The Kent Health and Wellbeing Board 2014-2015

1. Introduction

This is the annual report for the Kent Health and Wellbeing Board for 2014/15. During this time the health and social care system experienced serious challenges including rising demand and limited resources. These challenges have fuelled the necessity for finding alternative ways to provide the services and care people need whilst increasing the quality of care they experience. Government policy has also driven the requirement to integrate the services we jointly provide and the ways in which they are commissioned.

The Kent Health and Wellbeing Board is at the forefront of these developments and has attracted significant national attention for how it has gone about its business.

2. The changing world of health and social care

As people enjoy longer lives, thanks in large part to advances in medical treatments, they also acquire long-term conditions that mean they need more help and support. In Kent population forecasts between 2010 and 2026 highlight that the number of 65+ year olds is to increase by 43.4% yet the population aged below 65 is only forecast to increase by 3.8% This will mean that Kent will have a relatively smaller population aged 20-49 years and considerable pressures on health and social care services as a result of services required for an ageing population.

Health and social care services will need to change to meet these different circumstances and the increased pressures they generate. This will affect the way services and care are funded, commissioned and provided. The Kent Health and Wellbeing Board brings together the key decision makers from across the County so that a more sustainable model of health and social care can be developed based, on integration. It is designed to improve the quality of care people receive and hopefully reduce costs, with more people living independently within the community, leading to less reliance on expensive and unnecessary hospital admissions.

Major initiatives from NHS England have been launched to find ways to meet these challenges such as the Health and Social Care Integration Pioneer Programme, the Better Care Fund and the Five Year Forward View and all have come within the scope of the Kent Health and Wellbeing Board.

3. The role of the Kent Board and its membership

The Kent Health and Wellbeing Board is a statutory body established by the Health and Social Care Act 2012 as a formal committee of the County Council. The Kent Board is composed of all the organisations that are responsible for the planning and commissioning of health and social care services in the county. The Act specified a minimum membership that in Kent has been extended to include representatives of district councils, recognising we operate in a two tier authority area where district colleagues are critical partners.

The member organisations and their representatives are:

Kent County Council
Chair of the Board, Leader, Cabinet Members for Adult Social Care and Children's services, Director of Adult Social Care and Children's services, and Director of Public Health, Director of Clinical Engagement

Seven Clinical Commissioning Groups
The Accountable Officer and CCG Board Chair

Healthwatch Kent County Council
Chief Executive

NHS England
Area Team

Three representatives from District Councils
Selected by the Leaders of Kent councils

Under the Health and Social Care Act 2012 the Kent Board has five responsibilities:

- To ensure that a Joint Strategic Needs Assessment that identified the health priorities for the population is produced
- To ensure that a Pharmaceutical Needs Assessment is produced
- To ensure that a Joint Health and Wellbeing Strategy, based on the Joint Strategic Needs Assessment is produced
- To ensure that the commissioning plans of the CCG's and Kent County Council (social care and public health) properly reflect the needs identified in the Joint Strategic Needs Assessment and the priorities within the Joint Health and Wellbeing Strategy
- To promote the integration of health and social care

The Kent Health and Wellbeing Board is chaired by KCC Cabinet Member for Education and Health Reform, Cllr Roger Gough, and meets every two months. It met 6 times between April 2014 and March 2015. The Board does not have any dedicated resources and is administered as a Committee of Kent County Council by Democratic Services, a Secretariat of KCC.

The terms of reference for the Kent Health and Wellbeing Board are attached to this report as Appendix 2.

4. Substructures

In a county the size and complexity of Kent it is not possible for the Board to fulfil its responsibilities without a supporting structure where a lot of its work is conducted. In Kent a district based health and wellbeing board in Dover and Folkestone was established by the Department of Health in the period prior to the formal introduction of health and wellbeing boards as part of the "pathfinders" programme. To facilitate the work of the County level board Kent, uniquely, decided to expand this model and there are now seven local health and wellbeing boards, based on CCG geography, and with full representation from all relevant district councils that are formal subcommittees of the Kent board.

Other subgroups have been established to assist the Kent board for specific purposes.

The Kent Children's Health and Wellbeing Board focusses on issues relevant to our younger population.

The Kent Health and Social Care Integration Pioneer Steering Group is responsible for delivering the NHS England integration pioneer programme of which Kent was a founder member.

The Better Care Fund Assurance Group monitors the progress of the Better Care Fund (see below) plans developed to promote integration

The Multi-Agency Data and Information Group brings together the relevant data, information and intelligence from a variety of organisations to inform the business of the Board

Task and Finish groups are established as required. For example a group looking at workforce issues is currently meeting having been agreed in 14/15 to meet in 15/16.

