

KENT AND MEDWAY JOINT HEALTH AND WELLBEING BOARD

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JOINT KENT AND MEDWAY HEALTH AND WELLBEING BOARD: REVIEW

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Summary

A decision has been made by both Medway and Kent's Health and Wellbeing Boards that the Joint Board should continue as an advisory Joint Sub Committee of the Kent Health and Wellbeing Board and the Medway Health and Wellbeing Board. As the Joint Board looks ahead to the next stage of its development this paper sets out its continuing significance and explores its potential role as system wide leader of place, its membership and its purpose for the next four years within the parameters of its existing terms of reference.

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. During their February 2020 meetings the respective Health and Wellbeing Boards of Kent County Council and Medway Council considered and determined that the Kent and Medway Joint Health and Wellbeing Board should continue to function for a further period of four years with an annual review clause built in to ensure the Joint Board remains fit for purpose.
- 1.3 Sustainability and Transformation Partnerships (STPs) are now evolving into Integrated Care Systems (ICS), a closer form of collaboration in which the NHS and local authorities take on greater responsibility for managing resources and performance. Over time, the emphasis has shifted towards developing and strengthening local place-based partnerships working in cooperation and reducing competition.

- 1.4 It is therefore an opportune moment to review the vision, direction and membership of the Joint Board to ensure that it is fulfilling the requirements set out in its terms of reference and as described in the report presented and approved at the respective Medway and Kent Health and Wellbeing Boards, but also importantly to ensure that it is operating in a way that takes account of the changing landscape of whole system working and the evolution of the ICS in Kent and Medway.

2. National context

- 2.1 There are indications that at a national level a policy position is emerging to extend the role of Health and Wellbeing Boards (HWB) as leaders of place on an STP/ICS footprint. They 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.
- 2.2 *HWBs are operating now in a fundamentally different national policy regime based on collaboration, system leadership and closer integration between different parts of the NHS as well as local government. Given that the main purpose of HWBs was always to promote integration at the local level, arguably they are more relevant than ever, possibly even as an idea whose time has now come*
(Source: Health and Wellbeing boards and integrated care systems <https://www.kingsfund.org.uk/publications/articles/health-wellbeing-boards-integrated-care-systems> 13 November 2019)
- 2.3 Health and Wellbeing Boards are recognised as a key part of local governance arrangements and are currently the main statutory mechanism for overseeing efforts to join up health and social care services. This role for the HWB is echoed in the National NHS Long Term Plan where it requires each system to have a Partnership Board but also refers to working with HWBs. However, in 2018 Boards were assessed as not fulfilling their full potential. The Care Quality Commission concluded that they have a role in exercising wider oversight of the system and for promoting transformational change that had not been successfully embedded (CQC Beyond Barriers July 2018).
- 2.4 Matt Hancock, the Secretary of State for Health and Social Care laid down this challenge in July 2019. He called for HWBs to be '*empowered*' as '*the vital component in bringing together local authorities, NHS commissioners and elected representatives to create a strategic vision for a local area so we're accurately identifying needs, and co-ordinating care*'. He challenged local government leaders by asking: '*How strong is yours? What can you do to strengthen it?*'

3. Role and Strategic Direction

- 3.1 This emerging national picture shows that the Joint Board as an advisory joint sub-committee of Kent's and Medway's Health and Wellbeing Board has the potential to have value and grow in significance. It can help fulfil both a national and local challenge about where system wide leadership comes from.

