

**From:** Roger Gough – Cabinet Member for Education and Health Reform

**To:** County Council 8 December 2016

**Subject:** Kent Health and Wellbeing Board Annual Report 2015-2016

**Past Pathway of Paper:** 21 September 2016 Kent Health and Wellbeing Board  
7 October 2016 Health Overview and Scrutiny Committee

**Summary:** The Kent Health and Wellbeing Board is required to report annually to Kent County Council summarising how it has discharged its statutory duties and associated functions.

**Recommendation** – That the County Council is asked to agree that the Kent Health and Wellbeing Board has fulfilled its responsibilities under its Terms of Reference.

## **1. Background**

- 1.1 The Kent Health and Wellbeing Board was established following the enactment of the Health and Social Care Act 2012. From 1 April 2013 it became a committee of Kent County Council although from September 2011 the Health and Wellbeing Board operated in shadow form as part of the Government's Early Adopter programme.
- 1.2 Under the terms of reference for the Board it is required to submit an annual report to the County Council detailing how it has met its statutory obligations and performed other important functions that fall within its terms of reference. The report is not intended to be a comprehensive review of the Health and Social Care system in Kent but focusses on the work of the Board itself.

## **2. The Report**

- 2.1 The attached report details the activity of the Board during the period April 2015 to March 2016.
- 2.2 Appendices to the report give detail on the agenda items considered, the terms of reference the Board operates within, and the structure of the Board and its subgroups and committees. Other sections of the report describe initiatives that have been developed with the involvement of the Board during the year and commentary on how some of the issues are being progressed in the current year.

## **3. Recommendation**

- 3.1 That the County Council is asked to agree that the Kent Health and Wellbeing Board has fulfilled its responsibilities under its Terms of Reference.

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Background documents - none

## **Kent Health and Wellbeing Board Annual Report 2015-16**

### **1. Introduction**

This is the annual report for the Kent Health and Wellbeing Board for 2015/16. During this time the health and social care system experienced serious challenges including continued rising demand and limited resources. These challenges have fueled 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. Major initiatives from NHS England have been previously 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.

Most recently, in December 2015 the Government tasked local health and social care systems to produce Sustainability and Transformation Plans (STP) that will deliver the Five Year Forward View and the Kent Health and Wellbeing Board is at the forefront of this development.

### **2. The structure 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. However it does function in practice and in membership as a partnership board. 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. Membership, governance arrangements and terms of reference are attached to this report in Appendix 1.

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 2015 and March 2016. A full list of agenda items considered at each meeting can be found at Appendix 2. 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.

### **3. 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 that are formal subcommittees of the Kent Board. They are based on CCG geography and have full representation from all relevant district councils.

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 children and young people
- 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 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 came together in 15/16.

#### **4. Statutory Responsibilities of the Board**

Under the Health and Social Care Act 2012 the Kent Board has five responsibilities and in 2015/16 has successfully fulfilled its statutory requirements as described below:

##### **4.1 To ensure that a Joint Strategic Needs Assessment that identifies the health priorities for the population is produced**

Kent's JSNA is available here:

<http://www.kpho.org.uk/joint-strategic-needs-assessment> .

Regular reports concerning the JSNA were received by the Board:

- An exception report was considered by the Board on 20<sup>th</sup> May 2015 highlighting key changes from the 2014-15 refresh of the JSNA
- A report came to the Board on 16 September 2015 outlining key recommendations from the Kent JSNA that may be considered by CCGs and other commissioners for 2016/17 commissioning plans.

The revision of the JSNA was the focus of an event held in September 2015. 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 concept 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.

##### **4.2 To ensure that a Joint Health and Wellbeing Strategy, based on the Joint Strategic Needs Assessment is produced.**

The updated strategy was published in 2014 and runs until 2017. It is available here:

<http://www.kent.gov.uk/social-care-and-health/health/health-and-public-health-policies/joint-health-and-wellbeing-strategy>

The Board has continued to oversee the implementation of the strategy which has five outcomes:

- 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 Board monitors progress and performance against key indicators for each of the five outcomes through the **Kent Assurance Framework**. 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

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

It was agreed that the County Board and Local Boards would develop work programmes focussed on achieving the outcomes of the strategy and built on the findings of the JSNA.

