AGENDA

HEALTH AND WELLBEING BOARD (SHADOW)

Wednesday, 18th July, 2012, at 6.30 pm	Ask for:	**Peter Sass**
Pendragon, Invicta House, County Hall, Maidstone	Telephone:	**(01622) 694002**

Tea/Coffee will be available 15 minutes before the meeting.

UNRESTRICTED ITEMS
(During these items the meeting is likely to be open to the public)

1. Welcome

2. Substitutes

Part 1 (6:30-6:45 pm)

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

4. Previous minutes/action points of the meeting held on 30 May 2012 (Pages 1 - 8)

5. Engagement with Providers: current and future arrangements (Pages 9 - 18)

Part 2 (6:45-8:25 pm)

6. Kent Joint Health and Wellbeing Strategy: Key Milestones and process for the Strategy (Pages 19 - 20)

7. Workshop on Integrated Commissioning Plan

8. Date of next meeting: 19 September 2012

Peter Sass
Head of Democratic Services
Tuesday, 10 July 2012

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

Dr John Allingham	Clinical Lead, Shepway Locality, South Kent CCG
Dr Fiona Armstrong	Joint Clinical Lead, Swale CCG
Dr Bob Bowes	Chair West Kent & Weald CCG
Cllr Andrew Bowles	represented by
Cllr Lesley Ingham	Member, Housing, Health and Wellbeing, Swale BC
Cllr Paul Carter	Leader of Kent County Council
Dr Sourja Chaudhuri	Clinical Lead, Dover Locality, South Kent CCG
Cllr John Cunningham	Tunbridge Wells Borough Council
Caroline Davis	Strategic Policy Advisor (Health & Wellbeing), KCC
Michelle Farrow	Leadership Support Manager, Dover DC
Cllr Graham Gibbens	Cabinet Member for Adult Social Care and Public Health, KCC
Cllr Roger Gough	Cabinet Member for Business Strategy, Performance & Health Reform, KCC
Andrew Ireland	Corporate Director Families and Social Care
Dr Mark Jones	Chair & Clinical Lead C4 Canterbury CCG
Roger Kendall	Kent LINk
Cllr Michael Lyons	Shepway District Council
Dr Chee Mah	Clinical Lead, Deal Locality, South Kent CCG
Dr Tony Martin	Chair & Clinical Lead, Thanet CCG
Dr John Neden	Chair & Clinical Lead, East Cliff Commissioning Practice
Meradin Peachey	Director of Public Health
Dr Roger Pinnock	Chair, Ashford CCG
Dr John Ribchester	Chair & Clinical Lead, Whitstable CCG
Dr Garry Singh	Clinical Lead, Maidstone & Malling CCG
Ann Sutton	Chief Executive, Kent & Medway Cluster
Cllr Paul Watkins	Leader, Dover DC
Cllr Jenny Whittle	Cabinet Member for Specialist Children's services, KCC
David Woodhead	Clinical Lead, Gravesham & Swanley CCG

Invited Observer

Colin Tomson	Chair, Kent & Medway Cluster

KENT COUNTY COUNCIL

HEALTH AND WELLBEING BOARD (SHADOW)

MINUTES of a meeting of the Health and Wellbeing Board (Shadow) held in Pendragon, Invicta House, County Hall, Maidstone on Wednesday, 30 May 2012.

PRESENT: Mr R W Gough (Chairman), Dr Fiona Armstrong, Dr B Bowes, Ms H Buckingham (Substitute for Ms A Sutton), Dr S Chaudhuri, Cllr J Cunningham, Cllr R Davison, Mr G K Gibbens, Dr M Jones, Mr R Kendall, Dr S Lundy, Cllr M Lyons, Dr T Martin, Dr R Pinnock, Mr C Tomson and Mrs J Whittle

ALSO PRESENT: Rebecca Barraclough, Kent LINk and Roderick Smith observing

IN ATTENDANCE: Ms C Davis (Strategic Business Advisor), Ms S Gratton (Head of Integrated Commissioning for NHS Eastern & Coastal Kent), Mr A Ireland (Corporate Director, Families and Social Care), Ms M Peachey (Kent Director Of Public Health), Mrs A Tidmarsh (Director of Older People and Physical Disability) and Ms E White (Associate Director of Integrated Commissioning for Kent and Medway) (Public Health Specialist) and Mr P Wickenden (Democratic Services Transition Manager)

UNRESTRICTED ITEMS

41. Chairman's 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.

42. Substitutes & Apologies
(Item 2)

The following apologies were received and noted:

Councillor Lesley Ingham, Mr Paul Carter and Ms Ann Sutton

43. Declaration of Interests by Members in Items on the Agenda for this meeting
(Item 3)

There were none.

44. Previous Minutes/Action Points - 21 March 2012
(Item 4)

The Board agreed that the Minutes of the meeting held on 21 March 2012 were a correct record and that they be signed by the Chairman.