5. The work of the Board

The Board successfully fulfilled its statutory requirements (as described above) in 2014/15.

To ensure that a Joint Strategic Needs Assessment (JSNA) that details the health needs of the population is produced.

The Board has received regular reports concerning development of the JSNA that was first completed in 2014. The JSNA is now due for substantial revision, having completed its first cycle, and this process has started. The new JSNA will be presented to the Board at its meeting of May 2016.

The current Kent Joint Strategic Needs Assessment can be found at:

http://www.kmpho.nhs.uk/jsna/

To ensure that a Pharmaceutical Needs Assessment is produced.

The Pharmaceutical Needs Assessment for Kent was presented to the Board at its meeting of 18th March 2015 following interim consideration at the meeting of 17th September 2014.

The current Pharmaceutical Needs Assessment for Kent can be found at:

http://www.kmpho.nhs.uk/reports-and-strategies/pharmaceutical-needs-assessments/kent-pharmaceutical-needs-assessments/

To ensure that a Joint Health and Wellbeing Strategy that reflects the needs identified in the JSNA is produced.

A new edition of the Joint Health and Wellbeing Strategy for 2014 - 2017 has been produced and was published in July 2014. This strategy builds on the initial one year strategy that was published in 2013.

The current Kent Joint Health and Wellbeing Strategy can be found at :

http://www.kent.gov.uk/__data/assets/pdf_file/0014/12407/Joint-Health-and-Wellbeing-Strategy.pdf

To confirm that the commissioning plans of the Clinical Commissioning Groups (CCGs), and the local authority (social care and public health) correspond with the priorities of the Joint Health and Wellbeing Strategy

The commissioning plans of the seven Clinical Commissioning Groups in Kent were presented to the Board and agreed at its meeting of 18th March 2015. Commissioning plans for Adult Social Care and NHS England, were considered and agreed at the meetings of 26th March 2014 and 20th May 2015. Children's Services and Public Health commissioning plans were agreed by the board at the meeting of 28th May 2014. These reports can be found at the following locations:

https://democracy.kent.gov.uk/documents/g5465/Public%20reports%20pack%2026th-Mar-2014%2018.30%20Health%20and%20Wellbeing%20Board.pdf?T=10

https://democracy.kent.gov.uk/documents/g5466/Public%20reports%20pack%2028th-May-2014%2018.30%20Health%20and%20Wellbeing%20Board.pdf?T=10

https://democracy.kent.gov.uk/documents/g5833/Public%20reports%20pack%2020th-May-2015%2018.30%20Health%20and%20Wellbeing%20Board.pdf?T=10

To promote the integration of health and social care services

The Board has devoted a lot of time to this responsibility. In particular it has overseen the introduction and implementation of the Better Care Fund. This programme was announced by government in 2013 to promote the pooling of budgets and the development of joint initiatives by health and social care organisations designed to reduce demand for hospital services. Implementation has required establishing statutory s75 agreements (pooled budget arrangements) with each of the seven CCGs in Kent that have brought £101 million of existing CCG budgets together.

The Kent proposals for the Better Care Fund were considered and endorsed by the Health and Wellbeing Board at the meetings of :

16th July 2014; 17th September 2014; 28th January 2015; and 18th March 2015.

The Better Care Fund plans can be found at:

http://www.kent.gov.uk/__data/assets/pdf_file/0015/12471/Better-Care-Fund-introduction-and-vision.pdf

The Board is also responsible for the Health and Social Care Integration Pioneer programme in Kent. This is a government initiative designed to bring all health and social care organisations in the county together to identify opportunities for more integrated working that is intended to improve the experience of patients whilst reducing costs. The Integration Pioneer programme should also identify the barriers that prevent organisations achieving the integration they aspire to.

The Kent Health and Social Care Integration Pioneer programme has reported progress to the Health and Wellbeing Board at the meetings of 19th November 2014 and 28th January 2015

The latest annual report for the Kent Integrated Care and Support Pioneer Programme can be found at:

http://www.local.gov.uk/documents/10180/6927502/Integrated+Care+Pioneer+Programme+Annual+Report+2014/76d562c3-4f7d-4169-91bc-69f7a9be481c

Kent's approaches towards the Better Care Fund and the Integration Pioneer programme have both attracted national recognition and have been cited as examples of good practice. Our Integration Pioneer programme has also developed an international reputation and is working in partnership with other countries in Europe and Japan.

Other national initiatives are also being trialled in Kent including the Prime Minister's Challenge to transform primary care services currently being implemented in Folkestone. This has successfully demonstrated how targeted investment can be used to develop co-operation between practices to deliver an 8:00 a.m. to 8:00 p.m. GP service for the area. The new working practices this entails may also be helpful in retaining and recruiting GPs who find them attractive.

