

Report to: Cabinet

Date of Meeting: 28th March 2013

Subject: Sefton Health and Wellbeing Strategy 2013 – 2018 and Board Governance

Report of: Head of Business Intelligence and Performance

Wards Affected: All

Is this a Key Decision? No

Is it included in the Forward Plan? Yes

Exempt/Confidential No

Purpose/Summary

To request Cabinet to consider and agree the attached Health and Wellbeing Strategy for Sefton, to consider the EIA, as attached to the report and to consider and recommend to Council, the composition of the Board and several matters set out in the report, having had regard to the views expressed by the Shadow Health and Wellbeing Board.

Recommendation(s) That

- (1) subject to the delegation set out below, Council be recommended to approve the Health and Wellbeing Strategy for Sefton, and that the findings within the Equality Analysis report be noted;
- (2) authority be delegated to the Strategic Director - People in consultation with the Chair of the Shadow Health and Wellbeing Board (Cabinet Member for Children, Schools, Families and Leisure), to agree the next iteration of the strategy which shall be submitted to the Council for approval;
- (3) having due regard to the views expressed by the Shadow Board, Council be recommended that membership of the Board shall comprise the following:
 - Councillors (as determined by the Leader of the Council);
 - One representative of the local Healthwatch organisation;
 - One clinical representative of the NHS Southport and Formby Clinical Commissioning Group;
 - One clinical representative of the NHS South Sefton Clinical Commissioning Group;
 - The statutory director for adult social care;
 - The statutory director for children's services;
 - The statutory director of public health;
 - The Chief Officer of NHS Southport and Formby and the NHS South Sefton Clinical Commissioning Groups; and
 - One representative of the National Commissioning Board
- (4) That Council be recommended to agree a criteria for determining future membership of the Board beyond that listed above, so as to enable a process to operate whereby future membership could be increased, provided that the tests set out in paragraph 4.6 are met;

- (5) Council be recommended to agree that substitution should not apply to Board Members;
- (6) Council be recommended to agree that all members of the Board shall have the right to vote, but that this vote will only be exercised in exceptional circumstances: the convention that shall apply is that the Board will have an open debate and will reach decisions based on consensus. Should a vote be required, then it will be based on a simple majority of those present and voting at the meeting;
- (7) Council be recommended to note that the Board -does not favour the creation of sub-committees at this time and that the requirements relating to the Code of Conduct and declaration of interests applies to Board members;
- (8) the principle functions of the Board be noted and considered by the Audit and Governance Committee and Council for inclusion within the Council's Constitution as set out in paragraph 4.6 of the report.

How does the decision contribute to the Council's Corporate Objectives?

	<u>Corporate Objective</u>	<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community	X		
2	Jobs and Prosperity	X		
3	Environmental Sustainability	X		
4	Health and Well-Being	X		
5	Children and Young People	X		
6	Creating Safe Communities	X		
7	Creating Inclusive Communities	X		
8	Improving the Quality of Council Services and Strengthening Local Democracy	X		

Reasons for the Recommendation:

The Health and Social Care Act 2012 gives health and wellbeing boards specific functions. One of the statutory functions is to prepare a Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy. The Council, NHS Clinical Commissioning Groups, the National Commissioning Board, along with others, have a duty to co-operate. The regulations under section 194 of that Act set out the constitutional and governance arrangements of the Board. The Board has statutory powers from 1st April 2013, and is required to publish a Health and Wellbeing Strategy by April 2013. The purpose of this report is to seek approval of the strategy and to establish the Board.

What will it cost and how will it be financed?

(A) Revenue Costs

The strategy will be delivered through existing resources in the Council, the NHS Clinical Commissioning Groups and wider partners across the borough. The revenue implications for the Council will be described within the Councils Business Plan which will translate what has been agreed by Council in setting the two year financial plan.

(B) Capital Costs

Implications:

The following implications of this proposal have been considered and where there are specific implications, these are set out below:

Legal The Health and Wellbeing Board is statutorily required to produce a Health and Wellbeing Strategy, based on a Joint Strategic Needs Assessment and for these to be in place by April 2013 when the Board becomes a statutory committee of the Council. Health and Social Care Act 2012, The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013
Human Resources
Equality 1. No Equality Implication <input type="checkbox"/>
2. Equality Implications identified and mitigated <input checked="" type="checkbox"/>
3. Equality Implication identified and risk remains <input type="checkbox"/>

Impact on Service Delivery:

The health and wellbeing strategy will seek to support the Council to transform the commissioning of services to focus on value for money whilst improving outcomes.

