Health and Well Being Board Workshop

16 March 2011

Health & Wellbeing Boards – Shaping for the future

Roger Gough, Cabinet Member for Business Strategy & Support

Significant issues for the Board:

- The financial challenge inc. £686m QIPP target savings
- Board membership – how can this be wide enough to be representative but small enough to be effective?
- The agenda is potentially huge – how to avoid the board sitting in "permanent session"?
- What tools and support will the H&WBB need to discharge its functions?
- How do we link the county level board to localities?

Bold Steps for Health/JSNA/QIPP

Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

KCC's view of the role of the HWBB and suggesting the potential for certain key discussion themes that in the scenario that exist now in 2011 could include:

1. Bold Steps for Health (a medium term plan for health in Kent and following on from Bold Steps for Kent – the KCC medium term plan)
2. Joint Strategic Needs Assessment (JSNA)
3. Quality Innovation Productivity and Prevention (QIPP)

Arising from the above three themes, the following emerge:

- GP commissioning plans to meet the health needs of all residents
- Work with key partners including GPs, community health and districts
- How will GP consortia encourage new providers to enter the healthcare market in Kent?
- Join up and integrate health and social care services to reduce costs and avoidable demand
- Focus on a preventative approach to public health, supporting people to improve their lifestyles
- Work with GPs to reduce health inequalities
- JSNA Priorities eg; Joint commissioning for integrated health and social care services, dementia, CAMHS, prevention services
- Addressing health inequalities and ensuring equality of health provision across Kent
- Achieving QIPP; improving quality and spending less

How might Health & Wellbeing Boards work with the GPCC?

Presentation by Dr Bob Bowes, Invicta & South West PBC Group

Presently in West Kent there is not a good working relationship with the PCT with regard to Commissioning Strategies.

There is the potential for us to work in a more imaginative and creative way to solve our problems once the Health and Well Being Board is set up.

The definition of a Consortium is a collection of effective Primary Care teams. The test will be how well the consortium relates to GP practices. GPs feel they will get a lot more out of Primary Care as there will be the chance to work better together on integrated provision.

If we can get the GPs to work in this way, then it will be fantastic. If we can't keep the GPs with us then it will be very hard work.

There is too much activity in secondary care, when more could be done in primary care. Patient pathways need redesigning to reflect this.

Already we have too much capacity, bringing people into hospitals when they don't need to be admitted. We need to work in partnership with our providers.

There will be a quality premium for those practices that are successful. At the moment GPs can put every patient they want to into hospital. In the future GPs will get charged to put patients into hospital if they don't need to go.

Question by Paul Carter:
There is currently overcapacity in Secondary Care. In Primary Care presumably you can support the concept of providing new markets?

Response by Dr Bob Bowes:
We are certainly interested in responsive providers. It will be good if their organisation is fearful of a mistake. They must be responsive and interested.

Presentation by Dr Tony Martin, Chair, Thanet Consortium

In East Kent we do have a good relationship with the PCT and we feel that sets us ahead.

Thanet have set up their own Health and Well Being Board and this gives us something of what we would like to see in the future for the Kent Health and Well Being Board.

We want joined up Community Care. We need to be agreeing at the top level as GP Commissioners what we are actually commissioning at a local level for our patients. We need to look at the local issues and address them through cross working.

We need to look at what this Board will do for us. We can use it to address specific issues such as Dementia and Carers. We are looking for change locally. We need to change, broaden and integrate PCTs and GPs etc.
At each level we have members of staff that have to change what they do and how they are doing it.

We have the opportunity and need to drive members of staff. This is a real opportunity to work more closely with KCC. To us it is a very welcome move.

How is it working in Dover

Presentation by Councillor Sue Chandler, Dover District Council

It appears that there has been a lack of drive between local authorities to the centre. Dover has more of a relationship with our Health providers.

We have already been undertaking work on a Health and Well Being Project in Dover, working with Housing, Scrutiny and Neighbourhood Forums.

We spoke to PCTs in the autumn and we already had good working relationships with them. We set up an integrated Health Pilot around using our relative expertise around emerging consortium. There was a very clear agenda and joining things up, avoiding duplication and working in a more joined up way. The Health and Well Being Board and good communication will enable this. We have also set up two specific projects around Dementia and Elderly Care.