- 3.2 The role of the Joint Board can be simply summarised into 4 key areas of activity in the context of prevention and local care:
- develop a shared understanding of local needs and outcomes
 - provide advice to the Kent and Medway Health and Wellbeing Boards on how to support system leadership to meet those needs
 - review commissioning decisions
 - involve councillors and patient representatives in reviewing commissioning decisions.
- 3.3 National and local Health policy context has developed since the Board was first set up in 2018. The NHS 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 plan (in Kent and Medway this is called the Strategic Delivery Plan).
- 3.4 The Strategic Delivery Plan (SDP) will set the strategic direction for STP/ICS activity including driving collaboration and integration. As 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 it is important that the Joint Board understands, encourages and advises on this plan. It is also necessary that the Joint Board oversees the supporting action to improve the health outcomes for the whole population that should result from the adoption of the SDP and underpinning action plans.
- 3.5 We know that healthy communities are defined by much more than our individual actions or our access to traditional health care: green spaces; social activities; education and employment opportunities; healthy food; good housing and transport services all play a hugely important role. To prevent illness and improve the health and wellbeing of local communities we need to consider all these aspects, and more.
- 3.6 Nationally and locally system wide working is adopting population health approaches and outcomes measures based on an assessment of local need to tackle deep rooted health inequalities. The Joint Board can continue to use its position to strengthen partnerships across communities, local government and the NHS by adopting a population health outcomes approach.
- 3.7 This will involve taking the broadest view of the purpose of the Joint Board to include more focus on children and young people, those with a learning disability, autism or mental health problems and those environmental and lifestyle factors (the wider determinants of health- such as housing) that have the greatest impact on health outcomes.

- 3.8 In addition, the Joint Board could decide to view and assess progress against the outcomes dashboard currently being developed by the STP/ICS to monitor performance and influence activity across the partnership. The outcomes dashboard will be a significant tool in planning and commissioning services based on the evidence of the Medway's and Kent's JSNA and the Joint JSNA Case for Change. The Joint Board can use this tool to assure itself that commissioning plans are focussed on the right things in the system that are helping to narrow the gap in life expectancy and increase years lived in good health.
- 3.9 To help the Joint Board publicly set out its vision, strategic aims, agreed priorities, and ambitions regarding how the partnership can work together to realise better outcomes for the residents living in our ICS footprint, the Joint Board may choose to develop its own plan. The Joint Board Plan would be based on the findings of Medway's and Kent's JSNA and the JSNA Case for Change which was written on a Kent and Medway geography. It would take into account the NHS Long term Plan, the local NHS 5 year Strategic Delivery Plan and Kent's and Medway's respective Joint Health and Wellbeing Strategies, aligning priorities where possible.

4. Membership

- 4.1 The Joint Board's terms of reference allows for new members to be appointed. With the agreement of the Joint Board, voting or non-voting members from new structures that are emerging in Health may be included.
- 4.2 In accordance with this clause, on 18 February 2020 and 26 February 2020 respectively, Medway's and Kent's Health and Wellbeing Board agreed subject to the agreement of the Joint Board on 17 March 2020 and as summarised in Appendix 2 to that 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; and
 - to re-appoint the Chairman of the System Commissioner Steering Group, who is also now the Deputy Clinical Chair of the Kent and Medway CCG, for a further year.
- 4.3 The terms of reference also say that the Joint Board may appoint other persons to be non-voting members as it considers appropriate. With this in mind and in accordance with a request made at the Joint Board development session on 17 September 2020, the Joint Board is also asked to consider inviting a member of the Kent Association of Local Councils (KALC) to join the Joint Board as a non-voting member.
- 4.4 KALC is a not-for profit membership organisation for Parish, Town and Community Councils and Parish Meetings in Kent (i.e. Kent and Medway). It currently has 97.5% of councils in membership (312 out of 320). It provides member councils with legal and technical advice, training for councillors and

clerks and has a representational role at county level and also at district level through 13 Area Committees. KALC works closely with the National Association of Local Councils (NALC) on issues of national interest, and NALC also work closely with the Local Government Association. As the first tier of local government and the closest port of call for residents, local (parish and town) councils can play a huge role in ensuring that our communities are stronger, healthier and thriving places to live.