What consultations have taken place on the proposals and when?

The Head of Corporate Finance and ICT (FD2214/13) and Head of Corporate Legal Services (LD 1530/13) have been consulted and any comments have been incorporated into the report.

Extensive engagement and consultation has taken place with members of the public, service users, partners and key stakeholders. The outcomes of these processes have directly informed the production of the Sefton Strategic Needs Assessment and the Health and Wellbeing Strategy. The details of this feedback can be found within the consultation and engagement feedback reports.

Are there any other options available for consideration?

No, as there is a statutory requirement to produce a Health and Wellbeing Strategy and to establish a Health and Wellbeing Board.

Implementation Date for the Decision

Following the expiry of the “call-in” period for the Minutes of the Cabinet/Cabinet Member Meeting

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Background Papers:

Technical Sefton Strategic Needs Assessment (SSNA)

Summary Sefton Strategic Needs Assessment

Consultation Feedback report on the draft Health and Wellbeing Strategy

These documents can be accessed on the Council’s website via this link:

<http://modgov.sefton.gov.uk/moderngov/ecCatDisplay.aspx?sch=doc&cat=13430&path=13158,13197>

1. Introduction/Background

- 1.1 The Shadow Sefton Health and Wellbeing Board and the partners which comprise the Board, have a statutory responsibility to undertake a Joint Strategic Needs Assessment (otherwise known in Sefton as the Sefton Strategic Needs Assessment) and to produce a Health and Wellbeing Strategy for the Borough, to be published in April 2013.
- 1.2 Over the last 9 months, work has taken place to produce a technical Sefton Strategic Needs Assessment, a summary thereof, and a detailed process of consultation and engagement to ensure full and active engagement of stakeholders, partners, individuals, and representative groups within the Borough. Consultation and engagement on the needs assessment ended on 19th October 2012 and a detailed feedback report was produced, together with a summary report.
- 1.3 The Health and Wellbeing Board met on 29th October 2012 and went through a process whereby it assimilated the evidence from the needs assessment process, the feedback from the consultation and engagement process, and refined and determined its priorities, which are known as its strategic objectives, as they relate to a broad health and wellbeing vision and outcomes framework for Sefton. The Board produced a draft Health and Wellbeing Strategy, which was extensively consulted upon during the period from November 2012 to February 2013. A summary feedback report on the consultation and engagement on the draft Health and Wellbeing Strategy is attached, with the full report is available as a background document.
- 1.4 As part of the consultation process people's views were also sought on the commissioning intentions for the public health service and both Clinical Commissioning Groups for Sefton. This enabled people to understand these commissioning intentions in the context of the strategic objectives of the Health and Wellbeing Board, and how they relate to the Borough Vision and Outcomes Framework that has emerged through the development of the Strategy.
- 1.5 A crucial part of the process of producing and consulting on the Health and Wellbeing Strategy is a focus on leadership and ownership from the level of the individual, family, community to organisational and partnership leadership and ownership. To this end individuals, community representatives and organisational leaders were asked to make a personal pledge to achieve change and improve health and wellbeing in Sefton.

2. Health and Wellbeing Strategy 2013 – 2018

- 2.1 The draft Health and Wellbeing Strategy 2013 – 2018 was produced in October 2012 and extensively consulted upon during the period November 2012 – February 2013, in order to ascertain the views of the public and all interested parties, on the priorities and objectives therein. As part of the consultation and engagement

processes, local people, service providers and stakeholders also worked alongside members of the Health and Wellbeing Board to define a set of outcomes and high level actions for delivery. These are detailed within the strategy.

2.2 Through the consultation and engagement process on the Sefton Strategic Needs Assessment, and what the analytical evidence told us, the following six strategic objectives were identified for the Health and Wellbeing Strategy:

- Ensure all children have a positive start in life;
- Support people early to prevent and treat avoidable illnesses and reduce inequalities in health;
- Support older people and those with long term conditions and disabilities to remain independent and in their own homes;
- Promote positive mental health and wellbeing;
- Seek to address the wider social, environmental and economic issues that contribute to poor health and wellbeing; and
- Build capacity and resilience to empower and strengthen communities

2.3 These objectives were incorporated into the draft Health and Wellbeing Strategy and tested out through consultation and engagement, and the overwhelming feedback was that they were the right things for the Health and Wellbeing Strategy to focus on, and that people's needs would be met by them. As part of the consultation, people were asked to prioritise actions and most people fed back as to how difficult the process of prioritising is. This awareness raising with the public, partners and stakeholders on making tough choices about how and on what resources should be deployed is crucial at a time of reducing public resources and growing demands for services. Delivering value for money and maximising the "Sefton £" has been the cornerstone on which the Health and Wellbeing Strategy has been developed.

