

KENT COUNTY COUNCIL

HEALTH AND WELLBEING BOARD (SHADOW)

MINUTES of a meeting of the Health and Wellbeing Board (Shadow) held in the Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 18 January 2012.

PRESENT: Dr B Bowes, Dr M Cantor, Dr S Chaudhuri, Cllr J Cunningham, Mr G K Gibbens, Mr R W Gough, Mr A Ireland, Mr R Kendall, Dr S Lundy, Cllr M Lyons, Ms M Peachey, Dr R Pinnock, Ms A Sutton and Mr C Tomson

IN ATTENDANCE: Mr P D Wickenden (Democratic Services Transition Manager)

UNRESTRICTED ITEMS

20. Welcome

(Item 1)

The Chairman, Roger Gough, Cabinet Member for Business Strategy, Performance and Health Reform (KCC), welcomed everyone to the meeting of the Shadow Health and Wellbeing Board.

21. Substitutes

(Item 2)

The following apologies were received and noted:

John Allingham
Fiona Armstrong
Andrew Bowles
Paul Carter
Lesley Ingham
Robert Stewart
Jenny Whittle
Mark Worrall

22. Declaration of Interests by Members in Items on the Agenda for this meeting

(Item 3)

No members of the Shadow Health and Wellbeing Board declared any interests in relation to items on the agenda for this meeting.

23. Previous Minutes/action points - 23 November 2011

(Item 4)

(1) The Board agreed that the Minutes of the meeting held on 23 November 2011 were a correct record and that they be signed by the Chairman subject to minute 13 reflecting that Jenny Bostock was substituting for Dr S Lundy.

Matters arising/ Action Points

Developing Provider Relationships, what does the Health and Wellbeing Board Need?

(2) The Chairman informed the Board of the progress on this issue and the relationship with the Clinical Commissioning Groups (CCGs). Ann Sutton reported on a recent meeting of the Clinical Leadership Group, chaired by Robert Stewart. The Group discussed Long Term Conditions with primary care being the main choice.

(3) It was agreed that Robert Stewart be invited to make this report to the Shadow Health and Wellbeing Board at its next meeting.

24. Structure of the Health and Wellbeing Board

(Item 5)

(1) The Chairman submitted a report inviting the Shadow Health and Wellbeing Board to comment on the development of a robust infrastructure which enables the Board to operate effectively to deliver its designated responsibilities of:

- Ensuring that a Joint Strategic Needs Assessment (JSNA), a Pharmaceutical Needs Assessment and a Joint Health and Wellbeing Strategy (JHWS) are produced;
- Ensuring that the commissioning decisions of the Clinical Commissioning Groups (CCGs) and the local authority, for public health, meet the priorities identified in the JSNA and the JHWS; and
- Promoting the integration of commissioning of health and social care services.

(2) The infrastructure needs to be able to inform the Board on technical matters such as commissioning and integration of service delivery as well as ensuring that appropriate relationships are fostered with key partners, especially the CCGs and District Councils.

(3) Communicating effectively with patients in Kent and the wider population will be key.

(4) Commissioning will be a key area of activity for the Board to understand and influence. The issue for service commissioning is what degree of integration is necessary to achieve the greatest added value. The report proposed that groups are established for Children and Young People, Older People with a Disability and Mental Health with appropriate Directors and other senior managers from the Primary Care Trust cluster and Kent County Council as well as lead GPs representing CCGs and members as appropriate. Each group will review existing arrangements within their respective area and agree outcomes to be achieved. Each Group will produce a report for the Strategic Oversight Board and CCGs setting out the priorities and how integration can be evaluated. The combined priorities will form the basis of the Joint Health and Wellbeing Strategy.

(5) Possible models of engagement with districts and CCGs at a more local level are being considered as part of the current Kent Health Commission work.

(6) The report proposed that an Integrated Commissioning Executive comprising the PCT Cluster Chief Executive, the Corporate Director of Families and Social Care, Kent County Council and their Directors as well as the GPs representing the CCGs is established to oversee the work of the three groups. The Integrated Commissioning Executive will decide where decisions need to be brought; to the CCG Board, KCC Cabinet or the Health and Wellbeing Board.

