

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

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To: Adult Social Care and Public Health Policy Overview & Scrutiny Committee

Subject: **Update on the Kent Health & Wellbeing Board**

Classification: Unrestricted

Summary: Following the approval by Selection and Members Services Committee on the 7th June and Full County Council on the 21st July, the Shadow Health and Wellbeing Board was established as a statutory committee of Kent County Council. This paper explains the progress that has been made to date and gives a bit of background on groups that will feed into the Board.

1. Background

- 1.1 There have been two (H&WBB) workshops, one held in March and one in July 2011. Following on from the Full County Council in July 2011, the first Shadow H&WBB met on the 28th September 2011.
- 1.2 It was agreed Cllr Roger Gough be Chairman of the Shadow Health and Wellbeing Board.
- 1.3 As an early implementer, KCC is working very closely with John Wilderspin, National Director Health and Wellbeing Board Implementation.
- 1.4 This committee will meet every two months with the next meeting scheduled to take place on the 23rd November.

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) as clearly identified statutory members who are listed below:

- 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 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.

2.4 Clinical Commissioning Groups (called “commissioning consortia” in the Bill as it stands) are 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.

2.5 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 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 ensures that the whole of the architecture is cohesive, co-ordinated and efficient.

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

3.0 The first Shadow H&WBB

3.1 There was active participation from many representatives at the first meeting. The key agenda items were:

- detailed presentation on the “Needs of the Population driving change in Commissioning”
- A discussion took place on the “Vision and role of the H&WBB”
- a presentation on the “Clinical Commissioning Group Authorisation process”

3.2 it was agreed that the Committee would sign off the outline of the H&WBB Strategy and the Joint Strategic Needs Assessment before moving into final shadow form in April 2012.

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