

Health & Wellbeing Board Proposals

Engaging Local Voluntary and Community Groups
First Stage in Consultation: Sharing Information

Agenda

Monday 12 September at 6.15pm,
Council Chamber, Dover District Council, White Cliffs Business Park, Dover CT16 3PJ
Refreshments will be available from 5.45pm

- In Dover we are working hard as only one of three district councils nationally to be an early implementer of health and wellbeing boards.
- The arrangements are part of the **Health and Social Care Bill 2011** to integrate health and social care. These new boards are *not* to be confused with the existing *Dover Health and Wellbeing Partnership Group*.
- This meeting is an opportunity to share information and understand how best to engage with the voluntary and community sector. It is *not* a funding opportunity for individual organisations.

- 6.15pm 1. **Welcome and Introductions**
- Cllr Pat Heath, Portfolio for Portfolio Holder for Health, Well-Being and Public Protection
- 6.20pm 2. **Health and Wellbeing Boards – our opportunity for change**
- Sheila Pitt, Locality Director; Dover, Deal and Shepway, Eastern and Coastal Kent NHS
 - Caroline Davis, Business Strategy, Kent County Council
- 6.40pm 3. **Local Development of Health and Wellbeing Boards in Kent and the Dover District**
Kent County Council:
- Cllr Roger Gough - Cabinet Member for Business Strategy, Performance and Health
 - Cllr Graham Gibbens - Cabinet Member for Adult Social Care and Public Health
- Dover District Council:
- Cllr Sue Chandler, Deputy Leader and Portfolio for Community, Housing and Youth
- 7.00pm 4. **LINK's transition to local HealthWatch**
- Roger Kendall, Healthwatch
 - Tish Gailey, Health Policy Manager, Kent County Council
- The Health and Social Care Bill, which reached its final examination by the House of Commons and which will go to Committee Stage in The House of Lords, amongst many other changes abolishes Local Involvement Networks such as Kent LINK and will create a local HealthWatch for the whole of Kent and every other similar local authority in England. This presentation will explain this in greater detail.
- 7.15pm 5. **Question & Answer Session: Panel Members**
Questions will be invited from the audience
- 8.45pm 6. **Summary**
Cllr Roger Gough (KCC) and Cllr Sue Chandler (DDC)
- 9.00pm 7. **Meeting close**

Information

Hand-out packs will be available at the meeting and on-line.

On-line consultation:

Give us your views: please see www.dover.gov.uk/health_wellbeing.aspx

Follow-up Event:

Wednesday 02 November 2011: book your place by emailing:
healthandwellbeing@dover.gov.uk



Health and Wellbeing Boards Engaging Local Voluntary and Community Groups 12 September 2011

Agenda Item 2: Health and Wellbeing Boards – our opportunity for change

EASTERN AND COASTAL KENT NHS

Changes to commissioning in the NHS – what it means for us

One of the main functions of Primary Care Trusts is to commission a range of health and social care services that meet the health needs of the population. Following the National Health Service Reforms that are in progress this function will transfer to groups of GPs that will be known as Clinical Commissioning Groups. Some commissioning functions will also transfer to a newly developed National Commissioning Board. The split between which functions go where are to be based around criteria such as the critical mass of patients required to sustain a service, so an example would be very specialist high cost low volume activity such as organ transplants would be commissioned at the national level.

The biggest change to commissioning is that the local clinical community, led by a number of local doctors, will be the decision makers, determining where and how the budget will be spent.

The current reform is taking place at a time of huge financial challenge for health services. Although budgets will not be cut there will be little or no growth funding (an allowance that covers the cost of inflation) from now on. Inflation will continue, so even to maintain the current level of service will cost more in the coming years. Therefore, if we do not change both the way we buy services and the way they are delivered there will not be enough money to maintain the current level of service across the NHS, never mind making new investment. The demand on services is also rising for people over 60 as the population numbers in this age bracket increase. It is well understood that people over 60 have greater incidence of disease and therefore require more access to healthcare services.

It is therefore essential that the future commissioned services are the right ones.

The Health and Wellbeing Board will contribute to and oversee the development of the clinical commissioning group's commissioning intentions and plans. This is welcomed by the GPs involved as it will enable them to ensure that there is effective community and voluntary sector engagement in the development of their plans, together with the appropriate links to the public health agenda, in a greater holistic way than ever before.