(7) The report also proposed the establishment of a Health and Commissioning Board to:

- Provide robust and comprehensive commissioning and de-commissioning arrangements to meet the needs identified through the JSNA and aligned with the Health and Wellbeing Strategy;
- Ensure the outcome of the framework for public health, NHS and social care are embedded in commissioning for health improvement;
- Support integrated commissioning of services across health and social care and link with other community services;
- Complement the other commissioning groups in one integrated structure;
- Ensure effective relationships with the Health and Wellbeing Board, Kent Forum, CCGs, Districts and Kent County Council;
- Review and evaluate the performance of commissioned services; and
- Deliver measurable improvements to health and wellbeing and reduce health inequalities in Kent.

(8) Regular reports from the Health Improvement Commissioning Board will be provided to the Health and Wellbeing Board, Strategic Oversight Board, Kent County Council Clinical Commissioning Groups, Integrated Commissioning, the Kent Forum and the emerging Locality Boards.

(9) Attached as an appendix to these minutes is a proposed structure to support the Health and Wellbeing Board to discharge its commissioning related responsibilities. Meradin Peachey informed the Board that if this infrastructure had the support of the Shadow Health and Wellbeing Board it would streamline some of the infrastructure.

(10) An important issue which remained outstanding that the Board were asked to consider is how the links with the Districts and CCGs would operate at a local level.

(11) During the debate which followed the following themes emerged:-

- The infrastructure should reflect where accountability is best executed
- Guidance is required for all partners around the future direction of Public Health
- Acknowledged that every iteration of the Coalition Government on the creation of the Health and Wellbeing Boards had strengthened the role of the Board

- The Shadow Board acknowledged that the role of the Board was strategic leadership and strategic oversight
- There was an inevitable focus on integrated commissioning and provision
- There was an inherent tension between the County Council, District Councils and partners which needed to be overcome. One of the pre-requisites had to be avoiding duplication.
- The emphasis being placed on Locality Boards would be disruptive for some of the CCGs where there was not co-terminosity with District Council boundaries
- The CCG for the Dover area, Dover District Council and Kent County Council were working well on how they would integrate commissioning – a second facilitated session with representatives of the Department of Health was due to take place shortly
- Concerns were expressed about CCGs capacity to serve the infrastructure in the appendix to these Minutes effectively.
- There had always been tensions around accountability – it should be about local mobilisation to solve problems
- The infrastructure suggested adds to the complexity. Should build on the existing infrastructure. It was about the coming together of willing partners
- There was an opportunity to look at the structure in a more thematic way

(12) The Board resolved that it should think again on the appropriate way forward. The Chairman indicated that that he would welcome Members sharing their views with him on an informal basis.

25. Department of Health Guidance on JSNA & Health & Well Being Strategy (Item 6)

(1) The Shadow Health and Wellbeing Board noted that the Department of Health had published a document explaining the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategies. A copy of the document was attached to the report for the Shadow Boards reference.

(2) The statutory guidance on the development of the Joint Strategic Needs Assessment and the Health and Wellbeing Strategies is due to be published this month following the enactment of the Health and Social Care Bill.

(3) The Department of Health has set up a National Learning Network for Health and Wellbeing Boards to develop knowledge and behaviours that enable them to work more effectively to deliver their shared purpose.

(4) The three key messages for Health and Wellbeing Boards were:

- The Board provides an opportunity to build upon good practice in taking existing JSNAs further so enabling the transformation of services through collaborative leadership and the development of a Joint Health and Wellbeing Strategy;
- The Health and Wellbeing Strategy supports the Health and Wellbeing Board to take the step from assessing needs and available assets to planning and delivery of integrated services and collectively addressing the underlying determinants of health and wellbeing. In this way the JSNA and Joint Health and Wellbeing Strategy combined form the basis for local decisions that drive service change such as investment and disinvestment in services according to local needs and engagement in the local community; and
- The Joint Health and Wellbeing Strategy is a unique opportunity for the Health and Wellbeing Board Members to explore together the local issues they have not managed to tackle on their own.

(5) The JSNAs were due for completion by April 2012 which would inform the Health and Wellbeing Strategies by May in time for Clinical Commissioning Groups and Local Authorities to begin planning for the financial year 2013 to 2014. There was widespread agreement that this timetable should be achieved.

(6) The Chairman drew the Shadow Board's attention to the government's timetable on page 29 of the guidance as well as the important paragraphs on page 41 relating to "Engaging the Public"

"This will not only be the opportunity for the public to shape their services, as CCGs and the NHS Commissioning Board will also be required to involve the public and service users in the planning of services or service change, as local authorities already do. Health and Wellbeing Boards might consider how other local partners engage with the public and identify opportunities for alignment and rationalisation".

