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Date: 19 March 2012

Dear Member

HEALTH AND WELLBEING BOARD (SHADOW) - WEDNESDAY, 21 MARCH 2012

I am now able to enclose, for consideration at next Wednesday, 21 March 2012 meeting of the Health and Wellbeing Board (Shadow), the following report(s) that were unavailable when the agenda was printed.

Agenda No	Item
10	<u>Dover Health and Wellbeing Board: Progress Report (To follow) (Pages 1 - 4)</u>

Yours sincerely

Peter Sass
Head of Democratic Services

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By: Roger Gough, Cabinet Member for Business Strategy,
Performance & Health Reform

To: Kent Shadow Health and Wellbeing Board

Date: 21 March 2012

Subject: Update on the Establishment of the Dover Shadow Health and
Wellbeing Board

Classification:

Summary:

For Decision: The Kent Shadow Health and Wellbeing Board to agree the
Terms of Reference of the Dover Shadow Health and Wellbeing Board

1. The Development of the Dover Shadow Health and Wellbeing Board.

- 1.1. The Department of Health established an Early Implementer programme for the development of shadow Health and Wellbeing Boards. Both Kent County Council and Dover District Council applied to be early implementers in 2010; one of only three areas in the country where both tiers of local government are developing Health and Wellbeing Boards.
- 1.2. At the first meeting of the Kent Shadow Health and Wellbeing Board in September 2011, it was agreed to establish the Dover Shadow Health and Wellbeing Board as a subcommittee (under the 1972 Local Government Act) of the Kent Shadow Health and Wellbeing Board.
- 1.3. Working in Partnership with Kent County Council, South Kent Coast Clinical Commissioning Group, Kent and Medway NHS Cluster and the Health and Social Care Partnership (Department of Health); Dover District Council has been developing their Shadow Health and Wellbeing Board.
- 1.4. This met for the first time on the 31st January 2012 and is chaired by Councillor Paul Watkins. The initial meeting of the Dover Health and Wellbeing Board revised the Terms of Reference, agreed the membership and discussed key health issues and developments, including the CCG Commissioning Plans, Local Health Economy Governance and Health and Social Care Integration (the first phase of this is being implemented in South Kent Coast CCG, alongside Swale and Maidstone). The first meeting agreed to the co-option of Elected Members from Shepway District Council (which is part of the same CCG that covers Dover) onto the Dover HWB. A programme of meetings will be established which aim to fit in with the Kent Shadow Health and Wellbeing Board meeting schedule.

1.5. To date, two multi agency, facilitated events have taken place to build consensus and establish closer partnership working (a specific engagement event has also been held with the voluntary and community sector), these facilitated sessions have further developed the strong working relationships between Dover District Council, Kent County Council, local GPs (Dover DC have two CCGs, South Kent Coast and C4) and the voluntary sector.

1.6. They have also discussed key areas of focus for the local Health and Wellbeing Board, including how local areas can feed into the Kent wide Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment; key health issues for the locality, working with the Kent Health Commission and supporting the CCG as it goes through accreditation.

2. Recommendations

2.1. Kent Shadow Health and Wellbeing Board is asked to:

- a) Agree the Terms of Reference for the Dover Shadow Health and Wellbeing Board (Appendix A).
- b) Note the content of the report.

Appendices:

Appendix A – Terms of Reference

Background Documents:

There are no background documents.

Contact Officer: Caroline Davis, Strategic Business Advisor. 01622 694047

Dover District Shadow Health and Wellbeing Board

Draft Terms of Reference

Role

The local Shadow Health and Wellbeing Board will be established ultimately to oversee and secure better health and wellbeing outcomes in the District and complement and feed into the strategic (Kent wide) effort and outcomes.

The Board will aim to increase local democratic legitimacy in health and provide a platform for partnership working and public accountability for people's health and wellbeing.

The Board will engage effectively with local people, neighbourhoods, and providers to seek fairness, equality and transparency.

Having regard to the County's overarching strategic role of 'The Shadow Health and Wellbeing Board (Board) will lead and advise on work to improve the health and wellbeing of the people of Kent through joined up commissioning across the NHS, social care, public health and other services (that the Board agrees are directly related to health and wellbeing,) in order to secure better health and wellbeing outcomes in Kent and better quality of care for all patients and care users' the Dover District Shadow Board will identify from the County 'menu' those areas specifically related to the health outcomes of Dover District residents and seek to make improvements in these areas.¹

Terms of Reference:

The Dover District Shadow HWBB (DDHWBB) will:

1. Use data/intelligence to identify the local (Dover District) health needs and priorities and seek to facilitate and enable improvements in these outcomes for the whole population. Whilst the Board is in shadow form this will be through feedback and influence to the County Shadow HWBB. Once the Board is fully established it shall seek decisions and funding on these issues to be devolved from County to District, with ratification on decisions by County as necessary in alignment with the Joint Strategic Needs Assessment (JSNA) and with the governance, associated financial protocols and monitoring arrangements in place.
 - a. The local needs and priorities (plus current health projects delivered by partners that we intend to build upon) can be found at [\(hyperlink to be inserted\)](#).
2. Once the local priorities have been agreed the DDHWB shall inform a 'District chapter' for the Kent Joint Strategic Needs Assessment (JSNA), and the Kent Joint Health and Wellbeing Strategy (JHWS).
3. Negotiate and develop District level commissioning plans with Clinical Commissioning Groups and feed into the strategic framework, to ensure/promote joint commissioning of health and social care and the integrated provision of care for the whole Dover District population.

¹ The Government is due to release it's response to the Public Health White Paper consultation in July. This will be a command paper and will set out in more detail the nature of Public Health responsibilities of local authorities and Public Health England and how they will cross over. It is also anticipated there will be more detail about the budget for public health and how it will be allocated.

4. Ensure a linkage and co-ordination to other determinants of health and well-being to include district level functions and responsibilities such as housing, leisure facilities, air quality, environmental health, in order to enhance service integration.
5. Undertake a District element to support the early implementer status evaluation report, to be submitted to the DoH in May 2012
6. Develop a Communication and Engagement Strategy to ensure clear lines of communication and consultation with the County Council, residents, Neighbourhood Forums and local HealthWatch.
7. Whilst in shadow form the DDHWB will oversee and agree district level pilot projects/initiatives (e.g., the projects already contained in the agreed project plan).
8. Once fully established the DDHWB will:
 - a. Oversee project resource to facilitate local pathway redesign
 - b. Recommend how and where investment, resources and improvements can be made within the District.
 - c. Identify how to make the best use of the flexibilities at the Board's disposal, such as devolved/pooled budgets.
9. Have consideration at all times to the partnership framework between the County HWBB and Dover District HWBB.

Membership:

The Chairman will be elected by the DDHWBB

1. Representative of Clinical Commissioning Groups
2. DDC Members (number and members to be agreed)²
3. KCC Member (to be agreed)
4. Local Children's Partnership representative (this will be the DDC Member representative on the Children's Partnership Board)
5. Adult Social Services representative
6. Clinical Lead
7. Director of Commissioning or Locality Director (PCT Cluster)
8. District level Public Health representative
9. HealthWatch and VCS representative

There will be the opportunity to invite advisory professional expertise as and when necessary including, for example NHS Commissioning Board representative, LMC representative.

SDC Shepway District Council Member – Cllr Pamela Carr also sits on the Board.

² With regards statutory provisions the Government has chosen to leave it up to local authorities to determine the precise number of elected members on a HWB.