the outset, therefore, in agreeing the transition to future arrangements for health and care services by the former Dudley Health and Well-Being Partnership at its meeting of 12th May 2011, partners made it clear that they wish to focus on understanding the issues of the health of Dudley people as its main priority with a view to confirming overall strategy and action over time.

7. Dudley’s existing Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment are available to help with this, even if they will have to develop over time. The full documents are available at : <http://www.dudleylsp.org/needs-assessments-data-and-trends> and some material from them are attached as Appendices to this Report. They highlight issues covering overall mortality rates

including the “big killers” of coronary heart disease and cancer; obesity; alcohol; demography; health for specific groups such as children’s health and health of people with learning disabilities; social care issues.

8. The knowledge provided by these documents provides the basis for the development of a Joint Health and Wellbeing Strategy which some HWBB’s in the region have taken as a focus for work in their first year. In addition, a list of the major strategies overseen through the former Dudley Health and Well Being Partnership for the health of the whole population over recent years is attached at Appendix 3. These will also assist the overall new direction that the Shadow DHWBB will give to their work.
9. In developing its overall Joint Health and Wellbeing Strategy with the aim of improving the health of Dudley people, the Shadow DHWBB will also want to consider in due course it’s delivery mechanisms from two points of view:
 - Firstly, in relation to the former-Dudley Health and Well Being Partnership structure which was supported by the Health Improvement and Modernisation Management Team and Boards for people with learning disabilities, older people, urgent care, physical activity, etc. The Shadow DHWBB may wish to consider re-launching the HIMMT with an up-dated Terms of Reference so that the work of promoting improvement in health of Dudley people is served through up-dated and appropriate structures
 - Secondly, the Shadow DHWBB is also clear about its responsibilities for the health of children and young people in the Borough and the fact that the Children’s Trust has now re-organised itself into a Children and Young People’s Partnership in response to wider developments.
10. In this context, the Shadow DHWBB will want to secure appropriate governance arrangements over time. Appendices 4 and 5 are the up-dated Terms of Reference and proposed Protocols for the Shadow DHWBB and include as needed reference to a variety of governance issues including issues such as membership. It is acknowledged that these arrangements may change as local decision-making and national legislation, guidance firms the proposed arrangements and they are important considerations. One instance of note is the decision in Dudley to begin this process in a transparent manner by holding its meetings in public which is consistent with the approach envisaged for this meeting as a Council Committee.
11. To support the DHWBB further, however, arrangements are being made as agreed by the DHWP for Board Development sessions to be undertaken as appropriate through 2011/12.
12. The Shadow DHWBB will wish to note that Government envisage that arrangements for health scrutiny will continue and for Dudley this will be done through the Health and Adult Social Care Scrutiny Committee and children’s health issues through the Children’s Services Scrutiny Committee.
13. **Summary Conclusion** – The Government recognise the “novelty” of the role of the proposed HWWB’s. In this context, it is helpful that Dudley has a long track-

record of seeking to work together in the locality for the benefit of local people on health and social care issues. There is much good work in Dudley to build on from the last ten years activity of the Dudley Health and Well Being Partnership and the achievements of the Children's Trust which include:

- Health Act 'flexibilities' – use of a number of pooled budgets arrangements in services including learning disabilities, children with disabilities, community equipment services, etc.
 - Strategy development and implementation for a range of areas including Accident Prevention, Health Inequalities, Joint Commissioning Framework and Strategy and service-specific strategies for older people, physical disabilities, long-term conditions, dementia, safeguarding, obesity and physical activity, etc
 - *Joint Strategic Needs Assessment* introduced at an early stage for the Borough with continued progress towards a web-based product and work with other partnerships such as Safe and Sound in its Strategic Assessment activity
 - Engagement with people using services such as numerous engagement events with people using services or as patients in the Health Care Forum; engagement through events from social care for adults; and events / structures for engagement with children and young people
 - Extended use of the voluntary and community sectors through investment in services supporting care and health delivery as well as the wider determinants of health
 - Achievements relating to Local Area Agreements and *ad hoc* activity such as Health Fayres
 - responses to consultations such as the response to the "Choosing Health" consultation in 2005
 - Organisational change within agencies including the development of separate Children's and Adults Services Directorates within the Council following the end of Social Services Departments; changes in primary care (PCG's to PCT's;) and the development of Foundation Trust models for NHS provision
 - Development of approaches to overall governance within the Dudley Health and Well Being Partnership and the Children's Trust including performance management, risk management and partnership self-assessment.
14. The establishment of a Shadow DHWBB is a fresh opportunity for all concerned to help improve the health of Dudley people through work on 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 which the Council has to intelligence and activities which will support it in this new task.