(7) The Board acknowledged that it was ahead in the preparation of the JSNA. Much more work was needed to get the JSNA as final as possible and acceptable to all the partners. It was important that Meradin Peachey worked with colleagues in the District Councils CCGs PCT and with the Community Engagement Team of the County Council to develop a comprehensive Engagement Strategy

(8) The role of the Patient Participation Groups was emphasised as well as the LINK.

(9) Some of the work which had been used in the successful bid for Healthwatch Pathfinder status would be useful resource.

(10) **The Board resolved** that the resources with expertise within the PCT, County Council and District Councils should ensure that they are working together on a shared engagement strategy which is welcomed support for the Clinical Commissioning Groups.

26. Kent Health and Wellbeing Strategy

(Item 7)

(1) Further to Minute 17 of 2011 the Shadow Board received a draft of the Shadow Health and Wellbeing Strategy. The Shadow Board were enthusiastic in developing the Strategy as soon as possible to adhere to the Governments timetable.

(2) The Board noted that the Public Health Outcomes Framework was expected to be published shortly which would help to inform the Strategy.

(3) It was acknowledged that the Health and Wellbeing Strategy needed to be more readable and “punchy”. It should be a document which the public wanted to read. It needed to be called something else if it was to be picked up and read. The Chairman welcomed suggestions for a new title being sent to him on an informal basis.

(4) **The Board resolved** that the Strategy should continue to be developed through an iterative process to meet the deadline of May 2012.

27. Joint Strategic Needs Assessment (JSNA)

(Item 8)

(1) The Shadow Health and Wellbeing Board discussed the draft Joint Strategic Needs Assessment which would now be the subject of a consultation until the end of March 2012.

(2) In addition to the suggestions already made on the JSNA during the discussion of other items on the agenda Mr Gibbens stressed the importance of the big issues in Kent and how the biggest health gains can be achieved for Kent residents. These were:

- Early Years
- Preventing Long Term Conditions
- The aging population

(3) Several areas of the JSNA needed strengthening including the paragraphs on Dementia and long term conditions. Mr Gibbens also invited the Boards views on how children were addressed in the document especially Children’s Mental Health Services (CAMHS). He said that this was an area of concern for many local authorities across the country.

(4) The view was expressed that there should be more of a focus on assets as opposed to needs and he cited the excellent examples in Kent of telehealth and telecare.

(5) Another view was whilst there had been an improvement in CAMHS over the years the service needs further development. A huge cause for concern was the disintegration of the Health Visiting Service.

(6) The JSNA and Health and Wellbeing Strategy should support the agenda of early intervention and prevention.

(7) **The Board resolved** that the JSNA be brought back to the Board on 21 March following the consultation with partners which would now commence.

28. Pathway for Adult Obesity Services

(Item 9)

(1) The Shadow Health and Wellbeing Board considered a report which set out a case for pro-actively making radical changes for the investment in prevention with respect addressing the levels of obesity in Kent. Kent cannot afford not to invest in prevention and we cannot afford to do nothing.

(2) The Shadow Board noted that in Kent the cost of principle diseases related to obesity was estimated to be in the region of £500m.

(3) The recommended a four tiered pathway for obesity services:

- **Tier 1** is population level interventions whereby people are well motivated and able to access local services with minimum support;
- **Tier 2** services are a bit more targeted and have a higher level of support are more prescriptive;
- **Tier 3** services require specialist practitioners to deliver a multi-disciplinary approach which includes psychological support; and
- **Tier 4** are those services that treat patients with surgical intervention.

(4) **The Board resolved** – that the Shadow Health and Wellbeing Board:

- (a) endorse the Pathway set out in sub paragraph 3 above;
- (b) that the four tiered approach be included in the Clinical Commissioning Group (CCG) commissioning intentions; and
- (c) should support long term investment in preventative services by all partners from all in order to reduce obesity related morbidity and therefore secure long term savings for the local economy.

(Footnote: Any organisation who has assets which impact on the public health issue of obesity would be asked to participate).

29. Next Meeting and Proposed Items for Discussion

The next meeting of the Shadow Health and Wellbeing Board is scheduled for 21 March 2012. Proposed items for the agenda included:

- Dementia – to be debated in detail
- Children's Centres
- Quality
- Presentation by Robert Stewart on Developing Provider Relationships – using Long Term conditions as an example.

This page is intentionally left blank

This page is intentionally left blank