3. **Delivery of the Health and Wellbeing Strategy**

3.1 The Shadow Health and Wellbeing Board at its meeting on 13th March 2013, considered the Health and Wellbeing Strategy for Sefton. The latest draft of the strategy included a series of actions and high level outcomes. The Board reviewed the strategy at its meeting, and in particular, discussed the breadth of actions which contribute towards the achievement of the outcomes. In broad terms, the Board was satisfied that the outcomes are the right ones, and translated the strategic objectives. In terms of the actions within the draft strategy, the approach taken is to list those that not only would the Members of the Board be accountable for delivering through their own business plans, but to show actions within the strategy for other partners, stakeholders and for individuals. With this in mind, the Board took the view that the strategy could be recommended for approval by the Council, but that the specific actions within the strategy would need to continue to be the subject of discussion with a wider range of partners and stakeholders, particularly as some of the actions would be delivered by others outside of the Board.

3.2 The Health and Wellbeing Board recognises that it cannot do everything itself and has defined its role as '*influencing*' others to deliver on the objectives and outcomes within the strategy. The Health and Wellbeing Board does not intend to duplicate the work of other Boards, for example the Children and Adults Safeguarding

Boards, and the Health and Wellbeing Strategy aligns itself with, but does not duplicate, other strategies and plans, for example the draft Local Plan.

- 3.3 The Health and Wellbeing Board will seek to provide the overarching framework to hold commissioners to account on the extent to which the strategic objectives and outcomes for Health and Wellbeing defined within this Strategy are reflected in commissioning plans, and performance managed, as appropriate. The Board is seeking to develop an approach to performance based on 'what works' and delivers value for money and support commissioners to be bold enough to decommission, stop or commission new things. The Health and Wellbeing Board endorses a commissioning model that systematically draws on the intelligence available from a number of sources, and the strategy poses a range of questions that commissioners need to ask themselves in finalising their commissioning plans.
- 3.4 The strategy, therefore, attached to this report is the latest iteration. The Cabinet is asked to note and agree that work continues between the Cabinet meeting and the Council meeting, to firm up the actions within the strategy. The Health and Wellbeing Board agreed to delegate this responsibility to the Sefton Council's Strategic Director - People, in consultation with the Chair, and accordingly a similar delegation is sought from the Cabinet. This delegation will ensure that where there are actions for which the Council or CCGs are responsible for delivering, they align with the priorities identified either through the budget setting process, or through the business planning process. In terms of actions to be delivered by others, or with others, these will continue to be refined over the next 6 months, to ensure that they are deliverable, measurable and owned by those responsible for taking the action.
- 3.5 The Board will receive an update within 6 months and will then be in a position, to assure itself that the actions within the Strategy are deliverable.
- 3.6 It is recognised by the Health and Wellbeing Board that whilst the Strategy covers the five year period from 2013 to 2018, there is a need for an annual formal review to check progress and if necessary change direction. The outcomes of this review will be formally reported to Cabinet. As indicated above, in this first year of operation of the strategy, as work is still on going to firm up the deliverability of actions within the strategy, this review will take place within six months, and therein after on an annual basis.
- 3.7 The Board is developing a communications and engagement plan, and this will describe how this work across the wider stakeholder/partner organisations will be undertaken, in order to ensure that the strategy is appropriately resourced. In addition, the Board is also developing a Performance Management Framework, which links the outcomes within the strategy across the many national outcomes frameworks that the partners to the Board are responsible for delivering against. Its development will help establish the metrics to enable judgements to be made about the achievement of the outcomes described in the strategy.
- 3.8 The Council's website will include web pages for the Board, and in particular, this medium will be used to inform, communicate and engage people on the Health and Wellbeing Strategy for Sefton, and will hold together the supporting evidence within the Sefton Strategic Needs Assessment. The communications and engagement plan will detail the other processes for seeking to exercise its role of influencing

across the whole range of health and wellbeing outcomes.

- 3.9 The Health and Wellbeing Board will seek to bring key stakeholders together twice a year to check progress, review evidence and sense check if the strategy is still fit for purpose. This will build upon, and support, a continuous public engagement process through both Council mechanisms and the new body 'Healthwatch', the Government's mandated body to act as the public voice on health and wellbeing services, which the Council is charged with commissioning on behalf of partners within the Borough.
- 3.10 The Health and Wellbeing Strategy is supported by an equality analysis report to ensure due regard has been shown to the Equality Act 2010. It is also supported by a detailed consultation and engagement report, and a summary thereof, and a summary of the Strategy. These documents will be published on the Council's website in support of this report.