The Board has received reports and presentations on key issues relating to the strategy throughout the year including health inequalities, learning disability, mental health and children and young people. Examples include:

- **Kent & Medway Mental Health Crisis Care Concordat** brings together organisations such as Police, Health, Social Care and Public Health to improve outcomes for people experiencing a mental health crisis. The Concordat's purpose is to improve communication with and training for police officers and to put systems in place with partners that will reduce the number of detentions under Section 136 of the Mental Health Act 1983.
- **Kent Emotional Wellbeing Strategy for Children, Young People and Young Adults 0-25 (CAMHS)** articulates a new model for the development of children's mental health services with a single point of access and seamless pathways ranging from universal early help through to highly specialist care with better transition between services. The development of this strategy was prompted by concerns expressed by the Board about the CAMHS service and has developed into a wider solution including early intervention and prevention.
- **Kent Safeguarding Children's Board Annual Report** highlighted the Strategic Priorities for 2015-18 as Early Help, children who go missing, On-Line safety and Female Genital Mutilation, child sexual exploitation, radicalisation, domestic abuse and working with parents with mental health and/or substance misuse issues. The Board noted the development of expertise and knowledge in relation to child sexual exploitation and to the issue of unaccompanied asylum seeking minors.
- **Learning Disability- Joint Health and Social Care Self-assessment Framework and update on Transforming Care (Winterbourne)**. The Self-assessment Framework identifies areas of weakness in health and social care services delivered to people with a learning disability. Transforming Care is the national response to the failings at Winterbourne View Hospital. The Board agreed
  - a) to support development of integrated commissioning arrangements between the Clinical Commissioning Groups and KCC to ensure all agencies continue to work together to improve the lives of people with learning difficulties;
  - b) The future Joint Commissioning Plan for learning disability in 2016 should address the areas where Kent had scored a red rating (i.e. long term health conditions, breast cancer screening and bowel cancer screening);

- c) The development of a Transforming Care Partnership for Kent and Medway to take forward the Transforming Care strategic plans for reducing the number of specialist in-patient beds and improving community support.

#### **4.3 To ensure that the commissioning plans of the CCGs 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**

Commissioning plans for the year of 2015-2016 for Children's Services, Adult Social Care and NHS England were considered and agreed at the meeting of 20th May 2015 and can be found here:

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=790&MId=5833&Ver=4>

Public Health Transformation and Commissioning plans were agreed by the Board at the meeting of 18th November 2015.

<https://democracy.kent.gov.uk/documents/s60767/Item%207%20PH%20Nov%20HWBB%20report%20-%20v6.pdf>

The latest commissioning plans of the seven Clinical Commissioning Groups in Kent were presented to the Board and agreed at its meeting of 16th March 2016.

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=790&MId=6180&Ver=4>

#### **4.4 To ensure that a Pharmaceutical Needs Assessment is produced**

The main aim of the Kent Pharmaceutical Needs Assessment is to describe the current pharmaceutical services in Kent, systematically identify any gaps/unmet needs and in consultation with stakeholders make recommendations on future development.

The Board approved the Kent's Pharmaceutical Needs Assessment on 20th May 2015 and it is available here:

<http://www.kpho.org.uk/health-intelligence/service-provision/pharmacy/pharmaceutical-needs-assessments>

The Board has involved itself in consultation concerning the future of community pharmacies following the announcement by the Department of Health and NHS England in December 2015, that funding to community pharmacies would be reduced and there would be a reconfiguration of pharmacy services. This was shown to have a serious effect on smaller, independent pharmacies, typically those in villages such as Lyminge and Lenham. An announcement was made by Government in September 2016 that due to national response to the consultation the proposed changes would not be implemented as planned in October 2016.

#### **4.5 To promote the integration of health and social care**

- a) **Sustainability and Transformation Plan (STP)**

**Background to the STP:** In December 2015 Government issued planning guidance outlining a new approach to help ensure that health and care services are built around the needs of local populations.

To do this, every health and care system in England was tasked with producing a multi-year Sustainability and Transformation Plan showing how local services will evolve and become sustainable over the next five years and ultimately delivering the Five Year Forward View vision of better health, better patient care and improved NHS efficiency.

Local health and care systems came together in January 2016 to form 44 STP 'footprints' that would deliver plans that are based on the needs of local populations. The health and care organisations within these geographic footprints have been working together to develop STPs which will help drive genuine and sustainable transformation in patient experience and health outcomes of the longer-term. NHS England has defined the footprint for our region which brings together Kent and Medway and appointed Glenn Douglas, Chief Executive of Maidstone & Tunbridge Wells NHS Trust, as the Senior Responsible Officer.