Matters Arising

Children's Centres

The Shadow Health and Wellbeing Board reminded the supporting officers that a map showing the location of the Children's Centres across Kent was required.

The Late Mark Worrall

The Board noted with sadness the recent death of Councillor Mark Worrall, Leader of Tonbridge and Malling Borough Council and placed on record their recognition for his contribution to the Shadow Health and Wellbeing Board.

45. Terms of Reference for the Shadow Health and Wellbeing Board - for noting and endorsement
(Item 5)

The Board noted and endorsed its terms of reference previously agreed by the Shadow Health and Wellbeing Board on 28 September 2011.

46. Health and Wellbeing Strategy: Chairman's update
(Item 6)

(1) Further to Minute 36 the Chairman informed the Board of the ongoing work in developing the Health and Wellbeing Strategy. The Shadow Health and Wellbeing Board noted that there would be a Strategy in place by the Autumn.

(2) The Chairman informed the Board that both Meradin Peachey and he had attended some National Learning Set meetings which had indicated that many other places are operating to a similar timescale concerning the Strategy.

47. Improving the lives of people living with dementia (Integrated care pathway, LINk's view and next steps)
(Item 7)

(In attendance Sue Gratton, Deputy Associate Director, Integrated Commissioning, NHS Kent and Medway, Anne Tidmarsh, Director Older People and Physical Disabilities, Kent County Council and Evelyn White, Associate Director, Integrated Commissioning, NHS Kent and Medway)

(1) Dementia is one of the main long term conditions of later life which has a huge impact on the capacity for independent living. In the United Kingdom it was estimated to cost over £19 billion per year with an projected doubling of the number of people who have dementia in the UK over the next 30 years. The report updated the Shadow Health and Wellbeing Board on:

- (i) needs analysis in relation to dementia in Kent;
- (ii) achievements to date;
- (iii) gaps identified; and
- (iv) the Integrated Commissioning Plans for Dementia

(2) The Board noted that the Prime Minister had recently published a "Challenge on Dementia" which sets down a number of areas for action to make life better for people with dementia and their carers. The Challenge focussed on three key areas:

(a) driving improvements in health and social care;
(b) creating dementia friendly communities that know how to help; and
(c) better research

(3) The report before the Board sought to see that the Challenge was being addressed through the Commissioning Plans and what more could be done across Kent to meet the Challenge. Whilst considerable progress had been made in redesigning the services in order to reinvest in more universal preventative and early intervention support there remained a significant challenge to ensure that the growing number of people who will develop dementia over the coming years will be well supported and can continue to enjoy life with their dementia. The Plans were in line with the National Dementia Strategy and also take into account the Kent County Council Select Committee on Dementia.

(4) The Shadow Health and Wellbeing Board noted that the work was being led through the Health and Social Care Integration Board. The Board's role was important to ensure integration between health and social care but equally important was the joined up working with the independent and voluntary sector to ensure integrated care across all providers and all stages of the pathway of care.

(5) The Chairman invited Roger Kendall representative of Kent LINk on the Shadow Health and Wellbeing Board to receive their report setting out their views on Dementia Services in Kent (May 2012).

(6) Particular reference was made to a number of projects undertaken by Kent LINk in which dementia services had featured including:-

(a) West Kent Enhanced Dementia Crisis (2009);
(b) A User's Perspective of Day Centres in East/West Kent (2009/10);
(c) Monitoring Quality of Residential Homes in East Kent (2011);
(d) Monitoring Quality of Residential Homes across Kent (2012); and
(e) Care of Older People in Hospitals (2012)

(7) The recommendations of Kent LINk which they would like to see the Shadow Health and Wellbeing Board taking into consideration were:

(a) looking into further services for people with dementia, with a particular emphasis on how integration of health and social care services could help patients and carers; and
(b) to consider leading on and working with others to raise public awareness and education in relation to dementia services.

(8) The Shadow Health and Wellbeing Board noted that the vision for people with dementia in Kent is *"that people with dementia receive timely diagnosis and support that promotes their independence and helps them 'live well' with dementia, and that all services and support are provide to the highest possible standards: promoting dignity, choice and respect"*

(9) The Board received a presentation on "Improving outcomes for People with Dementia" from Evelyn White, Associate Director Integrated Commission NHS Kent and Medway, Anne Tidmarsh, Director Older People Physical Disability, Kent County

Council and Sue Gratton, Deputy Associate Director Integrated Commissioning, NHS Kent and Medway.

(10) In a workshop session members of the Board addressed the following discussion items:-

(a) Reading the paper and plan, does it cover what you think it needs to cover? If not what is missing and what are the barriers to delivering the plan?
(b) How would you like to receive feedback on progress; do you agree with the timescales for the actions, if not what are the two or three key actions you would prioritise?
(c) Paul Burstow mentions dementia friendly communities and increased funding for research in dementia – how could we take these areas forward?

(11) The workshop discussions raised the following issues:

How do we raise awareness and create dementia friendly communities? What role could Parish Councils and the police play? In Holland they have built villages that are dementia proof.

