

HEALTH AND WELLBEING BOARD

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FUTURE ARRANGEMENTS FOR THE KENT AND MEDWAY JOINT HEALTH AND WELLBEING BOARD

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Summary

This report reviews the achievements of the Kent and Medway Joint Health and Wellbeing Board (Joint Board) since it was established in 2018 and provides feedback from the development session held on 17 September 2019. The report reviews arrangements for the Joint Board and recommends that the Health and Wellbeing Boards of Kent County Council and Medway Council approve the continuation of the Joint Board.

1. Budget and Policy Framework

- 1.1 The Kent and Medway Joint Health and Wellbeing Board (Joint Board) has been established as an advisory Joint Sub Committee of the Kent Health and Wellbeing Board and the Medway Health and Wellbeing Board under Section 198(c) of the Health and Social Care Act 2012.
- 1.2 The Joint Board was established for a time limited period of two years commencing from 1 April 2018. It is for the respective Health and Wellbeing Boards of Kent County Council and Medway Council to consider and determine the role and continuation of the Joint Board.

2. Background

- 2.1 Upper tier Councils in England were each required to establish a Health and Wellbeing Board, as a Committee of the Council, under Section 194 of the Health and Social Care Act 2012. The Board must include at least one Councillor (nominated by the Leader in authorities operating executive arrangements), the Directors of Adult and Children's Services for the area, the Director of Public Health, a local Healthwatch representative and a representative of each local clinical commissioning group. There is discretion to include other people or organisations, as each local authority thinks appropriate.
- 2.2 The purpose of Health and Wellbeing Boards is to provide collective leadership to improve health and wellbeing across the local authority area. The principal functions of HWBs are set out in the Health and Social Care Act 2012 and

include preparation of a Joint Strategic Needs assessment, a Pharmaceutical Needs Assessment and a Joint Health and Wellbeing Strategy which should underpin and inform commissioning decisions across health, social care and public health.

- 2.3 Section 198 of the Health and Social Care Act 2012 states that two or more Health and Wellbeing Boards may decide for:
- (a) any of their functions to be exercisable jointly.
 - (b) any of their functions to be exercisable by a joint sub-committee of the Boards.
 - (c) a joint sub-committee of the Boards to advise them on any matter related to the exercise of their functions.
- 2.4 A proposal to establish a Joint Board was put forward to consider fundamental issues relating to future arrangements for the financing, commissioning and delivery of services across the Kent and Medway health and social care system. This proposal emerged after the Kent and Medway Sustainability and Transformation Partnership (STP) began operating across a Kent and Medway geographic footprint. It was intended that, given the complexity of the STP, the formation of the Joint Board would play an important role in providing a strong democratic voice and local authority engagement in the STP discussions.
- 2.5 On 20 February 2018 and 21 March 2018 respectively, the Health and Wellbeing Boards of Medway Council and Kent County Council (KCC) agreed to establish the Joint Board as an advisory Joint Sub Committee of the respective Health and Wellbeing Boards under Section 198(c) of the Health and Social Care Act 2012. Both the KCC and Medway Council's Health and Wellbeing Boards continue to discharge their respective statutory functions.
- 2.6 The Joint Board operates principally to encourage persons who arrange for the provision of any health or social care services in the area to work in an integrated manner and for the purpose of advising on the development of the STP plans for Kent and Medway.
- 2.8 With respect to membership, the existing Terms of Reference (TOR) provide that the Joint Board may appoint other persons to be non-voting members as it considers appropriate. Furthermore, with the agreement of the Joint Board, voting or non-voting members from new structures that are emerging in Health may also be included.
- 2.9 In line with these provisions, on 28 June 2018, the Joint Board agreed to appoint Dr Robert Stewart as a non-voting member of Joint Board in his capacity as the Clinical Design Director of the Design and Learning Centre for Clinical and Social Innovation. In addition, on 14 December 2018 the Joint Board agreed to appoint Dr Bob Bowes as a voting member of the Joint Board, in his capacity as Chairman of the Strategic Commissioner Steering Group.