STPs must demonstrate how new models of care will be developed and full integration of health and social care achieved by 2020. The Kent and Medway plan is being developed to address the significant challenges in our footprint to provide a sustainable health and social care system, with many of the current providers in special measures and a significant financial deficit by 2021 if we do nothing. The plan must also consider how we will work with neighbouring footprints and communities with regard to those people who may cross boundaries to use local health services, for example people from Southeast London who are served by Darent Valley Hospital and people from Kent who may use services at the Conquest Hospital in Hastings.

The Health and Wellbeing Board has been involved in the development of the STP and the chair of the Board is a member of the Kent and Medway STP steering group, as is the Chair of the Medway Health and Wellbeing Board alongside NHS providers and commissioners.

These new planning arrangements, changes to the Better Care Fund and financial settlement for the NHS announced in the autumn statement were explored at the Board meeting 16th March 2016.

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=790&MId=6180&Ver=4>

#### **b) Better Care Fund**

The Better Care Fund is a driver for integration as it promotes the pooling of budgets and the development of joint initiatives by health and social care organisations designed to reduce demand for hospital services. There has not been any additional investment but 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 approach has been commended at a national level. In the autumn statement the government announced that it intends to continue with an expanded BCF and that the BCF will be an integral part of the progress towards the requirement of full integration of health and social care by 2020. Together with the Sustainability and Transformation Plans the BCF going forward must be able to demonstrate how this will be achieved.

The Board regularly monitors implementation of the BCF plan. Papers were received on 16 September 2015: <https://democracy.kent.gov.uk/documents/s59610/Item%2011%201.pdf>

27 January 2016:

<https://democracy.kent.gov.uk/documents/s61863/Item%206%20BCF%20and%20planning%20paper%20final%20final%20final.pdf>

16 March 2016:

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=790&MId=6180&Ver=4>

### c) Pioneer Programme

The national Integrated Care and Support Pioneer Programme was launched in November 2013 to assist selected authorities to progress with their health and social care integration plans at pace and scale. As one of the original Integration Pioneer sites Kent established an Integration Pioneer Steering Group (IPSG) as a sub-group of the Health and Wellbeing Board to coordinate the delivery of the objectives identified in the Kent Pioneer bid.

The Integration Pioneer Programme and team continue to support the diverse and expanding range of new models of care that are significant in the development of the STP.

The Board receives regular reports concerning these developments and papers have included progress reports relating to:

- **Encompass Vanguard Site:** The Kent Integration Pioneer is supporting the development of the Vanguard site which is providing a wide range of primary care and community services. Several members of the IPSG are members of the Vanguard Steering Group working in collaboration and supporting the establishment of the Vanguard.

**The Vanguard:** In January 2015, the NHS invited individual organisations and partnerships to apply to become 'vanguard' sites for the new care models programme, one of the first steps towards delivering the Five Year Forward View and supporting improvement and integration of services. In March 2015 the first group of Vanguard sites were chosen.

**Encompass** is a group of 16 GP practices in Whitstable, Faversham, Canterbury, Ash and Sandwich which are working together to provide more local services. This will mean that patients can receive more of their care from their local surgery, without the need to travel to hospital. Locally provided care includes minor injuries unit, diagnostics and screening, consultants conducting outpatients' clinics in the community and there are plans to extend into nursing care. The population size covered by these arrangements is now 170,000 people.

- **Formation of an Integrated Care Organisation:** South Kent Coast and Thanet CCGs are leading in developing new local models for health and care services coordinated by the GP. The CCG's membership is working with more than 200 clinicians, professionals and local people to finalise the design of services that each community needs.
- **Integrated Discharge Teams** at Darent Valley consist of social care case managers, case officers and discharge coordinators providing an extended service outside of office hours to support people to leave hospital when they are well enough.
- **The Care Plan Management System** went live in West Kent in June 2016. This means moving care planning from GP systems to provide access to all of a person's care team for 2,250 people. The system was presented as good practice at a national conference hosted by NHS England.
- **Year of Care Programme** has provided a whole-system intelligence dashboard which delivers information on cost and activity across the health and social care economy. The



dashboard has been instrumental in evaluating the integration projects being delivered across the county and in supporting systems modelling for the STP.

- **International and European Work Stream:** Kent Integration Pioneers are taking the lead on behalf of the NHS and social care locally, nationally and internationally. Along with strong relationships with European partners, Pioneers have also worked with partners in New Zealand and Japan. The aim is to share transferable knowledge and learning on an international level. The impact of the UK leaving the EU is not yet known.
- **Kent Design and Learning Centre for Clinical and Social Innovation** opened in June 2016 to investigate, test and develop new technologies that can support people to remain independent for as long as possible.