Action: communities across Kent need to be profiled. Could this be piloted through the Kent Forum?

GPs need convincing of the argument for early diagnosis. GPs tend to focus on the drug and treatment aspect, but there is a social element too. Getting patients to have the tests for early diagnosis is also a challenge.

The Planning Framework needs to take into account dementia friendly communities and we as leaders should influence it. What role do Locality Boards play in this?

From a GP perspective, if undiagnosed patients are diagnosed earlier, can we cope before the capacity is there? Uncoded and undiagnosed. We need to map this.

Access to drug treatment in East Kent is relatively poor. There needs to be a debate about efficacy.

Need to develop an investment plan for the year. Principle of investing in the community is good. The question is how successful we will be in doing this?

Will investment in prevention in the community make a difference? Financial savings will be reinvested in the community. CCGs may want to have a look at this. Particularly shift of resources from hospital beds into community.

Where should dementia services sit? In secondary or primary care? Keep dementia sufferers out of hospital (avoid crisis management where possible) by focusing on interventions that can be put in place in the home.

Emma Hanson has led the West Kent Crisis Service and has been very successful in a short time. There is evidence to support community based investment preventing

people going into hospital. The West Kent service is direct access and available out of hours. Different practices between East and West Kent.

How do we spread the message of what works? How do we transfer good practice and deal with things that do not work well.

There needs to be clarity around budget implications for CCGs.

Actions:

Anne Tidmarsh to bring back to the Board progress on the above issues

Anne Tidmarsh to compile a stronger case of argument for early diagnosis which can be presented to GPs and the wider community.

Anne Tidmarsh to have further local discussions, particularly regarding the impact on individual budgets.

(12) The Board noted the budget implications for Clinical Commissioning Groups (CCGs). Which it was important CCG Board should be encouraged to consider.

48. Workshop on Adult Social Care Transformation Plan
(Item 8)

(1) Mark Lobban, Director of Strategic Commissioning, Kent County Council gave the Board a presentation leading to a workshop and table discussion on “Adult Social Care Transformation and Integrated Commissioning”.

(2) The presentation covered:

- (a) Meeting the challenges through transformation to use more effectively the adult Social Care Budget (net) in 2011/12 of £352 million;
- (b) The opportunities for more effective service delivery thorough “co-production”
- (c) What a future model may look like;
- (d) Taking transformation forward;
  - (i) April to June – to understand the business as a platform for transformation; understand how different parts of the business affect each other; identify spend that can be influenced, and spend that cannot
  - (ii) July to September – plan the work of the programme and allocate resources; develop and finalise a performance framework to monitor change; deliver plans for appropriate agreement; ensure programme management resources are in place
  - (iii) September 2012 – co-produce changes with stakeholders; re-design business processes to implement changes; develop clear role and responsibilities;
  - (iv) Develop tools to support people to make changes; and
  - (v) September 2012 – 2015 – Monitor people, processes and outcomes to check that expected benefits are realised; evaluate the effectiveness of the transformation programme.

(3) The Shadow Board noted the intentions for Countywide Integrated Commissioning including the interface and opportunity to add value between NHS Kent and Medway's "Towards Sustainable Care for Kent and Medway" and Kent County Council's "Adult Social Care Transformation Programme Blueprint and Preparation Plan"

(4) The presentation also covered the opportunity for Local Integrated commissioning e.g. creating a virtual joint commissioning team for Dover and Shepway which would work towards a joint commissioning strategy (local Health and Wellbeing Strategy and the production of a Joint Commissioning Plan for Kent). The strategy for Local Integrated Commissioning was to create a major shift from acute to community care:

(a) drive hard the efficiency of existing community services
(b) release money to invest in more community services
(c) reduce demand on acute services
(d) opportunity to invest further in community services
(e) not always about radical new services
(f) radical change is getting the whole system to work together
(g) integrated structures and pooled budgets may be a natural progression.

(5) The table discussions covered the following points:

The vision is to have a healthcare partnership to be proud of and therefore the aim is to create an environment for change. We should be making it easier for people to do the right thing.

The way people work is one of the biggest barriers for change. It is difficult to overcome the view that the safest place is in hospital or a care home. Community nurses, paramedics etc will be disciplined if they do not follow procedure. Issue is around professional decision making and risk levels.

Acute admissions should be seen as a failure to deal with long term conditions.

There needs to be joint targets, incentives and penalties across agencies. There should be penalties written into contracts.

The issue for the Health and Wellbeing Board is to consider how do we create the environment of cultural shift? One of the enablers is 'information'. However Information Governance is a barrier. The group felt that there are levers for change through the Health and Wellbeing Strategy and this needs further exploration.

There needs to be a massive cultural shift to get more joint working between agencies. Building trust is key to this.

There are real opportunities to do things better and together e.g. should Adult Social Care be buying beds in the community, but not closing beds in hospital? Organisations often protect their own interests and have to balance the books - lurch from crisis to crisis.