3. Achievements of the Joint Board to date

- 3.1 The Joint Board has undertaken a number of 'deep dives' into priority areas within the Kent and Medway STP Prevention Action Plan, including reducing smoking prevalence, obesity and alcohol consumption and increasing physical activity. In doing so, the Joint Board has taken an evidence based approach to identifying opportunities for added value across the system.

- 3.2 The Joint Board has also considered the transformation of health structures and new ways of working, including the development of the Integrated Care System, including the System Commissioner, Integrated Care Partnerships and Primary Care Networks and implementation of local care with wider partners across Kent and Medway.
- 3.3 It has taken account of system wide risks, such as winter planning arrangements between health and social care, preparations for leaving the European Union and the Kent and Medway Workforce strategy which provides a focus on a key challenge for our area in managing workforce shortages and how staff are recruited and retained.
- 3.4 The work of the Joint Board has been recognised by the Local Government Association and has been featured in a series of case studies on social care, health and integration.

4. Development Session

- 4.1 A development session for Members of the Joint Board was held in September 2019 in place of the scheduled Joint Board meeting.
- 4.2 At this development session, members present considered the findings from the Joint Strategic Needs Assessment (JSNA) Case for Change and the key health and wellbeing challenges facing the Kent and Medway population.
- 4.3 Members also received presentations on the personal experience of both a local resident and the Head Teacher of a nursery and infant school.
- 4.4 Members expressed a view that there was merit in continuing with the Joint Board arrangements on the understanding that both Local Authorities retain their current arrangements for their own Health and Wellbeing Boards.
- 4.5 It was suggested that should each respective Health and Wellbeing Board agree that the Joint Board should continue, it should increase its focus on children and young people and the wider determinants of health, such as housing. In addition, the Joint Board should look at the outcomes it wants the system to target which would impact on the health and wellbeing of the population with particular attention on activity and commissioning plans that will help to narrow the gap in life expectancy and increase years lived in good health based on the evidence of the JSNA Case for Change.

5. Future arrangements for the Joint Board

- 5.1 National and local Health policy context has developed since the Joint Board's inception in 2018. The NHS national Long term Plan, published in January 2019 set out a framework for NHS activity for the next 5-10 years, including a focus on joining-up care, a 21st century approach to prevention, tackling long-term unmet needs (children's health, young people with mental health needs, autism and learning disabilities) and inequalities, and dealing with the biggest killers and disablers. It also set down an expectation that each STP will become an Integrated Care System (ICS) and that every system would produce a local five year plan (in Kent and Medway this is called the Strategic Delivery Plan). This plan was considered by Medway's Health and Wellbeing Board on 16 January 2020 and Kent's Health and Wellbeing Board on 8 January 2020.

- 5.2 In October 2019, NHS England approved a proposal to establish a single Kent and Medway CCG from 1 April 2020. As the Integrated Care System across Kent and Medway continues to take shape, it is anticipated that the next few years will be transitional. From 2021 four Integrated Care Partnerships (ICPs) across the Kent and Medway footprint will be mobilised, namely: Medway and Swale; East Kent; West Kent; and Dartford, Gravesham and Swanley. A 2020 shadow operating model has been designed to transition the system to ICP full mobilisation.
- 5.3 The Long Term Plan talks about each system having a Partnership Board and also refers to working with Health and Wellbeing Boards. Health and Wellbeing Boards are increasingly being cited as the place for whole system working to come together so that all stakeholders can be held to account for meeting the health needs of the local population. Therefore, the Joint Board continues to have value and grow in significance. It can fulfil both a national and local challenge about where system wide leadership comes from and the Joint Board may wish to develop further into this space, with approval from both Kent and Medway's Health and Wellbeing Boards.
- 5.4 To align with the planning timeframe of the Kent and Medway Strategic Delivery Plan (five year plan) which runs from 2019/20 to 2023/24, it is proposed that the Kent and Medway Health and Wellbeing Boards agree to the continuation of the Joint Board as an advisory Joint Sub Committee of these Boards for a further four year period commencing 1 April 2020 (with an opportunity to review this annually at the request of either Kent's or Medway's Health and Wellbeing Board. In Kent, where the Board meets less often it is proposed that the Director of Public Health can trigger a review in consultation with the Chairman of the Health and Wellbeing Board.)
- 5.5 The existing governance arrangements for the Joint Board are set out at Appendix 1 to this report. No changes are proposed to the terms of reference, membership formula or rules of procedure. The proposal suggested in paragraph 5.4 of the report is tracked in for ease of reference.
- 5.6 In line with the establishment of the single K&M CCG, CCG representation on the Joint Board may be revised. It is anticipated that the Accountable Officer of the single CCG will be nominated to this position. This will be subject to further discussion and confirmation in due course.
- 5.7 With the agreement of the Joint Board, voting or non-voting members from new structures that are emerging in Health may be appointed to the Joint Board. In accordance with this clause, subject to agreement of the Joint Board at its meeting on 17 March, Members are asked to agree the appointment of:
- the Clinical Chair of single Kent and Medway CCG as a voting member of the Joint Board;
 - the Senior Responsible Officer of each of the four ICPs as non-voting members of the Joint Board (with a view to review whether they should be appointed as voting members when the ICPs are fully mobilised).
- 5.8 Under transitional arrangements, members are also asked, subject to the agreement of the Joint Board, to agree the re-appointment of the Chairman of the System Commissioner Steering Group for a further year.