- 4.5 As we move to a more collaborative, system wide approach to health and wellbeing it will become increasingly important to understand the needs of our local communities and empower communities to influence decisions that affect them. Representation from KALC will strengthen relationships and engagement between councils at all levels and with the NHS which can only strengthen the partnership to bring about positive change for local people.
- 4.6 Members are also asked to agree the appointment of the managing directors of East Kent and West Kent CCG for a further year as non-voting members of the Joint Board. The Joint Board is also asked to re-appoint the Clinical Design Director of the Design and Learning Centre for Clinical and Social Innovation as a non-voting member of the Joint Board.
- 4.7 As the health system structures are in a period of transition, it is recommended that membership of the Joint Board is kept under regular review.
- 4.8 Appendix 1 to the report shows how the current membership of the Joint Board compares to the proposed membership outlined in paragraphs 4.1 to 4.8 of the report.

5. Board Development and System Leadership

- 5.1 The Joint Board has met eight times since 2017, with one session as a private development session. As the Joint Board matures, broadens its focus on population health outcomes and welcomes new members it may wish to consider how it can give focus to development of the Board as the system wide leader, including building good relationships and mutual understanding, which we know are the bedrock of an effective HWB and a health and care system.
- 5.2 The Local Government Association provides free, bespoke support through its Care and Health improvement Programme (CHIP) with an offer that aims to achieve the following outcomes:
 - HWBs are as effective as they can be and have reshaped how they fit into the new landscape
 - Councils and NHS bodies in an area understand each other's culture and governance arrangements, having invested time in building relationships
 - HWBs can work across different planning, commissioning and delivery footprints
 - HWBs understand the needs of the population and the resources in the area
 - HWBs have a shared vision and commitment

- HWBs can demonstrate their impact

5.3 Studies into the effectiveness of HWBs show that governance and organisational arrangements are only as good as the quality of relationships between people and organisations. The Joint Board may wish to consider taking up the LGA offer and committing time in the next year to stepping back and building a shared set of priorities, behaviors and ambitions for the Joint Board.

6. Financial, Legal and Risk Management Implications

6.1 The Joint Board itself does 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 Health and Wellbeing Boards remain a matter for each Council.

6.2 Section 116A of the Local Government and Public Involvement in Health Act 2007, as amended by the Health and Social Care Act 2012, requires a responsible authority and its partner CCGs to prepare a Joint Health and Wellbeing Strategy (JHWS). Medway Council and Kent County Council are each the responsible local authority respectively. Section 196 of the Health and Social Care Act 2012 confers the responsibility for preparing the JHWS to the Health and Wellbeing Board established by each local authority.

6.2 The Statutory Guidance explains that two or more Health and Wellbeing Boards could choose to work together to produce a JHWS, covering their combined geographical area. 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 Health and Wellbeing Board's on any matter related to the exercise of their functions.

6.3 The Kent and Medway Joint Health and Wellbeing 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. In this instance the Health and Wellbeing Boards of Kent and Medway have not agreed to formally exercise this function jointly and both Kent County Council and Medway Council maintain their own JHWS development and publication process.

6.4 There are no risks arising from the proposals set out within the report.

7. Recommendations

7.1 The Kent and Medway Joint Health and Wellbeing Board is asked to:

a) confirm its agreement to:

- the appointment of the Clinical Chair of single Kent and Medway CCG as a voting member of the Joint Board.

- the appointment of 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;
 - the appointment of the Chairman of the System Commissioner Steering Group who is also now the Deputy Clinical Chair of the Kent and Medway CCG, for a further year as a voting member of the Joint Board.
- b) consider and decide whether to appoint the following non-voting members to the Joint Board:
- the Chairman of the Kent Association of Local Councils (KALC) Health and Well-Being Advisory Committee, as the KALC representative on the Joint Board;
 - the Managing Directors of East Kent and West Kent CCG for a further year; and
 - the Clinical Design Director of the Design and Learning Centre for Clinical and Social Innovation.
- c) agree to take up the LGA Care and Health improvement Programme (CHIP) offer to develop the Joint Board;
- d) agree to develop a Joint Board Plan which will be presented to the Joint Board at a future date for consideration.
- e) agree to consider a further report on the scope to adopt the outcomes dashboard referenced in paragraph 3.8, or parts thereof to measure system wide performance to support the Joint Board Plan.