The challenge is building relationships between organisations that traditionally have not had a huge amount of trust between them.

A sustainable care system means looking at this as a "system of care" and not health and social care.

Mark Lobban provided an invitation to find common ground in taking this forward. Everyone involved and taking responsibility. Treat each other as equals.

Actions:

There needs to be local strategies and plans for each area (Dover pilot used as an example)

Systems and information governance is a key issue. There needs to be an assessment of these issues and a paper to be presented at a future Board meeting.

49. Date of Next meeting:18 July 2012

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By: Meradin Peachey, Kent Director Public Health

Helen Buckingham, Director of Whole System Commissioning/ Deputy Chief Executive, NHS Kent and Medway

To: Kent Health and Wellbeing Board

Subject: Engagement with Providers: current and future arrangements

Classification: Unrestricted

1. Recommendations

(1) The Health and Wellbeing Board is asked to note the current relationship arrangements both with statutory partners and with wider stakeholders.

(2) The Health and Wellbeing Board is asked to consider options on what can be done to further enhance relationships with provider partners during the transition year and beyond

2. Introduction

(1) The potential of the Health and Wellbeing Board (HWB) is to transform health and social care and achieve a better experience of health and social care for individuals. The Board will do this by facilitating a shift to integrated commissioning and to improve the health status of communities. This involves a new relationship between GPs as the new commissioners of health services, councillors and local public through the new Health Watch.

(2) The Board is aware that for Health and Wellbeing commissioning arrangements to have real significance and impact, they need to be owned by a wide range of partners, including private and statutory sector bodies, voluntary and community sector organisations, local social enterprises and other user-led and community member led organisations and groups, agencies and the communities served by them. The HWB members have been considering engagement plans with provider services, and intend to work within the whole system to promote collaborative commissioning, informed by intelligence and develop a substructure that has clinical engagement at its heart.

3. Relevant priority outcomes

The white paper *Equity and Excellence: Liberating the NHS* (DH 2010) spelled out a role for Health and Wellbeing Boards of ‘holding the ring’ between adult social care, public health and the wider NHS. One key element of the health reforms is the move towards commissioning for outcomes. The HWB will do this by understanding the needs of the local population through a Joint Strategic Needs Assessment and by producing a Joint Health and Wellbeing Strategy (JHWS). This will enable the HWB to go further than analysis of common problems and to develop solutions to those challenges. Underpinning the implementation of JHWS will be deep and productive

partnerships that will enable partners to foster sound relationships that will encourage development of solutions to the challenges facing the local population.

4. Financial implications

None

5. Legal Implications

The Health and Social Care Act sets out the powers and duties of Boards, in summary, these are to:

- Undertake a joint strategic needs assessment
- Develop a joint Health and Wellbeing Strategy between the Council, the GP commissioners and the NHS Commissioning Board
- Encourage integrated working between providers, including the use of pooled budgets and other financial arrangements
- For Board members who are also commissioners –they have regard to the JSNA and the Health and Wellbeing Strategy when making commissioning decisions.

6. Main body and purpose of report

(1) On-going work is continuing to secure a robust methodology for community engagement and how it informs the development of health and wellbeing strategy.

