

Committee **Cabinet**

Date: **13 December 2012**

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Title: **West Essex Wellbeing Committee**

Portfolio Holder: **Cllr Howard Rolfe**

Key decision: **No**

Summary

1. Part of Uttlesford District Council's approach to the new health legislation has been to set up its own "Health and Wellbeing Group" under the aegis of the Local Strategic Partnership, Uttlesford Futures. The group is chaired by Professor Peter Fentem and comprises representatives from various disciplines and health specialists within the District. Its role is to provide a local arm to the Essex wide Health and Wellbeing Board and report to the Uttlesford Local Strategic Partnership, to enable the community of Uttlesford to aspire to the best health possible, to shape and influence the development of integrated, efficient and cost effective services for the local population of Uttlesford, to share resources where possible and provide integrated ways of addressing health inequalities and to provide a local forum for public engagement.
2. In 2010 the three West Essex District Councils signed a Memorandum of Understanding to work jointly, where appropriate, in the interests of the community as a whole. In setting up the new Health Service arrangements in Essex, the West Essex Clinical Commissioning Group has the same boundary as the District Councils Group. It is considered that the three West Essex Councils, and other partners, such as the County Council and the voluntary sector, should jointly engage with the CCG. This would give the area a strong voice on the Essex health and Wellbeing Board and ensure that the needs and priorities of Uttlesford and West Essex are recognised fully within the Essex Health and Wellbeing Board. It would also support the development of a West Essex approach to community wellbeing and complement the work being done by Uttlesford Futures, as set out above.

Recommendations

- A Cabinet agrees to create a West Essex Wellbeing Joint Committee with the Epping Forest and Harlow District Councils with the membership and terms of reference in paragraphs 19 and 22 in this report.
- B Subject to (A) above, Cabinet nominates two members of the Cabinet for membership of the West Essex Wellbeing Joint Committee.

Financial Implications

3. Co-ordinated working across West Essex may provide opportunities to improve the economy, efficiency and effectiveness of resource use.

Background Papers

4. .None

Impact

5.

Communication/Consultation	The need for continuing communication of the structure of the emerging health reforms will continue to be a requirement
Community Safety	None
Equalities	Improving the wellbeing of people is a fundamental role of District Councils as community leaders. A Joint Committee could improve the effectiveness of the Councils involved and lead to improved partnership working with the West Essex Clinical Commissioning Group, the County Council and others to ensure that a co-ordinated needs-led approach to improving the economy, efficiency and effectiveness of resource use and the achievement of improved outcomes for the people served by the Councils. An EqIA is not required at this stage but a need will be generated by further projects as required.
Health and Safety	Indirect implications
Human Rights/Legal Implications	The Committee is set up under the General Power of Competence under the Localism Act 2011, one element of which enables local authorities to do what an ordinary person could do to promote wellbeing in its area. It would be an advisory Committee. The Governance of the Committee is in the terms of reference which are set out in the body of the report.
Sustainability	None
Ward-specific impacts	None
Workforce/Workplace	There will be implications for officers' workload in Democratic Services, Environmental Health and Community Partnerships. The activities of the West Essex Committee and the Health Group on Uttlesford Futures would be mutually supportive and complimentary

Situation

6. The Health and Social Care Act 2012 establishes Health and Wellbeing Boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Each 1st tier authority (County and Unitary Councils) will have its own Health and Wellbeing Board. The Boards will operate from April 2013 and a shadow Board for Essex already meets. Presently there is provision for 4 representatives from 2nd tier authorities: one place is vacant but the other three are occupied by the leader of Rochford DC and the Chief Executives of Tendring and Harlow DC's
7. Board members will collaborate to understand community needs, agree priorities and encourage commissioners of services to work in a more joined-up way. The intention is that patients and the public should experience more joined-up services from the NHS and Councils in the future.
8. Health and Wellbeing Boards will have strategic influence over service commissioning decisions across health, public health and social care. They will undertake the Joint Strategic Needs Assessment (JSNA) and develop a joint strategy for how these needs can be best addressed.
9. The Boards will make recommendations for joint service commissioning and for the integration of services across health and care. Through undertaking the JSNA, the Board will drive the local commissioning of health care, social care and public health and create a more effective and responsive local health and care system. Other services that impact on health and wellbeing, such as housing provision, will also be addressed by the Boards.
10. It is essential that the Essex Health and Wellbeing Board is relevant and responsive to the needs and priorities within the communities of West Essex. As the community leaders for the communities within West Essex, Harlow, Epping Forest and Uttlesford Councils, along with the West Essex Clinical Commissioning Group, need to have a strong voice within the Essex Health and Wellbeing Board.
11. We also need to ensure that West Essex has a local and democratically accountable forum to support effective joint working to produce better outcomes for the communities we serve.
12. The wellbeing of communities is affected by many things including lifestyle choices, access to health services, housing, leisure facilities, environmental pollution, transport, education, access to care services and economic development. Therefore any approach to community wellbeing should not be limited to a consideration of just health and care service commissioning, but to the broader issues that affect it.
13. Seeking this broader approach to wellbeing requires a clear recognition of differences within and between the communities within Essex. This report outlines a proposal to achieve a community-focussed, locally accountable, economic, efficient and effective approach to improving wellbeing in West Essex.