6. Five Year Forward View – Vanguard Programme

The Board is involved with the development of the "New Models of Care" being developed as part of the NHS England Five Year Forward View and how they are being implemented in Kent.

During 2014/15 developments at Whitstable Medical Practice (Estuary View) were recognised as one of 29 examples across the country within the Vanguard programme associated with the NHS England Five Year Forward View. This is a major initiative that has the potential to transform the delivery of primary, hospital and social care and provide a model for other areas to adopt.

7. Other business

Apart from its statutory responsibilities the Kent Health and Wellbeing Board has also concerned itself with a number of other issues such as maintaining oversight of the implementation of the Joint Health and Wellbeing Strategy.

The five outcomes of the Joint Health and Wellbeing Strategy are:

- Every child has the best start in life
- Effective prevention of ill health by people taking greater responsibility 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 issues are supported to 'live well'
- People with dementia are assessed and treated earlier, and are supported to live well

The Kent Health and Wellbeing Board monitors progress and performance against key indicators for each of the five outcomes, tending to focus on specific outcomes at particular meetings. To this end

the Board has received reports and presentations on key issues throughout the year including dementia, learning disability, mental health and children and young people. Progress on all outcomes will continue to be reported to the Board in 2015/16 and beyond. Key indicators are also contained within the Assurance Framework (see below). In addition the local Health and Wellbeing Boards also maintain an oversight of how these outcomes are being delivered at a CCG level.

Winter 2014/15

The pressures on the system generated by the changing demography of Kent residents became starkly apparent over the winter of 2014/15. Trends that have been observed over a number of years tested the system with an increased demand for hospital admissions from very old, frail and sick people. Bed occupancy rates in three of our four acute hospital trusts were significantly above 90% and the number of bed days identified as due to delayed transfers of care increased by 15% in the Winter quarter.

Whilst largely the increased demand emanated from people who needed to be admitted to hospital it became apparent that lack of high level support services or facilities elsewhere meant that they stayed longer than necessary. The "Out of Hours" service also experienced serious difficulty. In addition demand for highly intensive home care services exceeded the ability of the market to supply them and discharging patients became increasingly difficult.

Generally the system in Kent was able to deal with the pressures, indeed better than a number of other areas of the country, but the experience provided a focus for the Board to review how Kent as a whole had coped and what lessons needed to be learnt for the coming year.

The Kent Assurance Framework

In response to the Francis report into the circumstances of the Mid Staffordshire hospital scandal and events at Winterbourne View the Board has developed an "Assurance Framework" that reports regularly on a suite of indicators designed to highlight when stresses may be appearing across the system, the indicators from the Joint Health and Wellbeing Strategy, and those relating to the Better Care Fund. In this way the Board is kept up to date with how the system is responding to the demands being placed upon it and progress towards the outcomes of the Health and Wellbeing Strategy. The Board has also commissioned Healthwatch Kent to identify and explore ways to address the key issues in the health and care system that may affect the quality of service that people experience.

8. Wider recognition and profile

The Kent Health and Wellbeing Board has been recognised nationally as an example of good practice and its views are sought regularly on how boards more generally can be effective. The Chair of the Kent Board, Roger Gough has been invited to speak at a number of events concerning Health and Wellbeing Boards. This has ensured that the Kent Board has maintained a high profile at national level.

The Board itself has hosted events related to its activities and responsibilities. The Board brought all commissioners and providers alongside representatives from KCC, the Voluntary and Community Sector and district councils to begin discussions about the Better Care Fund following its announcement. This event led directly to significant system progression including a ground-breaking

Executive Programme Board in the North of the county designed to ensure effective development of new integration programmes.

A Provider Networking event took place on the 22nd September 2014, hosted by East Kent Hospitals University Foundation Trust.

In addition Simon Stevens, the Chief Executive of NHS England, welcomed an invitation to visit the Board and its wider group of stakeholders to discuss the implementation and implications of the Five Year Forward View, shortly after its publication.

9. Endorsement, consideration and support

A number of issues have been presented to the Board for their consideration and endorsement. In 2014/15 these have included the implications of The Care Act, the Kent Accommodation Strategy that describes how Kent will meet the accommodation needs for people needing additional support, the contribution that the Kent Fire and Rescue Service can make towards people's health and wellbeing, systems resilience, and the restructure of the Early Years' Service.

