

WIRRAL COUNCIL

CABINET : 20<sup>TH</sup> SEPTEMBER 2007

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

## **GOVERNANCE ARRANGEMENTS FOR HEALTH, CARE AND WELLBEING**

### ***Executive Summary***

*This report outlines the proposed arrangements for the governance of work around health care and wellbeing. This involves a key decision which was first identified in the Forward Plan dated 1<sup>st</sup> September 2007.*

### **1 Background**

- 1.1 The Wirral Health and Social Care Partnership was formed in 2000 and brought together the constituent parts of the (then) Social Services Department and Wirral Health Services in a series of modernisation teams to explore joint and partnership work.
- 1.2 The Constitution of the partnership stated that – “the Local Authority, the NHS on Wirral and other partners work together to establish co-ordinated, high quality and cost effective services across the health and social care economy”. Its purpose was to “work together to –
  - Improve the health and wellbeing of the people of Wirral and reduce health inequalities.
  - Improve the care of people who are vulnerable through illness, disability or exclusion and promote their independence and social inclusion.
  - Ensure that services are co-ordinated so that people receive seamless and integrated services.
  - Drive the modernisation agenda for health and social care and monitor its effectiveness”.

### **2 Introduction**

- 2.1 Since the original formation of the partnership structure there have been significant developments driven by a national agenda which necessitate a re-examination of purpose.
- 2.2 In April 2006, the Children and Young People’s Department of the Local Authority was formed. A governance arrangement was put in place which created the Children and Young People’s Strategic board, bringing together a range of interests including health and social care.

- 2.3 In October 2006, the two Wirral PCTs, Birkenhead and Wallasey and Bebington and West Wirral came together as Wirral PCT. This established one PCT Board and one Professional Executive Committee.
- 2.4 A joint Director of Public Health who works across both the PCT and Local Authority was also appointed in 2006.
- 2.5 Wirral Hospital Trust and the Cheshire and Wirral Partnership NHS Trust have recently been granted Foundation Trust status, which affects their relationships with the PCT.
- 2.6 A multi agency Health and Wellbeing group, chaired by the joint Director of Public Health and made up from senior officers of the Local Authority and the Public Health Department of the PCT, along with the health provider trusts and the Fire and Rescue Service was formed in 2005. There are clear links between this group and the “Being Healthy” element of the Children and Young People’s Strategic Partnership Board.
- 2.7 A number of joint commissioning managers for Mental Health; Learning Disabilities; Older People; Intermediate Care and Children, who are accountable to and funded between the Local Authority and the PCT, have been appointed at different times between 2002 and 2006.
- 2.8 The emergence of the Local Area Agreement with the “Healthier Communities and Older People” block has a large number of shared outcome measures.
- 2.9 The next section outlines the proposals for the development of governance arrangements for health and social care within this context.

### **3 The Proposals**

- 3.1 There is a clear National directive that health and social care services move away from a crisis driven approach towards that where the person directs, as far as possible, the services they receive, with recognition that health and social care services cannot be solely responsible for the health and wellbeing of the individual. The wider duty of wellbeing of the Local Authority and the role of other public services such as the Police and the Fire and Rescue Services is also central and this sets the future agenda for health and social care services.
- 3.2 A new governance structure will also take account of the developments in Commissioning, in particular joint commissioning and also enable a larger profile for early intervention and wellbeing, as outlined in the National “Commissioning Framework for Health and Wellbeing”
- 3.3 The existing structure needs to be updated to take account of the contextual changes and also streamlined to reduce the layers of accountability which exist. It is, therefore, proposed to establish a Health,

Care and Wellbeing Strategic Partnership Board, which will take responsibility for:

- Providing leadership across Health, Social Care and Wellbeing across Wirral,
- Identifying and agreeing shared priorities in both the short term and longer term, where there will be added value for the people of Wirral
- Identifying opportunities where shared resources will deliver value for money.
- Identifying a strategic direction for the shared priorities.
- Acting as a catalyst for new ways of working
- Aligning the LAA targets with shared priorities, ensuring that there is a focus on improved outcomes and reviewing progress.
- Leading the development of the joint Strategic Needs Assessment.
- Horizon scanning and reviewing national policy directions and ensuring the effective positioning of joint work.

