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To: Health and Wellbeing Board – 28th September 2011

Subject: Our vision for the role of the Kent Health & Wellbeing Board

Classification: Unrestricted

Summary: Following on from the Health & Wellbeing Board workshop that was held on the 20th July 2011, feedback received expressed clarity on the role, responsibilities and expectations of the Board. This paper supplies some useful supporting documentation to assist with the discussion on the direction of travel for this Board.

1. Background

- 1.1 There have been two very useful H&WBB workshops, one held in March and one in July 2011. At each session notes were taken on each table and these are attached for reference as well as the evaluation from our last workshop.
- 1.2 In order to understand what is happening nationally, a presentation has been attached for information from John Wilderspin, National Director Health and Wellbeing Board Implementation.
- 1.3 A model indicating a possible work programme leading on from discussions in the H&WBB workshops.

2. Clarifying roles

2.1 The Health and Social Care Bill outlines a new role for local authorities for the co-ordination, commissioning and oversight (including scrutiny) of health, social care (both adults and children's), public health and health improvements. Following the enactment of the Bill, Kent County Council (KCC), as the upper tier authority, will have the following key duties:

- Creation of a Health and Wellbeing Board
- Transfer of Public Health and health improvement functions from the PCT, including a ring fenced budget
- Expansion of the health and social care scrutiny functions
- Establishment of the local HealthWatch

2.2 The Health & Wellbeing Board (H&WBB) will become a formal sub-committee of KCC. Statutory Members will be drawn from KCC, Clinical Commissioning Groups (CCG) and Healthwatch. The Health and Social Care Bill identifies statutory members of the H&WBB as:

- At least one councillor of the local authority – Leader of the Council and/or their nominee
- Representative of each relevant CCG (one person may represent more than one CCG with the agreement of the H&WBB)
- Director or Adult Social Services
- Director of Children’s Services
- Director of Public Health
- Representative of the local HealthWatch/LINk organisation
- Such other persons or representatives as the local authority thinks appropriate (this was specifically added to the Bill in recognition of the role and contribution of district councils and other partners to the health and wellbeing agenda)
- NHS Commissioning Board (for JSNA, H&WB Strategy and matters relating to the commissioning functions of the NHS Commissioning Board)

2.3 Before the listening exercise the role of the H&WBB was to:

- Develop a Joint Strategic Needs Assessment (JSNA) for the locality
- Drawing on the JSNA, agree a Joint Health and Wellbeing Strategy
- Ensure individual commissioning plans (health, public health and social care) align with the Joint Health and Wellbeing Strategy

The Future Forum’s view of Health and Wellbeing Boards felt

“There was a degree of uncertainty as to what role the health and wellbeing boards would have in the new system.

They must be tasked with agreeing the priorities for health and care for that community and each party must account to the Board for their obligations to deliver those priorities

We have concluded that the local health and wellbeing boards are a vital part of the system that needs to be put in place”.

2.4 The Government response to the Future Forum is below:

- A new duty to involve users and the public
- A stronger role in promoting joint commissioning and integrated provision between health, public health and social care
- A requirement for CCG’s to involve H&WBB’s as they develop their commissioning plans
- CCG commissioning plans (and other commissioning plans) need to be in line with the Joint Health and Wellbeing Strategy

- A right to refer CCG plans back, or to the NHS Commissioning Board, if they are not in line with the Joint Health and Wellbeing Strategy
- Local authorities can determine how many elected members will be on the Board

Kent County Council was awarded Early Implementer status in March 2011. There is a task group to support this and initial workshops have taken place with interested parties (including GP's)

2.5 Clinical Commissioning Groups

The draft Health and Social Care Bill proposes that groups of clinicians take on the responsibility for commissioning. Working alongside local authorities, particularly the Health and Wellbeing Boards, commissioners will need to deliver a sustainable, patient-focused system.