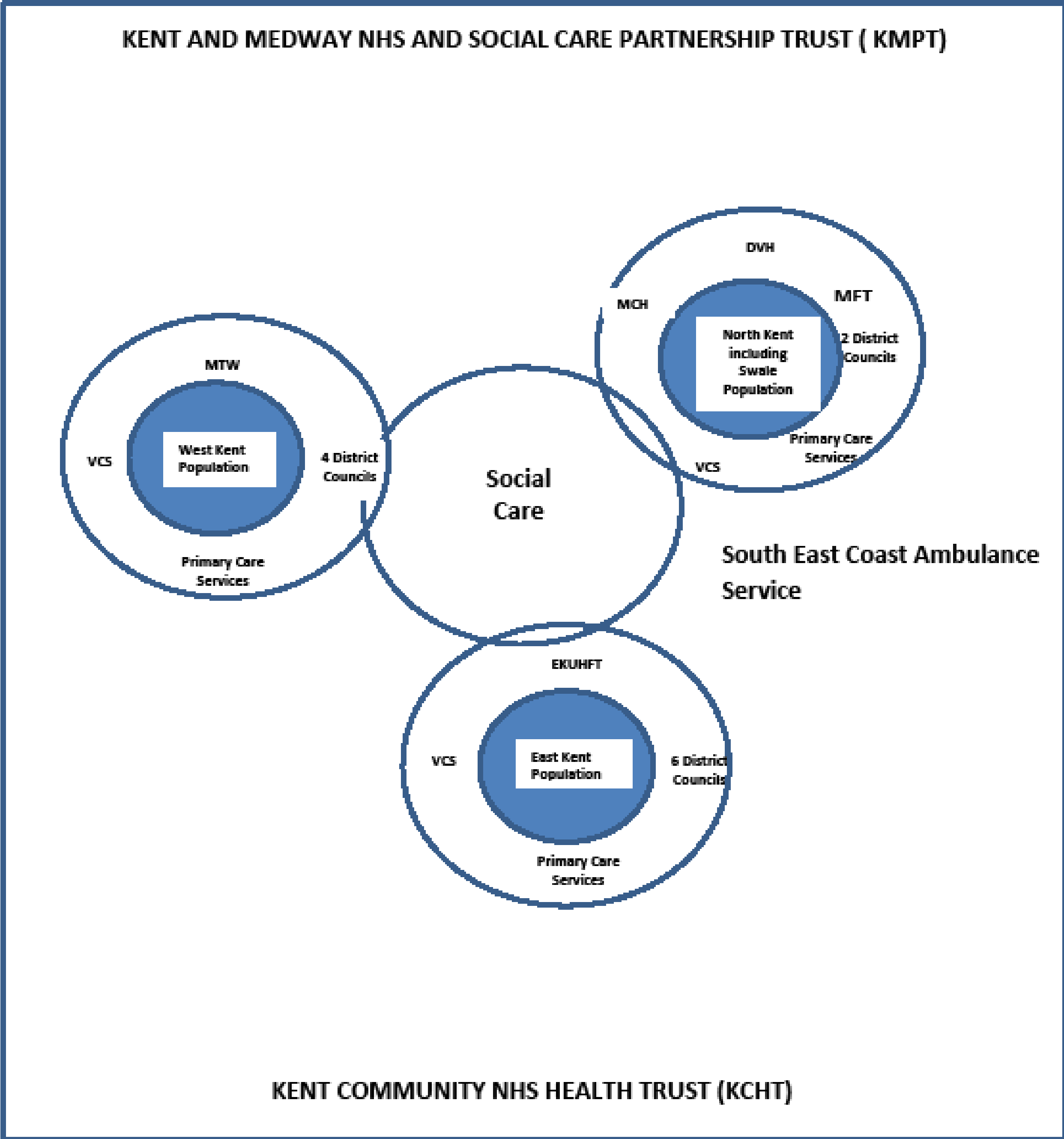
(2) This paper highlights current relationship arrangements of the Board with wider stakeholders. The paper also suggests options for the Board to deliberate on how these relationships could be taken forward post April 2013 in delivering the outcomes of the Joint Health and Wellbeing Strategy.

6.1 Current landscape

(1) As the key vehicle to drive health and social care partnership, HWBs offer the opportunity for system-wide leadership to improve related outcomes. Their agenda extends beyond health and adult social care to include children's health and wellbeing, and wider areas that impact on health such as housing, education and the environment.

(2) Within the health and social care sector, given the widespread complex geography of Kent there are three natural geographical boundaries partly created as a result of three acute providers and partly informed by the current configuration of Clinical Commissioning Groups. These virtual 'health economies' are illustrated in Figure1 opposite:

Figure 1



MTW: Maidstone and Tunbridge Wells NHS Trust
DVH: Darent Valley Hospital NHS Trust
EKUHFT: East Kent University Hospitals Foundation Trust
MFT: Medway Foundation NHS Trust
MCH: Medway community Healthcare
SECAS: South East Coast Ambulance Service NHS Foundation Trust

VCS: Voluntary and Community Sector

Excludes Private providers of NHS and Social care

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

(4) For Health and Social care organisations there are arrangements in place through various forums, such as ‘service improvement groups’ that provide collaborative working opportunities to deliver on the agreed strategic outcomes. The groups currently have representation from provider organisations as appropriate.

(5) Separate forums also exist for District Authorities to work with partners to promote prevention activities. District Authorities also have a key primary prevention role in minimising the effect of poor housing, poor environment, [e.g. noise, air and water pollution] and transport (for example road safety measures to reduce accidents) all of which have an impact on health and social care outcomes.

(6) 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.

(7) Figure 2 opposite illustrates the stakeholders and statutory partners that the Board will need to consider when establishing a way forward for forming future relationships.