4. Governance

- 4.1 The Health and Social Care Act 2012 gives health and wellbeing boards specific functions. The regulations made under section 194 of that Act, namely the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, provide, amongst other things, that the Board shall be a committee of the Council. The regulations aim to provide local areas with the flexibility and freedom to shape their health and wellbeing boards as best fits with local circumstances and certain aspects of the Local Government Act 1972 have been disapplied.
- 4.2 This report deals with the creation of the Board under those regulations, in so far as it relates to the membership of the committee. The detail of the constitutional changes necessary to create the Board will be dealt with through the normal processes for making and effecting constitutional amendments, and will be the subject of a separate report to Council dealing with these matters. However, in order to create the Board so as to have effect from 1st April 2013, pending formal appointments to that body for the new municipal year, this report deals with the composition, and role to be performed by the Board as it relates to the statutory requirements to have a Board in place, in addition to seeking approval of the Health and Wellbeing Strategy that has been developed by the Shadow Board.
- 4.3 To that end, the Shadow Health and Wellbeing Board met on 13th March 2013, and considered governance issues relating to the creation of the Board. The 2012 Act provides a statutory minimum membership of the Board. The Board considered this and other factors and recommends that Council should approve the following Board composition:
- Councillors (it being noted that the regulations provide that the Leader of the Council shall determine the councillor representatives on the Board);
 - One representative of the local Healthwatch organisation;
 - One clinical representative of the NHS Southport and Formby Clinical Commissioning Group;
 - One clinical representative of the NHS South Sefton Clinical Commissioning Group;

- The statutory director for adult social care;
- The statutory director for children's services;
- The statutory director of public health;
- The Chief Officer of NHS Southport and Formby and the NHS South Sefton Clinical Commissioning Groups; and
- One representative of the National Commissioning Board

4.4 Each organisation listed above, will be asked to appoint named representative(s). It was agreed in so doing, that any named representative shall prioritise attendance at all formal meetings of the Board, and participate fully in any informal briefings/training. The dates of formal Board meetings will be included in the Council's calendar of meetings, and Board meetings will ordinarily be held at either Southport or Bootle Town Halls. The provisions relating to Access to Information apply to the Board.

4.5 The Chief Executive and Strategic Director – People of the Council were members of the Shadow Board, and shall stand down from the Board and act in a strategic advisory capacity. The representative on the Shadow Board from NHS Merseyside shall also stand down from the Board.

4.6 The Regulations provide that the following are matters for local determination and the Board has given consideration to these matters and recommend that Council agrees with the following proposals:

- Substitution – there shall be no provision for substitutes on the Board;
- Voting – all members of the Board shall have a right to vote, but that this vote will only be exercised in exceptional circumstances. The convention that shall apply is that the Board will have an open debate and will reach decisions based on consensus. Should a vote be required, then it will be based on a simple majority of those present and voting at the meeting;
- Sub-Committees – the Board can create sub-committees, but the Board does not favour the creation of such at this time;
- Criteria for Membership – given that the Board is a committee of the Council, and the composition of such is a matter for the Council in the first instance, the Board is of the view that the Council should restrict membership to those recommended above. However, the Board also recommends that the Council adopts the following criteria on behalf of the Board, to enable a process to operate whereby future membership could be increased. It is recommended that when considering applications or requests to join the Board, or when the Board considers the discharge of its responsibilities, that the test to be applied to requests to join the Board or when considering widening of membership to bridge an identified gap, is as follows:
 - by virtue of membership, the person/organization bridges a gap, either identified by the Board in its current membership or which the potential member can demonstrate is a gap, which cannot be fulfilled through the Board's sub-structure or through discharge of its responsibility through the wider partnership/stakeholder network;
 - would the person making the request, or under consideration by extending membership, be able to comply fully with the requirements of

- the Council's constitution as it relates to the Board;
- is membership of the Board the only means by which the interests of the person or organization, can be represented, or are there other means by which the Board can have regard to the interests of the person or organization they represent.
 - Code of Conduct – as a committee of the Council, members of the Board must comply with the provisions within the Council's Constitution, and in particular the rules relating to registering and declaring interests. It is therefore proposed that a short induction process be undertaken for Board members;
 - Functions of the Board – that the Board has the following main functions, namely:
 - encourage integrated working between commissioners of health services, public health and social care services.
 - encourage those who provide services related to wider affects of health, such as housing, to work closely with the Health and Wellbeing Board.
 - lead on the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) including involving users and the public in their development.
 - be involved throughout the process as Clinical Commissioning Groups develop their commissioning plans and ensure that they take proper account of the Joint Health and Wellbeing Strategy when developing these plans.