There will be a statutory responsibility to ensure that wider views are sought from members of the locality we serve.

Health and Wellbeing Boards

Engaging Local Voluntary and Community Groups 12 September 2011

Agenda Item 2: Health and Wellbeing Boards – our opportunity for change

KENT COUNTY COUNCIL

What does the Health and Social Care Bill mean for Local Government?

Key new responsibilities for Local Government

Health and Wellbeing Boards (HWBs) – County Councils will be required to set up a HWB, which will be a statutory committee. It will have a strong role in promoting joint commissioning and integrating service provision. It can also be the vehicle for commissioning certain services. Members of the HWB will be subject to local authority overview and scrutiny.

Joint Strategic Needs Assessment - Local authorities and Clinical Commissioning Groups will have a responsibility to produce a Joint Strategic Needs Assessment (JSNA) and will develop them through the HWB. They must also develop a joint health and well-being strategy (JHWBS) which will set out how the needs identified in the JSNA will be met. The HWB will be required to involve the public in the production of the JSNA and JHWS. The CCG will involve the HWB as they develop their commissioning plans and there is an expectation that they will be in line with the JHWBS.

Scrutiny - The powers of health scrutiny will expand to include any NHS funded provider and any NHS commissioner. The ability to challenge substantial service change will remain, though it is possible that the decision to refer will require a vote of the full Council. As is the case currently, the details around health scrutiny will be contained in official guidance and Statutory Instruments. There is likely to be consultation specifically on health scrutiny regulations at a later date.

HealthWatch – The Local Involvement Networks (LINKs) will transform into local HealthWatch. They will be commissioned and funded by County Councils and be based in local authority areas. The functions of promoting and supporting public involvement in the commissioning and provision of local health services will continue. The County Council will be able to commission HealthWatch to provide advice and information to people about health and social care.

Public Health - A separate Public Health White Paper, Health Lives, Healthy People, was published by the Department of Health on 30 November 2010. Local health improvement functions will transfer to local government, along with ring-fenced funding. Local Government will be accountable to Public Health England for spending the grant. It will be separate from the current funding of local authority functions with public health implications, such as leisure.

Directors of Public Health will be employed by Kent County Council and jointly appointed by Kent County Council and Public Health England. The DPH will play a leading role in the development of the JSNA and JHWBS through the HWB. One other key role will be to produce an authoritative independent annual report on the health of their local population.

Health and Wellbeing Boards Engaging Local Voluntary and Community Groups 12 September 2011

Agenda Item 3

Local Development of Health and Wellbeing Boards in Kent and the Dover District

KENT COUNTY COUNCIL

FRQUENTLY ASKED QUESTIONS

1. *What is Kent County Councils involvement in the Health and Wellbeing Board?*

Answer:

The proposed law (not expected to become law until the Spring 2012) prescribes that it is the County Council in the case of Kent which must establish a Health and Wellbeing Board (HWB).

However, the County Council is very keen to explore with its District Council colleagues how working with the doctors who are forming themselves into Clinical Commissioning Groups, Kent LINK – which is the patient and public representative body (soon to be transformed into Local Health-watch) and other partners can assist in the role of the Health and Wellbeing Board locally. The County Council were very pleased that Dover were already some way towards developing a pilot and were very happy to support their bid to become an early implementer.

2. *What is the role of the Countywide Health and Wellbeing Board?*

Answer:

The countywide Health and Wellbeing Board by law will:-

- have a strong role in promoting joint commissioning and integrating service provision;
- It can also be the vehicle for commissioning certain services.;
- The County Council and Clinical Commissioning Groups(CCG) will have a responsibility to produce a Joint Strategic Needs Assessment (JSNA). This will be developed through the Health and Wellbeing Board;
- The County Council and Clinical Commissioning Groups must also develop a Joint Health and Well-being Strategy (JHWBS) which will set out how the needs identified in the JSNA will be met.;and
- The HWB will be required to involve the public in the production of the JSNA and JHWS; and
- The CCG will involve the HWB as they develop their commissioning plans. There is an expectation that they will be in line with the JHWBS.