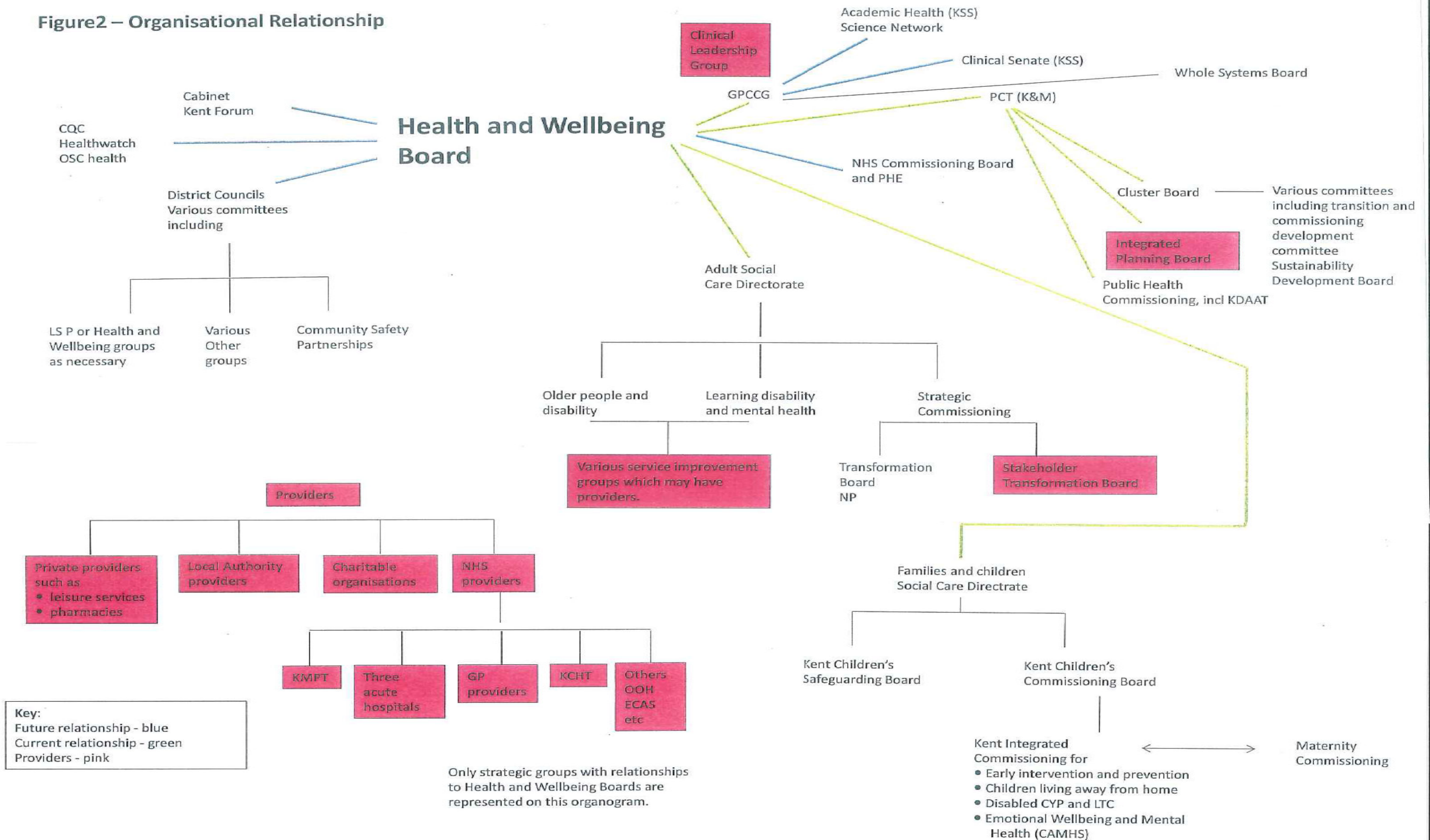


Figure2 – Organisational Relationship
Clinical Leadership Group
Academic Health (KSS) Science Network
Clinical Senate (KSS)
Whole Systems Board
GPCCG
PCT (K&M)
Cabinet
Kent Forum
CQC
Healthwatch
OSC health
Health and Wellbeing Board
NHS Commissioning Board and PHE
District Councils
Various committees including
Cluster Board
Various committees including transition and commissioning development committee
Sustainability Development Board
Integrated Planning Board
Public Health Commissioning, incl KDAAT
Adult Social Care Directorate
LS P or Health and Wellbeing groups as necessary
Various Other groups
Community Safety Partnerships
Older people and disability
Learning disability and mental health
Strategic Commissioning
Various service improvement groups which may have providers.
Transformation Board NP
Stakeholder Transformation Board
Providers
Private providers such as
• leisure services
• pharmacies
Local Authority providers
Charitable organisations
NHS providers
Families and children Social Care Directrate
KMPT
Three acute hospitals
GP providers
KCHT
Others OOH ECAS etc
Kent Children's Safeguarding Board
Kent Children's Commissioning Board
Key:
Future relationship - blue
Current relationship - green
Providers - pink
Only strategic groups with relationships to Health and Wellbeing Boards are represented on this organogram.
Kent Integrated Commissioning for
• Early intervention and prevention
• Children living away from home
• Disabled CYP and LTC
• Emotional Wellbeing and Mental Health (CAMHS)
Maternity Commissioning

6.2 Points for consideration:

The primary purpose of the Board is to provide a strategic framework within which the resources from across organisational boundaries are applied to the outcomes identified in the Kent Health and Wellbeing strategy. The Board members need to consider options for further enhancing strategic relationships with provider organisations and with wider stakeholders. Here are a few case studies of how other shadow Health and Wellbeing Boards are progressing on developing these relationships:

Case Studies:

Leicestershire

To avoid conflict of interest providers are not a member of the Health and Wellbeing Board, however the Board has a substructure of a number of subgroups that brings together providers, users and carers, commissioners, community district forums and other stakeholders to inform commissioning decisions and support service delivery.