The Board also undertook a formal role in authorising and establishing Clinical Commissioning Groups. Completed in early 2013.

- 4.7 This report fulfils the requirement on reporting on the production of a JSNA and Joint Health and Wellbeing Strategy. However, the Board's primary responsibility is to take a leadership role in delivering the outcomes within the Strategy, through partnership and collaborative working, and by influencing a wide range of stakeholders across the health and wellbeing system. In terms of integrated working, this is a role the Board is progressing. With regards to other functions, this is properly a matter for the Council, but it is not proposed that the Board shall discharge any other Local Authority functions.
- 4.8 The Cabinet is requested to consider the recommendations of the Shadow Board and have regard to the views expressed, and to make recommendations to Council with regards to composition of the Board, criteria for membership and the several matters relating to voting and functions of the Board. Approval of the aforementioned membership will enable the Board to take statutory effect on 1st April 2013. The Leader will be asked to advise the Council as to who he wishes to appoint to the Board. Thereinafter, the Councillor Representatives will be dealt with as part of the normal appointments to committees report to Council. Members are asked to note that the regulations provide that the political balance arrangements do not apply to the committee, and that the councillor appointments to the Board, are a matter for the leader of the Council.
- 4.9 Given that the legislation and regulations are new, the Board expressed the view

that it would want to recommend that it keeps the arrangements under review, particularly as whilst the Board is a committee of the Council, it is like no other committee, and the usual constitutional rules and provisions, have been relaxed, varied or dis-applied. The Cabinet is asked to endorse this approach.

5. Conclusion

- 5.1 The Shadow Health and Wellbeing Board has discharged its responsibilities in accordance with all statutory regulations and guidance, and its work has culminated in the production of the attached Health and Wellbeing Strategy for Sefton. The Strategy provides the overarching framework for all policies and strategies within Sefton. The Sefton Strategic Needs Assessment provides the evidence for all commissioning and delivery within Sefton, by not only the Council, CCG's the NCB, but for all partners/stakeholders, and is sufficiently robust evidence on which to base the HWBS.
- 5.2 Extensive consultation and engagement on the Strategic Needs Assessment and Strategy have been undertaken, and the attached summary consultation reports, the EIA, and the full and summary strategy, provide Cabinet with the evidence which supports the recommendation from the Board that the Cabinet recommend the strategy to the Council. The Cabinet is asked to agree, in so doing, that it delegates authority to the Chair of the Board (The Cabinet Member for Children, Schools, Families and Leisure) together with Sefton Council's Strategic Director - People, to continue to develop the actions within the strategy, so that the next iteration thereof to Council, firms up the actions therein. Further, Cabinet is asked to note that work will continue to be undertaken over the next 6 months to refine the actions within the strategy with the partners/stakeholders, and others to assure the Board, Council and CCG's on the deliverability of the strategy. Considerable work has been undertaken by the Board during its consultation and engagement to map the partnerships/stakeholders and others, and this will be refined alongside the strategy, so that there is an accountability (Performance Management) framework in place for the strategy.
- 5.3 The Board has been extremely successful in working collaboratively, sharing resources, expertise and working in an integrated way. The Board recommends that Council agrees to keep the Membership of the Board tight, whilst recognising that there needs to be criteria to enable the board to test whether it has the right Membership to enable it to discharge its responsibilities. However, the Board fully recognises that it cannot achieve the outcomes within the strategy on its own, so its primary role is to influence others in the wider health and wellbeing system, to work with it to achieve the aspirations within the strategy.
- 5.4 The Board will develop a Performance Management Framework and a Communications and Engagement Strategy - referred to above. The Performance Management Framework will set out how the Board will measure whether it is achieving the aspirations for communities in Sefton. The Communications and Engagement Strategy will set out how the Board will perform its role as influencing the wider health and wellbeing system.
- 5.5 The Regulations under the Act relating to Governance will be considered by the Audit and Governance Committee to recommend the -requirements of the act and regulations be included within the council's constitution. Approving the strategy and the governance arrangements set out in this report will enable the Board to be

statutorily created on 1st April 2013. In terms of Councillor representation on the Board, it is proposed that the current members continue in position until the appointments to committees are made in the new municipal year.