

## KENT COUNTY COUNCIL

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### HEALTH AND WELLBEING BOARD (SHADOW)

MINUTES of a meeting of the Health and Wellbeing Board (Shadow) held in the Pendragon, Invicta House, County Hall, Maidstone on Wednesday, 18 July 2012.

PRESENT: Dr B Bowes, Ms H Buckingham, Ms H Carpenter, Dr S Chaudhuri, Mr G K Gibbens, Mr R W Gough, Dr M Jones, Mr R Kendall, Kumta (Substitute for Dr R Pinnock), Dr C Mah, Mr C Tomson and Mrs J Whittle

IN ATTENDANCE: Ms C Davis (Strategic Business Advisor), Mr A Ireland (Corporate Director, Families and Social Care), Mr M Lobban (Director of Strategic Commissioning), Ms M Peachey (Kent Director Of Public Health), Mr A Scott-Clark (Deputy Director of Public Health, NHS Eastern & Coastal Kent) and Mr P D Wickenden (Democratic Services Transition Manager)

#### UNRESTRICTED ITEMS

##### **50. 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.

##### **51. Substitutes**

*(Item 2)*

The following apologies were received and noted:

Dr Roger Pinnock  
Ann Sutton  
Dr Mick Cantor  
Cllr Paul Watkins  
Michelle Farrow  
Dr John Ribchester  
Cllr Michael Lyons  
Paul Carter

##### **52. Declaration of Interests by Members in Items on the Agenda for this meeting**

*(Item 3)*

There were none.

### **53. Previous minutes/action points of the meeting held on 30 May 2012**

*(Item 4)*

(1) The Board agreed that the Minutes of the meeting held on 30 May 2012 were a correct record and that they be signed by the Chairman.

*Matters Arising*

#### Dementia Friendly Communities

(2) Graham Gibbens, Cabinet Member for Adult Social Care and Public Health, informed the meeting that Anne Tidmarsh had been in touch with the Clinical Commissioning Groups (CCGs) regarding submitting an expression of interest for the Dementia Challenge Bid which was required by the end of July.

### **54. Engagement with Providers: current and future arrangements**

*(Item 5)*

(1) The Shadow Health and Wellbeing Board noted the ongoing work to secure a robust methodology for community engagement and how it informs the development of the Health and Wellbeing Strategy.

(2) The Kent Health and Wellbeing Board is inheriting a scenario of diverse governance structures and relationships across health, social care and District Authority arrangements.

(3) As the Shadow Health and Wellbeing Board evolves into a statutory body it needs to consider the way forward on how it will provide system leadership in fostering relationships, and to bring together strategic leaders in commissioning and provider organisations to develop integrated working. The purpose of engaging with providers is to help the Board shape our strategy and for the Board to help the providers shape theirs.

(4) Currently there are two main strategic groups operating across the NHS and social care system in Kent and Medway which have representation from the main service provider organisations i.e. the Clinical Leadership Group and the Integrated Planning Board.

(5) Within the three local health economies, the Whole Systems Boards were being established led by the Clinical Commissioning Groups (CCGs).

(6) Kent is working on developing a District level sub structure with relevant CCGs and this will need to be synergised with the model for provider engagement.

(7) To develop a definitive model for Kent the Shadow Health and Wellbeing Board were invited to consider the following issues:-

- (a) Is there a need for a mechanism at Kent level for engaging with all providers;
- (b) How do we ensure that there is appropriate representation from all sectors including the Voluntary and Community Sector; and

- (c) Should the Health and Wellbeing Board consider building relationships through the Local Whole Systems Boards?

(8) Following discussion it was agreed that the Health and Wellbeing Board agreed that a sub-group of the Board should be established to look at engagement with providers in more detail. The Chairman asked for volunteers. Colin Tomson stated that he was happy to input into a small sub group, but could not commit the time to attend meetings.

(9) It was agreed that Meradin Peachey would lead on taking this forward.

(10) RESOLVED that a sub-group of the Shadow Health and Wellbeing Board be established to consider what a Kent model for engagement with stakeholders should look like and report back to the next meeting of the Shadow Health and Wellbeing Board.

## **55. Kent Joint Health and Wellbeing Strategy: Key Milestones and process for the Strategy**

*(Item 6)*

(1) The Shadow Health and Wellbeing Board noted the process for developing and undertaking stakeholder engagement on the Draft Joint Health and Wellbeing Strategy.