Finance

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

Law

17. 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 para's 2-3.

Equality Impact

18. The establishment of a Shadow DHWBB 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. The Shadow DHWBB will want to "own" the Health Inequalities Strategy as an important document to influence debate and decisions over time for every equality dimension including gender, ageing, disability, ethnicity or sexuality. Consideration may need to be given as to how Equality Impact Assessments link to the establishment and work of the Shadow DHWBB.

Recommendation

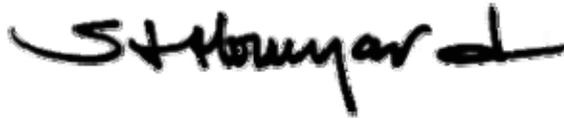
19. That the Shadow DHWBB:
 - Initiate transparent debate about the wider purposes and approaches for health and social care in Dudley in the context of the changing scenario and based on the Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment
 - Give direction on how to approach the work of Joint Health and Well-Being Strategy
 - Consider further issues of consultation / engagement with people of all ages who use our services, carers and anyone concerned with the wider determinants of health and any activity that the Shadow Board may wish to promote during the year on this.
 - Agree to further Shadow Board Development sessions
 - In the spirit of learning-by-doing, approve the Terms of Reference and Protocols and consider any governance issues as needed.
 - Consider issues of communication for the Shadow Board in raising awareness of it activity and work with partners who are providing services
 - Consider whether or not an Equality Impact Assessment needs to be undertaken in the course of 2011-12 in connection with the work of the Shadow HWBB



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Background Papers

Dudley Joint Strategic Needs Assessment 2009
Dudley Pharmaceutical Needs Assessment 2010

APPENDIX 1

DUDLEY'S Joint Strategic Needs Assessment

Dudley's Joint Strategic Needs Assessment is largely an on-line resource of data and documents covering needs analysis, strategies which include needs analysis and community engagement undertaken as part of a wider needs assessment process.

All the documents are available at : <http://www.dudleylsp.org/needs-assessments--data-and-trends>

A separate document is attached which is an overall summary document up-dated at the end 2009.

APPENDIX 2

Dudley's Pharmaceutical Needs Assessment

Attached as separate pdf. document

Type	Strategy	Timescale	Owner	Comments	HIMMT Timetable
Overarching	Dudley Community Strategy	2005/2020	Dudley Community Partnership	Refreshed Strategy – To be approved by MBC, Feb 2010	
	Dudley Health and Social Care Commissioning Framework and Strategy	2008/2013	Dudley Health and Well-being Partnership		
Condition Specific	Mental Health	2005-2010	Mental Health Partnership Board	Being revised Consultation launch Nov 2009	Feb 2010
	Mental Health Promotion	2006-2008	Health and Well being Partnership	Strategy relating to MH NSF now at the end. New strategy to be based on New Horizons.	
	Mental Health Older People and Dementia	2010-2013	Mental Health Board and Older People Board	To go out for consultation possibly by the end of the year.	May 2010
	Child and Adolescent Mental Health Services	2008-2013	CAMHS Steering Group	Will need to be reviewed in light of regional development and the re-configuration of the MH Trust	Feb 2010
	Learning Disabilities	2008-2011	LD Partnership Board	Currently working on easy read version	Dec 2009
	People with Physical & Sensory Disabilities	2008-2012	Adults and Physical Sensory Disabilities Board	To be reviewed next year	May 2010
	Cancer	5 years – From Dec 2007 - 2012	Greater Midlands Cancer Network Operated by Local LIT		