We then applied for Early Implementer and got confirmation yesterday.

Workshop Discussion

Table 1

- Katherine Kerswell – Group Managing Director, KCC
- Cllr Pam Carr – Shepway BC
- Cllr Ken Pugh – Deputy Cabinet Member for Business Strategy & Support
- Dr Sarah Montgomery – GP & Clinical Executive E&CK PCT
- Cllr David Turner – Gravesham BC
- Malcolm Newsom – Interim Managing Director, Children's, Families and Education
- Meradin Peachey – Director of Public Health & Facilitator

Table 1 Round Up

- Challenging debates between partners will be essential
- Trying to be modest about what can be achieved in a year
- We should write the ToR now and share amongst partners
- What works locally – it cannot just be another meeting
- Dementia as part of the JSNA priority
- Strategies making sense locally

Table 2

- Chris Mackenny – Deputy Leader for Dover & Aylesham GP Consortia
- Ann Sutton – Chief Executive Kent & Medway Cluster
- Cllr Peter Lake – Deputy Cabinet Member Specialist Children's Services
- Cllr John Cunningham – Tunbridge Wells DC
- Cllr Graham Gibbens – Cabinet Member for Older People's Services including Public Health
- Cllr Fleming – Sevenoaks DC Leader
- Dr Abraham George-Public Health consultant & Facilitator

Table 2 Round Up

- Successful coterminous working with PCTs, GPs and Councils
- Tackling not all of the issues at once, but a few of the big issues at a time
- Situation is evolving. It is down to everyone to all have the arrangements in place by April 2012.
- We need to manage public expectation

Table 3

- Dr Simon Lundy – representing Canterbury & Coastal Commissioning Consortium
- Colin Tomson – Chair, Kent & Medway Cluster
- Cllr Jenny Whittle – Cabinet Member for Specialist Children's Service
- Cllr Gordon Court – T&M BC
- Cllr Chandler – Dover DC
- David Barr – LMC
- Angela Slaven – Director Youth & Community Support Services & Facilitator
- Dr Bob Bowes – Invicta & South West PBC Grp

Table 3 Round Up

- The Board needs to set the right tone and address the fears that are out there in the communities
- We should define the added value of the Kent H&WBB agenda
- Set out several priorities of what should be concentrated on first and can be translated to the local level
- The Board has an enabling function

Table 4

- Dr Tony Martin – Chair, Thanet Consortium
- Dr Darren Cocker – Clinical Executive E&CK PCT
- Dr John Allingham – LMC
- Cllr Paul Carter – Leader of Kent County Council
- Cllr Roger Gough – Cabinet Member for Business Strategy & Support
- Cllr Lesley Ingham – Swale BC
- Roger Kendall – Kent Links
- Anne Tidmarsh – Director or Commissioning & Provision East Kent & Facilitator

Table 4 Round Up

- Identify the gaps in service. How will the services need to be funded
- Citizen engagement (local)
- Lack of engagement of clinicians. Need to ensure they are on board
- Quick wins linking services better
- Deciding "do-able" priorities
- Improving quality by holding providers to account
- Co-terminus HWB with GPCC
- Different models needed within Kent
- Inequity of service in different areas
- Duplication of bureaucracy
- Creation of monopoly providers and continuity of inadequate services

---

Round up and Conclusions by Roger Gough

- There needs to be a sensible and manageable level of ambition (not too many priorities)
- Importance of communication and engagement with GPs and the wider population in terms of what we are trying to do at each level
- Need to ensure effective relationships between what happens at the Board and local level and the real challenges around that. Building on what we have and the need to ensure that we build effectively
- Relationship with the providers needs to happen. Diversity of provision and managing stability of provision

How to take these ideas forward

KCC will bring something to their July Cabinet meeting
Kent Forum – this will be an item for discussion
Strategic Oversight Board with GPs – this can be discussed
GP Consortia events – KCC will come out and visit GPs

Paul Carter

There is a risk regarding capacity to deliver this change. Who will support the Board and drive it forward? There is money in the Big Society Fund that we could use to do that.

There have been some good conversations this evening and I have been inspired by the two presentations given by the GPs. We all need to reflect on how we can become well established with a Shadow HWBB in 12 months time, trying not to do too much and ensuring that what we choose to do, we can deliver.