**d) In order to fulfil its duty relating to supporting the integration of health and social care the Board has also considered:**

- **One Public Estate (OPE)** programme is designed to facilitate and enable public sector bodies to work collaboratively on property and land matters. The Board considered how the Department of Health's Local Estate Strategy and the requirement to establish local estates forums might fit with wider collaboration and integration of service commissioning and possible links with the local health and wellbeing boards and the Health and Wellbeing Strategy. A substantial amount of practical work in different localities has followed on from this.
- **Local Digital Roadmaps** are the plans for how local health and care economies will achieve their aim of being paper-free by 2020. It was agreed on 18th November 2015 that the roadmaps will be signed off by the Health and Wellbeing Board and regular progress updates will be reported to the Board
- **Workforce:** On 20 May 2015, the Board agreed to establish a task and finish group and work closely with Health Education England to look specifically at strategic workforce issues across the County. Workforce had been identified by the Board as one of the main barriers to implementing the necessary changes to the health and care system to make it both sustainable and deliver improvements to the quality and effectiveness of care. It was recognised that if the right actions could be identified, workforce would be a major enabler to deliver new models of care and the Five Year Forward View. The Group met 6 times between May and December 2015 and identified the following priority areas which were pursued in depth:

- existing and emerging gaps
- new models of care
- productivity
- recruitment and retention
- cross-cutting – 'the Brand of Kent';

The Board agreed that joint work would continue around the issue of workforce. This aligned with the requirement to establish a Local Workforce Action Board to coordinate and support the workforce requirements of each STP. The Kent and Medway Workforce Action Board is currently under development and is building on the work of the Task and Finish Group.

## **5. Endorsement, consideration and support**

A number of issues that either have implications for the health and wellbeing of the population or are likely to impact on the health and social care system have been presented to the Board for their consideration and endorsement. In 2015/16 these have included:

- Kent and Medway Growth and Infrastructure Framework which highlighted that within Kent and Medway approximately 160,000 new houses are planned. Medway, Dartford, Maidstone and Canterbury are highlighted as areas of significant growth with a projected increase of 304,500 people, equivalent to an 18% increase, in the population across the whole County (255,300 for Kent only). The Board was involved in shaping the development of the framework to take account of health and social care service delivery.
- Healthy New Towns scheme, which has recently started (2016) in Dartford, Gravesham and Swanley in relation to the Ebbsfleet Garden City development focused on working across capital developers, councils, social care and health to provide a healthy living space supported by innovative models of care delivery. This scheme is supported by the work of the One Public Estate programme.
- Winter preparedness: 16 Sept 2015 preparations for winter 2015-16 presented by NHS England South (South East) and 27 January 2016 review of arrangements for winter preparedness and resilience within the system with lessons learnt.
- Protocol on the working arrangements between the Kent Health and Wellbeing Board, Kent Children's Wellbeing Board and Kent Safeguarding Children Board which aims to support all three partnerships to operate effectively, being clear about their respective functions, inter-relationships and the roles and responsibilities of all those involved in promoting and maintaining the health and wellbeing of children and in keeping children safe. This is essential in order to maximise the safeguarding of children and young people, to avoid duplication and to ensure there are no preventable strategic or operational gaps in safeguarding policies, services or practice.

## **6. The Future: 2016-17**

### **6.1 Sustainability and Transformation Plans- Integration at pace and scale**

Health and Wellbeing Boards are increasingly seen as part of the internal governance and accountability arrangements for local health and care systems with an expectation that they will be involved in the development and sign-off of policies and strategies across a wide range of areas and of different scale and scope.

The STP is designed to have a significant impact on the progress of integration and will influence all aspects of health and social care. It provides the current framework for health and social care policy discussion. The Health and Wellbeing Board will continue to have the same statutory responsibilities that it currently has. The challenge for the Board as it goes forward will be to continue to fulfil its statutory duties and help ensure delivery of the STP.

The STP also provides the Board with an opportunity to use the innovative approaches that Kent is leading on through its Pioneer status and the progress it has made through the Better Care Fund to increase the pace and scale of integration.