(2) The following timeline outlines the suggested engagement programme:

- End of July to end of August – more detailed stakeholder engagement (Clinical Commissioning Groups, Kent County Council, providers etc) on draft strategy
- September to November – wider public engagement on draft strategy
- Mid November – Joint Health and Wellbeing Strategy approved
- End of 2012 – Publication of first Kent Joint Health and Wellbeing Strategy

(3) The four overarching outcomes identified as strategically the most important for the population of Kent were:

- (a) Every child has the best start in life;
- (b) People are taking greater responsibility for their health and wellbeing;
- (c) The quality of life for people with long term conditions is enhanced and they have access to good quality care and support; and
- (d) People with mental health and dementia are supported to live well.

(4) The Shadow Health and Wellbeing Board divided into workshop table discussions. A summary of the points raised is as follows:

- (a) Under priority 1, prioritisation does not accurately describe what we are trying to achieve. Transformation would be a better term. The focus should be on best value, it isn't about cutting services. This priority should be the last one
  - (b) Under outcome 1 Health Visitors available to all and in children's centres. This should be a universal service
  - (c) CAMHS needs to feature under outcome 1
  - (d) Mental health and dementia should be separate outcomes
  - (e) Obesity and weight management should be a focus for the general adult population
  - (f) Emphasise the importance of education and the benefit of work
  - (g) Include the health needs of children with disabilities in special schools
  - (h) In 5 years, the ambition is to add 'x' number of quality years to life and how this will be achieved
  - (i) Could we have vignettes describing good practice
  - (j) Need to read across from the health inequalities plan
  - (k) Is the plan bold enough or do we risk raising expectations if it is too bold?
- (5) RESOLVED that the key milestones and process for the Strategy be noted and the items discussed in the workshop sessions be taken into account in taking the Joint Health and Wellbeing Strategy forward.

## **56. Workshop on Integrated Commissioning Plan**

*(Item 7)*

(1) Mark Lobban, Director of Strategic Commissioning, Kent County Council, and Helen Buckingham, Director of Whole System Commissioning/Deputy Chief Executive, NHS Kent and Medway made a presentation on Integrated Commissioning.

(2) Following the presentation in workshop table discussion the Shadow Board addressed the following questions:

- (a) what are your views on the possible integration of commissioning teams?
- (b) considering the typology for degrees of health and social care integration where does the Shadow Health and Wellbeing Board want to be on this spectrum and is it the same for all the core groups? What might that mean for integrating commissioning teams?; and
- (c) how do Clinical Commissioning Groups want to take this forward?

(3) A summary of the table discussions is as follows:

- The importance of the wider engagement fitting with the Local Authority Commissioning timescales and the budget consultation process was stressed;
- There was a clear need to re-align plans, to understand for example what is influencing Clinical Commissioning Group Plans and ensuring there is consistency across all the Plans.
- Mental health – specialist inpatients can be dealt with through the Commissioning Service Office (CSO).
- Community services mean more control locally
- Enhanced partnership model feels right
- Enhanced partnership working for Long Term Conditions
- Vertical integration with providers of social care
- Need a primary care community based mental health model
- At the moment there is a 9 month waiting list for CAMHS in Thanet.
- Intelligent Customer – CCGs are very new and do not understand all that is going on, where they should engage – huge amount of current development for CCGs – they do not know if bringing things together is the right thing to do? Would like to develop CCG understanding and look into integrated commissioning teams which will help them to bring expertise into commissioning plans and develop beyond health commissioning.
- A shared vision and strategy needs to be developed between commissioners and providers.
- At the moment we have 3 separate outcomes framework. We should insist on a single framework – this is what the Health and Wellbeing Board Strategy is for Kent.
- Integration needs to be right at the local level. Need to work out at the CCG level what is needed. This needs to be done at a CCG level and Kent wide.
- We need to be clear about how the CCG teams and cluster teams are working and what is needed from the CSO.
- Welcome the development of integrated commissioning teams coming into CCGs. It's not important to the customer where they sit.

- Accountable officers to be appointed for all CCGs. There needs to be a concrete proposal based on local thinking and priorities we want to achieve.

(4) The Shadow Board concluded that:

- (a) There should be a single outcomes framework which should be “Kent joint Health and Wellbeing Strategy”,
- (b) The preferred typology for the degree of health and social care integration was ‘enhanced partnership’; and
- (c) Further work be undertaken with Clinical Commissioning Groups (CCGs) on the range of models for commissioning teams which maybe very different between the different CCGs

(5) RESOLVED that a report on how a model of Integrated Commissioning could work be brought back to a future meeting of the Board.

**57. Date of next meeting: 19 September 2012**