Bracknell Forest

The Shadow Health and Wellbeing Board is intending to have a *Health and Care Network* as a themed subgroup of the Shadow Board. The *Health and Care Network* will be set up as the primary vehicle through which the patient and public voice will be represented to the Board. It will also allow for representation from a wide range of "constituencies", including providers. Through "co-production panels", people will be able to inform debate and discussion on service commissioning and delivery. It is therefore a mechanism that extends beyond community consultation towards active involvement at individual level. During the transition year, the Network will complement existing established consultation and engagement mechanisms and is intended that the *Health and Care Network* will be subsumed by the local Healthwatch as a readymade membership base when it comes into existence in April 2013.

Calderdale

The shadow Health and Wellbeing Board has an infrastructure which has task and finish Groups. The Calderdale Assembly model provides opportunity for all stakeholders to have a say in setting priorities. The Assembly involves a large range of partners that includes providers from all sectors and service users, carer and community organisations, who will meet twice yearly, in the form of a conference.

6.3. Options for consideration

	Option for provider engagement	Advantages	Disadvantages	Known area where this option is currently working
1	Representation on the board beyond LINks/ HealthWatch	Foster transparency and open relationships	Could potentially provide conflict of interest and bias open competition. One provider cannot represent all other providers.	
2	A network approach, in which the HWB is seen as a hub of a wide network of groups which have two-way interaction with the work of the board.	Provides regular networking opportunity	Will require resource and systematic management of the process to be an inclusive process	Bracknell Forest is proposing to have Health Care Network. Somerset County Council.
3	Specific forums around topics, for instance carers or mental health, or around geographical areas such as districts or communities	Provide bespoke relationship building opportunities	These will be one off thematic forums and will provide disconnect between	
4	Separate provider forums	Will provide focused opportunity to get provider engagement and develop ownership	Will require resource and systematic management to ensure representation from Private and VCS organisations.	Currently Kent and Medway Cluster has an Integrated Plan Board which has representation from strategic leaders from Health and Social Commissioners and providers
5	Advisory or reference groups	Provides regular topic specific opportunity	Potential of lack of ownership	
6	Stakeholder involvement in the sub groups that report to the board, including commissioning groups	Provides micro level focused opportunity to get provider engagement and develop ownership	Has a potential of providing disconnect between the Board and potential lack of ownership.	Leicestershire has a number of subgroups to inform commissioning decisions and support service delivery.
7	Large, standing conferences or assemblies which would meet twice a year to inform the work of the board	Provide bespoke relationship building opportunities	Does not provide regular connectedness with the Board	Calderdale Assembly involves large range of partners, including providers from all sectors and service user, carer and community organisations.

6.4 Kent model for consideration:

(1) 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.

(2) The Clinical Leadership Group is a relatively newly established group and brings together medical, nursing, social care, public health leads and Allied Health Professionals from commissioners (including CCGs) and providers. The group can potentially act as a clinical advisory body to the Health and Wellbeing Board.

(3) The Integrated Planning Board (IPB) has Chair, Chief Executive and Medical Director representation from NHS providers. At present CCG leaders are not routinely attending the IPB, although they recognise the need to continue with this or a similar forum in future. The IPB members unanimously agree the need to have a robust relationship with the Health and Wellbeing Board, and suggest that engagement with providers will best be achieved by adopting a range of approaches both individual and collective.

(4) Additionally at the three local health economy level, the local Whole Systems Boards (WSB) led by CCGs have been / are in the process of being set up and have senior level provider representation. Currently the WSBs also have a reporting line to the Integrated Planning Board.

(5) The Health and Wellbeing Board could consider the range of options outlined above to ensure engagement with providers, perhaps using the Integrated Planning Board membership as a channel for provider engagement. In addition to this the Board could also consider holding a conference with wider stakeholders twice a year to ensure their involvement is hard wired in the key priorities for the Board.

(6) Kent is also working on developing a District level substructure 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 following issues need to be considered:

- Do we need a mechanism at Kent level for engaging with all providers
- How do we ensure that there is appropriate representation from all sectors including VCS
- Should we consider building relationships through the Local Whole Systems Boards

7. Consultation and Communication

No external consultation on behalf of the HWB has been done so far for engagement with service providers. This discussion paper is a first attempt to determine the way forward for engagement with providers.

8. Risk and Business Continuity Management

The key risks of not considering partner engagement will be lack of a joined-up approach in the delivery of three outcomes and in the delivery of Joint Health and

Wellbeing Strategy. This paper offers a platform for discussion and to mitigate these risks.

9. Sustainability implications

(1) As a system leader in the emerging landscape of health and social care reforms the HWB has an opportunity to work collectively to promote sustainable health and social care. There is an opportunity for the HWB to work with partners in a way that enhances sustainable approach in the design and delivery of services.