10. Into 2015-2016

Tackling the big issues

The Health and Wellbeing Board has adopted a remit to try and tackle big structural issues within the system that are affecting our ability to deliver the care and treatment people need as we would wish. In a system as large and complex as health and social care there are many potential problems with the structures and processes we work within. The NHS financial system of Payment by Results is increasingly being recognised as being unhelpful to service redesign in some instances; managing the current financial situation is a challenge and the division between primary care and the acute sector can also be problematic. When Simon Stevens visited Kent he was clear that all of these needed to be addressed in order for the Five year Forward View to be able to succeed.

Above all problems related to workforce have been identified by all partners as an absolutely critical issue that is hindering the maintenance and development of the services they provide. These include difficulties in recruiting A&E Consultants, ensuring general practice is sustainable, finding sufficient and appropriately qualified nursing staff to ensure recommended safe staffing levels in hospitals, and very serious capacity problems in the social care workforce especially domicillary care.

The problems are multi-faceted and long-standing. For example the age profile of GPs working in Kent means many will be retiring in the near future. New entrants to the profession are more likely to want to work part-time and are also less inclined to adopt the traditional model of GP employment as partners in their own practice "business". This produces a number of challenges, not only in training sufficient doctors, which takes on average 7 years, but also in changing the way practices operate to accommodate the changes to working practices that new GPs will find attractive.

More broadly the whole primary care workforce is changing, requiring a different mix of skills than in the past and working in different contexts. For example GPs may need different training in order to understand the needs of greater numbers of patients with complex health issues living in the community. In some areas of Kent paramedic practitioners are now working with primary care, not just in the ambulance service. These roles are also developing in GP practices to visit patients and determine their most appropriate treatment and care, thereby reducing the pressure on GPs and also helping to avoid unnecessary hospital admissions.

Nurse recruitment is also problematic. The new training initiatives proposed by NHS England depend not only on adequate finance but often more critically on the availability of training placements which are nationally in short supply. Proposals to increase the number of nurses in any particular specialty, for example Health Visitors, may in practice lead to qualified nurses from other disciplines, especially adult hospital nursing, moving from one to another. Recruitment from abroad is actively pursued by most of our major providers but this can lead to an "internal market" within Kent to recruit and train staff from overseas and there is an additional lure towards London hospitals which can offer higher rates of pay.

Social care staff are often paid at minimum wage levels and these can be less attractive than alternative opportunities offered in the retail and catering sectors where the work is arguably less demanding as well as being better re-numerated. High property prices and cost of living can also affect the ability to recruit and train local people into lower paid jobs.

All areas of the country are struggling with these challenges but unless we can recruit and retain appropriate numbers of the right staff we will not be able to establish a high quality and sustainable system in Kent. We will need to move away from specific job roles and understand the skills needed to deliver care differently. This will also bring challenges.

Finding solutions

In Kent health and social care are facing shortages of GPs, some Consultants, nurses, therapists, and care workers.

The measures we are currently employing such as recruitment from abroad and use of agency staff offer only short term solutions. We need to find a way to ensure that the right workforce with the right qualifications is being created for the integrated services for health and social care we are developing.

Training opportunities within Kent need to be maximised to ensure we train our workforce and help them to stay in Kent but factors such as the lack of a teaching hospital in Kent makes "growing your own" more difficult. There are also other barriers that need to be removed such as the quota system for training places, especially nurses, that prevent universities offering more places on courses to meet demand.

We also have to devise new employment practices that respond to people's changing expectations for part-time and flexible working and a healthy work/life balance. New career pathways need to be

introduced, especially within social care but also for the integrated services that are essential to provide the better care we need to deliver.

Following a presentation from NHS Health Education England that gave a comprehensive overview of workforce challenges the Kent Health and Wellbeing Board has established a working group with a specific remit to investigate the issues affecting the health and social care workforce in Kent. They are currently hearing from a wide range of stakeholders, including commissioners, providers, Healthwatch, NHS Health Education England, and NHS England to determine what we can do in Kent to improve our workforce situation. The group has received feedback from various sources across the County including a recent careers and workforce event for school pupils in East Kent and the working group will also draw on other work being undertaken by a range of others. In particular Canterbury Christchurch University is implementing new training programmes for nurses which include experience of working in general practice to familiarise student nurses with work in primary care. The intention is that this will encourage more nurses to opt to work in primary care when they qualify.

Recommendations from the working group will be reported early in the New Year.

Integration

Kent has been at the forefront of the drive towards integration. Our Integration Pioneer programme and Better Care Fund plans are nationally respected as best practice. In addition we host one of the 29 original Vanguards for New Models of Care proposed in NHS England's Five Year Forward View. These Vanguards are designed to develop and test new approaches to services and care. Based on the concept of integration the Whitstable Medical Centre is a vanguard "Multi-specialty Community Provider" (MCP) that is redefining how Primary Care operates.