The Government's response to the Future Forum shows there is a universal agreement that patient care is better if it is based on input from those closest to patients – doctors, nurses and other health and social care professionals – in discussion with patients and carers, the voluntary sector and other healthcare partners.

Clinical Commissioning Groups (called “commissioning consortia” in the Bill as it stands) to organise services for their local populations, supported by a national NHS Commissioning Board. CCG's, as groups of practices, will have responsibility for bringing together a range of health and care professionals, together with patients and the public. The requirement to have a nurse, a hospital doctor and lay people on the CCG governing body will ensure that there is a broader perspective on health and care issues to underpin the work of the CCGs.

GPs and other frontline professionals already make the clinical decisions that determine how most NHS resources are used. Putting them in charge of shaping services will enable NHS funding to be spent more effectively to provide high quality care. Better commissioning can improve quality and save money at the same time, for example by helping people to manage their condition at home and reducing the need to go to hospital.

2.6 National Commissioning Board

The Government proposes establishing an NHS commissioning Board whose role will include supporting, developing and holding to account an effective and comprehensive system of CCGs. The Board will be part of a comprehensive commissioning system for healthcare services. The Board will have a dual role in that it will both deliver its own commissioning functions and ensure that the whole of the architecture is cohesive, co-ordinated and efficient.

The Board's overarching role is to ensure that the NHS delivers better outcomes for patients within its available resources. The Board can fulfil this role through its leadership on delivering the NHS Outcomes Framework, supported by its accountability framework for CCGs, its framework for choice and competition, and its framework for emergency planning and resilience.

“The purpose of the Board will be to use the £80bn commissioning budget to secure the best possible outcomes for patients.”

The most important functions of the NHS Commissioning Board are:

- To agree and deliver improved outcomes and account to Ministers and Parliament for progress. There will be a clear mandate, setting out expectations for the Board and the broader commissioning system;
- To oversee the commissioning budget, ensuring financial control and value for money;
- To develop and oversee a comprehensive system of CCGs with responsibility for commissioning the majority of healthcare services;
- To commission directly around £30bn of services including specialised services and primary care services (including holding around 35,000 contracts for primary care services);
- To support quality improvement by promoting consistent national Quality Standards, a culture which promotes research and innovation and providing world class support for clinically led service improvement and leadership;
- To promote innovative ways of demonstrating how care can be made more integrated for patients;
- To promote equality and diversity and the reduction of inequalities in all its activities;
- To develop commissioning guidance, standard contract, pricing mechanisms and information standards;
- To engage with the public, patients and carers, champion patient interests and ensure patients have access to a wider range of information and services;
- To develop a framework to make choice a reality for patients, setting out guidance in consultation with Monitor about how choice and competition should be applied to particular services;
- To oversee planning for emergency resilience and lead the NHS operational response to significant emergencies; and
- With its partners, develop a medium term strategy for the NHS, which alongside the local priorities developed through H&WBB, helps form the basis for local commissioning plans.

This list is not a comprehensive list but sets out the most important levers.

Values and culture includes:

- A clear sense of purpose focused on improving quality and outcomes;
- A commitment to putting patients, clinicians and carers at the heart of decision-making;
- An energised and proactive organisation, offering leadership and direction;
- A focused and professional organisation, easy to do business with;
- An objective culture, using evidence to inform the full range of its activities;
- A flexible organisation, promoting integration, working across boundaries and performing tasks at the right level, whether national or local;
- An organisation committed to working in partnership to achieve its goals, in particular by developing an effective and mutually supportive relationship with CCGs;
- An open and transparent approach, sharing information freely wherever appropriate; and
- An organisation with clear accountability arrangements and a grip on those things for which it will be held to account.

3.0 Vision for the H&WBB

- 3.1 It is important that collectively we describe what the Kent vision is for the H&WBB. We also need to collectively agree the work programme and the regularity of meetings whilst we move through this Shadow period.
- 3.2 Delegates are asked to participate in this group discussion that will shape the way the Kent Health and Wellbeing Board will work during its Shadow form.

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