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Appendices

Appendix 1: Position on Membership

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Voting Members				
No.	Current Membership	No.	Proposed Membership	Comments
1	Medway Council, Leader	1	Medway Council, Leader	No Change
2	Medway Council Elected Representative	2	Medway Council Elected Representative	No Change
3	Medway Council Elected Representative	3	Medway Council Elected Representative	No Change
4	Medway Council Elected Representative	4	Medway Council Elected Representative	No Change
5	KCC Leader	5	KCC Leader	No Change
6	KCC Elected Representative	6	KCC Elected Representative	No Change
7	KCC Elected Representative	7	KCC Elected Representative	No Change
8	KCC Elected Representative	8	KCC Elected Representative	No Change
9	Medway Council, Assistant Director Adult Social Care	9	Medway Council, Assistant Director Adult Social Care	No Change
10	Kent County Council, Corporate Director Adult Social Care and Health	10	Kent County Council, Corporate Director Adult Social Care and Health	No Change
11	Medway Council, Director of Children and Adults	11	Medway Council, Director of Children and Adults	No Change
12	Kent County Council, Corporate Director Children, Young People and Education	12	Kent County Council, Corporate Director Children, Young People and Education	No Change
13	Medway Council, Director of Public Health	13	Medway Council, Director of Public Health	No Change
14	Kent County Council, Director of Public Health	14	Kent County Council, Director of Public Health	No Change
15	Local Healthwatch Representative Kent	15	Local Healthwatch Representative Kent	No Change
16	Local Healthwatch Representative Medway	16	Local Healthwatch Representative Medway	No Change
17	CCG Representative – Glenn Douglas	17	CCG Representative For nomination by NHS	The membership formula allows for a representative of each CCG. It is anticipated that the AO of the new single K&M CCG will be nominated to this position.
18	CCG Representative – Caroline Selkirk (East Kent)			
19	CCG Representative – Ian Ayres (West Kent)			
20	Chairman of Strategic Commissioner Steering Group - Dr Bob Bowes	18	Chairman of the Strategic Commissioner Steering Group Deputy Chair of the K&M CCG Dr Bob Bowes	This is time limited.
		19	Clinical Chair of new K&M CCG - Navin Kumta	Newly created post in the single CCG.

Non - Voting Members				
No.	Current Membership	No.	Proposed Membership	Comments
21	Kent Police and Crime Commissioner	20	Kent Police and Crime Commissioner	No Change
22	Kent Local Medical Committee	21	Kent Local Medical Committee	No Change
23	District Council Representative Nominated by Kent Chiefs	22	District Council Representative Nominated by Kent Chiefs	No Change
24	District Council Representative Nominated by Kent Chiefs	23	District Council Representative Nominated by Kent Chiefs	No Change
25	Clinical Design Director for the Design and Learning Centre for Clinical and Social Innovation – Dr Robert Stewart	24	Clinical Design Director for the Design and Learning Centre for Clinical and Social Innovation – Dr Robert Stewart	Re-appointment to be considered at the Joint Board on 17 March 2020.
		25	KALC (parish and town council representation) Chairman of the KALC Health and Well-Being Advisory Committee, which is currently Councillor John Rivers	Appointment to be considered at the Joint Board on 17 March 2020.
		26	Medway and Swale ICP Senior Responsible Officer (SRO)	The ICPs will operate in shadow form until April 2021, therefore it is recommended that each ICP lead be appointed as a non-voting member at this stage to be reviewed at a later date.
		27	East Kent ICP SRO	
		28	West Kent ICP SRO	
		29	Dartford, Gravesham and Swanley ICP SRO	
		30	Managing Director of East Kent CCG	1 year appointment
		31	Managing Director of West Kent CCG	1 year appointment