As an MCP Whitstable Medical Centre is bringing a variety of services and interventions that previously have been available only in hospitals much closer to the community of patients they serve. X ray and other diagnostic tests can be done on site, obviating the need for visits to the local hospital; minor operations can be done at the centre and emergency treatment for those not requiring all the facilities of a major hospital can also be carried out. Ambulances can deliver appropriate patients straight to the Whitstable Medical Practice, reducing pressure on hard pressed Accident and Emergency Units and reducing the likelihood of people being admitted to the hospital. Plans have already been developed for a nursing and residential care home facility on-site enabling rapid access to medical assistance if required, again reducing the need for people to go to hospital when taken ill. The Vanguard is intended to explore whether this model of care is robust enough to serve the needs of a population in excess of 100,000 people and how it could be rolled out to other areas or nationally.

Integration is also happening in other ways and other places in Kent. In the North of the County Commissioners and providers are working together to redesign how they deliver their services. The Executive Programme Board for Dartford, Gravesham, Swanley and Swale is developing a range of programmes to improve the experience of people receiving care and treatment whilst using resources more effectively through joint and partnership working. The extensive development in

the Ebbsfleet area, that is currently the subject of an application to the government's recently announced Healthy New Towns programme, provides a rare and exciting opportunity to design a local health and social care system from scratch.

The Better Care Fund also focussed attention on how integration was being progressed in Kent. Although its definition narrowed somewhat as it was implemented the BCF encouraged dialogue and partnership between different parts of the system. However it became apparent that, on its own, establishing the fund is not sufficient to deliver the scale and speed of integration necessary in Kent and we need to work hard at all the other aspects involved.

Similarly the Pioneer programme has provided a very useful forum to consider issues that can potentially impede progress towards better integration and produce solutions to overcome these. This has been particularly true in the very complex area of sharing information and data between different organisations within the system. Solutions generated by our Pioneer programme have been truly innovative and recognised nationally.

However, despite all the good work and progress on numerous issues much remains to be done, particularly with regard to increasing the pace of integration and evaluating and then rolling out successful programmes across the county. This will provide a major area of work for the Health and Wellbeing Board going forward.

The Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS)

The Health and Wellbeing Board is responsible for the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy. The updated strategy was published in 2014 and runs until 2017. The current JSNA is due for revision in 2016. The Health and Wellbeing Board continues to develop both of these to ensure they remain relevant to changing circumstances and needs of those that use them, especially commissioners who must take them into account when producing their plans and intentions.

A major event was held in June 2015 to consider how useful stakeholders were finding the JHWS. The feedback was that the strategy was broadly on track but that there were some changes in emphasis that would be helpful going forward.

The revision of the JSNA was the focus of another event held in September. A key challenge from Commissioners was that although the JSNA provided useful information it was less helpful in analysing the implications of the data to inform their decisions on investment, and disinvestment, in services. In Kent we are moving beyond the original conception of the JSNA and a working group is now looking at how a "JSNA Plus" can be developed that will include trend analysis, predictive modelling and value for money tools. A proposal on this model will be brought to the Health and Wellbeing Board in the New Year.

APPENDIX 1

Substantive agenda items taken by the Kent Health and Wellbeing Board in 2014/15

28th May 2014

Public Health Commissioning Plans
Children's Commissioning Plans
Health and Wellbeing Strategy and engagement plan
Accommodation strategy
Assurance Framework

16th July

Dementia care and support
Kent Fire and Rescue Service
Health and Wellbeing Strategy
Better Care Fund (National Review)
Potential merger Ashford and Canterbury and Coastal CCGs
Assurance Framework
Joint Strategic Needs Assessment /Joint Health and Wellbeing Strategy Steering Group report

17th September

BCF update
Quality and the Health and Wellbeing Board
Pharmaceutical Needs Assessment
Healthwatch Annual Report

19th November

Joint Health and Social Care Self-Assessment – Learning Disability
Kent Safeguarding Children Board Annual Report
Care Act
Integration Pioneer update
System Resilience
Minutes of local boards, Children and Young People's Health and Wellbeing Board and Emotional Health and Wellbeing Strategy
Delivering the Joint Health and Wellbeing Strategy – reports from local boards

28th January

Strategic Workforce issues
Early Years Restructure
Integration Pioneer update and Five Year Forward View
Assurance Framework and update on Quality
Better Care Fund s75 arrangements
Children's Health and Wellbeing Board minutes
Local Health and Wellbeing Board minutes

18th March

Review of CCG commissioning plans
Better Care Fund s75 arrangements
Pharmaceutical Needs Assessment
Protocol for joint working between Health and Wellbeing Board, Children and Young People's Health and Wellbeing Board, and the Kent Safeguarding Children Board
Minutes of local Health and Wellbeing Boards

APPENDIX 2

Kent Health and Wellbeing Board

Governance Arrangements

Role

The Kent Health and Wellbeing Board (HWB) leads and advises on work to improve the health and wellbeing of the people of Kent through joined up commissioning across the NHS, social care, public health and other services (that the HWB agrees are directly related to health and wellbeing) in order to:

• secure better health and wellbeing outcomes in Kent

• reduce health inequalities and

• ensure better quality of care for all patients and care users.

