

## **Report to the Cabinet**

**Report reference: C-030-2012/13**  
**Date of meeting: 22 October 2012**



**Epping Forest  
District Council**

**Portfolio: Leisure and Wellbeing**

**Subject: West Essex Wellbeing Joint Committee**

**Responsible Officer: Derek Macnab (01992 564050).**

**Democratic Services: Gary Woodhall (01992 564470)**

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### **Recommendations/Decisions Required:**

- (1) That the Cabinet agrees to participate in a West Essex Wellbeing Joint Committee with Harlow and Uttlesford District Councils, with the membership and terms of reference as outlined in the report; and**
- (2) That, subject to recommendation (1) above, the Cabinet requests Full Council to appoint two members to represent Epping Forest on the West Essex Wellbeing Joint Committee.**

### **Executive Summary:**

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 County and Unitary Council will have its own Health and Wellbeing Board. 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 in the future.

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. 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. Other services that impact on health and wellbeing, such as housing provision, will also be addressed by the Boards.

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 such, the community leaders for the communities within West Essex, Epping Forest, Harlow and Uttlesford Councils, along with the West Essex Clinical Commissioning Group, need to have a strong voice within the Essex Health and Wellbeing Board. There is therefore, a need to ensure that West Essex has a local and democratically accountable forum to support effective joint working to produce better health outcomes. This report outlines a proposal to achieve a community focussed locally accountable approach to improving wellbeing in West Essex.

### **Reasons for Proposed Decision:**

To support the development of a West Essex approach to community wellbeing and to ensure that the needs and priorities of Epping Forest and West Essex are recognised fully within the Essex Health and Wellbeing Board.

## **Other Options for Action:**

Not to participate in the proposed Joint Wellbeing Committee for West Essex and seek to influence the Essex Health and Wellbeing Board on an individual authority basis.

## **Report:**

1. 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. It is important that 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. Seeking this broader approach to wellbeing requires a clear recognition of differences within and between the communities within Essex.

### Wellbeing in West Essex

2. 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.

3. 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 isn't an average or typical Essex community.

4. Given this diversity, 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, the District Councils in West Essex working with their partners, will develop a West Essex Community Wellbeing Strategy based upon the Joint Strategic Needs Assessment (JSNA) and other qualitative as well as quantitative data relating to the key determinants of wellbeing within the communities of West Essex.

5. 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.

6. Where there are shared priorities and needs in one or more of the District Council communities in West Essex these will be used to identify opportunities for the aggregation of service commissioning and provision as appropriate.

7. Where there are common priorities and requirements for issues across all communities in Essex opportunities will be sought to be part of the creation of standardised specifications for service commissioning and provision for the whole of Essex. Where there are specialised issues that are best dealt with on a whole Essex basis e.g. access to stroke care, we would seek to contribute to how these issues are addressed on that basis.

8. The financial challenges faced by the public sector means that it is not credible to seek unlimited choice. Where it is possible, and appropriate to do so, we recognised that both commissioning and service provision should be aggregated to create economies of scale. This should not, however, be the default position or undermine the need to recognise the differing needs of communities.

9. Given the limitations on resources, it will be important to prioritise their allocations between communities on the basis of need and performance. It is very important, therefore, to have transparency of resource allocations. As partners in West Essex we would seek to

achieve this transparency to ensure that the allocation of resources to different communities within Essex are consistent with need rather than history.

### West Essex Joint Committee

10. 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.

11. Whilst local partnership arrangements for wellbeing may be developed within each District Council area, the partners in West Essex propose to create a West Essex Wellbeing Joint Committee to provide a governance structure for partnership working.

12. The Joint Committee would consist of representatives from each of the partners; the (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.

13. 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 authority to act and the ability to make formal representations to both the Essex Health and Wellbeing Board and to other key players outside of Essex.

14. The Joint Committee would additionally fulfil the role of a Local Health and Wellbeing Partnership for the purposes of the Essex Health and Wellbeing Board. This avoids duplication and provides a direct route to, and from, the Essex Health and Wellbeing Board.

15. It is proposed that the Joint Committee would meet quarterly and have terms of reference including:

(a) *To provide effective local democratically accountable leadership for wellbeing within West Essex.*

(b) *To agree a West Essex Wellbeing Strategy to identify the priorities for wellbeing in West Essex and to influence the resource allocation, service commissioning and service provision within West Essex.*

(c) *To act as a Local Health and Wellbeing Partnership for West Essex and to represent the needs and priorities within West Essex in the Essex Health and Wellbeing Board.*

(d) *To monitor the performance of service commissioners and providers in improving the wellbeing of communities within West Essex in the context of the West Essex Wellbeing Strategy.*

(e) *To evaluate the resource allocations within the whole of Essex to ensure that resources reflect comparative needs between communities.*

(f) *To act as an advocate for West Essex for wellbeing issues.*

(g) *To contribute to the development of the Essex Health and Wellbeing Strategy.*

16. 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.

17. 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.

18. 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

19. District Councils, as community leaders, are acutely interested in the wellbeing of their communities. The services they provide have a fundamental impact on community wellbeing and the success of those communities.

20. 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 Harlow 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.

21. 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.

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

### **Resource Implications:**

Co-ordinated working across West Essex may provide opportunities to improve the economy, efficiency and effectiveness of resource use and ensure that the communities in West Essex receive an appropriate share of funding to meet their health needs. There will be no additional direct costs to Epping Forest District Council by participation in the Joint Committee.

### **Legal and Governance Implications:**

The Council has powers under the Wellbeing Act 2000 to promote community wellbeing and undertake a community leadership role although it has no statutory responsibility for Primary Care or Health Scrutiny. The Committee will be set up under the General Powers of Competence under the Localism Act 2011. The Governance arrangements are set out in the terms of reference.

### **Safer, Cleaner, Greener:**

Action on health improvement and reduction of health inequalities, to include issues around substance abuse and dependency, may have a positive impact on community safety.

**Consultation Undertaken:**

Harlow and Uttlesford District Councils, Clinical Commissioning Group for West Essex, Essex County Council.

**Background Papers:**

Reports to Harlow and Uttlesford Cabinets (available on their websites).  
Improvement Assessments.

**Impact Assessments:**Risk Management

No specific risk management issues identified.

Equality and Diversity

The development of the Joint Committee will have a positive impact on social inclusion and health inequality issues.