

## 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 Council Chamber, Sessions House, County Hall, Maidstone on Wednesday, 28 September 2011.

PRESENT: Dr Fiona Armstrong, Dr B Bowes, Mr P B Carter, Dr S Chaudhuri, Cllr J Cunningham, Mr G K Gibbens, Mr R W Gough, Cllr L Ingham (Substitute for Mr A Bowles), Mr R Kendall, Dr S Lundy (Substitute for Dr M Jones), Mr M Newsam, Ms M Peachey, Dr R Pinnock, Dr G Singh, Mr A Stibbs (Substitute for Dr T Martin), Ms A Sutton, Mrs J Whittle and Cllr M Worrall

ALSO PRESENT: Cllr R Davison, Ms K Kerswell, Dr D O'Neill, Ms D Stock, Dr J Thallon, Mr R Tolputt and Mr C Tomson

IN ATTENDANCE: Ms D Benton (Staff Officer to the Cabinet Member for Business, Strategy, Performance and Health Reform), Ms S Brown (Business Manager - Public Health Unit), Mr P Sass (Head of Democratic Services) and Mr D Whittle (Policy Manager)

#### UNRESTRICTED ITEMS

##### **1. Welcome**

*(Item 1)*

Peter Sass, Head of Democratic Services (Kent County Council) welcomed all to this first formal meeting of the Shadow Health and Wellbeing Board.

##### **2. Election of Chairman**

*(Item 4)*

It was proposed by Ann Sutton, seconded by Graham Gibbens that Roger Gough be elected as Chairman. There being no other nominations, it was:

Resolved: that Mr Roger Gough be elected Chairman of the Shadow Health and Wellbeing Board.

(Roger Gough took the Chair)

##### **3. Terms of Reference and Standing Orders**

*(Item 5)*

The Chairman proposed the adoption of the draft Terms of Reference and Standing Orders, which had been approved by Kent County Council.

Resolved: that the Terms of Reference and Standing Orders for the Shadow Health and Wellbeing Board be adopted as set out in the Board papers.

#### **4. Code of Conduct**

*(Item 6)*

The Chairman proposed the adoption of the Cabinet Office 'Code of Conduct for Board Members of Public Bodies.'

Resolved: that the Cabinet Office 'Code of Conduct for Board Members of Public Bodies' be adopted as being applicable to all Members of the Shadow Health and Wellbeing Board.

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

*(Item 3)*

The following interests were declared by Shadow Board Members:

Dr Sourja Chaudhari, Clinical Lead, Dover Locality, South Kent Clinical Commissioning Group (CCG), declared an interest in item 10 (Dover District Council (DDC) – Early Implementer – Health and Wellbeing Board)

Dr Roger Pinnock – Chair of Ashford CCG sought clarification that the fact GPs held an NHS PMS or GMS contract did not constitute a declarable interest. This was confirmed.

Jenny Whittle, Cabinet Member for Specialist Children's Services, KCC, declared an interest as her husband, who worked for KCC as a Policy Manager, had authored a number of the reports for the Health and Wellbeing Board.

Mark Worrall, Leader of Tonbridge and Malling Borough Council, declared in interest in view of him being a Non Executive Director of the Maidstone and Tunbridge Wells NHS Trust as well as the Chairman for Age Concern Malling.

Dr Garry Singh, Clinical Lead, Maidstone and Malling CCG, as his surgery provided services to prisoners in West Kent.

Peter Sass undertook to compile a register of Members' interests for retention centrally.

#### **6. Needs of the Population driving change in Commissioning - Presentation of Case Studies**

*(Item 7)*

Declan O'Neill, Director of Kent Public Health, gave a presentation of a number of case studies relating to the needs of the population driving change in commissioning.

It was noted that the Health and Wellbeing (HWB) Strategy would be informed by the Joint Strategic Needs Assessment (JSNA) and would provide direction and assist commissioners in making decisions. There was a detailed discussion about the

drafting, consultation and finalisation of the JSNA and a number of clear messages came through:

- Through the Shadow Health and Wellbeing Board, there was an opportunity to ensure that the JSNA was more inclusive and used more to influence policy decisions than previously and that public health colleagues needed to work more closely with primary care and social care.
- Opportunities also existed for better engagement with the CCGs in the development of the JSNA and that connections needed to be made with the wider determinants of health and wellbeing, e.g. housing conditions, regeneration and environment
- In relation to the overall spend on health, Paul Carter stated that the Board needed to better understand the reasons for commissioning decisions, where the money goes and the extent to which CCGs and GPs are involved in the future and how things could be done differently for collective gain.
- In view of the responsibility that the Health and Wellbeing Board would have in holding CCGs to account, the ideal way forward would be to seek to establish the Health and Wellbeing Strategy by April 2012, so that there would be a period of 12 months in shadow form.
- Mark Worrall suggested that the outline template for the JSNA should be shared as widely as possible, including organisations in the third sector, church charities, Age UK etc, to ensure that the JSNA was as robust and accurate as possible

The Group agreed a way forward as follows:

1. Meradin Peachey to report to the next meeting of the Shadow Health and Wellbeing Board on the process and progress of developing the JSNA, including the arrangements for engaging the CCGs.
2. The Shadow Board would be asked via the Evaluation forms whether they wanted a separate workshop for the JSNA and, in particular, how it contributed to the Health and Wellbeing Strategy.