The HWB has a primary responsibility to make sure that health care services paid for by public monies are provided in a cost-effective manner.

The HWB also aims to increase the role of elected representatives in health and provide a key forum for public accountability for NHS, public health, social care and other commissioned services that relate to people's health and wellbeing.

Terms of Reference:

The HWB:

1. Commissions and endorses the Kent Joint Strategic Needs Assessment (JSNA), subject to final approval by relevant partners, if required.

2. Commissions and endorses the Kent Joint Health and Wellbeing Strategy (JHWS) to meet the needs identified in the JSNA, subject to final approval by relevant partners, if required.

3. Commissions and endorses the Kent Pharmaceutical Needs Assessment, subject to final approval by relevant partners, if required.

4. Reviews the commissioning plans for healthcare, social care (adults and children's services) and public health to ensure that they have due regard to the JSNA and JHWS, and to take appropriate action if it considers that they do not.

5. Has oversight of the activity of its sub committees (referred to as Clinical Commissioning Group level Health and Wellbeing Boards), focussing on their role in developing integrated local commissioning strategies and plans.

6. Works alongside the Health Overview and Scrutiny Committee (HOSC) to ensure that substantial variations in service provision by health care providers are appropriately scrutinised. The HWB itself will be subject to scrutiny by the HOSC.

7. Considers the totality of the resources in Kent for health and wellbeing and considers how and where investment in health improvement and prevention services could improve the overall health and wellbeing of Kent's residents.

8. Discharges its duty to encourage integrated working with relevant partners within Kent, which includes:

• endorsing and securing joint arrangements, including integrated commissioning where agreed and appropriate;

• use of pooled budgets for joint commissioning (s75);

• the development of appropriate partnership agreements for service integration, including the associated financial protocols and monitoring arrangements;

• making full use of the powers identified in all relevant NHS and local government legislation.

9. Works with existing partnership arrangements, e.g. children's commissioning, safeguarding and community safety, to ensure that the most appropriate mechanism is used to deliver service improvement in health, care and health inequalities.

10. Considers and advises Care Quality Commission (CQC) and NHS Commissioning Board; monitors providers in health and social care with regard to service reconfiguration.

11. Works with the HOSC and/or provides advice (as and when requested) to the County Council on service reconfigurations that may be subject to referral to the Secretary of State on resolution by the full County Council.

12. Is the focal point for joint working in Kent on the wider determinants of health and wellbeing, such as housing, leisure facilities and accessibility, in order to enhance service integration.

13. Reports to the full County Council on an annual basis on its activity and progress against the milestones set out in the Key Deliverables Plan.

14. Develops and implements a communication and engagement strategy for the work of the HWB; outlining how the work of the HWB will:

• reflect stakeholders' views

• discharge its specific consultation and engagement duties

• work closely with Local HealthWatch.

15. Represent Kent in relation to health and wellbeing issues in local areas as well as nationally and internationally.

16. May delegate those of its functions it considers appropriate to another committee established by one or more of the principal councils in Kent to carry out specified functions on its behalf for a specified period of time (subject to prior agreement and meeting the HWB's agreed criteria).

Membership

The Chairman is elected by the HWB.

1. Kent County Council:

• The Leader of Kent County Council and/or their nominee*
• Executive Director for Families and Social Care*
• Director of Public Health*
• Cabinet Member for Adult Social Care & Public Health
• Cabinet Member for Business Strategy, Performance and Health Reform
• Cabinet Member for Specialist Children's Services
• Any other County Council Member necessary for the effective discharge of HWB functions

2. Clinical Commissioning Group: up to a maximum of two representatives from each consortium (e.g. Chair of the CCG Board and Accountable Officer)*

3. A representative of the Local HealthWatch* organisation for the area of the local authority.

4. A representative of the NHS Commissioning Board Local Area Team*

5. Three elected Members representing the Kent District/Borough/City councils (nominated through the Kent Council Leaders)

*denotes statutory member.

Procedure Rules

1. Conduct. Members of the HWB are expected to subscribe to and comply with the Kent County Council Code of Conduct. Non-elected representatives on the HWB (e.g. GPs and officers) will be co-opted members and, as such, covered by the Kent Code of Conduct for Members for any business they conduct as a member of the HWB.