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

The introduction of the STP as the guiding vision for the future of the health and social care system will impact on the production of the Joint Health and Wellbeing Strategy for 2017 onwards and the Joint Strategic Needs Assessment. These documents should reflect challenges and innovation in the system that are necessary to articulate the case for change, focus change on improving local outcomes for the population and provide the means to measure and evaluate effectiveness. This opportunity to provide a golden thread from the needs identified in the JSNA, into the new JHWS and through the STP into whole system planning will be explored by the Board during 2016/17 with a focus on agreeing a new approach to the JSNA and the Health and Wellbeing Strategy. The potential to translate

those high level intentions into local actions will also be considered as part of the Board's work for 2016/17.

### **6.3 The Work of the Board**

In July 2016 the Board agreed to adopt a work programme that will ensure it remains focussed on its primary objectives and this will direct the work of the Board for the next year.

(a) Area 1- Assuring Outcomes for Kent

- The practice of devoting part of a meeting to reviewing progress against one of the 5 outcomes of the Joint Health and Wellbeing Strategy has been viewed as one worth continuing. This will be supported by the assurance framework report being focused on producing data to help the Board understand progress against the outcome.
- Review of commissioning plans.
- Winter planning and resilience.
- Quality

(b) Area 2 – Core Documents

- JSNA refresh (underway).
- JHWS revision (from late 2016 onwards)
- PNA (next revision due 2018)

(c) Area 3 – Promotion of Integration

- Progress of the Five Year Forward View and Sustainability and Transformation Plans
- Strategic barriers and enablers – workforce, sustainability, technology and systems
- Integration Pioneer reports and Better Care Fund
- Relationship with providers and VCS

(d) Area 4 – Notifications

- Other important issues or policy documents which the HWB will wish to become informed about and respond to. More for short and medium term planning. Recent examples, Local Digital Roadmaps, One Public Estate Initiative.

(e) Area 5 – Reports to the Board

- Health Watch Annual Report
- HWB Annual Report
- Mental Health Concordat.
- Local commissioning/policy developments, e.g. Emotional Wellbeing Strategy for Children, Young People and Young Adults, Accommodation Strategy, Growth and Infrastructure Framework.
- Local Board Minutes.
- Children's Health and Wellbeing Board minutes
- Annual report of the Kent Safeguarding Children's Board.

## **Appendix 1**

### **The Governance Arrangements of the Board**

#### **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 subcommittees (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. Represents 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\*
- Cabinet Member for Education and Health Reform
- Cabinet Member for Adult Social Care & Public Health
- Cabinet Member for Specialist Children's Services
- Corporate Director - Social Care, Health and Wellbeing\*

- Director of Public Health\*
  - 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 subcommittee 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 are 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.
5. **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.
6. **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.

7. **Minutes.** Minutes of all 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.

8. **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.

9. **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.

10. **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.

11. **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.

12. **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.
13. **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.
14. **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.
15. **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 2**

### **Substantive agenda items taken by the Kent Health and Wellbeing Board in 2015/16**

#### **20th May 2015**

Workforce  
Kent and Medway Growth and Infrastructure Framework  
Commissioning Plans: NHS England, Children's services and Adult Social Care Assurance Framework  
JSNA Exception Report  
Children's Health and Wellbeing Board minutes  
Local Health and Wellbeing Board minutes

#### **15th July 2015**

One Public Estate Initiative  
Kent and Medway Mental Health Crisis Care Concordat  
Quality and the Health and Wellbeing Board  
Local Health and Wellbeing Board minutes

#### **16th September 2015**

Healthwatch Annual Report  
JSNA Recommendations Report  
NHS England- Preparations for winter 2015/16  
Kent Emotional Wellbeing Strategy for Children, Young People and Young Adults (0-25) – (CAMHS)  
Kent Health and Wellbeing Board and Local Health and Wellbeing Boards Relationship and Future Options Paper  
Developing the Relationship between Kent's Health and Wellbeing Board and the Voluntary Sector that recognises the important role the voluntary sector plays in the health and wellbeing of local communities and explore how that local intelligence and knowledge can be shared with Local Boards and County Board to inform commissioning  
Health and Social Care Integration  
Local Health and Wellbeing Board minutes

#### **18th November 2015**

Joint Health and Social Care Self-Assessment – Learning Disability  
Growth and Infrastructure Framework  
Public Health Services Transformation and Commissioning Plans Assurance Framework  
Kent Health and Wellbeing Board Annual report  
Local Digital Road Maps  
Children's Health and Wellbeing Board minutes  
Local Health and Wellbeing Board minutes