Wellbeing in West Essex

14. The World Health Organisation defines health and wellbeing as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”. Community wellbeing may be defined, for the purposes of this initiative, as the state of socio/economic/health within a community. One of the most powerful ways to illustrate the state of wellbeing within and between communities is the degree of health inequality that exists.
15. Male life expectancy varies by more than 18 years between the communities in Essex. Such is the socio/economic/health diversity within and between the communities in Essex that there is no average or typical Essex community.
16. This diversity means that few issues, other than through the use of the most generic of descriptions, can be said to be truly relevant to all communities within Essex. Any approach to wellbeing needs to recognise this local reality rather than to adopt a “one size fits all” approach. To this end District Councils in West Essex working with their partners will develop a West Essex Community Wellbeing Strategy based upon the JSNA and other indicators of wellbeing within the communities of West Essex.
17. These strategies would support local choices being made about priorities for addressing wellbeing issues within West Essex. They would also enable the Essex Health and Wellbeing Strategy to be informed by locally relevant priorities.
18. Shared priorities and needs in one or more of the District Council communities in West Essex will present opportunities for aggregated service commissioning and provision as appropriate.
19. Common priorities and requirements throughout Essex will present opportunities for service commissioning and provision for the whole of Essex.
20. Public sector financial challenges mean that choices will become increasingly limited. It is probable that both commissioning and service provision will increasingly be aggregated to create economies of scale. It will be an important function of the West Essex group to ensure that this process does not undermine the need to recognise the differing needs of communities and that allocation of resources across Essex is transparent and understood.

West Essex Joint Committee

21. Wellbeing is fundamental to the success of the communities of West Essex. The community leaders in West Essex; Epping Forest, Harlow and Uttlesford District Councils, along with the County Council and the West Essex Clinical Commissioning Group, are committed to working in partnership (and with other partners) to develop and implement a Community Wellbeing Strategy for West Essex.
22. Local partnership arrangements for wellbeing are being developed through Uttlesford Futures. The partners in West Essex propose to create a West Essex Wellbeing Joint Committee to provide a governance structure for partnership working. The Uttlesford Group would feed into the West Essex Joint Committee ensuring the District’s needs are represented proportionately to the CCG and the wider Essex Health and Wellbeing Board.

23. The Joint Committee would consist of representatives from each of the partners; the three District Councils (6 [2 from each Council]), co-optees from Essex County Council (3) and co-optees from the CCG (3) with full voting rights. The Joint Committee would decide on co-optees/invitees from other partners, but would seek to keep the membership of the Committee to a maximum of 15. The Joint Committee would determine the chairmanship of the Committee on an annual basis with rotation between the partners.
24. It is important to state that this would not be accountable to, nor a part of, the Essex Health and Wellbeing Board but a Joint Committee of the three District Councils. This provides West Essex with a formal locally accountable democratic governance structure with the ability to recommend formal representations to both the Essex Health and Wellbeing Board and to other key players outside of Essex. The Committee would not have executive powers but would operate in an advisory role to its member authorities.
25. It is proposed that the Joint Committee would meet quarterly and have terms of reference that would emphasise its advisory role and include:
- a. Effective local democratically accountable leadership for wellbeing within West Essex.
 - b. A West Essex Wellbeing Strategy for recommendation to the host authorities so as to identify the priorities for wellbeing in West Essex and to influence the resource allocation, service commissioning and service provision within West Essex.
 - c. Acting as a Local Health and Wellbeing Partnership for West Essex and ensuring the needs and priorities of West Essex are given full weight by the Essex Health and Wellbeing Board.
 - d. Without duplicating health scrutiny functions, monitoring the performance of service commissioners and providers in improving the wellbeing of West Essex communities in the context of the West Essex Wellbeing Strategy.
 - e. Evaluating the resource allocations within the whole of Essex and being assured that resources reflect comparative needs between communities.
 - f. Acting as an advocate for West Essex for wellbeing issues.
 - g. Contributing to the development of the Essex-wide Health and Wellbeing Strategy.
26. The Joint Committee would be supported by an Executive Group consisting of the Chief Executives of the three District Councils, the Chair and Vice Chairs of the West Essex Clinical Commissioning Group and a senior manager from Essex County Council. The Executive Group may invite or co-opt others onto the group (as appropriate) and would initially meet monthly.
27. The role of the Executive Group will be to ensure that the information required by the Joint Committee is available to it and provide recommendations on policy and action. It will also be responsible for implementing decisions of the Joint Committee.

28. This Executive Group would also act as a resource for the West Essex Clinical Commissioning Group and the Councils to ensure that they have access to information and advice on health and wellbeing matters.

Conclusion

29. District Councils give the wellbeing of their communities the highest priority. The services they provide have a fundamental impact on community wellbeing and the success of those communities.

30. The Health and Social Care Act 2012 introduces a new form of governance for health and wellbeing. These Health and Wellbeing Boards are designed more for unitary local government areas than for non-unitary local government areas. The Act gives responsibility for health and wellbeing to the County Council and fails to recognise fully the role of District Councils. It is essential that Uttlesford and West Essex has a strong voice and influence within this new Board. The proposals in this report provide a means to achieve this voice and influence.

31. Wellbeing is broader than just health and social care and is affected by many of the services provided by/the responsibility of District Councils. This relationship is of great importance to the West Essex Clinical Commissioning Group and a means needs to be found to ensure that a formal forum exists to facilitate partnership working within West Essex as well as respecting the health needs of Uttlesford.

32. The Joint Committee provides a local democratically accountable advisory forum that can lead to improved outcomes for the communities of West Essex.

Risk Analysis

33.

Risk	Likelihood	Impact	Mitigating actions
District Councils try and work singly with the CCG	2 – councils will try and maximise health resources for their areas	4 – appropriate weight may not be given to the competing priorities for the allocation of scarce health resources	Working in partnership with the CCG and other influential stakeholders

1 = Little or no risk or impact

2 = Some risk or impact – action may be necessary.

3 = Significant risk or impact – action required

4 = Near certainty of risk occurring, catastrophic effect or failure of project.