2. Declaration of Disclosable Pecuniary Interests. Section 31(4) of the Localism Act 2011 (disclosable pecuniary interests in matters considered at meetings or by a single member) applies to the HWB and any sub committee of it. A register of disclosable pecuniary interests is held by the Clerk to the HWB, but HWB members do not have to leave the meeting once a disclosable pecuniary interest is declared.

3. Frequency of Meetings. The HWB meets at least quarterly. The date, time and venue of meetings is fixed in advance by the HWB in order to coincide with the key decision-points and the Forthcoming Decision List.

4. Meeting Administration.

• HWB meetings are advertised and held in public and administered by the County Council.

• The HWB may consider matters submitted to it by local partners.

• The County Council gives at least five clear working days' notice in writing to each member of every ordinary meeting of the HWB, to include any agenda of the business to be transacted at the meeting.

• Papers for each HWB meeting are sent out at least five clear working days in advance.

• Late papers may be sent out or tabled only in exceptional circumstances.

• The HWB holds meetings in private session when deemed appropriate in view of the nature of business to be discussed.

• The HWB meetings will be web cast where the facilities are in place

• The Chairman's decision on all procedural matters is final.

2. Meeting Administration of Sub Committees.

HWB sub-committees are administered by a principal local authority, in the case of the Clinical Commissioning Group level HWBs, by a District Council in that area. They will be subject to the provisions stated in these Procedure Rules.

3. Special Meetings.

The Chairman may convene special meetings of the HWB at short notice to consider matters of urgency. The notice convening such meetings shall state the particular business to be transacted and no other business will be transacted at such meeting.

The Chairman is required to convene a special meeting of the HWB if they are in receipt of a written requisition to do so signed by no less than three members of the HWB. Such requisition shall specify the business to be transacted and no other business shall be transacted at such a meeting. The meeting must be held within five clear working days of the Chairman's receipt of the requisition.

4. Minutes.

Minutes of all of HWB meetings are prepared recording:

• the names of all members present at a meeting and of those in attendance

• apologies

• details of all proceedings, decisions and resolutions of the meeting

Minutes are printed and circulated to each member before the next meeting of the HWB, when they are submitted for approval by the HWB and are signed by the Chairman.

5. Agenda.

The agenda for each meeting normally includes:

• Minutes of the previous meeting for approval and signing

• Reports seeking a decision from the HWB

• Any item which a member of the HWB wishes included on the agenda, provided it is relevant to the terms of reference of the HWB and notice has been given to the Clerk at least nine working days before the meeting.

The Chairman may decide that there are special circumstances that justify an item of business, not included in the agenda, being considered as a matter of urgency. He must state these reasons at the meeting and the Clerk shall record them in the minutes.

6. Chairman and Vice Chairman's Term of Office.

The Chairman and Vice Chairman's term of office terminates on 1 April each year, when they are either reappointed or replaced by another member, according to the decision of the HWB, at the first meeting of the HWB succeeding that date.

7. Absence of Members and of the Chairman.

If a member is unable to attend a meeting, then they may provide an appropriate alternate member to attend in their place, subject to them being of sufficient seniority to agree and discharge decisions of the Board within and for their own organisation.

The Clerk of the meeting should be notified of any absence and/or substitution at least five working days prior to the meeting. The Chairman presides at HWB meetings if they are present. In their absence the Vice- Chairman presides. If both are absent, the HWB appoints from amongst its members an Acting Chairman for the meeting in question.

8. Voting.

The HWB operates on a consensus basis. Where consensus cannot be achieved the subject (or meeting) is adjourned and the matter is reconsidered at a later time. If, at that point, a consensus still cannot be reached, the matter is put to a vote. The HWB decides all such matters by a simple majority of the members present. In the case of an equality of votes, the Chairman shall have a second or casting vote. All votes shall be taken by a show of hands unless decided otherwise by the Chairman. For clarity, each Clinical Commissioning Group has one vote, irrespective of whether both the Clinical Lead and Accountable Officer for that Clinical Commissioning Group attend the HWB.

9. Quorum.

A third of members form a quorum for HWB meetings. No business requiring a decision shall be transacted at any meeting of the HWB which is inquorate. If it arises during the course of a meeting

that a quorum is no longer present, the Chairman either suspends business until a quorum is re-established or declares the meeting at an end.

10. Adjournments.

By the decision of the Chairman, or by the decision of a majority of those members present, meetings of the HWB may be adjourned at any time to be reconvened at any other day, hour and place, as the HWB decides.