(2) Sustainable approach supports a range of policies and features in various policy directives. These include:

- Joint Strategic Needs Assessment (JSNAs) and health and wellbeing strategies
- integration of health and social care
- personalisation and the Think Local Act Personal agenda
- enhanced role for local authorities in public health and the outcomes framework (prevention, improvement and protection)
- UK Climate Change Act (2008) duties to both mitigate and adapt to climate change.
- requirements on health and social care commissioners to show they have considered the impact of social and environmental factors in their commissioning and procurement, and not just price.

10. Conclusion

The core purpose of the Health and Wellbeing Board is to drive improvements in health and wellbeing. It is required of the Board to promote joint commissioning and integrated delivery and act as system's leader in dealing with issues that hinder this progress. For the Board to deliver on its requirements it needs to work collaboratively with all stakeholders including service providers. The Board will need to agree on how it links with the providers in the design and delivery of its strategic intentions including the delivery of the Joint Health and Wellbeing Strategy.

11. Recommendations

To develop Kent model for engagement with stakeholders it is recommended that a subgroup of the Board members be formed to consider options on behalf of the Board members and report back.

12. Background Documents

The following documents have been used for reference in preparation for this report:

Social Care Institute for Excellence (May 2012), Sustainable health and social care: a briefing for commissioners and health and wellbeing boards

INLOGOV and HSMC (April 2011) Briefing - Health and Wellbeing Boards: developing a successful partnership.

New partnerships, new opportunities (2012): A resource to assist setting up and running health and wellbeing boards.

Health and Care Network (2012): A proposal for wider representation in Health and Social Care commissioning through Health and Wellbeing Board arrangements, Bracknell Forest.

Written By:
Malti Varshney
Public Health Specialist
Kent Public Health Team

By: Andrew Scott-Clark, Director of Health Improvement (Public Health) KCC

To: Shadow Health and Wellbeing Board

Subject: Kent Joint Health and Wellbeing Strategy

Classification: Unrestricted

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1. Introduction

1.1 This paper outlines the process for developing and undertaking stakeholder engagement on the Draft Joint Health and Wellbeing Strategy and seeks approval for the approach and timeline

2. Draft Joint Health and Wellbeing Strategy Proposal

2.1 There is a statutory duty to engage and consult on the development of the Joint Health and Wellbeing Strategies. Nationally Local Authorities from around the country are beginning to publish drafts of local Joint Health and Wellbeing strategies for wider comment. It is obvious that what is being consulted upon is very high level broad strategic direction rather than the detailed plans of implementation, reflecting the Department of Health's stated high level focus for the joint health and wellbeing strategies.

2.2 The initial development of the Joint Health and Wellbeing Strategy has built on the Joint Strategic Needs Assessment. It also reflects discussions at previous Health and Wellbeing Board meetings, and other forums where strategic discussions particularly on health services are being held, for example the NHS Chairs and Chief Executive forum.

2.3 The following timeline outlines the suggested engagement programme:

- 18 July – discussion and agreement by the Kent SHWB on the stated outcomes and overall steer of the draft strategy.
- End July to end August – more detailed stakeholder engagement (CCGs, KCC, providers etc) on draft strategy.
- 19 September – Feedback on stakeholder engagement to Kent SHWB.
- September to November – wider public engagement on draft strategy.
- Mid November – sign off by Kent SHWB of the final version of the Kent Joint Health and Wellbeing Strategy.
- End 2012 – Publication of first Kent Joint Health and Wellbeing Strategy.

2.4 The proposed wider public engagement on the draft strategy would tie into parallel work taking place in the CCGs on the development of the 2013 – 2014 Annual Operating Plans,

2.5 We intend to consult on the four overarching outcomes as strategically the most important for the population of Kent. These are:

- Every child has the best start in life

- People are taking greater responsibilities for their health and wellbeing
- The quality of life for people with long term conditions is enhanced and they have access to good quality care and support
- People with mental health and dementia are supported to live well

2.6 These outcomes are supported by a number of key principles including:

- Community engagement
- Reducing health inequalities within and between communities
- Providing good quality and integrated care to people with long term conditions, including dementia, that prevents unnecessary hospital admissions
- Tackles the major causes of premature and preventable deaths of the key killers, including cardiovascular disease, cancers and respiratory disease.
- Is delivered in an environment which considers sustainability, the impact on the environment, and the need to reduce carbon footprints

2.7 For each of the themes we will outline the focus that we intend to given to deliver the outcome. For example within the first theme, every child has the best start in life we outline the focus on:

- Increasing breast feeding initiation
- Improving MMR take up
- The roll out of universal health visitor services
- Better use of community assets, e.g. Children's Centres to deliver integrated services for the more vulnerable families of our population
- Improve child and adolescent mental health services

2.8 Similarly for the other themes we will give more detail on where strategically the focus needs to be.

2.9 An Equalities Impact Assessment has also been produced to accompany the draft strategy.

3. Recommendation

The Shadow Health and Wellbeing Board is asked to approve the approach and agree for the Chairman of the Health and Wellbeing Board to sign off the draft strategy for publication ready for stakeholder engagement during August.

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