Type	Palliative Care/End of Life Care	Completed	Dudley Joint Partnership Palliative and End of Life Care Steering Group	Final Version presented to PEC meeting in October	Jan 2010
	Long Term Conditions	2010 -	Long Term Conditions Board		Feb 2010
	Diabetes	2009-2010	Vascular LIT	Being Reviewed	
	Respiratory	31.12.09 Re Paed Asthma. 4.11.09 for COPD pending business case. 2009/10 and 2010/11 Re Adult Asthma. 31.3.10 RAS Review	Respiratory LIT Feeds into LTC		
	Stroke	1.4.09 for Early Supported Discharge Ongoing for all other aspects of National Stroke Strategy	Stroke Implementation Group (STIG)		

	Neurology	2009-2014	Adults and Physical Sensory Disabilities Board	For Review in 2012	
	Tackling Obesity	2005-2010	Health and Well Being Partnership	Review Date 2010	May 2010
	Falls	2008 -	Older Peoples Board and Multi-agency Steering Group	This is a Falls Protocol and Guidance rather than a strategy	
	Strategy	Timescale	Owner	Comments	HIMMT Timetable
Condition Specific	Carers	2007-2012	Health and Well-Being Partnership		
Client Group Specific	Older People	2006 -	Older Peoples Board	Refresh statement issued in May 2009. Strategy for review at next Older Peoples Board	Jan 2010
	Children and Young People	2008 - 2011	Children's Trust		
Risk Reduction	Tobacco Control	2008 - 2013	Health and Wellbeing Partnership	Review Date 2013	May 2010
	Alcohol	2009 - 2012	Safe and Sound	Draft out for consultation until Dec 2009	May 2010
	Teenage Pregnancy	2000 - 2010	Children's Trust	New guidance anticipated 2010	
	Accident Prevention Strategy	2009 - 2012	Joint Accident Prevention Partnership		March 2010
Underpinning	Planned Care		Planned Care Programme Board	To be developed	
	Urgent Care		Urgent Care Programme Board	To be developed	Dec 2009
	Intermediate Care			Being Revised. Gone to PEC for 16.9.09	May 2010
	Primary Care		Primary Care Commissioning Committee	Draft Strategy being finalised to be submitted to PCCC 1 st October	

	Health Inequalities	2005-2008	Health and wellbeing partnership infant mortality – children’s trust executive	New strategy approved by DMBC Cabinet December 2010.	
	Joint Strategic Needs Assessment	2008	Health and Well Being Partnership	Updated product 2009 plus web version launched 2010.	
	Workforce	2009-2015	Health and Well Being Partnership		

SHADOW DUDLEY HEALTH AND WELLBEING BOARD MEMBERSHIP

1.0 DUDLEY MBC

Elected Members: Cabinet Member for Adult and Community Services; Cabinet Member for Integrated 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 superceded); 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.

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 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 (e.g. 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, Children's (the word "Children's" can be deleted as it services no purpose on its own) , 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.

Protocols

The Board shall comprise 3 Elected Members, in proportion to the 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 serving on the Dudley Health and Well Being Board shall be authorised to amend the membership in accordance with wishes expressed by the Board. **(Please can this be changed to include CS asap)**

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.

The Standards Committee has granted 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 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.

Chairman and Vice-Chairman

At its first meeting in each municipal year, the Elected Members of the Board will elect a Chairman, and appoint a Vice-Chairman, in accordance with Section 38 of the Consultation Document – Liberating the NHS: Local Democratic Legitimacy in Health. The Chairman and Vice-Chairman will be elected Members of the Council. In the absence of the Chairman and Vice-Chairman the remaining elected member 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 three 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 Chairman and Vice-Chairman 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 Member for Adult and Community Services be authorised to amend the Terms of Reference of the Board in accordance with wishes expressed by the Board.