11. Order at Meetings.

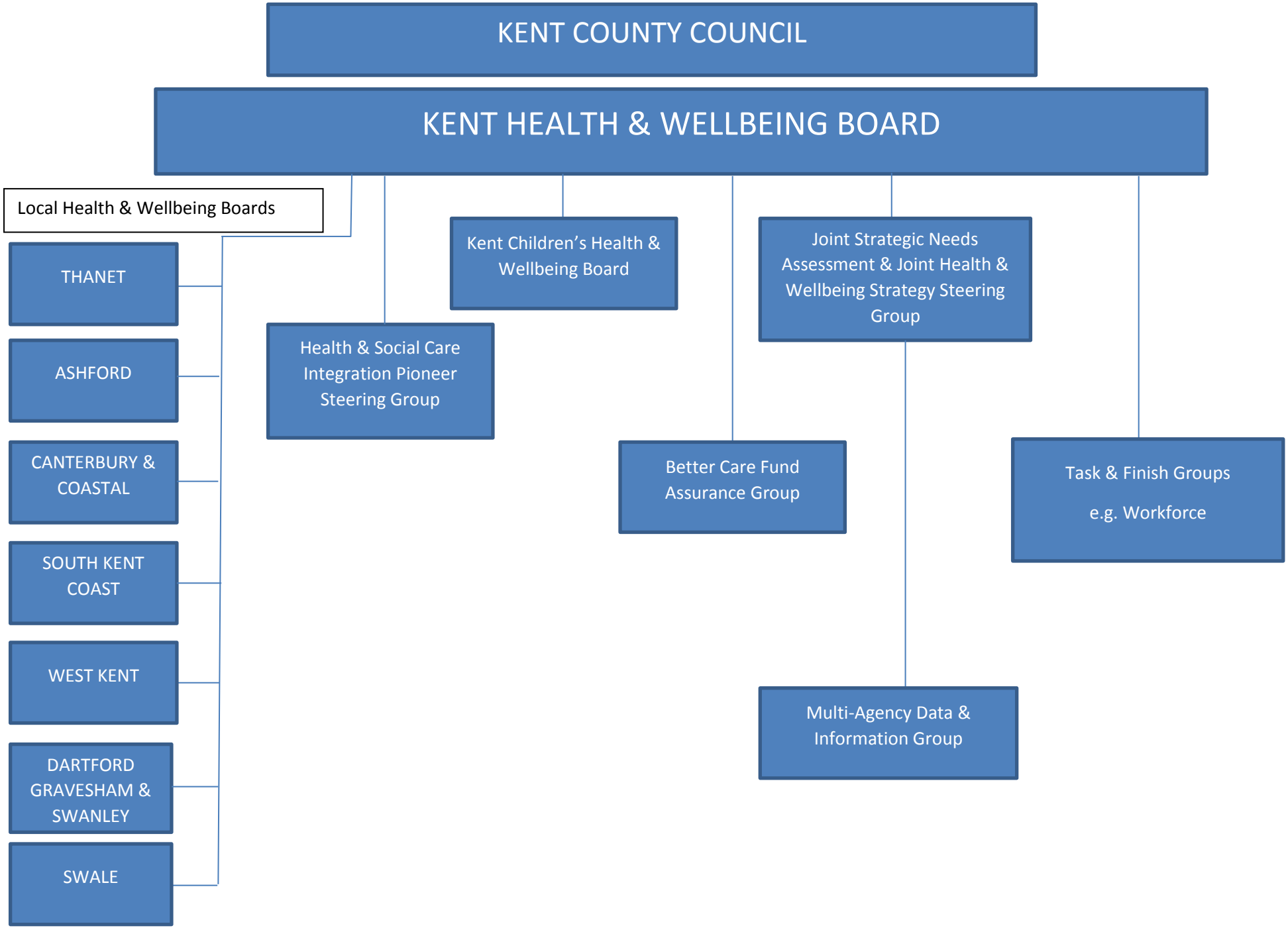
At all meetings of the HWB it is the duty of the Chairman to preserve order and to ensure that all members are treated fairly. They decide all questions of order that may arise.

12. Suspension/disqualification of Members.

At the discretion of the Chairman, any body with a representative on the HWB will be asked to reconsider the position of their nominee if they fail to attend two or more consecutive meetings without good reason or without the prior consent of the Chairman, or if they breach the Kent Code of Conduct for Members.

Appendix 3

THE KENT HEALTH & WELLBEING BOARD STRUCTURE



Appendix 4

The outcomes will be delivered by focusing on our priorities within each of the outcome areas, whilst ensuring that any intervention is informed by the three approaches, i.e. that it is centred around the person), that it is provided in a joined up way, and where appropriate it is jointly commissioned.