## **7. Our Vision for the Role of Kent Health and Wellbeing Board** *(Item 8)*

The Board was asked to discuss its vision for the role of the Kent Health and Wellbeing Board. In particular, the Board was invited to consider a number of issues, as follows:

- What the H&WBB can do?
- How does the Board lead on population health and health economy?
- What decisions does the Board need to make on ensuring Health Improvement?

- How does the Board assist with the joining up of Health, Social Care and Public Health?
- How does the Board do things differently and allow others to do the same?
- How does the Board ensure that it addresses the health and wellbeing of children?
- What factors does the Board need to take into account in the development of its work programme?
- What strategic direction does the Board want to give?

Referring to the proposed timetable for the formal establishment of Health and Wellbeing Boards and Healthwatch on page 49 of the agenda, the consensus of the meeting was that there was a lot of work to do very quickly, particularly if the refreshed JSNA was to lead to the compilation of a successful Joint Health and Wellbeing Strategy.

Jenny Whittle requested implementation of integrated provision of occupational therapy waiting times for children and young people and that the lessons learned from integration needed to be reflected in the work of the Board.

Board Members commented on the need to manage the relationship with the acute providers in a different way; the acute providers were too influential and powerful and there were a number of examples where services would be better being led in the community and away from acute providers, e.g. dermatology. The Board agreed that a paper on relationships with providers should be brought to the next meeting, to include examination of the concept of Pathway Advisory Groups (PAGs) put forward by KCC in its submission to the NHS Futures Forum and other possible mechanisms by which providers could be engaged.

The Chairman also endorsed the comments made by Meradin Peachey that all Board Members should join one of the national learning sets and reminded colleagues to respond to the e-mail that had recently gone out.

## **8. Clinical Commissioning Group Authorisation Process - Presentation** (Item 9)

The Board received a presentation from Dr James Thallon, Medical Director, Kent and Medway PCT in relation to the Clinical Commissioning Group (CCG) authorisation process. The key points arising from the presentation and ensuing discussion were as follows:

- The NHS Commissioning Board would be the authorising body but the Board had not yet been established.
- There was no “right size” for CCGs; however it was felt that in order to be effective, they should be small enough to work closely with their stakeholders

yet large enough to avoid the problems associated with Primary Care Groups, i.e. capacity and affordability.

- The role of the County Council Chief Executive (Managing Director) needed to be clarified with the SHA
- The CCG toolkit was an iterative process and it was accepted that some of the guidance doesn't yet exist; therefore there were opportunities to shape the authorisation process and promote individuality
- CCG commissioning plans needed to relate to the JSNA

The Chairman stated that the Board should re-examine the authorisation process again early in the New Year, which was supported by the Board.

## **9. Dover District Council (DDC) early implementer Health and Wellbeing Board**

*(Item 10)*

The Board noted that Dover District Council had been awarded early implementer status by the Department of Health, as it seeks to identify best practice for HWBs operating in two tier local government areas. The Board noted that the scale of activity already undertaken in Dover was distinctive and the report discussed how the Dover HWB might best be established to complement and support the relative roles that District and County level HWBs might play whilst in shadow form. The Board noted that the proposal for the creation of a Sub Committee for the Dover HWB was the most appropriate way forward in this instance as a testing ground for local, sub-County and the issues that this raised, although this would not necessarily be a precedent for the future.

Resolved: that

(1) Dover DC be invited to agree that its early implementer HWB should be a sub-committee of the county-wide HWB for the duration of the period that the County HWB is operating in shadow form (i.e. until April 2013); and

(2) the Director of Public Health (as the lead officer for health reform), be authorised to liaise with Dover DC and agree terms of reference, membership and a Memorandum of Understanding (MOU) over the practical operation of the Dover HWB, in consultation with the Director of Governance and Law (KCC).

## **10. Developing a Communication Strategy for the Health and Wellbeing Board**

*(Item 11)*

The Chairman suggested that, in view of the time of the evening, Board Members should give their views on the proposed Communication Strategy for the HWB on the evaluation form or via e-mail to Meradin Peachey.

**11. Future dates to April 2013 (Oral report)**  
*(Item 12)*

The Chairman stated that KCC officers would suggest a number of future meeting dates and times and circulate these to Board Members.