3. *Can the decisions of the Health and Wellbeing board be scrutinised?*

Answer:

Yes decisions of the HWB can be held to account through the Councils scrutiny arrangements.

4. Is the membership of the Countywide Health and Wellbeing Board prescribed?

Answer:

To a large extent yes it is. For example the HWB will comprise of:-

- Kent County Council:
 - The Leader of Kent County Council and/or their nominee*
 - Cabinet Member for Adult Social Care & Public Health
 - Cabinet Member for Business Strategy, Performance & Health Reform
 - Cabinet Member for Specialist Children's Services
 - Corporate Director for Families and Social Services*
 - Director of Public Health*
- GP Consortia: up to a maximum of one representative from each consortium or to be determined by the GPC leads*
- HealthWatch/Link*
- Three elected Members representing the Kent District/Borough/City Councils (nominated through the Kent Forum which comprises the Leaders of all the Borough/District Councils in Kent and the Chairman of the Kent and Medway Fire and Rescue Authority)
- Primary Care Trust Cluster Chief Executive (until 2013)
- NHS Commissioning Board*

* denotes statutory member

5. Has the Countywide Health and Wellbeing Board met yet?

Answer:

Yes it has but in a 'shadow form'. Partners have worked together to develop a mutual understanding on what the proposed law may mean for each organisation and how this might be developed to provide the best health and wellbeing outcomes for the residents of Kent. The next meeting of the Board which will have more formality is on 28 September 2011.

6. So how in the voluntary sector can we become involved?

Answer:

Both Kent County Council and Dover District Council welcome your attendance this evening as a basis at a local level to start a dialogue with the voluntary and community sector in moving forward with this important and challenging agenda.

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Agenda Item 3

Local Development of Health and Wellbeing Boards in Kent and the Dover District

Cllr Sue Chandler, DDC Deputy Leader and Portfolio for Community, Housing and Youth

- At Dover District Council we have been fortunate enough to be able to build a good working relationship with local GP's as the health reforms have progressed through Parliament.
- We support the idea of Health and Well-being Boards and placing some democratic accountability in to the system, as outlined by the Health and Social Care Bill.
- However, the Council has been keen from the start to be fully involved in helping to make joined-up local decisions about the health of our residents, against an overarching need and understanding of greater commissioning power across the whole Kent area.
- To achieve this, when the Government invited local authorities to bid for early implementer status for health and well-being boards, we supported the Kent County Council bid, and vice versa. We were both successful and, as a district council, we are only one of three in the country to be awarded this status. We are therefore leading the way and being followed by the Department of Health and other local authorities to identify good practice and any learning opportunities.
- The general idea of having a Dover District Health and Well-being Board is to identify, at the appropriate level, district-wide and neighbourhood-level health needs, priorities and gaps in service provision. The Board can then work to address these through locally determined solutions, in partnership with the County Council and Clinical Commissioning Groups. Thus complementing the County's strategic effort and ensuring there is no duplication of resources.
- For this to work, we need good relationships with all partners and stakeholders to ensure we capture the right information about our districts health needs and the required level of service provision.
- Shadow local Health and Well-being Boards are anticipated to be formally in place by April 2013.
- We expect the strategic, overarching framework will see the County level Health and Well-being Board cover a menu of health services that affect our district. We will work together to ensure we meet our resident's health needs and health outcomes are improved.
- As a local council, we can draw a holistic health approach together, looking at other services such as housing, leisure, air quality and environment services, all of which impact on the health and well-being of residents. At the same time, providing a supportive and enabling partnership for the GP's and other health professionals as they go through a transitional change in the way we work and deliver services.
- We hold and gather a huge amount of information about our district and our residents that we can feed into the process. However, we know voluntary and community groups hold a lot more, and we are therefore keen to have this sector represented on the local Board. Other members of the Board will include DDC, KCC, GP representatives on the Clinical Commissioning Group, Public Health, Adult Social Services, Children's Partnership representatives. We then plan to invite professional expertise as necessary to the meetings.
- We hope the local Health and Well-being Board will be established as a sub-committee of the county Health and Wellbeing Board and will provide a platform for partnership working to improve people's health and well-being, through agreeing priorities and working with the Clinical Commissioning Group as they develop the commissioning plans across the district.