This is a dynamic and on-going process

- 3.4 The membership will be drawn from the Director level officers from the PCT, Wirral Hospital Trust and Cheshire and Wirral Partnership Trust. The Directors of Adult Social Services; Children and Young People's Services; and the Regeneration Department from the Local Authority will also have membership, as will representatives of the Voluntary Sector and the block lead for the Local Area Agreement and representatives of the Fire and Rescue and Police Services.
- 3.5 It is proposed that the Strategic Partnership Board will also oversee and steer all of the joint commissioning arrangements across health and social care as well as the work of the health and wellbeing group. This will allow the alignment of LAA targets with joint commissioning arrangements and the forthcoming national Commissioning Framework for Health and Wellbeing. There is also a clear link between the work of the Joint Commissioning Groups for Adults and that for Children and Young People.
- 3.6 A series of service specific joint commissioning groups reporting to the Executive will be necessary for learning disabilities, older people, physical disabilities and mental health, each of which will have work streams to implement the relevant national agendas for those areas.
- 3.7 Within the proposal, there will still be Modernisation Teams which would not be aligned to the joint commissioning groups. These will be largely the clinical network groups, which will report into the Professional Executive Committee of the PCT.
- 3.8 There will be a dual accountability for the Strategic Partnership Board to the Cabinet of the Local Authority and to the PCT Board. The Cabinet lead for Social Care, Health and Inclusion attends the PCT Board and subject to Cabinet will provide the leadership to the Strategic Partnership Board to ensure their political lead role and democratic accountability can

be exercised. Therefore, it is proposed that the Cabinet Lead takes the Chair of the Strategic Partnership Board.

- 3.9 A full reporting diagram is attached to the report, which reflects as far as possible the relationship to the Children's and Young People's Strategic Partnership Board.
- 3.10 This proposal streamlines the arrangements for the partnership work, takes account of the developments which have emerged since original structures were put into place and allows a framework for future planning and developments to become established.

#### **4 Conclusion**

- 4.1 Wirral was amongst the first areas to establish partnership arrangements between health and social care, but this has to be updated in order to take account of national and local developments.
- 4.2 The establishment of the Health Care and Wellbeing Strategic Partnership Board with an accountability to the PCT Board and to the Local Authority Cabinet ensures ownership of this important agenda across all agencies and the explicit inclusion of "wellbeing" raises the profile of an increasingly important area of work.

#### **5 Financial Implications**

There are no financial implications arising from this report.

#### **6 Staffing Implications**

The Strategic Partnership Board will function using the time of existing staff.

#### **7 Equal Opportunities Implications**

The Strategic Partnership Board will concentrate on the health, care and wellbeing of the most vulnerable people in Wirral.

#### **8 Community Safety Implications**

Involvement by the Police Service will ensure the safety of the most vulnerable people in Wirral/

#### **9 Local Agenda 21 Implications**

There are no Agenda 21 implications.

#### **10 Planning Implications**

There are no planning implications.

## **11 Anti Poverty Implications**

The relative poverty of the most vulnerable people is a key consideration for the Strategic Partnership Board, in addressing the wellbeing of this population.

## **12 Social Inclusion Implications**

People with poor health or who are in need of social care are the most socially excluded people in any community.

## **13 Local Member Support Implications**

This proposal affects all Wards.

## **14 Background Papers**

Report to Strategic Partnership Board – August 2007.

## **15 Recommendations**

That

- (1)** the proposals to establish the Health, Care and Wellbeing Strategic Partnership Board with its accountability framework be accepted; and
- (2)** the portfolio holder for Social Care, Health and Inclusion provide the lead role in chairing the partnership.

**KEVIN MILLER**  
**Director of Adult Social Services**

Maura Noone  
Head of Service, Commissioning, Health and Wellbeing  
Department of Adult Social Services  
Tel: 0151 666 3630  
5.9.07