#### **27th January 2016**

NHS Preparations for and response to Winter 2015/16  
The New Planning arrangements for Health and Social Care  
New Models of Care progress report  
Draft Kent Health and Wellbeing Board Work Programme  
Kent Safeguarding Children's Board Annual Report  
Children's Health and Wellbeing Board minutes  
Local Health and Wellbeing Board minutes

**16th March 2016**

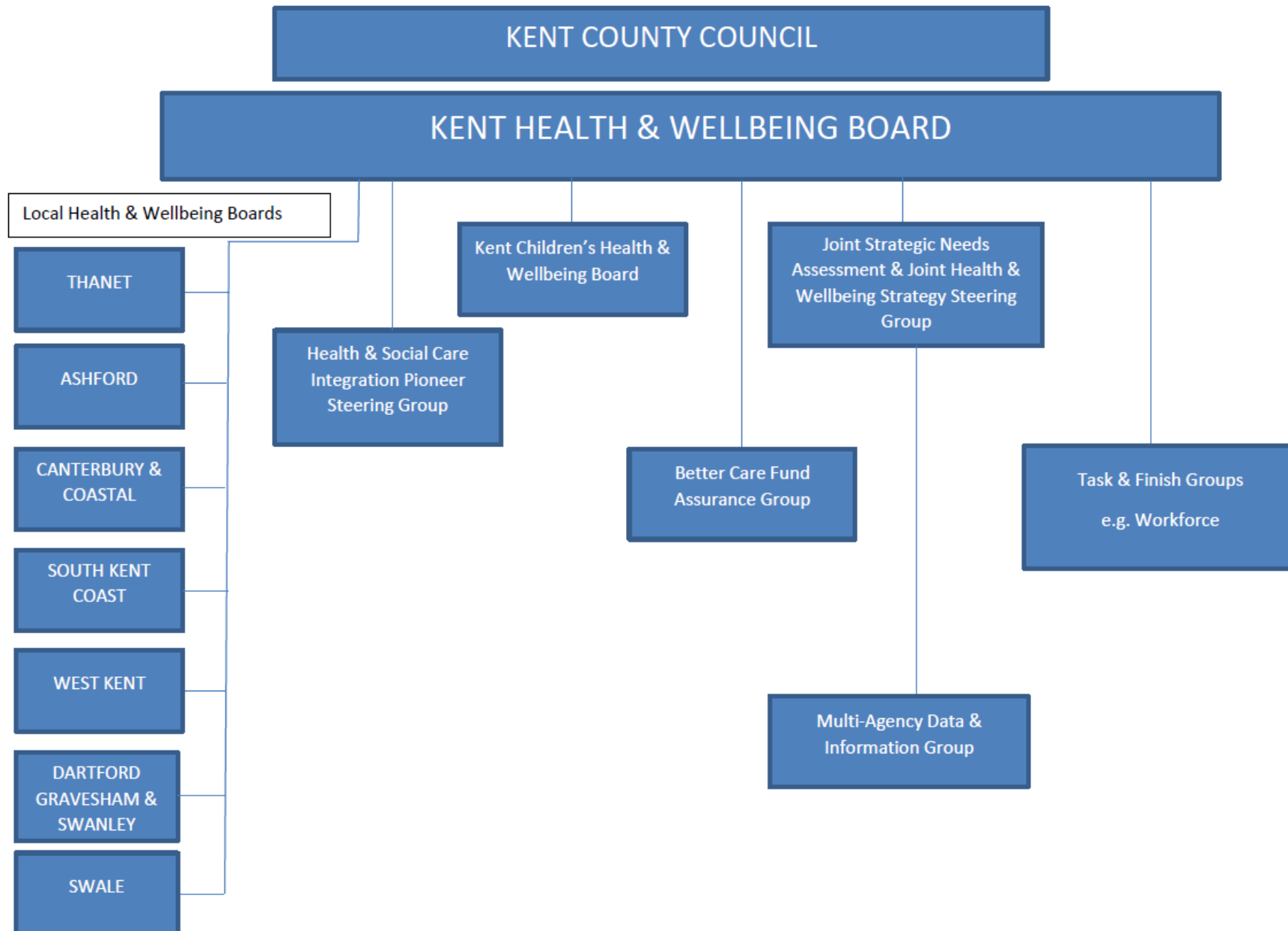
CCG Commissioning, Operational and Transformation Plans with regard to STP  
Better Care Fund

Joint Strategic Needs Assessment – outcomes of JSNA workshop

Kent Health and Wellbeing Board Work Programme- Finalised

Local Health and Wellbeing Board minutes

### 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.*

