

Community Wellbeing and Housing Committee



20 September 2022

Title	<i>Spelthorne Place Arrangements To Facilitate Health Outcomes</i>
Purpose of the report	To make a Key Decision To make a recommendation to Policy and Resources Committee To make a decision and a recommendation to Council
Report Author	<i>Karen Sinclair & Stephen Mortimer-Cleevely</i>
Ward(s) Affected	All Wards
Exempt	No
Exemption Reason	
Corporate Priority	Community Recovery Service delivery
Recommendations	<p>Committee is asked to:</p> <ol style="list-style-type: none"> 1. <i>To endorse the Council's approach to expanding the Health and Wellbeing Board to take account of the new requirements under the Health and Care Act and the associated White Paper, Health and social care integration: joining up care for people, places and populations (Option 2)</i> 2. <i>To rename the Health and Wellbeing Board the Spelthorne Healthy Communities Board, with an expanded terms of reference, a wider membership of community participants and increased ability to award financial and other assistance using 'pooled budgets' from Health, Adult Social Care and the Council.</i> 3. <i>To request devolved authority to this board, within strict spending limits, to utilise 'pooled budgets' to expedite community-based health initiatives. Initially using £50,000 of £132,000 awarded for prevention made by NWS Alliance.</i>
Reason for Recommendation	Spelthorne has been identified by health partners as being an innovator and has the potential to be an exemplar for Surrey, leveraging our system skills and offering a mature innovation

	platform that could help inform national models of working for the newly incorporated ICS governance structure.
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1. Summary of the report

Following legislative changes local partners have been asked to devise a new model of governance that meets the requirements of place based timely health interventions.

The council would like to take the lead and seeks to achieve, as a minimum, the following outcomes:

A real focus on delivering actual improved outcomes for actual people.

A focus on learning by doing.

A structure that will evolve over time that is focussed on delivery.

A principle of decisions taken as locally as possible

Develop an enabling environment “can-do” and entrepreneurial culture.

Meetings will be purposeful, and outcomes driven, with the right individuals with the right skill sets who will be identified through the terms of reference.

SBC consider the local Health and Wellbeing Board, with the suggested improvements and enhancements, to be the appropriate, existing, vehicle to meet these new system requirements. Whilst still protecting the principles of local accountability and ward councillor representation. If we put this in place we will be ahead of the curve in relation to local place based governance and will enhance our exemplar reputation.

2. Key issues

2.1 Local government, at all levels, holds many levers which influence health and wellbeing, so have a crucial role to play at the level of Integrated Care Partnerships and place.

Integrated care systems (ICSs) have become statutory bodies from July 2022.

Integrated care systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. We are now part of the Surrey Heartlands ICS, of which the NWS Alliance are one of three Integrated Care Partnerships.

Earlier this year, a further White Paper was published, *Health and social care integration: joining up care for people, places and populations*. The title illustrates what it aims to achieve. Yet integration still seems to mean different things to different people ranging from the closer alignment of health and care services, through to an entirely different way of working across systems to tackle population health management and the broader determinants of health and wellbeing.

The White Paper recognises some of the challenges and asks some specific questions. Many of these relate to the key components of good public financial management: outcomes, accountability and financial frameworks. These are critical elements in enabling effective collaboration across organisations which have such different systems and cultures.

2.2 CIPFA have set out some of the key issues in relation to funding prevention at place level:

Place, prevention, and partners:

A greater emphasis on place and prevention is welcome, as is the recognition of local government as equal partners.

Local government, at all levels, holds many levers which influence health and wellbeing, so have a crucial role to play at the level of Integrated Care Partnerships and place.

Finance and integration:

A shared understanding of the different financial systems across the NHS and local government is essential if the aims of integration are to be realised.

A lack of funding certainty stifles the ability to plan and invest in priorities with longer-term horizons, such as preventative interventions and reducing health inequalities.

A targeted approach based on local priorities is likely to have greater impact than pooling budgets 'wherever possible'.

The commitment to review arrangements for pooling is welcome. However, a more overarching view of aligning resources would be more helpful, with the aim of removing the need for complex workarounds.

Delegation of functions and resources to place should be underpinned by a joint financial framework to ensure that funding flows reflect where decisions are made and best support delivery of shared outcomes.

Principles for joint financial arrangements could be combined with those for accountability arrangements, to provide a single principles-based framework for different stages of development as places evolve over time.

2.3 '...district and borough councils are clearly becoming much more involved in some aspects of integration, on the Integrated Care Partnerships. From that perspective, one of the challenges is how we better align health and wellbeing strategies and take a longer-term view in terms of prevention and investment in the wider determinants of health and wellbeing.'

Terry Collier, Spelthorne Borough Council

3. Options analysis and proposal

3.1 Option 1

Do nothing and risk new models of governance being imposed by other organisations in 'place' leading to a potential loss of influence and control.

Option 2 (preferred option)

Subject to adoption, that the Council promote the suggested new Spelthorne Healthy Communities Board as the preferred vehicle to deliver, influence and monitor the health prevention and intervention agenda in Spelthorne the 'place'. An open and accountable forum that will be responsive and flexible based on resident metrics, offering value for money and empowering communities.

Option 3

Alternative models of governance have been explored with system partners including NWS Alliance, other boroughs and Well North Enterprises however this risks dilution of Spelthorne Council involvement and has the potential to see resources diverted to local acute care needs rather than community-based preventative services.

4. Financial implications

4.1 The Council have been awarded non recurrent funding from the NWS Alliance ICP of £132,000. It is recommended that an element of this is assigned to this board. A proportion of this funding is already earmarked for preventative services delivered by SBC. There is no deadline to spend this by March 2023 but there is an expectation of timely use. Officers recommend, in the first instance, that £50,000 be assigned to the board.

4.2 It is likely that if we create a robust structure to govern the 'pooled budgets' we are in a good place to leverage more funding from external sources including central government, NHS England and the NWS Alliance for the benefit of Spelthorne residents.

5. Risk considerations

5.1 Main risks highlighted in the options appraisal, more broadly the ICS model presents opportunities for local authorities but this is sometimes complex in a two tier system.

5.2 These initiatives and additional responsibilities that are created by a system approach draw heavily on our limited resources. There are staffing implications here that need to be funded by the NWS Alliance.

6. Legal considerations

6.1 The legislative principles are in place following the implementation of the Health and Care Act 2022 and associated White Paper. It is proposed that the newly expanded board and terms of reference will be embedded in the ICS governance structure enabling a flow of information through to the Health and Wellbeing Board at SCC and the NWS Transformation Board.

7. Other considerations

7.1 The Council can agree and endorse this model of governance, though it still requires 'buy in' from all stakeholders which will be leveraged through an Autumn 2022 engagement event.

8. Equality and Diversity

8.1 This new governance structure seeks to improve and enhance community led approaches to health inequalities. Particularly by making funding and support available to neighbourhoods.

9. Sustainability/Climate Change Implications

9.1 The proposed governance model encourages a local neighbourhood approach which encourages a reduction in miles travelled per intervention and supports local procurement.

10. Timetable for implementation

10.1 The Council are proposing to hold a Health and Wellbeing stakeholder event in Autumn 2022 and would like to launch the Spelthorne Healthy Community Board at this event. This does not require the approval of the NWS Alliance Transformation Board but officers intend to present for information.

11. Contact

11.1 Karen Sinclair 01784 446206. Stephen Mortimer-Cleevely 01784 448616

Background papers: *Spelthorne Health & Wellbeing Strategy 2022-2027, Integrating Care Putting the Principles in Place,*

Appendices:

1 Previous ToR

2 Suggested ToR