- 5.9 The re-appointment of the Clinical Design Director of the Design and Learning Centre for Clinical and Social Innovation as a non-voting member of the Joint Board is a matter for the Joint Board. The Joint Board will consider this in addition to a proposal to appoint a representative of the Kent Association of Local Councils as a non-voting member of the Joint Board to represent the views of member parishes in Kent and Medway at their meeting on 17 March 2020.
- 5.10 Appendix B to the report shows how the current membership of the Joint Board compares to the proposed membership outlined in paragraphs 5.6 to 5.9 of the report.

6. Financial, legal and risk management implications

- 6.1 There will be a cost associated with continuing the Joint Board in terms of support for the Board and meeting arrangements. This cost will be shared, with each local authority supporting the Board for one year in turn within existing resources. The Joint Board itself will not have a budget. Any executive decisions or the determination of any matter relating to the discharge of the statutory functions of the Kent and Medway HWBs will remain a matter for each Council.
- 6.2 The scope for two or more Health and Wellbeing Boards to establish arrangements to work jointly is provided in section 198 of the Health and Social Care Act 2012. Section 198 allows for the joint exercise of functions by a Joint HWB or by a Joint Sub Committee or for the establishment of a Joint Sub Committee to advise the participating HWB's on any matter related to the exercise of their functions.
- 6.3 When the Medway Health and Wellbeing Board was established in 2013 the Council permitted the Board itself to set up Advisory Sub Committees. Any proposal to delegate the functions of the Board to a Sub Committee or an Officer (or from a Sub Committee to an Officer) is subject to approval by full Council. The proposal in this report can be agreed by the Medway Health and Wellbeing Board without referral to full Council.
- 6.4 There are no risks arising from the proposal to set up joint arrangements between the Kent and Medway Health and Wellbeing Boards.

7. Recommendations

- 7.1 The Health and Wellbeing Boards of Kent County Council and Medway Council are asked to each agree:
- (i) to the continuation of the Kent and Medway Joint Health and Wellbeing Board constituted as an Advisory Sub Committee, with Terms of Reference and procedure rules as set out in Appendix 1 to this report;
 - (ii) that the role and continuation of the Joint Board should be reviewed after four years unless triggered earlier at the request of either Kent's or Medway's Health and Wellbeing Board and that this decision is delegated in Kent to the Director of Public Health in consultation with the Chairman of the Health and Wellbeing Board; and

(iii) subject to the agreement of the Joint Board on 17 March 2020 and as summarised in Appendix 2 to this report:

- to appoint the Clinical Chair of single Kent and Medway CCG as a voting member of the Joint Board;
- to appoint the Senior Responsible Officer of each of the four Integrated Care Partnerships (ICPs) as non-voting members of the Joint Board noting that this will be reviewed when the ICPs are fully mobilised;
- to re-appoint the Chairman of the System Commissioner Steering Group for a further year.

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Appendices

Appendix 1 – Governance arrangements for the Joint Board
Appendix 2- Position on Membership

Background papers

None.